

Department of Health Services

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County Executive

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Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

To: EMS Stakeholders

Below is a summary of the changes to the policies, procedures and protocols that are effective **July 1, 2020** and can be found under the Policies page in their entirety. The changes were approved between May 2019 and March 2020 by Dr. Hernando Garzon, EMS Medical Director and the Medical and Operational Oversight Committees. Changes are noted in *italic*.

Some changes were just formatting and cleaning up for consistency. If a policy shown on website is not listed below, it is because no changes occurred beyond the revision number, approval date and next review date. You can view all the policy changes done, in **RED**, on the [MAC/OAC webpage](#) at the bottom of the page, under the 2019 MAC/OAC Completed/Approved Policy Edits.

A short summary of approved content changes are listed.

2000 EMS System:

2101- Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport: under

Procedure 4. J. Patients with POLST form indicating no transport may decline transportation, as per policy 2085. Procedure 4. K. Pediatric BRUE patients shall have base hospital consult if treatment/transport is refused by parent or guardian. Cross references were added.

2200.19- Medical Oversight: Cross reference added

2220.15-EMT Scope of Practice: Language added as outlined in Title 22, Chapter 2 and Optional Skills added: *Use of perilyngeal airway adjuncts.* Note added: *Providers need to assure personnel have been fully trained to the scope of practice as listed under Policy A, B and C; including an understanding and operation of physician-prescribed devices, and patient-operated medication pumps.*

2221.20- Paramedic Scope of Practice: Language added as outlined in Title 22, Chapter 4 under Basic Scope of Practice (C., J., and K.). Under medications Dopamine and potassium Chloride removed. Local Optional Scope of Practice added: Ketamine and Tranexamic Acid (TXA). **Note** added: *Providers need to assure personnel have been fully trained to the basic scope of practice and the local optional scope of practice.*

2305.23- EMS Patient Care Report Completion and Distribution: Language added to Policy A. stating; *a PCR will be completed for every medical dispatch.* Letter F. added;

An ePCR shall be completed on all medical calls where a unit is dispatched. When no patient is assessed or treated, eDisposition. 12 must be completed with the appropriate code: Canceled (prior to arrival on scene); Canceled on scene (no patient contact); or Canceled on scene (no patient found).

2500.13-EMS Aircraft Designation Requirements: Under Policy, number 9 added to ensure CEMSIS/NEMSIS compliance. Cross reference added.

2510-Designation Requirements for Ground Based Advance Life Support (ALS) Service Provider: under Policy, letter J. added to ensure CEMSIS/NEMSIS compliance. Cross reference added. Cross Reference added.

2511.03-Infectious Disease Ambulance Response Team (DART)

Designation: language added under Protocol H. Requirements for PPE *shall be complied with, as directed from the SCEMSA Medical Director.*

2524.03-Extended Ambulance Patient Off-Load Times (APOT): Under Policy 4. *Protocol guided triage* was removed from the sentence.

5. Language added to the end of the sentence: *with the exception of protocol driven Tylenol and Duoneb (Albuterol/Ipratropium).*

2525.03-Prehospital Notification: Policy name change from EMS Notification Report Format.

Language change to Purpose. Under Protocol language added from B-D.

2525.02-STEMI System Data Elements: Monthly reporting changed to *quarterly* reporting. Data elements removed or added as recommended by STEMI Care Committee. Prehospital elements added.

2528.02-Stroke System Data Elements: Monthly reporting changed to *quarterly* reporting.

4050.16-Certification/Accreditation Review Process: Definitions updated and now include EMR, Paramedic, and MICN. EMR added to Responsibilities of Relevant Employer F.

4400.23-Paramedic Accreditation to Practice: Under General E Language added regarding transfer of accreditation. F. added. Note added: NOTE: *Accreditation ceases once a Paramedic is no longer working for an ALS provider unless the Paramedic transfers from one (1) approved Sacramento County ALS provider to another, and the transfer is within the ninety (90) days of separation. If a Paramedic begins work with another ALS provider then the paramedic and provider shall notify SCEMSA as noted above under General F.*

4510.10-Emergency Medical Technician Training Program: under EMT Training Program Requirements, under I Airway and Respiratory management, I-Gels added.

5010.16-Transfer of Care: Non-Transporting Paramedic to Transporting Paramedic: Under Protocol, B-D added.

5050.15-Destination: Definition cleaned up and Decisive Factors to the Contrary added. Under Policy, D added for Law enforcement patients. F. a. added. Cross Reference added.

5053.19-Trauma Triage Criteria: Protocol Mechanism of Injury speed was removed.

5100.14-Interfacility Transfers: ALS/CCT Program Requirements: language under Protocol A. 2. *Staff all ALS (non RN) transfers with at least one (1) paramedic.*

3. *Staff all CCT transfers with at least two (2) EMT's and one (1) CCT RN/or RN ride-along.*

Notes section added for clarification of Home Ventilators.

Cross Reference added.

5101.13-Interfacility Transfers: Medical Control: under Policy A. 5-9 language added to ventilator requirements.

Cross Reference added.

5102.14-Interfacility Transfers: under Transfer Responsibilities and Process letter E-I added for ventilator requirements.

Cross References added.

7600.03-Quality Improvement Program: Policy updated to add language under:

- SCEMSA QIC Responsibilities.
- Optional Scope utilization added under Public Safety/Emergency Medical Technician (EMT) Automatic External Defibrillation (AED) and/or *Optional Scope* Provider Responsibilities
- Advanced Life Support Provider (ALS) responsibilities A. 1-9 as outlined in Title 22, Chapter 12
- Base Hospital Responsibilities, and
- Specialty/Critical Care Hospital Responsibility

7601.03-Quality Improvement Program-Technical Advisory Group (TAG): membership language changed to state; *every prehospital provider, educational program and hospital provider, must assign one representative to serve on the TAG.*

8001.17-Allergic Reaction/Anaphylaxis: under notes A. added for high risk allergic reaction. BLS and ALS sections combined to show both Allergic Reaction and Anaphylaxis treatment guidelines.

8007.20-Abdominal Pain: Under ALS 4. Consider 12-Lead ECG for epigastric pain in patients over 40 years of age removed.

8015.26-Trauma: Spinal immobilization changed to say, *Spinal Motion Restriction (SMR)*.

Flair chest language removed. Open Chest Wounds had *a vented chest seal* added vs. occlusive dressing. IV access changed to *vascular access*. Note added under Open Chest Wounds
SMR added to Cross Reference section.

8020.21-Respiratory Distress: Airway Management: under ALS number 5. Added; *All advanced airway placement shall be confirmed using waveform capnography, end tidal CO2 detector, or other approved confirming device, and waveform capnography shall be used throughout transport.*

8024.34-Cardiac Dysrhythmias: Adult Bradycardia flow chart changed slightly

8025.17-Burns: Under ALS number 3. Added. Note added and burn chart updated. Cross references added.

8042.18-Childbirth: language added under Determine and Document, A. *Is patient under a doctor's care, I. is there sensation of fetal activity J. Does the patient feel the urge to push?*

Under flow chart for Prolapsed Cord, language added; *Insert gloved hand into vagina and gently push presenting part off cord. • Cover exposed cord with wet saline dressing.*

Language added for Multiple Births and Cross Reference.

8063.08-Nausea/Vomiting: under BLS treatment section number 5 added; *Determine blood glucose. If blood glucose is < 60 mg/dl treat per protocol PD# 8061- Decreased Sensorium.*

Under ALS treatment section IV access changed to vascular access and language cleaned up for ondansetron.

8066.08-Pain Management: Pain medication language cleaned up and note added; *SBP of < 90 mmHg is not a contraindication for Ketamine. See NOTE under ALS for contraindications for Ketamine.* Under ALS treatment c. Ketamine language added; *Not to be used for cardiac pain.*

8829.08-Noninvasive Ventilation (NIV): formally known as Continuous Positive Airway Pressure (CPAP) updated due to ability to use BiPAP for both adult and *Pediatric patient's ≥ 12 years of age.* Expanded indication list. Expanded contraindication list, I-L. Under Procedure, BiPAP language added. Cross Reference added.

8030.24-Discomfort/Pain of Suspected Cardiac Origin: Under ALS treatment language updated for numbers 1 and 3.

8031.24-Cardiac Arrest: Under Post Resuscitation Considerations A. added.

8837.02-Pediatric Airway Management: Clarification of pediatric intubation language throughout protocol;

- **NO intubation** and/or supraglottic airways for pediatric patients < 8 years of age, unless age not known, and then only children who meet or exceed the GREEN length on Handtevy or Broselow length based tapes.

Under Procedure, c. bullet point added;

- All patients with advanced airways shall have end tidal CO2 detector or other approved confirming device. In addition, continuous waveform capnography will be utilized throughout transport and until transfer of care has occurred.

Number 5 added;

- Two attempts at an advanced airway may be made and then the Paramedic shall reassess the adequacy of BLS airway interventions. If BLS airway interventions are insufficient, a third advanced airway attempt will be made by a different (non-intern) Paramedic if available or a supraglottic airway device shall be used. A supraglottic airway device shall be used on the fourth advanced airway attempt, if no contraindications exist.

9001.15-Pediatric Airway Obstruction by Foreign Body and Respiratory Arrest: perform Blood Glucose determination added to flow chart. Cross Reference added.

9002.16-Pediatric Allergic Reaction/Anaphylaxis: Allergic Reaction and Anaphylaxis were combined under both the BLS and ALS treatment boxes. Epinephrine auto-injector language cleaned up under the BLS section.

9003.15-Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup, or Stridor: Roman numerals removed. Language added under the A. Asthma/Bronchospasm BLS treatment box to include: *Assess vital signs, including SpO2 when available.*

Assess lung sounds.

Consider Noninvasive Ventilation (NIV) when appropriate, for moderate to severe distress (patient's \geq eight (8) years of age only).

B Asthma/Bronchospasm BLS treatment box language added; *Consider NIV, when appropriate, for moderate to severe distress (patient's \geq twelve (12) years of age only).*

Consider administering Epinephrine auto-injector if needed:

- 30Kg Epinephrine Auto Injector 0.3 mg IM. No repeat. Record time of injection.
- 15-30Kg Epinephrine Auto Injector 0.15 mg IM. No repeat. Record time of injection.

9004.17-Pediatric Burns: Language was added to majority of pediatric policies for maintaining body temperature; *The ability to maintain temperature in prehospital settings is a significant problem with a dose dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport warm and maintain normal temperature, being careful to avoid hyperthermia.*

New burn charts added.

9005.20-Pediatric Decreased Sensorium: Language added for maintaining body temperature. Dextrose language cleaned up. Under Suspected Opiate Overdose language added for Naloxone.

9006.20-Pediatric Cardiac Arrest: Language for maintaining body temperature added. Under Post Resuscitation Considerations reassess vital signs *and lungs sounds* after each bolus was added.

9009.17-Pediatric Neonatal Resuscitation: Under Protocol letters F and G were added regarding heart rate and ventilation and maintaining body temperature.

9010.19-Pediatric Overdose and/or Poison Ingestion: Language for maintaining body temperature added.

9013.14-Pediatric Shock: Language added for maintaining body temperature.

9014.22-Pediatric Cardiac Dysrhythmias: Language added for maintaining body temperature added.

9017.22-Pediatric Trauma: Language added for maintaining body temperature. Pol cleaned up to match Adult Trauma Policy, Orthopedic and Head trauma language added.

9018.06-Pediatric Pain Management: Language added for maintaining body temperature.

Language added under ALS treatment for *documenting pain scale with initial assessment/vital signs after each administration of medication and after all procedures*

Policies Updated to reflect Title 22 Language:

- **4100.25-EMT Certification:** Chapter 2.
- **4150.24-EMT-Certificate Renewal:** Chapter 2.
- **4302.16-Continuing Education Provider:** Chapter 11.

Sincerely,

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