



A Tradition of Stewardship
A Commitment to Service

Health & Human Services Agency
Napa County Emergency Medical Services Agency

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MEMORANDUM

To:	Napa County EMS System	From:	Zita Konik, MD, EMS Medical Director Brian Henricksen, EMS Administrator	
Date:	June 29, 2018	Re:	July 1, 2018 Policy Update	

Effective July 1, several policy and clinical guideline updates will take effect. The EMS Agency has worked with provider agency EMS Coordinators to update four areas of the Napa County EMS System.

Over the past few years, system-wide intubation success rates have declined to just over 40%. The Napa County CQI Committee has been working to create a process to keep the procedure in local scope of practice through training requirements. To maintain local accreditation, each paramedic is required to attend quarterly intubation training to ensure we maintain proficiency in the skill. Administrative Policy 2019 has been added, defining the requirements for that training. Additionally, Administrative Policy 2013 has been updated to reflect that requirement as well as providing clarity around the county's requirement for continuous accreditation. Finally, AP-01 has also been updated to require that all direct laryngoscopy endotracheal intubation attempts be done with the assistance of the Bougie Endotracheal Tube Introducer.

Due to a nationwide shortage of Fentanyl, the EMS Agency has work with the ALS Provider Agencies to establish alternatives for managing pain in the prehospital environment. IV acetaminophen has been added to the states local optional scope of practice list. Napa County EMS applied for and was granted authorization to administer the medication as alternative therapy in treating pain.

TXA has been moved from a statewide trial study to local optional scope of practice for participating counties. Napa County applied and was authorized to continue administering TXA for trauma patients meeting criteria. The indication for administering TXA has not changed much, but there are two notable differences. First, the age requirement has moved from 18 years old to 15 years old. Second, we will no longer require providers to complete the TXA Administration Tracking Form. In addition to the substantive changes, we have reworded the indication description for better clarity and created a Tranexamic Acid Medication Card to your toolbox.

The California Code of Regulations has recently authorized EMTs to perform blood glucose testing and aspirin administration, but requires local Medical Directors to explicitly authorize it through policy. Field Treatment Guideline M-01, P-01, and M-06 have moved the language around glucose testing from the ALS section to the BLS section. Additionally, aspirin administration has been moved from the ALS section to the BLS section in C-09.

If you have any questions about these changes, please contact your EMS representative or the EMS Agency directly.

