



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

SPECIAL MEMORANDUM

FILE #: F/K/M/T #05-2018

TO: All Fresno/Kings/Madera/Tulare EMS Providers, Hospitals, First Responder Agencies, and Interested Parties

FROM: Jim Andrews, M.D., EMS Medical Director
Daniel J. Lynch, Director

DATE: May 11, 2018

SUBJECT: Implementation of EMS Policy and Procedures

- #001 – Table of Contents and Revision Log
- #119 – EMT Scope of Practice
- #291 – EMS Equipment Standards
- #293 – Drug and Solution Standards
- #510.10 – BLS Protocol – Chest Pain
- #510.13 – BLS Protocol – Altered Mental Status and Syncope
- #510.15 – BLS Protocol – Seizures
- #510.16 – BLS Protocol – Stroke
- #510.32 – BLS Protocol – Stings/Bites
- #542 – Prehospital Division of Responsibility
- #543 – Turnover Responsibilities Between Prehospital Units

Effective June 1, 2018, the EMS Agency will be implementing the above listed policies. Copies of these policies will be available on the EMS Agency website at www.ccemsa.org.

Pediatric Intubation

ALS provider agencies should note that Pediatric Intubation is no longer an approved skill beginning June 1, 2018 and the EMS Agency will be updating the ALS protocols that are impacted by this change.

EMS Policy #001 - Table of Contents and Revision Log

The changes to this policy include the update to the latest revision dates of each policy. All users of the EMS policies and procedures manual should assure that they have the latest version of each policy and procedure.

EMS Policy #119 – EMT Scope of Practice

1. Added oxygen administration, which was omitted in a previous update.
2. Added the administration of Aspirin, Epinephrine, and Narcan to the basic scope.
3. Added fingerstick for chemstrip / accucheck to the basic scope.
4. It is clarified that CPAP is not an authorized BLS skill in the CCEMSA region.

EMS Policy #291 – EMS Equipment Standards

The changes to EMS Policy #291 include:

1. Removed AED from the definitions and clarified the definition of an ALSU.

Airway and Breathing Adjuncts

2. The requirement for first responders units to carry a bulb syringe will be removed, as a bulb syringe is available in the OB kit.
3. Removed Pediatric ET tubes to coincide with the State's removal of pediatric intubation from the paramedic scope of practice.
4. End Tidal CO₂ detector will be removed as a requirement for Special Event units. In the event that cardiac monitors are equipped for capnography, End Tidal CO₂ detectors will not be required to be carried by ALS or supervisor vehicles.
5. Oxygen Connecting tubing – if the Bag-Valve Mask has includes oxygen connecting tubing, separate connecting tubing is no longer required.
6. Nasopharyngeal airways and lubricant are required for first responder and BLS units.
7. CPAP is optional for ALS first responder units and is no longer requires for supervisor units.
8. Pediatric stylet has been removed.

Dressing and Bandages

9. Tourniquet has been changed to commercial tourniquet. A cravat or triangular bandage has been removed. The minimum amount has been increased to 2 tourniquets.

Forms

10. The requirement to carry a Multi-Casualty Patient Distribution Form has been removed.
11. The requirement to carry paper copies of EMT and Paramedic treatment protocols has been removed, as long as an electronic method exists to access protocols and needed information.

Medication Administration

12. Needles – removed Hollow needle (butterfly needle) 21 and 23 gauge.
13. Removed Syringe – Tubex/Carpojet
14. Blood glucose test lancets or other finger prick device and glucose test strips have been added to BLS units.

Miscellaneous Equipment

15. First responder units no longer are required to carry infant BP cuffs.
16. It is recommended that first responder units carry a small portable sharps container.

Personal Protective Equipment

17. First responder units will no longer be required to carry surgical masks. This can be substituted with another mask, such as an N-95, P-100 etc.
18. The requirement to carry N-95 masks will be changed. Agencies wishing to carry a higher rated mask, such as a P100 can do so in place of the N-95.
NOTE: Agencies use of masks and protective wear should be in compliance with the agencies specific aerosol transmissible disease (ATD) policy.
19. Gloves – Sterile gloves have been removed (sterile gloves are in OB Kit)
20. The requirement to carry an APR – full face respiratory protection mask has been removed

Splint/Immobilization

21. It will now be optional for first responder units to carry an extrication device (e.g. KED) for spinal immobilization.
22. Head stabilization devices will now be required to be of sufficient length to reach from the patient's shoulders, to the top of the head.
23. First responder units are no longer required to carry traction splints.

Transport/Supv Unit Equipment

24. Medication labels, cold packs, pillows, blankets, towels, emesis basins and incontinent pads will be removed as a requirement for Supervisor Vehicles.

EMS Policy #293 – Drug and Solution Standards

The changes to EMS Policy #293 Include:

1. With changes that allow EMTs to administer Aspirin, Narcan, and Epinephrine, two columns have been added to include BLS ambulance and BLS Event Stand-by.
2. Aspirin – Added to BLS units and BLS Special Event.
3. Epinephrine - The 30ml multi-dose vial has been removed. The Epi auto-injector has been added for BLS Ambulance and BLS Special Event.
4. Fentanyl – Due to the drug shortage, it is difficult to know what size/strength that is available. The size/strength has been changed to “variable” and the minimum amount is still 100ug.
5. Midazolam – The minimum amount required has been reduced to 8 mg. This is only a minimum, and ambulance providers may consider carrying increased amounts as they determine to be necessary. The size/strength has been changed to “variable”.
6. Naloxone – BLS ambulances and BLS Special Events will be required to have two 2mg preload doses.
7. Oral glucose has been added to the two new columns for BLS Ambulance and BLS Special Event.
8. Sodium Bicarb has been reduced.

EMS Policy 510.10 – BLS Protocol – Chest Pain

The changes include the addition of Aspirin to the BLS protocol.

EMS Policy 510.13 – BLS Protocol – Altered Mental Status and Syncope

The changes include re-formatting of the protocol and the addition of Naloxone administration, use of a glucometer and fingerstick for glucose testing, and additional language in special considerations.

EMS Policy 510.15 – BLS Protocol – Seizures

The changes include re-formatting of the protocol and the addition of the use of a glucometer and fingerstick for glucose testing, and additional language in special considerations.

EMS Policy 510.16 – BLS Protocol – Stroke

The changes include re-formatting of the protocol and the addition of the use of a glucometer and fingerstick for glucose testing, and additional language in special considerations.

EMS Policy 510.32 – BLS Protocols – Stings/Bites

It was identified during the comment period that this policy required that a CQI report to be submitted to the EMS agency anytime an EpiPen is used. This requirement has been removed from this policy.

EMS Policy #542 – Prehospital Division of Responsibility

1. The EMT on an ALS ambulance is allowed to assist the paramedic by performing a fingerstick for chemstrip/accucheck.
2. Clarification of patient turnover between ALS first responders and transport ambulance personnel. This includes the immediate turnover of the patient to an ALS ambulance upon arrival of the ambulance on scene.
3. For patients identified as a non-Stat BLS patient following an ALS assessment, the paramedic may allow an EMT crew member to attend to the patient while the paramedic transports to the hospital.

EMS Policy #543 – Turnover Responsibilities Between Prehospital Units

To address the changes last year that allowed BLS ambulances to respond to specific prehospital calls, the policy changes address the turnover of a patient to a BLS ambulance, which does not require base hospital approval. These situations include:

1. At the scene of a multiple patient incident where a BLS ambulance has been requested for transport of non-stat BLS patient(s).
2. ALS ambulance rendezvous with a BLS ambulance to turnover a patient not requiring ALS care in order for the ALS ambulance to return to its primary service area.
3. ALS First Responder turnover of a patient to a BLS ambulance, when appropriate.
4. ALS ambulance transfer of patient to BLS personnel in a hospital emergency department for continued monitoring while waiting for ED bed.

Please contact the EMS Agency at (559) 600-3387 if you have any questions.

DJL:JA:rb