




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, Medical Director Shaun Vincent, EMS Administrator	
Date: January 6 th , 2020	Re: 2021 Policy Update - Public Comment	

The Napa County EMS Agency has updated several policies. This is a 15-day public comment period to allow for feedback on the format, content, and workflow of the proposed changes. The copy of the Public Comment Form, can be found on the EMS Agency's website at www.countyofnapa.org/ems. These updates range from minor changes to new policies.

Please work with your agency's EMS coordinator to capture your feedback onto the EMS Agency Public Comment Form. Have all comments back to the EMS Agency by close of business, Wednesday, January 20, 2021.

EMS ADMINISTRATIVE POLICIES

- **Administrative Policy 102 Assault, Abuse, and Suspicious Injury** – New policy that has been created to combine several existing policies. Administrative Policy 102, Administrative Policy 108, and Administrative Policy 109 have all been merged into a single policy for ease of access.
- **Administrative Policy 103 Use of Restraints** – new language added to address law enforcement application of hard restraints (handcuffs).
- **Administrative Policy 108 Sexual Assault and Suspected Human Trafficking** – new policy.
- **Administrative Policy 501 Patient Destination** – addresses appropriate destinations for victims of sexual assault.

ALS PROCEDURES

- **AP-02 Supraglottic Airway Device** – has been given a new title and includes iGEL in addition to the King Airway as supraglottic airway options.
- **AP-04 Continuous Positive Airway Pressure** – has been updated to reflect a pressure range of 5 – 10 cmH₂O



FIELD TREATMENT GUIDELINES

- **M-05 Altered Mental Status** – Adds language to address use of best judgement if altered mental status persists and the blood sugar is between 60-80 mg/dL.
- **M-06 Seizures** – Increases IN/IM dose of midazolam to 10 mg.
- **M-09 Poisoning/Overdose** – Increases the adult dosage for IN/IM naloxone from 0.4 mg to 2 mg doses. Also provides a range of 0.4 mg – 2 mg for IV/IO doses.
- **C-09 Suspected Acute Coronary Syndrome** – Adds specific guidance performing a STEMI ALERT. Adds and rearranges language in key concepts to provide better clarity.
- **T-02 Traumatic Arrest** – Adds a key concept that addresses the consideration of bilateral Needle Thoracostomy AP-05 prior to terminating resuscitative efforts in an adult traumatic arrest with suspected blunt thoracic trauma.
- **T-04 Crush Syndrome** – Removes the requirements for Base Hospital Order prior to the administration of Calcium Chloride.
- **T-05 Burns** – Clarifies Burn Center criteria for burns involving face, hands, feet, genitalia, perineum, or major joints. It clarifies destination decision for patients with and inhalation injury and reflects an updated “Rule of Nines” reference.
- **T-06 Strangulation** – New treatment guideline that addresses specific signs, symptoms, and care for a victim of strangulation.

MEDICATION REFERENCE CARDS

- **Dextrose Medication Reference Card** reflects the added language of the use of best judgement if altered mental status persists and the blood sugar is between 60-80 mg/dL in M-05.
- **Midazolam Medication Reference Card** – Reflects the increases IN/IM dose of midazolam to 10 mg in M-06.
- **Naloxone Medication Reference Card** – Reflects the increased adult dosage for IN/IM naloxone from 0.4 mg to 2 mg doses and the range of 0.4 mg – 2 mg for IV/IO doses in M-09.
- **Calcium Chloride** – Reflects the removal of the Base Hospital Order requirement prior to the administration of Calcium Chloride in T-04.

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

