Department of Health Services
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Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

October 12, 2018

To: EMS Stakeholders,

Below is a summary of the changes to the policies, procedures and protocols that are effective November 1, 2018. These changes were approved between March and July of 2018 by Dr. Hernando Garzon, EMS Medial Director and the Medical and Operational Advisory Committees. Reformatting occurred in the ALS/BLS treatment charts and cross references added to multiple policies. Changes are noted in italic.

2000 EMS Systems: Language added to the following policies:

2103.09- Off-Duty Provision of ALS by Sacramento County Accredited Paramedics-
Off-Duty Possession of Drugs and Medical Devices: under B.2. To include *Paramedic's employment/accreditation or when an employee changes employer.*
2501.02- Emergency Medical Dispatch Priority Reference System (EMD PRS)-
New format change in quarterly audit chart, EMD Entity Requirement:
"B.4.": *All EMD entities must retain audio files as mandated by the Health Insurance Portability and Accountability ACT (HIPAA) Federal Statue.*
2525.02- EMS Radio Report Format-
"Radio Report Format" Stroke: *reported by bystanders, Patients' name, date of birth or medical record number, if known. Baseline Mental Status*
STEMI, *Patient's name, date of birth or medical record number, if known.*

5000 Transportation/Patient Destination:

5070.10- Hospital Transfer Agreements-
"General Guidelines" old section C language removed

7500 Disaster Medical Service:

7500.16- MCI/Disaster Medical Services Plan-
"Definitions B.3" language added: *All patients will be triaged and have a triage tag affixed to them prior to leaving the triage area/scene.*
"Policy B.3" language added: *Base Hospitals will utilize Sacramento County Health Department approved patient tracking software.*
"Policy C.2" language added: *Receiving hospitals will utilize Sacramento County Health Department approved patient tracking software.*
"Policy D.2" language added: *Control Facility will utilize Sacramento County Health Department approved patient tracking software. a. Control Facility will use OES Region IV approved MCI polling software for polling and responding to determine resource availability to assist in the appropriate dispersal of patients from MCI scene.*

7501.02- Multi-Casualty Critique-
"Protocol A" language added: *Each provider shall submit the appropriate form completed by a staff member directly involved in the incident.* Also added *by the end of shift or within 24 hours of the incident.*
"Protocol D" language changed: event into *incident*, and added *within 48 hours of the incident.*
7508.16- Simple Triage and Rapid Treatment (START) JumpSTART Pediatric Triage-
"Purpose" language changed: *To serve as a procedure for rapid and effective triage of patients during a Mass Casualty Incident (MCI).*
Revised versions of adult and pediatric flow charts added.
7509.14- Out of County Response-
"Purpose" language changed: *to a mutual aid request.*
"Purpose B" language removed
"Policy A" language added: *when operating outside of Sacramento County on a mutual aid request.*
*"*Documentation B" Language added: *Upon return to Sacramento County.*

8000 Adult Treatment Policies:

8007.19- Abdominal Pain-
"ALS IV" language added: *Consider 12-Lead ECG for epigastric pain in patients over 40 years of age.*
8018.20- Overdose and/or Poison Ingestion-
Glucagon removed under beta blocker treatment.
8024.31 Cardiac Dysrhythmia-
Under Base Hospital Order Only: *Push Dose Epinephrine can be used as a substitute for Dopamine.*
"Flow chart" added: *Synchronized cardioversion doses: -100j, -200j, -Max setting.*
8044.13- Spinal Motion Restriction (SMR) - Policy name change. Indications for SMR language added: *Indications for SMR following blunt trauma include:*

1. *Acutely altered level of consciousness(e.g. GCS<15, evidence of intoxication)*
2. *Midline neck or back pain and/or tenderness*
3. *Focal neurologic signs and symptoms (e.g. numbness or motor weakness)*
4. *Anatomic deformity of the spine*
5. *Distracting circumstances or injury (e.g. long bone fracture, degloving or crush injuries, large burns, emotional distress, communication barrier, etc.) or any similar injury that impairs a patient's ability to contribute to a reliable examination*

A. *If the above criteria are not met, but there is still suspicion of spinal column or spinal cord injury, the patient should be placed in SMR.*
B. *Prehospital providers may utilize SMR for any trauma patient who based on their clinical assessment may have suffered a spinal injury.*
C. *There is no role for SMR in penetrating trauma.*

8060.15- Stroke-
"ALS treatment chart V" language added: *If CPSS is >0, and "last seen normal" time* is twenty-four (24) hours or less, patient is to be taken to a certified stroke center.*
Language changed: ***If CPSS is=0, OR "last seen normal" time is > twenty-four (24) hours, the patient is NOT a "stroke alert", and destination is per Destination Policy PD#5050.***

8800 Skills:

8802.07- Intraosseous Infusion- Deleted and merged with PD# 8808.16-Vascular Access.
8808.16- Vascular Access- Policy name change to "Vascular Access". Policy A, wording changed from *shall* to *may*. Policy F, added: *Select the most appropriate site:*
1. Peripheral Intravenous (IV) Catheter:
a. Peripheral IV is the preferred choice for all patients requiring vascular access.
b. Select Insertion site and needle size as appropriate to the patient's condition.
c. Utilize aseptic technique.
d. Saline locks may be used in lieu of intravenous lines when:
a. Only administration of medication is indicated and
b. Fluid resuscitation or challenge in not anticipated.
e. If saline lock was started, irrigate with 5 ml NS.
2. External Jugular IV:
a. External Jugular IV is indicated in patients when no other peripheral IV can be established and the patient requires immediate fluid administration or access for IV medications.
3. Interosseous (IO): The following language was removed:
"The preferred site for infusion is a peripheral vein. Before an IO attempt is considered, it will be determined that peripheral sites are not available. This information will be documented on the patient care report."
"Patients in extremis who have IMMEDIATE LIFE SAVING NEED for IV medication or fluids (critical trauma patients)" and "When indicated by protocols".
Language added in following subsections:

a. ……..Weighing ≥ 3 kg……
C.1. *Insertion sites depend on patient age/size/anatomy, presenting condition, ability to locate anatomical landmarks, provider training/experience, and clinical judgement. Insertion site is also dependent on the absence of contraindications, accessibility of the site and the ability to monitor and secure the site.*

NOTE:
a. Adult patients unresponsive to pain, rapid flush with 10 mL of normal saline. Pediatric patients unresponsive to pain, 5 mL flush.
b. In a conscious adult patient with a response to pain, flush the IO with 2 ml of 2% Lidocaine (40mg) slowly at a rate of 1-2 minutes. Wait 60 seconds then give 10cc Normal Saline flush via IO.
c. In a conscious pediatric patient responsive to pain, administer 0.5 mg/kg of 2% Lidocaine, not to exceed 40mg, via IO slowly over 1-2 minutes. Flush with 5 ml saline.
d. There will be only one attempt per extremity at establishing an IO infusion.
e. No more than two (2) total attempts will be allowed for IO infusion.

f. Scene time will not be delayed for IO infusion attempts.
g. Document the reason why more than one (1) IO attempt made on scene.

8831.04- Intranasal Medication Administration- Language removed in the following sections
"Indications": "Paramedic is unable to obtain intravenous (IV) access and Sacramento County Emergency Medical Services (SCEMSA) treatment protocol indicates IN medication administration." and "Safety concerns prevent Paramedic from obtaining IV access and IN medication administration is indicated."
"Equipment": "Medication indicated by treatment protocol" and "Syringe with appropriate transfer device".
Procedure: "IN medication administration shall utilize the appropriate medication dosage as determined by the treatment protocols". "Remove air from syringe" and "Remove needle and".

9000 Pediatric Treatment Policies:

9016.12- Pediatric Parameters-
"Guidelines: D" wording added: *The Handtevy system, A Broselow™ Pediatric Emergency tape, or equivalent weight-based reference tool is highly recommended as an aid to determining the patient's weight, proper drug doses, and equipment sizes.*
*"*General Vital Signs and Guidelines" chart updated.

Sincerely,

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