

**Department of Health Services**  
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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, 2021** and can be found under the Policies page in their entirety. The changes were approved between May 2020 and March 2021 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, or 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 2020 and March of 2021 MAC/OAC Completed/Approved Policy Edits.

**A short summary of approved content changes are listed.**

**2000 EMS System:**

**2027.02 – Stroke Care Committee:** Membership, H: Deleted: *'Term 2 years – may renew with approval of chairperson'*.

**2028.02 – STEMI Care Committee:** Membership H: Deleted: *'Term 2 years – may renew with approval of chairperson'*:

**2032.15 – Controlled Substance:** Protocol D: Updated: *'The off-going paramedic and the station officer/company supervisor or designee on duty will perform the counting and signing off.'*

**2033.15 – Determination of Death:** Definition B: Updated: *Palpitation.*  
Definition D: Updated: *Cardiac monitor shows asystole in two (2) leads.*  
Definition E: Updated: *Physical examination with rigidity in jaw and one limb.*  
Definition F: Updated: *Discoloration appearing on dependent parts of the body after death as a result of cessation of circulation, stagnation of blood and settling of blood by gravity.*

Protocol A: Updated: *EMRs, and Public Safety.*

Obvious Death: Updated: *Obvious Death confirmed with visual exam – EMT, EMR, Public Safety, or Paramedic.*

Obvious Death B: Updated: *'of the torso and/or head.'*

Obvious Death<sub>F</sub>: Added: *Liver Mortis.*

Determination of Death – Paramedic only:

Determination of Death – Paramedic only E: ‘must’ replaced with ‘will.’

Determination of Death – Paramedic only F: ‘notify’ replaced with ‘notification of.’

**2210.02 – EMR Scope of Practice:** Policy, section 13: Added: *When trained and tested to demonstrate competency and approved by the SCEMSA Medical Director, perform the following optional skills as listed in Title 22, Chapter 1.5 section 100019 – Optional Skills: 1. Administration of epinephrine by auto-injector for suspected anaphylaxis. 2. Administration of naloxone for suspected narcotic overdose.*

**2510.12 – Designation Requirements for Ground Based Advanced Life Support (ALS) Service Providers:** Policy: Updated: *Before applying for ALS designation from the SCEMSA, service providers must review and ensure they can comply with all SCEMSA policies, procedures, and protocols.*  
Policy J: Added: *Provide the Emergency Medical Dispatch (EMD) Entity Requirements per PD# 2501.*  
Policy M: Added: *must comply with all SCEMSA policies, procedures, and protocols.*  
Cross Reference added, *PD #2501 Emergency Medical Dispatch Priority Reference System.*

**2521.04 – Ambulance Patient Offload Time (APOT):** Purpose A: Updated: *Health and Safety Code Division 2.5, Section 1797.225.*  
Purpose B: Updated: *California Emergency Medical Services Authority.*  
Background A: Updated: *California Health and Safety Code Division 2.5, Section – 1797.120, and Local Emergency Medical Services Agency.*  
Background B: Updated: *California Health and Safety Code Division 2.5, Section 1797.225.*  
Definitions H: Added: *APOT 3 - The cumulative time, expressed in hours, for patient off load times in excess of 20 minutes. This metric demonstrates the time EMS personnel spend at hospitals awaiting transfer of care to hospital staff, in hours, in excess of the twenty (20) minute target for patient off-load.*  
EMS personnel are directed to do the following to prevent APOD: Item B: Removed  
Cross Reference added: *PD# 2524 Extended Ambulance Patient Off-Load Times (APOT).*

**2523.03 – Administration of Naloxone Law Enforcement First Responders:**  
Purpose, item C: Removed.  
Data Collection B: Updated: *Within forty-eight (48) hours.*

**2526.03 – STEMI Receiving Center Designation:** Additional designation requirements include, item 1: Updated: *Current Chest Pain certification by The Joint Commission.*  
Additional designation requirements include, item2: Updated: *Use Get with the Guidelines-CAD (GWTG-CAD).*

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

#### **4160.02 – EMR Initial Certification and Recertification:** Procedure:

Initial Certification B. 1: Change: twelve (12) months to *twenty-four (24) months*.

Initial Certification B 4 and 5: Deleted.

Initial Certification C. 3. Added: *A color passport style photo of applicant.*

Initial Certification C4. Updated: *conviction of misdemeanor/felony, ...requirement of a Supplemental Application form if disclosure of a conviction is marked.*

Initial Certification E: Updated: *criteria is met.*

Initial Certification F: Updated: *-will process the application, notify applicant if additional information is require is added and Cards are mailed each Friday (if the Friday falls on a holiday, cards will be mailed the next business day).*

Recertification B. 1: Language cleaned up and Repetitive requirements deleted and replaced with; *In addition to the above criteria.*

Recertification D: Added: *Once the above criterion is met, the applicant's provider agency will receive an email-verifying applicant's status. When the provider agency verifies status they are agreeing that: Any criminal background history received will be shared with SCEMSA.*

Recertification E: Added: *Once the above is completed and verified, SCEMSA will process the application, notify applicant if additional information is required, and issue a wallet-sized EMR card.*

**4200.15 – Mobile Intensive Care Nurse (MICN) Certification:** Added under Policy: *Any falsification of documentation is grounds for losing certification for a period of at least twelve (12) months.*

**4201.17 – Mobile Intensive Care Nurse (MICN)-Recertification:** Policy B: Updated: *Any falsification of documentation is grounds for losing certification for a period of at least twelve (12) months.*

#### **4400.24 –Paramedic Accreditation to Practice:**

General – A: Added: *In order to maintain Sacramento County Emergency Medical Services Agency (SCEMSA) accreditation, paramedics must keep their certifications current, follow all SCEMSA policies, maintain employment as a paramedic with a Sacramento County Advanced Life Support (ALS) provider and submit for continuous accreditation prior to expiration.*

General – B: Added: *complete the optional skills/drug training.*

General – D: Added: *For transfer of accreditation see Section D.*

General – E: Updated: *Paramedics listed, are still working as a paramedic for their agency.*

General – F: Added: *Application for continuous accreditation may begin five (5) months prior to expiration. Late submission may cause a lapse in continuous accreditation and subject the provider to renewal fees and inability to work.*

Policy - A. 4: Added: *employment as a paramedic.*

Policy - A. 8: Added: *Equivalent\*.*

Policy - A. 9: Added: *Upload a passport type (2x2) photo.*

*SCEMSA is available during counter hours to take your photo for the SCEMSA accreditation card.*

Policy B: Added: *an applicant must meet the requirements under Initial Paramedic Accreditation (Sections 1-9), AND: 1. Upload a completed SCEMSA Paramedic Infrequent or Critical skills Verification form within the two (2) year accreditation cycle.*

Notes: Added: *\*All equivalent courses shall be reviewed and approved by SCEMSA prior to implementation.*

Policy C. 1: Added: *Complete all requirements under Continuous Paramedic Accreditation.*

Policy D: Added: *employment as a paramedic.*

NOTE: Added: *(1) approved Sacramento County ALS provider to another, and the transfer is within ninety (90) days of separation reaccréditation fees will be waived. Anytime a Paramedic begins work with another ALS provider, the paramedic and provider shall notify SCEMSA as noted above under General F.*

**4503.04-Public Safety EMT AED Service Provider Approval:** *Definitions added to define: A. **Automated External Defibrillator (AED)** and B. **AED Provider.***

Policy A: Added to include; *An AED provider shall be approved by SCEMSA and continually meet all requirements set forth by State law, regulations and SCEMSA policies. AED provider approval may be revoked or suspended for failure to comply with the requirements of this policy.*

Procedure A. 1: Added: *The organization's quality improvement (QI) monitoring and oversight processes related to AED utilization.*

Procedure B: Added: *Approved AED Provider Requirements: 1. A summary of QI issues or concerns related to the organizations AED program. 2. AED providers shall notify SCEMSA by the end of the next business day of any AED equipment malfunction or inappropriate application of an AED.*

EMT AED Service Provider: Removed.

Public Safety AED Service Provider: Removed.

Public Safety/Emergency Medical Technician (EMT) AED Services Providers shall: Removed.

**4504.04-AED Medical Control:** Policy A. 1: Added: *The Medical Director will review each incident where emergency care or treatment of a person in cardiac arrest is rendered and ensure the CPR and AED standards were followed.*

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

**5060.16-Hospital Diversion:** Procedure: B. Added: *Medics will verify receiving status of destination facility upon leaving the scene.*

Procedure C: Added: *Any planned service outage AND any outage expected to last more than 12 hours, must also be communicated by email and phone call to the SCEMSA to ensure communication of status to all stakeholders.*

Cross References: Added: *PD #8030-Discomfort/Pain of Suspected Cardiac Origin* and *PD #8060-Stroke*.

### **5500 Equipment/Supplies/Vehicles:**

**5550.15-Bio-Medical Maintenance:** Biomedical Devices (Not and exhaustive listing), Added items: *G. BiPAP*, and *K. Thermometers*.

### **6000 Critical Care Systems:**

**6001.02-STEMI Critical Care System General Provisions:** Purpose: Replaced: 'provide' with *establish*.

### **7500 Disaster Medical Service:**

**7508.17-Simple Triage and Rapid Treatment (START):** Purpose A. Added: *standard procedure*.

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

**8017.13-Dystonic Reaction:** Added under ALS: Items 2. *Cardiac Monitoring* and 4. *Reassess patient after administration of DIPHENHYDRAMINE*.

**8018.21-Overdose and-or Poison Ingestion:** Added: Under ALS workflow: *Calcium Channel Blockers* and *For SBP ≤ 90 mmHG Push Dose Epinephrine: 0.01 mg/ml (10mcg/ml) Dose: 0.5-2 ml (5-20mcg) IV/IO every 2-5 minutes. Titrate to SBP ≥ 90 mmHg. NOTE: Monitor SBP while administering/titrating.*

### **8020.22-Respiratory Distress-Airway Management-Respiratory Failure:**

Policy: Removed: *King Tube*

Cross Reference: Added: *NIV PD #8829*

**8026.21-Respiratory Distress:** Caveats: Added: *Bi-PAP*

### **8027.09-Nerve Agent Exposure and 8826.10-Medication Administration,**

**MARK 1 Nerve Agent Antidote Kit:** Policies merged. Now: *PD #8027-Symtomatic Nerve Agent Exposure Treatment*.

**8038.13-Shock:** Notes: Added; 7. *Septic*.

Protocol: BLS - 4. *Spinal immobilization (SMR)*.

Cross References added: *PD #8044 Spinal Motion Restrictions (SMR)*, *PD #8024 Cardiac Dysrhythmias*, *PD #8026 Respiratory Distress*, and *PD #8015 Trauma*.

**8044.14-Spinal Motion Restriction:** Special Notes Added: *C - If attempting to apply SMR to a combative patient would cause further detriment, abort the procedure and document in the ePCR. Notify ED staff on arrival regarding indications for SMR but inability to apply due to combative patient.*

**8060.17-Stroke:** Purpose: Updated: *'establish.'*

**8065.10-Hemorrhage:** Changed to *Hemorrhage*. Purpose A: Removed.  
Notes: Added: *F. While most life threatening bleeding is a result of trauma, hemorrhage control strategies and sections of this policy also apply to non-traumatic hemorrhage, including but not limited to bleeding AV-shunts, and non-traumatic bleeding in patients on anti-coagulants. TXA is only indicated by protocol below for traumatic bleeding.*

**8067.04-Sepsis-Septic Shock:** Indications: Added: *2. e. Waveform capnography, if available, with a reading of < 25mmHg.*  
Protocol BLS: Added: *1. Use supplemental oxygen as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use lowest concentration and flow rate of O<sub>2</sub> as possible.*

### **8800 Skills:**

**8801.15-Percutaneous Cricothyrotomy, with Jet Ventilation:**  
Ventilation Indications A: Modified: *Jet Ventilation- for use in any adult with a cricothyrotomy airway in all situation EXCEPT complete airway obstruction.*  
Absolute Contraindications for Jet Ventilation: Added: *Item A.: Do NOT perform jet ventilation on a patient with complete airway obstruction. Instead use high flow intermittent ventilation.*

**8805.12-Intubation-Stomal:** Indications D: Added; *Cardiac Arrest.*  
Equipment: Added: *A: Manufacturer's Kit or appropriate sized Endotracheal Tube.*  
Policy A: Added: *Note proper tube placement and secure tube. 1. Continuous waveform capnography shall be utilized, 2. Re-evaluate the position of the tube after each move of the patient and document finding in ePCR.*  
Special Note B: Added: *If feasible, pull over to perform stomal intubation.*  
Cross References: Added: *PD #8837 Pediatric Airway Management, PD #8031 Cardiac Arrest, PD #8020 Respiratory Distress: Airway Management.*

**8808.17-Vascular Access:** Precautions 1: Added: *This information will be documented on the patient care report.*

**8827.12-12-Lead ECG:**  
Indications B: Added: *Diabetic.*  
Indications C: *added to separate it from B.*  
Special Considerations, B: Added: *Obtaining 1 high quality EKG as soon as possible is important to patient care and accurate diagnosis.*  
Special Considerations, C: *Repeat EKGs can be performed if there is a change in the patient's clinical presentation, but otherwise, prehospital serial EKGs are not indicated due to the high instance of false alerts is added.*

**8830.07-Supraglottic Airway (iGel):** Policy known as Supraglottic Airway (King Tube® or i-Gel®) is renamed to *Supraglottic Airway (i-Gel®)*. King Tube® removed from the entire policy.

Paramedic D: Updated: *As per Respiratory Distress: Airway Management Policy PD #8020 and Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasms, Croup, or Stridor PD #9003.*

Paramedic E: Removed.

EMT, A: Added: *As an advanced airway for EMT's in cardiac arrest management, for age ≥ fifteen (15).*

Procedure: all King Tube® language removed and I-Gel language added.

Under Precautions and Special Considerations: A. 3: Removed.

**8833.07-Ventricular Assist Device (VAD):** ALS Item 6: Added: *Defibrillation and/or cardioversion is indicated for shockable rhythms.*

**9000 Pediatric Treatment Policies:**

**9002.17-Pediatric Allergic Reaction-Anaphylaxis:** BLS: Added: *Consider Noninvasive Ventilation.*

Cross Reference: Added: *PD# 8829-Noninvasive Ventilation (NIV)*

**9016.13-Pediatric-Pediatric Parameters:** Blood Pressure: Added: *'90'.*

ET Tube Insertion depth: Added: *unless age not known, and then only children who meet or exceed the GREEN length on Handtevy or Broselow length based tapes.*

**9020.03-Pediatric Nausea and or Vomiting:** BLS: Added: *4. Maintain normal body temperature.*

ALS: Added to: 2. b). x1 3. a) *IV/IO* and 3. b) *IO.*

Sincerely,



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