



## County of Sacramento

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To: EMS Stakeholders,

Below is a summary of the changes to the policies, procedures and protocols that are effective May 1, 2018. These changes were approved between September and January of 2018 by Dr. Hernando Garzon, EMS Medical Director and the Medical and Operational Advisory Committee. Changes are noted in *italic*.

### **2000 EMS Systems:**

**2033.13-** Determination of Death- Language regarding termination of resuscitation efforts **removed**.

**2524.02-**Extended Ambulance Patient Off-Load Times (APOT) - Language added to Policy 6. That EMS personnel may continue to transfer patients on arrival *directly to specialized areas within the hospital (CT scan, MRI scan, Labor and Delivery, Cath Lab, and Interventional Lab)* for immediate patient off-load and complete transfer of care.

Language changed under Policy 7. *After Sixty (60) minutes* of APOT (this used to be thirty (30) minutes)

- a. Notify EMS organization's on duty supervisor.

### **4000 Accreditation/Certification Program Approval:**

**4510.13-** EMT Training Program – New language added from Title 22, Chapter 2 EMT; regarding the new requirements that EMT programs must be in compliance with by June 30, 2018.

Language also added from Title 22 about withdrawal of EMT Training Program Approval.

**4520.11-** Paramedic Training Program-Increased language added from Title 22, Chapter 4 Paramedic; for Procedure for Paramedic Training Program Approval, Policy language, Teaching Staff and Field Preceptor and Critical Care Paramedic course language.

### **5000 Transportation/Patient Destination:**

**5050.14-** Destination- Under Definitions: E. 6 b. Pediatric *Trauma* added.

**5052.16-** Trauma Destination- Under, **Protocol**, new letter added; *I. Any patient who meets trauma triage criteria, and who has an LVAD shall be transported to UC Davis.*

**5053.18-** Trauma Triage Criteria- Under flow chart; Special considerations when triaging Critical Trauma: *Regardless of age* added prior to Traumatic Cardiopulmonary Resuscitation patients and prior to VAD patients.

Language removed from Mechanism of Injury Criteria. It no longer states shall have an injury or a complaint.

### **6000 Trauma Care System:**

**6000.10-** Trauma Care System: General Provisions- Language added Policy: *N. Mass Casualty Incident (MCI):*

*Additional policy direction for Multi Casualty Incidents in MCI policy PD# 7510 directs EMS responders regarding the response, organization, personnel, equipment, resources and procedures for field operations during a multiple casualty incident. The policy is intended to be utilized in combination with the California OES Region IV MCI Plan and PD# 7500.*

1. *Each designated trauma center shall be familiar with PD# 7510- MCI and PD# 7500. (PD 7510 has not been released yet.)*

### **7600 Quality Improvement:**

**7601.02-** Quality Improvement Program- Technical Advisory Group (TAG) - Under Membership K. the term for representatives changed from one (1) year to *three (3) years*. Confidentiality was changed from all proceedings to *Discussion of individual cases*.

### **8000 Adult Treatment Policies:**

**8015.25** -Trauma- under ALS Treatment box for Decompression of Tension Pneumothorax: language rearranged: Indications:

1. *Unilateral decreased breath sounds with a history of chest trauma and:*
  - a. *Severe respiratory distress and/or*
  - b. *SBP less than 90 mmHg or loss of radial pulse due to shock*

**OR**

2. *Traumatic arrest with evidence of chest trauma or suspicion that a tension pneumothorax is contributing to the arrest.*

**8020.19-** Respiratory Distress: Airway Management- flow charts reflect the new Jet Ventilation or High flow Intermittent Ventilation, Percutaneous Cricothyrotomy. **8029.13-** Hazardous Materials- Boxes with protocol changed to a flow chart

**8031.20-** Cardiac Arrest- Pulled out of turn to add language under Protocol: *F. Treatment on scene- Movement of a patient may interrupt CPR or prevent adequate depth and rate of compressions. Consider resuscitative efforts on scene to maximize chances of Return of Spontaneous Circulation (ROSC).*

*Termination of Resuscitation Considerations* added to protocol: *A. Consider termination of resuscitation efforts after twenty (20) minutes of Advanced Life Support (ALS) care if BOTH of the following are present:*

1. *Pulseless, apneic with no signs of life (non-reactive pupils, no response to pain, no spontaneous movement).*
2. *Asystole, or wide complex PEA with HR < 40 bpm.*

**8066.06-** Pain Management- Under Protocol: C Trauma: 1. *Suspected rib fracture.* Language removed: 4. No evidence of torso injury on complete secondary exam Respiratory (RR) changed from > 12 to > 6 under A, B, C and D

### **8800 Skills:**

**8801.13-** *Percutaneous Cricothyrotomy, with Jet Ventilation, or High Flow Intermittent Ventilation-* Policy name changed from Cricothyrotomy, Needle with Jet Insufflation.

Policy has been updated and language clarified to reflect the “*procedure*” for securing the airway via a cricothyroidotomy followed by the “*ventilation*” of the patient use one of TWO ventilation options:

- A. *Jet Insufflation (the only previously available method), and*

- B. *High Flow Intermittent Ventilation with an ENK Flow Modulator (this is a NEW ventilation option to use with a cricothyroidotomy).*

Ventilation Indications added: A. *Jet Ventilation – For use in any adult with a cricothyrotomy airway in all situations EXCEPT complete airway obstruction.*

Under Absolute Contraindications letter C changed language to: *Jet ventilation CANNOT be used in patients with complete airway obstruction (instead, use high flow intermittent ventilation).*

Ventilation section added: to show two (2) ventilation options:

- A. *Jet ventilation: Set oxygen flow rate to 15 liters/min. attach the catheter hub to the jet inflation device and ventilate with a 1:5 second ratio of inflation: exhalation by triggering the inflation device (10-12 BPM).*

**OR**

- B. *High Flow Intermittent Ventilation: Set oxygen flow rate to 1 liter/Kg/min to max of 15 liters/min. Ventilate with a 1:5 second ratio of inflation: exhalation by occluding all ports of flow regulator device.*

**Ventilation Notes Added:**

- A. *Low frequency ventilation followed by slow low pressure exhalation is important to limit barotrauma.*
- B. *Optimization of the upper airway (when possible) and close monitoring of lung deflation is essential for safe technique.*
- C. *If the soft tissues of the neck begin to balloon (subcutaneous emphysema), catheter is superficial to trachea. Remove catheter. If landmarks are present, insert another catheter*
- D. *Transport immediately after procedure, continually monitoring patient's respiratory status in route to hospital.*
- E. *Document indications, procedure, and results.*

**8836.05-** Medication Administration- Duo Dote Auto-Injectors- Under Guidelines, it was A-D now it's A-E with new language added: A. *EMT personnel that have been trained and equipped may self-administer MARK I or DuoDote Auto-Injectors on themselves as per the protocol under Advanced Life Support – under no circumstances are EMT personnel to administer any medications to others or self-administer medication in any other form than via auto injectors under this protocol.*

Language removed under Drug Dosage and Administration: Nerve Agent Exposure: 3. Severe Exposure – administer three (3) DuoDote Auto-Injectors IM. No more than three (3) doses of DuoDotes are recommended unless hospitalization or respiratory support is available.

**8837.01-** Pediatric Airway Management- New Policy emphasizing quality BLS airways, removing intubation for pediatric patients under age eight (8) and adding supraglottic intubation (king tubes) for pediatric patients 8 years to 12 years of age.

**9000 Pediatric Treatment Policies:**

**9001.14 –** Pediatric Airway Obstruction by Foreign Body and Respiratory Arrest- under protocol language added:

- A. *Signs and symptoms of foreign body airway obstruction (FBAO):*
  - 1. *Sudden onset of respiratory distress with coughing*
  - 2. *Gagging*
  - 3. *Stridor*
  - 4. *Wheezing*
- B. *Signs of severe obstruction:*
  - 1. *Poor air exchange*
  - 2. *Increased breathing difficulty*
  - 3. *Silent cough*

4. Cyanosis
5. Inability to speak or breath

**9002.15-** Pediatric Allergic Reaction/anaphylaxis- *Cross reference added: Pediatric Airway Management PD# 8837*

**9003.14-** Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup, or Stridor- *Cross reference added: Pediatric Airway Management PD# 8837*

**9004.16-** Pediatric Burns- *Cross reference added: Pediatric Airway Management PD# 8837*

**9005.19-** Pediatric Decreased Sensorium- under BLS Treatment: *Perform blood sugar determination added. Under Oral Glucose language added: Only if the patient is alert and oriented. First have the patient do a swallow test of water, if tolerated, EMT-I may give glucose. Cross reference added: Pediatric Airway Management PD# 8837*

**9006.18-** Pediatric Cardiac Arrest- Under Protocol language changed: *C. Airway management per Pediatric Airway Management Policy; PD# 8837.*

Flow chart cleaned up.

2010 American Heart Association Notes, language added to reflect t CPR Quality Push hard and fast (100- 120 min).

*Cross reference added: Pediatric Airway Management PD# 8837*

**9010.18-** Pediatric Overdose and/or Poison Ingestion- Beta Blocker and Calcium Channel Blocker Overdose treatment combined.

*Cross reference added: Pediatric Airway Management PD# 8837*

**9013.13-** Pediatric Shock- Language added under NOTES regarding shock in children and the definitions of Compensated, decompensated and the cause of shock.

Under BLS Treatment: *Perform blood sugar determination added.*

*Cross reference added: Pediatric Airway Management PD# 8837*

**9014.21-** Pediatric Cardiac Dysrhythmias- flow charts were redone to reflect PALS. *Adenosine added to Supraventricular Tachycardia with base hospital order.*

*Cross reference added: Pediatric Airway Management PD# 8837*

**9017.20-** Pediatric Trauma- under Trauma: ALS Treatment, language removed under Establish Intravenous (IV) with Saline Lock. The word attach removed and *administer* added. Decompression of Tension Pneumothorax language changed to match PD# 8015-Trauma.

**9018.05-** Pediatric Pain Management- under Protocol, Trauma: 1. language added to include the rib fracture as seen in 8066- Pain Management. Language removed: No history of syncope and No evidence of torso injury on complete secondary exam.

*Cross reference added: Pediatric Airway Management PD# 8837*

Sincerely,



David Magnino, B.S./EMT-P  
EMS Administrator  
Sacramento County