



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: August 19 <sup>th</sup> , 2021	Re: August 19, 2021 Policy Update

### Stroke Destination Update

We are excited to announce Adventist Health St. Helena Hospital has met the Joint Commission certification requirements for becoming a Primary Stroke Receiving Center. Effective Friday August 20<sup>th</sup>, 2021 at 00:00 hours, Adventist St. Helena Hospital will begin accepting EMS patients meeting 'Stroke Alert' criteria. Updates reflecting Adventist Health St. Helena Hospital as a designated stroke receiving center have been made to Napa County Administrative Policy 501-Patient Destination.

In support of the change, the updated EMS Administrative Policy 501 is available on the Napa County EMS Agency website at [https://www.countyofnapa.org/899/Policies-Treatment-Guidelines and the](https://www.countyofnapa.org/899/Policies-Treatment-Guidelines-and-the). Please be sure to apply the update as soon as possible.

### COVID-19

We have updated the Quick Reference Guide regarding PPE usage. Due to the increase in case positivity and hospitalizations from the Delta variant, we did not make significant changes. Please continue exercising caution on all patient contacts.

Regarding vaccines, an additional dose of mRNA vaccine has been approved by CDPH for the immunocompromised population. It is our understanding that the CDC criteria for immunocompromised people is subject to change. A booster shot is intended for all mRNA vaccine recipients after enough time has passed and the efficacy has waned. The CDC has not determined the exact time period the booster shot will be needed after completing the series. For both the additional dose and the booster shot, it is recommended to continue with the same brand of vaccine received initially.

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





# Patient Destination

EMS ADMINISTRATION 501

<b>PURPOSE</b>	<p>I. To assist in determining the most appropriate receiving facility for patients transported as part of an EMS response.</p>			
<b>POLICY</b>	<p><b>I. APPROVED EMS RECEIVING FACILITIES</b></p> <p>A. Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein.</p> <p><b>NOTE:</b> This does not preclude the transport of a patient to other facilities during the course of nonemergency inter-facility transfers (IFTs) or scheduled non-emergency transports at the request or direction of the patient's private physician.</p> <p>B. Approved receiving facilities within Napa County include:</p>			
	<b>Facility Name</b>	<b>ED Status</b>	<b>Designations</b>	<b>Location</b>
	Adventist Medical Center St. Helena (SHH)	Stand-by	- STEMI - Stroke	10 Woodland Rd. St. Helena, CA 94574
	Queen of the Valley Medical Center (QVMC)	Basic	- Base Hospital - STEMI - Stroke - Trauma – Level III - OB	1000 Trancas St. Napa, CA 94559
<p><b>II. DESTINATION DETERMINATION</b></p> <p>A. The destination for patients shall be based upon the clinical capabilities of the receiving facility and the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.</p> <p>B. The following factors may also be considered in determining patient destination:</p> <ol style="list-style-type: none"> <li>1. Patient request.</li> <li>2. Family request.</li> <li>3. Patient's physician request or preference.</li> </ol> <p>C. Destination For STEMI Patients:</p> <ol style="list-style-type: none"> <li>1. Patients with suspected acute coronary syndrome and/or a documented STEMI shall be transported to the closest STEMI Receiving Center.</li> </ol>				

2. Approved STEMI Receiving Centers:
    - a. Adventist Medical Center St. Helena.
    - b. Queen of the Valley Medical Center.
    - c. Kaiser Permanente Vallejo Medical Center
  3. If the closest STEMI Receiving Center is not available the patient shall be taken to the next closest appropriate STEMI receiving center.
- D. Destination For Suspected Stroke Patients
1. Suspected stroke patients shall be transported to the closest Stroke Receiving Center.
  2. Approved Stroke Receiving Centers:
    - a. Adventist Medical Center St. Helena.
    - b. Queen of the Valley Medical Center.
    - c. Kaiser Permanente Vallejo Medical Center.
    - d. Sutter Solano Medical Center.
  3. If the closest Stroke Receiving Center is not available, the patient shall be taken to the next closest appropriate Stroke Receiving Center.
- E. Destination For Major Trauma Patients
1. Major trauma patients (e.g. those patients meeting trauma triage criteria) shall be transported as follows:
    - a. Less than (<) sixty (60) minutes transport time to a trauma center - patients shall be transported to the closest appropriate trauma center.
    - b. Greater than ( $\geq$ ) sixty (60) minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department (ED) or directly to the closest appropriate trauma center upon base hospital physician direction.
    - c. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
  2. Notwithstanding the above, patients with the following conditions shall be transported to the closest appropriate emergency department:
    - a. Pulseless, non-breathing following trauma.
    - b. Unstable or unmanageable airway.
    - c. Overall transport time to trauma center greater than ( $\geq$ ) sixty (60) minutes - may be waived upon direct order of base hospital physician.
    - d. Base hospital physician order.
  3. Approved Napa County Trauma Center
    - a. Queen of the Valley Medical Center (Level III Trauma Center) - capable of receiving all trauma with 24/7 neurosurgical capabilities (Helipad On-Site).

#### F. Destination For Pediatric Trauma Patients

- a. Pediatric patients (less than [ $<$ ] fifteen [15] years of age) with major trauma should be transported by EMS helicopter to UCSF Benioff Children's Hospital Oakland (CHO) or UC Davis Medical Center (UCD) with the following exceptions:

Greater than ( $\geq$ ) sixty (60) minutes transport time to CHO / UCD unless otherwise authorized by base hospital.

- b. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
2. Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:
    - a. Pulseless, non-breathing following trauma.
    - b. Unstable or unmanageable airway.
    - c. Rapidly deteriorating vital signs.
    - d. Overall transport time to pediatric trauma center greater than ( $>$ ) sixty (60) minutes may be waived upon direct order of base hospital physician.
    - e. Base hospital physician order.

#### G. Destination For Burn Patients

1. Consider direct transport to UC Davis Medical Center (UCD) for major / critical burns.
2. Base hospital contact is required in these instances.
3. EMS Aircraft should be considered.

#### H. Destination For Obstetrical Patients

1. A patient is considered "obstetric" if pregnancy is estimated to be twenty (20) weeks or greater.
2. Obstetric patients should be transported to a hospital with in-patient obstetrical services in the following circumstances:
  - a. Patients in labor.
  - b. Patients whose chief complaint appears to be related to the pregnancy, or who potentially have complications related to the pregnancy.
  - c. Injured patients who do not meet trauma criteria.
3. Obstetric patients with unstable conditions where imminent treatment appears necessary to preserve the mother or child's life should be transported to the nearest basic ED.
4. Stable obstetric patients should be transported to the ED of choice if their complaints are unrelated to the pregnancy.

#### I. Destination for patients with a suspected emerging infectious disease, e.g., Ebola

1. Coordinate with the base hospital and the EMS Duty Officer
2. Transportation and destinations will be determined in accordance with the CA Mutual Aid Region II Emerging Infectious Disease Transportation Plan.

<b>POLICY</b>	<p>J. Destination for suspected Sexual Assault patients</p> <ol style="list-style-type: none"> <li>1. Transport the patient to patient to a receiving centers with sexual assault evidence exam capabilities when:             <ol style="list-style-type: none"> <li>a. The sexual assault occurred in <math>\leq</math> 14 days</li> </ol> </li> <li>2. Approved receiving centers with sexual assault evidence exam capabilities             <ol style="list-style-type: none"> <li>a. Adventist Medical Center St. Helena.</li> <li>b. Queen of the Valley Medical Center.</li> <li>c. Kaiser Permanente Vallejo Medical Center</li> </ol> </li> </ol>		
<b>OTHER REGIONAL TRAUMA CENTERS</b>	<b>Facility Name</b>	<b>Trauma Center Level</b>	<b>Helipad</b>
	Santa Rosa Memorial (SRMH)	Level II	Yes
	North Bay Medical Center (NBMC)	Level III	Yes
	Kaiser Permanente Vacaville Medical Center (KVV)	Level II	Yes
	John Muir Medical Center, Walnut Creek (JMMC)	Level II	Yes
	Marin General Hospital (MGH)	Level III	No
	San Francisco General (SFG)	Level I	No
	UC Davis Medical Center (UCD)	Level I Adult/Pediatric	Yes
	Sutter Eden Hospital (Eden)	Level II	Yes
	Highland Medical Center (Highland)	Level II	No
UCSF Benioff Children's Hospital Oakland (CHO)	Level I Pediatric	Yes	



## COVID-19 Quick Reference Guide

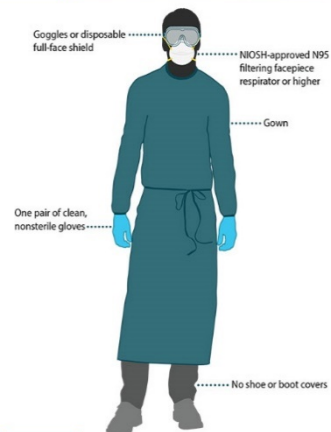
### Napa County EMS Agency

#### For all patients:

1. Gloves – One Time Use
2. Full-face shield or goggles (Re-usable for 24hrs)
3. N95 respirator or P100 (Re-usable for 24hrs)
  - a. If not available, use a surgical mask

#### For suspected COVID-19 patients identified through assessment or dispatch pre-arrival screening:

1. Gown – One Time Use
2. Gloves – One Time Use
3. Full-face shield or goggles (Re-usable for 24hrs)
4. N95 respirator or P100 (Re-usable for 24hrs)
  - a. If not available, use a surgical mask



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

#### General Guidelines/Best Practices:

1. Assume that possible COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, cardiac arrest)
2. Begin assessment from > 6 feet distance
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients
5. Necessary PPE readily available on all calls

## EMS/Transport Procedures:

1. PPE procedures activated for close contact responders
2. Place surgical mask on patient
3. Limit treatment activities unless patient is unstable. Prepare medication and equipment (IV kit) in advance when possible.
4. Cardiac arrest management: All personnel in contact with the patient (i.e. doing compressions, assisting with airway, giving medications) should be in full PPE.
5. Airway management:
  - a. ***In cardiac arrest patients:*** Avoid BVM to face utilization. For the first three cycles of compressions (i.e. first six minutes) place a non-rebreather mask on the patient with 15L of oxygen. Place a surgical mask over the NRB to minimize spread of possible viral particles. Once three cycles have been completed and a King tube is available, place the King tube and continue the code.
  - b. ***In all patients: Exercise caution and limit treatments that may be aerosol-generating, which include:*** intubation (King tube preferred), bag valve mask (BVM) ventilation, CPAP, nebulized treatments.
  - c. If pulse oximetry <90%, place nasal cannula oxygen (2-4 liters/per min) and surgical mask over cannula
  - d. **N95 or P100 is required for provider administering these airway interventions**
  - e. **If BVM/King tube is to be used, place Hepa filter/viral filter if available.**
6. Only asthmatic patients are likely to benefit from albuterol and may use own inhaler.
  - a. Adults: 5 puffs w/spacer preferred, repeat every 15 min as needed.
  - b. Children < 12 yrs: 2 puffs w/spacer preferred, repeat every 15 min as needed.
7. Transport according to Destination guidelines
8. Set the vehicle's ventilation system to non-recirculating mode to maximize volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area & out the back end of the vehicle
9. Upon arrival at the ED, make phone or radio contact with ED and advise of your arrival, await further instructions from staff before unloading patient
10. Transfer Patient to ED per their instructions.