

Section 700.00: Memorandum Indicating Change or Clarification

Memorandums contained in this section are intended to alter or clarify current *Volusia County Prehospital Standing Orders and Treatment Protocols*. Each memorandum is appropriately titled, contains a brief description of the content of the change, and identifies the effected section or sections within the document. Dissemination of this information to all appropriate personnel is the responsibility of each agency.

With the addition of these memorandums to the document, the EMS Medical Director strongly encourages the agency to reference the specific memorandum on the affected pages in order to make providers aware of the change while perusing or otherwise referencing the manual.

The next revision of this document will contain these changes or clarifications in the body of the document, thereby eliminating pages in this section with every revision.

History: 07-2014

Section 700.01: Limited or Absent Product Availability: 0.9% Sodium Chloride

Description of modification/clarification: Procedural change to mitigate ongoing shortages in 0.9% sodium chloride.

Distribution date: July 1, 2014

Expiration date: None.

Approved by: Peter C. Springer, MD, FACEP

Effected portion(s) of the document:

<u>Section</u>
Entire document

Based upon the ongoing shortages of 0.9% sodium chloride (1,000 milliliter and 500 milliliter bags), flushable saline locks shall be utilized in lieu of infusible fluids on patients when volume resuscitation or ongoing medication delivery is not required. Particular attention should be given to maintaining an ample supply of 500 milliliter bags of 0.9% sodium chloride for mixing pharmaceuticals for infusion.

If supplies of 0.9% sodium chloride are depleted, Lactated Ringer's solution is authorized as a substitute for 0.9% sodium chloride under Volusia County Prehospital Standing Orders and Treatment Protocols. In addition, 500 milliliter bags of 5% dextrose shall be carried for purposes of mixing pharmaceuticals for infusion. Lactated Ringer's solution shall not be utilized for medication infusions.

Section 700.02: Transport Protocol: Florida Mental Health Act (Baker Act)

Description of modification/clarification: Disposition of patients transported for involuntary examination under the Florida Mental Health Act (Baker Act).

Distribution date: July 1, 2014

Expiration date: Upon release of next protocol revision.

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Effected portion(s) of the document:

Section
New

This section addresses ambulance transport as it pertains to persons subject to involuntary examination under the “Florida Mental Health Act” (“Baker Act”).

Definitions

The following terms are defined for purposes of this section.

Co-morbid condition means any obvious or suspected emergency medical condition regardless of whether the condition is directly or indirectly related to the underlying mental health condition. Such conditions include, but are not limited to: suspected or known overdose, injuries resulting from self-harm, altered mental status, and chest pain. The presence of relative past medical history without the manifestation of signs or symptoms does not support the determination of a co-morbid condition.

Intellectual disability means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely. For the purposes of this definition, the term:

adaptive behavior means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community.

significantly subaverage general intellectual functioning means performance that is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency.

Involuntary examination means an examination performed under the applicable laws of the State of Florida to determine if an individual qualifies for involuntary inpatient treatment or involuntary outpatient treatment.

Mental illness means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person’s ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this section, the term does not include intellectual

disability, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

Criteria for involuntary examination

Involuntary examination requires that there is reason to believe the individual has a mental illness and because of the mental illness:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
- The person is unable to determine for himself or herself whether examination is necessary

and

- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Who may initiate

Florida Statutes provides a mechanism for initiating involuntary examination for the following professions: a *court* through an ex parte order; a *law enforcement officer*; or a *physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker*.

Transport requirements

Ambulance transport of persons subject to involuntary examination is appropriate in the following circumstances:

- There is an emergency medical condition requiring assessment and/or treatment (ambulance transport is required).
- Upon request from a law enforcement officer when such assistance is needed for the safety of the officer or the person in custody. Such instances may include, but are not limited to: the elderly, frail or otherwise infirmed persons, persons who may not be best suited for transport in a patrol car.

Law enforcement shall be requested to attend during ambulance transport if the transporting crew is of the opinion that their safety is jeopardized.

Disposition

Patients subject to involuntary examination shall be assessed by a paramedic for the presence of, or suspicion of, an acute co-morbid medical condition(s).

If no acute co-morbid condition(s) exists, transport the patient to Halifax Medical Center of Daytona Beach.

If there is reasonable suspicion that an acute co-morbid condition(s) exists, transport the patient to the closest emergency department.

Section 700.03: Cricothyrotomy Kit Utilization

Description of modification/clarification: Clarification regarding the use of the Quick Fix cricothyrotomy kit and transition away from the Melker Emergency Cricothyrotomy kit.

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Expiration date: Upon release of next protocol revision.

Approved by: Peter C. Springer, MD, FACEP

Effected portion(s) of the document:

	<u>Section</u>
100.17	General Provisions
200.02	Airway Management
400.04	Cricothyrotomy

This section authorizes the utilization of existing Melker Emergency Cricothyrotomy kits for emergency airway management. In lieu of an immediate change to the Quick Fix Cricothyrotomy kit, providers are authorized to carry and utilize this device in accordance with *Volusia County Prehospital Standing Orders and Treatment Protocols* through June 30, 2016. Previous language from the procedural section of protocol is included as informational. Providers that maintain the Melker kits are expected to maintain proficiency in the application of the airway.

Two stipulations are attached to this addendum:

- Any single agency cannot inventory or utilize both Melker and Quick Fix kits. Once the Melker kit inventory levels require the introduction of the Quick Fix kit into the agency's supply, a complete transition to the Quick Fix kit is required.
- The purchase of Melker Emergency Cricothyrotomy kits is no longer authorized.

Procedure:

- Seldinger technique: indicated for patients eight years of age or greater
- Ensure all equipment is assembled, readily available and operational.
- Identify appropriate landmarks.
- Prepare area with alcohol or povidone-iodine (Betadine).
- Make a superficial, three to five millimeter vertical incision over the cricothyroid membrane. The incision should only penetrate in to the subcutaneous tissue.
- Puncture cricothyroid membrane at a 45 degree angle caudally through the incision while aspirating to identify the lumen of the trachea.
- Advance the needle into the trachea.
- Advance the wire through the needle.
- Holding the wire firmly in place, remove the catheter.
- Advance the airway and introducer along the wire until the airway is in place.
- While holding the tube in place, remove the introducer and wire.
- Attach bag-valve device and confirm placement.

Section 700.04: Ebola Virus Disease (EVD) Screening

Description of modification/clarification: This protocol is provided as guidance for telecommunications and prehospital response personnel as a result of recommendations from the Centers for Disease Control and Prevention for screening patients with flu-like symptoms.

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Section
Not applicable

As a result of current health care advisories, the following protocol is disseminated to all telecommunications and field providers. The guidelines are consistent with current best practices issued by health authorities. Personnel should exercise sound judgment, a practical approach, and contact the EMS medical director or the emergency department physician at the intended receiving facility for direction beyond the scope of this protocol.

Providers are encouraged to familiarize themselves with the *Ebola Virus Disease* (EVD) and best practices surrounding screening, isolation procedures, and decontamination procedures. Resources may be found at the *United States Department of Health and Human Services, Centers for Disease Control and Prevention* or the *Florida Department of Health* web site (<http://www.cdc.gov/vhf/ebola/>).

Telecommunications personnel

If a caller indicates a person has *fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite*, inquire as to whether the patient has traveled to *West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, or other countries where EVD transmission has been reported by the World Health Organization) or the Democratic Republic of Congo within twenty-one (21) days of symptom onset*¹ or if the patient has been in contact with a symptomatic person who meets the aforementioned travel parameters.

If a patient answers in the affirmative to the above question, notify responding field personnel and document in CAD.

If field providers communicate that a patient meets the parameters outlined under the **prehospital field personnel** (below) section and is declining transport or field providers communicate that there are other persons at the scene that may have *reasonably* been in contact with the patient (i.e., cohabitants of the same residence), notify the medical director and contact the Volusia County Health Department on call number.

¹ Florida Department of Health, *Ebola Virus Disease (EVD) Screening* (Ebola Summit Information Packet), Oct 7, 2014.

Prehospital field personnel

If a patient is encountered that:

1. Has signs and symptoms including: “(f)ever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding”²; **and**
2. Has traveled to “West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, or other countries where EVD transmission has been reported by the World Health Organization) or the Democratic Republic of Congo within twenty-one (21) days of symptom onset”³; **or**
3. Has been in contact with a symptomatic person who meets the travel parameters above.

the encounter shall be deemed suspicious. Determine the transport destination and convey this information to the emergency department as soon as feasible to allow preparation of an isolation room, if determined necessary by the emergency department.

If the patient meeting the above parameters declines transportation services or there are other persons on scene that may have reasonably been in contact with the patient (i.e., cohabitants of the same residence), notify the communications center.

Personal protective equipment (PPE) and decontamination

If there is suspicion surrounding a patient, standard contact and droplet precautions, including proper donning and doffing, shall be utilized throughout assessment, care, and transport. Proper decontamination shall occur for transport vehicles and disposable PPE shall be in accordance with policy. Refer to your agency's infection control plan.

² Florida Department of Health, *Ebola Virus Disease (EVD) Screening* (Ebola Summit Information Packet), Oct 7, 2014.

³ Florida Department of Health, *Ebola Virus Disease (EVD) Screening* (Ebola Summit Information Packet), Oct 7, 2014.