



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

SPECIAL MEMORANDUM

FILE #: F/K/M/T #03-2019

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 10, 2019

SUBJECT: Implementation of EMS Policies and Procedures

Two handwritten signatures in black ink. The top signature appears to be 'J. Andrews' and the bottom signature appears to be 'Daniel J. Lynch'.

- #001 – Table of Contents and Revision Log
- #293 – EMS Drug and Solution Standards (ALSU)
- #510.23 – BLS Protocols – Soft Tissue Injuries
- #530.20 – Paramedic Treatment Protocols – Ingestion/Poisoning
- #530.40 – Paramedic Treatment Protocols – Severe Pain Management - **DELETED**
- #547 – Patient Destination

Effective June 1, 2019, the EMS Agency will be implementing the listed policies above. Copies of these policies will be available on the EMS Agency website at www.ccemsa.org

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 #293 – EMS Drug and Solution Standards (ALSU)

Activated Charcoal has been removed from the required drug and solutions standards for ALS units.

EMS Policy #510.23 – BLS Protocols – Soft Tissue Injuries

The soft tissue injuries protocol has been updated to reflect current bleeding control (BCon) practices.

EMS Policy #530.20 – Paramedic Treatment Protocols – Ingestion/Poisoning

Activated Charcoal has been removed from the Ingestion/Poisoning protocol.

EMS Policy #530.40 – Paramedic Treatment Protocols – Severe Pain Management - **DELETED**

The severe pain management protocol (530.40) is being DELETED from the paramedic treatment protocols. The use of Fentanyl will be administered in accordance with specific treatment protocols. These existing protocols are unchanged and include:

- 530.07 – Ventricular Tachycardia with Pulses
- 530.10 – Bradycardias – Ventricular Rate Less Than 60
- 530.11 – Paroxysmal Supraventricular Tachycardia (PSVT)
- 530.13 – Coronary Ischemic Chest Discomfort
- 530.15 – Shortness of Breath with Pulmonary Edema (Base Hospital Order)
- 530.23 – Trauma
- 530.24 – Burns
- 530.36 – Pediatric Bradycardia
- 530.37 – Pediatric Tachycardia with Pulses
- 540.02 – CCT General Procedures

****This Special Memo rescinds/replaces Special Memo #03-2018, which was re-issued on July 24, 2018****

EMS Policy #547 – Patient Destination

Section V. PATIENTS THAT CAN GO DIRECTLY TO AN EMERGENCY DEPARTMENT WAITING ROOM - The vital signs criteria for patients going to the waiting room of a hospital are the same as the vital signs criteria for individuals going to the Crisis Stabilization Center (CSC). The vital signs “range” in the waiting room criteria was too general and has been replaced with the following:

- Patient Vital Signs (Waiting room or CSC)
 - Adults: Pulse: 50-120 bpm
 Systolic Blood Pressure: 100-180 mm Hg
 Diastolic Blood Pressure: less than 120 mm Hg
 Respiratory Rate: 12-30
 - Pediatrics: Vital signs appropriate for children (Policy 530.32)

Please contact Mato Parker, EMS Coordinator, at (559) 600-3387 if you have any questions.