MEDICAL CONTROL DIRECTIVE 2022-01

DATE: April 1, 2022

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: Medical Operations Manual (MOM) Effective Date Renewal & Medical Control Directive Reconciliation

- Pinellas County Medical Operations Manual (MOM) - Effective Dates

Volume	Title	Status
One	Clinical Operations Guidelines (COG)	Effective date of January 8, 2020 remains authorized for use.
Two	Administrative	Effective date of March 4, 2020 remains authorized for use.
Three	Critical Care Transport	Effective date of January 2018 remains authorized for use.
Four	Hazmat	Effective date of July 22, 2019 remains authorized for use.
Five	Tactical	Effective date of May 1, 2019 remains authorized for use.

- Applicable content from clinical and administrative Medical Control Directives is incorporated, except for the following (see Page 2) which remain in force.

Directive #	Subject
2021-23	Implementation of Pinellas County EMS Pandemic Plan CONDITION YELLOW and COVID-19 Guidelines Updates
2021-21	CS13/AD13 Controlled Substance Management Plan – Implementation Update
2021-19	Oxygen – Minimum Cylinder Pressure
2021-18	Controlled Substance Management Plan – AD13 Administrative & CS13 Operational
2021-17	Response Configuration Exceptions (Growth Management Update)
2021-16	Protocol CS7 Patient Care Report & Transfer of Care
2021-12	Consent for Opioid Treatment Referral
2021-11	Chapter 22021-119 Treatment and Transport of Police Canines (K-9)
2021-09	Protocol CT24 Interfacility Transport Levels of Care, CCT-CT2 Interfacility Transport Guidelines & CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport
2021-06	Largo Medical Center – Comprehensive Stroke Services
2021-05	MPDS Version Upgrade – Protocol AD2 and AD3 Updates
2021-03	Medical Operations Manual Section CS19 Revisions Limited to the following sections: - Protocol CS19 Standardized Response Gear Inventory - Protocol CS19.6 PCEMS ALS Medical Response Bag - Protocol CS19.7 ALS Handtevy Pediatric Response Bag - Protocol CS19.8 Philips MRx Monitor/Defibrillator - Protocol CS19.12 PCEMS Personal Protective Equipment (PPE)
2020-22	Sapphire Infusion Pump
2020-10	Trauma Updates
2019-21	Baker Act Psychiatric Transport Documentation
2014-20	Ebola Interim Guideline

MEDICAL CONTROL DIRECTIVE 2021-23

DATE: December 29, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Implementation of Pinellas County EMS Pandemic Plan CONDITION YELLOW and COVID-19 Guidelines Updates**

Effective Date: 0800 hrs. December 30, 2021

The included information is currently based on the best and most current information available.

EMS Coordinators shall ensure rapid and broad distribution (i.e., newsletters, Target Solutions, internal e-mail, etc.)

1. This information supersedes:
   - Medical Control Directive 2021-22 CT23.3 Approach to Suspected COVID19 Patient – UPDATE
   - Medical Control Directive 2021-20 Implementation of Pinellas County EMS Pandemic Plan CONDITION GREEN and COVID-19 Guidelines Updates

Setting CONDITION YELLOW

1. Community transmission of COVID-19 is again increasing in Pinellas County and having a significant operational impact on the EMS System.

2. COVID-19 Unified Command supports the implementation of a Medical Control Directive transitioning Pinellas County EMS back to CONDITION YELLOW of the Pinellas County EMS Pandemic Plan effective 0800 hrs. December 30, 2021.

3. The use of a surgical mask while in groups indoors (i.e., station, vehicle cab, meetings, etc.) is strongly recommended until community transmission subsides and vaccination rates increase. Those that are unvaccinated or "high risk" are encouraged to utilize a N95 in place of a surgical mask.

4. N95 Respirators are required while participating in group medical training (CME, EMS academy, etc.)

CT 26 Updates:

1. CT26.1 Universal COVID-19 Guidance
   - Updates Baseline and Full PPE requirements
   - Continues universal Masking of all patients
   - PPE placard Updated

2. CT26.2 COVID19 Response Plan and Dispatch Actions
   - No Changes

3. CT26.3 Approach to Suspected COVID-19 Patient
   - "RIDERS" ARE PROHIBITED in the ambulance with the following exceptions:
     - One parent accompanying a pediatric patient
     - One home caregiver (if needed to manage specific medical device enroute)
     - A rider should wear a surgical mask

4. CT26.4 COVID-19 Clinical Care
   - No Changes

5. CT26.5 EMS – Hospital Plan for Transfer of Patient Care
   - No Changes

Attachments:

CT26.1 Universal COVID-19 Guidance
PPE Placard
CT26.2 COVID19 Response Plan and Dispatch Actions
CT26.3 Approach to Suspected COVID-19 Patient
CT26.4 COVID-19 Clinical Care
CT26.5 EMS-Hospital Plan for Transfer of Patient Care

CT26.1 UNIVERSAL COVID19 GUIDANCE

Purpose – To provide an overview of how to stay safe and minimize exposure to COVID-19 through recommendations, processes, use of personal protective equipment (PPE), decontamination, and disposal of medical waste.

OFF DUTY

- Follow CDC/DOH guidance in your personal life to protect yourself and your family
- Stay healthy by eating well, getting enough sleep, washing your hands, etc.
- If you or your family become sick – report this to your supervisor **PRIOR to coming to work**

START OF SHIFT

- Follow your agency's screening process
- Ensure you are starting with a clean environment – decontaminate the station, response vehicle, patient compartment & stretcher (if applicable), medical equipment and bags, etc.
- Keep your personal food/gear away from the patient compartment or areas that could potentially be contaminated
- Ensure you have an adequate supply of and proper PPE and disinfectants
- Use proper PPE (Refer to COVID-19 PPE placard)
- Use proper disinfectants – Follow the **COVID-19 Disinfectant List** (included) guidelines to ensure the correct disinfectant and process is used. Ensure wet time guideline is met

RESPONSE / ON SCENE CARE / TRANSPORT

- Universal masking of all patients
  - All patients (age greater than 2 years as tolerated) will have a procedure/surgical mask applied.
  - Reference CT26.4 for the use of supplemental oxygen
- Utilize baseline PPE for all patients (Refer to PPE placard – Universal COVID-19 Precautions)
  - Head:
    - N95 Respirator *OR*
    - Half-face Respirator with P100 Cartridge Filter *OR*
    - Full-face Respirator with P100 Cartridge Filters (and splash shields)
  - Hands: Single Use Nitrile or Sterile Gloves
- Utilize full PPE (Refer to PPE placard – Full PPE) for Respiratory Isolation Precautions (RIP) note, Patient with Suspected or Confirmed COVID-19, Patient in Cardiac Arrest, Active Airway Assistance and/or Aerosol Generating Procedures (i.e., suction, high flow oxygen, nebulizer, CPAP, BVM ventilation, airway placement) regardless of suspicion for COVID-19
  - Head:
    - N95 Respirator & Goggles *OR*
    - Half-face elastomeric respirator with P100 Cartridge Filters & Goggles *OR*
    - Full-face elastomeric respirator with P100 Cartridge Filters and Splash Shields
  - Hands: Single Use Nitrile or Sterile Gloves

- Body:
  - Gown *OR*
  - Single use coverall (i.e., Dupont Tychem)
- If COVID-19 not suspected, follow standard treatment protocols.
- If COVID-19 suspected use the approach to suspected COVID-19 Patient (CT26.3) protocol to minimize risk.
- Provide care according to the current Pandemic Condition level (GREEN, YELLOW, RED, BLACK) and provide EARLY hospital notification
- "If you see something say something"
  - If you see someone without proper PPE or inappropriate actions say something for their safety and yours.
- Report to your chain of command any issues at healthcare facilities, hospitals, other agencies, etc.

AT HOSPITAL / AFTER THE CALL

- Ensure your unit is decontaminated per the **COVID-19 Disinfectant List** (included) guidelines.
- Ensure we follow each hospital's infection control policies with courtesy (i.e., limiting access in the hospital, wearing a surgical mask, etc.)
- Ensure waste is properly disposed of (i.e., yellow bag for items that are retained for decon vs. a red bag for permanent disposal).
- Decontaminate your full face or half face elastomeric respirator and goggles, as applicable.
- Discard your N95 respirator, as applicable.
- Ensure proper documentation in **ePCR** of what isolation precautions were taken, PPE use per clinician, and final field impression if COVID-19 is suspected or confirmed.

IN BETWEEN CALLS / END OF SHIFT

- Have extra uniforms available and change your uniform to reduce contamination in the station, your response vehicle and personal vehicle.
- Ensure you have fully decontaminated before eating, drinking, smoking, touching your eyes/face, etc.

BE SAFE

- Please keep up the diligence of using proper PPE and disinfection practices to keep yourself, coworkers, work environment, and your family safe.

COVID-19 Disinfectant List

	Primary	Wet Time	Secondary	Wet Time	Other/Specific Notes
Hands (bare)	Soap and Water	20 secs.	Hand Sanitizing Gel or Wipe	20 secs.	Hand Sanitizer - min. 60% Alcohol
Goggles (reusable) Full Face Elastomeric Respirator (any brand) Half Face Elastomeric Respirator (any brand) Splash/Spark Cover (wipe exterior surface only)	Bleach (wipe or solution - 0.55% concentration)	1 min.	N/A	N/A	*MUST* rinse in clean water after application of bleach then air dry
Gown (single use)	SINGLE USE ONLY	N/A	N/A	N/A	*DO NOT ATTEMPT TO DISINFECT*
Statpack Response Bags	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Major Trauma Bag	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Commercial Extractor	Normal Cycle	
Glucometer BP Cuff (Nylon) Stethoscope	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	
Trauma Shears Bandage Shears	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	Dispose of when unable to properly decontaminate
Stretcher (in its entirety)	Per manufacturer instructions		Per manufacturer instructions		
Panasonic CF20 Panasonic CF20 LED Stylus Philips MRx - Device Philips MRx - All Cables	Isopropyl Alcohol (minimum 60%)	1 min.	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	30 secs.	
Motorola Portable Radios (all models)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Cab Interior (hard surfaces)	Isopropyl Alcohol (minimum 60%)	30 secs.	N/A	N/A	
Vehicle - Patient Compartment	Per agency specific instructions	N/A	Per agency specific instructions	N/A	
General Hard Surfaces (when not noted above)	Hydrogen Peroxide (wipe or solution minimum 1.4% concentration)	1 min.	Isopropyl Alcohol (minimum 60%)	30 secs.	

UNIVERSAL PRECAUTIONS

Patient:

- Universal masking of all patients
  - ***ALL*** patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied

EMS Clinicians – Baseline PPE:

- Head:
  - N95 Respirator ***OR***
  - Half-face Respirator with P100 Cartridge Filter ***OR***
  - Full-face Respirator with P100 Cartridge Filters (and splash shields)

- Hands: Single Use Nitrile or Sterile Gloves

Pinellas County EMS & FIRE ADMINISTRATION

Revised 12/29/21

COVID-19 FULL PPE

Patient:

- Universal masking of all patients
  - All patients (age greater than 2 years old as tolerated) will have a procedure/surgical mask applied

EMS Clinician – FULL PPE:

- Head:
  - N95 Respirator & Goggles ***OR***
  - Half-face elastomeric respirator with P100 Cartridge Filters & Goggles ***OR***
  - Full-face elastomeric respirator with P100 Cartridge Filters and Splash Shields
- Hands: Single Use Nitrile or Sterile Gloves
- Body:
  - Gown ***OR***
  - Single use coverall (i.e., Dupont Tychem)

Revised 12/29/21

CT26.2 COVID19 RESPONSE PLAN & DISPATCH ACTIONS

Pinellas County COVID-19 Unified Command has determined the following response configuration plan:

1. Pinellas County standard response configurations remain in place.
2. Additional COVID-19 Special Rescue (SR) units may be added to the system.
3. It is expected that agency Command Staff may implement "Condition 2" and/or "Condition 4" at their discretion.
4. "Condition 5" is not to be used for pandemic response because transport units need to be managed centrally.
5. Potential COVID-19 calls will be identified using the EIDS Tool in the MPDS system.
6. Pandemic Condition Level (Green/Yellow/Red/Black) will be determined by the COVID-19 Unified Command and displayed on the Hospital Status Board.
7. Additional response configuration changes will be made as needed by the COVID-19 Unified Command.

Dispatch Caller Screening:

1. Call takers (Regional 911 & Sunstar Communications) shall implement revised screening procedures (augments **MCD 2019-22 Influenza Season and EIDS Surveillance Tool Implementation** dated December 23, 2019 and supersedes **MCD 2020-13.1** dated March 21, 2020) in the following manner:

   a. The EIDS tool shall be used on all calls EMD (medical and trauma) and EFD.

   b. Call takers shall read the following Medical Director approved additional questions:
      - Are you/the patient being monitored for exposure to, been diagnosed with or treated for COVID-19 by a Doctor/Department of Health
      - Did you/the patient have close contact with a person with known or suspected coronavirus in the past 14 days

      Note: For the purposes of this protocol "Close Contact" is defined as being within six (6) feet of a potentially infectious person while not wearing appropriate PPE

   c. Travel History questions in the EIDS tool are no longer required
   d. Diarrhea shall be added to the symptom question list

2. If a patient has flu-like symptoms and/or meets any of the diagnosis, monitoring, treatment, or contact criteria, a call taker shall place the standard influenza speed note in the call:

"$Respiratory isolation precautions!"

3. System personnel shall be alerted and implement the appropriate level of PPE ***prior to entering the space or making patient contact***

Condition 2 Medical (2M)

1. During COVID-19, the EMS system is encountering frequent and lengthy Hospital Bed Delays.

2. In the event of significant and sustained Hospital Bed Delays, EMS & Fire Administration may authorize "Condition 2 Medical" which will be enacted by 911 Dispatch following their SOP which includes notifications to the field and Sunstar.

3. When EMS is experiencing a low number of Ambulances available due to Hospital Bed Delays - EMS will deploy a CONDITION 2 MEDICAL Plan during High Activity to clear Ambulances from Hospitals.

    - EMS Medical Communications will notify all Hospitals via a Hospital Emergency Notification System (HENS) Page. Prior to CONDITION 2 MEDICAL, EMS will communicate with Hospital Administrators.
    - EMS will show Countywide Hospital Status as CONDITION 2 MEDICAL
    - EMS will utilize System Status Management tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates.

4. Refer to the EMS-Hospital Plan for the actions taken by Fire/EMS personnel and Hospital personnel during transfer of patient care at the Hospital.

5. If the EMS system increases to Condition 3 Medical the Condition 2M EMS-Hospital Plan will remain in force.

Condition 3 Medical (3M)

1. During COVID-19, the EMS system is seeing sudden spikes in demand for EMS services especially transports by ambulance.

2. In the event of a significant and sustained system demand, EMS & Fire Administration may authorize "Condition 3 Medical" which will be enacted by 911 Dispatch following their SOP to immediately add transport capacity to the EMS system.

3. During "Condition 3 Medical", when a Rescue Unit is assigned to an EMS call, it will provide treatment and transport. Additional assistance may be requested by the Rescue Unit as needed to assist. A transport by a Rescue Unit will be to the closest most appropriate facility. Trauma / Sepsis / Stroke / STEMI Alerts, Pediatrics, Veterans, Baker Act must be transported to the appropriate specialty hospital per the Hospital Destination Policy (CS4).

4. When an ALS Engine, Truck, Squad or Medic Unit is assigned to an EMS call, a Sunstar Unit will be dispatched and handle the transport. ALS First Responder Units should refrain from calling for a Rescue Unit unless Sunstar Units are unavailable per Dispatch.

5. During Condition 3M, it is not necessary to call Medical Control for Fire Rescue transports contained in the Transport Resource Utilization (CS5) protocol.

CT26.3 APPROACH TO SUSPECTED COVID19 PATIENT

GOAL - MINIMIZE UNPROTECTED EXPOSURES

- Use the "Isolation Precautions Taken" intervention in ePCR to document what PPE was utilized.
- Enter the number of personnel who donned PPE in the intervention qualifier.
- Document what PPE was employed by each clinician in the Crew section.

SUSPECT COVID-19 with any of the following patient symptoms regardless of dispatch notes, travel, or contact history:

- Fever or Chills (not required)
- Flu-like symptoms/body aches
- New loss of taste or smell
- Upper respiratory (congestion, sore throat, headache)
- Lower respiratory (cough or respiratory difficulty)
- Fatigue
- Gastrointestinal (GI) (nausea, vomiting, diarrhea)
- Patient with current laboratory confirmed COVID19 diagnosis

PROTECT YOURSELF:

- Limit the number of clinicians approaching a suspected COVID-19 patient.
- If making patient contact, don FULL PPE anytime you suspect COVID-19 ***regardless*** of dispatch information (Refer to the PPE placard)
  - N95 Respirator + goggles ***OR***
  - Half face elastomeric respirator with P100 Cartridge Filters + goggles ***OR***
  - Full-face elastomeric respirator with P100 Cartridge Filters (and splash shields)

PROTECT FAMILY MEMBERS:

"RIDERS" ARE PROHIBITED in the ambulance with the following exceptions:

- One parent accompanying a pediatric patient
- One home caregiver (if needed to manage specific medical device enroute)
- A rider should wear a surgical mask

CT26.4 COVID19 CLINICAL CARE

Documentation:

Any patient who meets screening criteria shall have the words *"Suspected COVID-19"* or *"Confirmed COVID-19"* documented in the ePCR to ensure activation of the surveillance triggers.

Protective Actions:

Take the following Protective Measures when caring for ALL suspected COVID-19 Patients:

GOAL	PROTECTIVE ACTIONS	
Protect Yourself	Minimize personal items carried and do not bring/store personal items in the patient care compartment	Don all appropriate PPE prior to making patient contact and limit number of clinicians involved in patient care (Refer to PPE placard)
Minimize spread of viral particles from patient	Place surgical mask on a patient (over nasal cannula or non-rebreather mask as needed) (Refer to PPE placard)	Wrap patient in yellow disposable blanket
Use distancing / shielding / air flow	Move non-essential personnel away from aerosol generating procedures and place barriers over or between interventions and personnel. Perform outside if possible.	Use exhaust fan in ambulance patient compartment Use A/C in non-recirculating mode in ambulance cab

Clinical PEARLS:

1. A patient with COVID-19 may present with significant hypoxia (SpO2 in the 80's) without air hunger or altered mental status. This is referred to as "Happy Hypoxia." Fatigue and mental status decline should guide airway intervention to a greater degree than SpO2 or respiratory rate.
2. Intubation should be the last resort in a suspected COVID-19 patient.
3. Best practices are changing rapidly as we learn more about this disease. Clinicians must stay up-to-date with changes for their own protection and to provide optimal care.
4. During Condition GREEN, suspected COVID-19 patients should be given the best prehospital care possible following the placard on Page 2. Other patients should be treated as per normal protocols.
5. Crisis/Disaster Standards of Care are dictated by risk/benefit ratio and availability of resources. Condition YELLOW warrants risk management, while Conditions RED and BLACK warrant alterations.
6. CURRENT CONDITION will be displayed on the Hospital Status Screen.

ADULT	PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	**Protocol**	**COVID-19 Alteration**
Approach to hypoxia and airway management	Multiple	• A patient with COVID-19 should have advanced airways placed only as a last resort. • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O_2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway. • Hypoxia (SpO_2 80-90%) may be tolerated while attempting these interventions.
Viral Filter	CP1/CP5	• Place viral filter between King Airway/ET Tube/Face Mask and $EtCO_2$ filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies** **(USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Apply Supplemental Oxygen as needed
Albuterol nebulizer Ipratropium nebulizer	A2/P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)
CPAP	CP6	Ensure proper PPE
BVM	CP1	HIGH RISK - USE CAUTION MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	HIGH RISK - USE CAUTION Administer facilitation medications per CP1.4 if needed
Endotracheal Intubation	CP1	HIGH RISK - USE CAUTION Preference for King Airway for clinician safety Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy	CP2	HIGH RISK - USE CAUTION

PEDIATRIC	PANDEMIC CONDITION GREEN COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	**Protocol**	**COVID-19 Alteration**
Approach to hypoxia and airway management	Multiple	• A patient with COVID-19 should have advanced airways placed only as a last resort. • All reasonable efforts to achieve adequate oxygenation and ventilation (i.e., supplemental O2, patient self-positioning to prone, CPAP, etc.) should be undertaken prior to placing an advanced airway. • Hypoxia (SpO2 80-90%) may be tolerated while attempting these interventions.
Viral Filter	CP3/CP5	• Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies** **(USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Apply supplemental oxygen as needed
Albuterol nebulizer Ipratropium nebulizer	P2	If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation)
CPAP	CP6	Ensure proper PPE
BVM	CP3	HIGH RISK - USE CAUTION
Endotracheal Intubation	CP3	HIGH RISK - USE CAUTION Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy/ Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE CAUTION

ADULT	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	**Protocol**	**COVID-19 Alteration**
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	M9	• Limit intravenous fluid administration to an initial 500 mL bolus • Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies (USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia–Goal SpO2 >85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal Cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	HIGH RISK - USE ALTERNATIVE If patient has metered dose inhaler (MDI), may use instead of nebulizer (2 puffs every 3 minutes to max of 10 puffs - replace surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	HIGH RISK - MINIMIZE USE
CPAP	CP8	HIGH RISK - MINIMIZE USE
BVM	CP1	HIGH RISK - MINIMIZE USE MOVE ASAP TO A KING AIRWAY
Extraglottic/King Airway Insertion	CP1	HIGH RISK - USE EXTREME CAUTION • Administer facilitation medications per CP1.4 if needed • Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	HIGH RISK - AVOID IF POSSIBLE • Preference for King Airway for clinician safety • Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy	CP2	HIGH RISK - USE EXTREME CAUTION
CPR	C1/CP9/T2/CT3	HIGH RISK - EXTREME CAUTION Consider early OLMC consultation for cessation of efforts IN SUSPECTED COVID-19 PATIENTS

PEDIATRIC	PANDEMIC CONDITION YELLOW COVID-19 SPECIFIC CLINICAL CARE and PROVIDER RISK MANAGEMENT GUIDANCE	
General	**Protocol**	**COVID-19 Alteration**
Destination	CS4	Closest Appropriate Hospital (System Status Management)
Fluid Resuscitation Goals	P18 - Sepsis	Limit fluids to initial 10 mL/kg Early norepinephrine as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 Management Strategies** **(USE FULL PPE + PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia–Goal SpO2 >85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	HIGH RISK - USE ALTERNATIVE If patient has MDI, USE IT + BRING IT TO THE ER (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook)
Suction	U1	HIGH RISK - MINIMIZE USE
BVM	CP3	HIGH RISK - MINIMIZE USE
Endotracheal Intubation	CP3	HIGH RISK - AVOID IF POSSIBLE Ensure cuff is inflated PRIOR to ventilating
Needle Cricothyrotomy	CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

ADULT	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended Reviewers may use “MCI/Disaster” reason in Overall Exception box
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Viral Filter	CP1/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES (USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal Cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs - replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1	AVOID IF POSSIBLE - MOVE ASAP TO KING AIRWAY
Extraglottic/King Airway Insertion	CP1	USE EXTREME CAUTION FULL PPE AND PROTECTIVE MEASURES Administer facilitation medications per CP1.4 if needed Ensure seated well PRIOR to ventilating
Endotracheal Intubation	CP1	NOT INDICATED - DO NOT PERFROM
Cricothyrotomy	CP2	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/T2/CT3	Attempt Resuscitation only if initial (prior to EMS compressions) rhythm V-fib or bystander CPR in progress, and consider early cessation if no ROSC after 3 shocks and 3 Epinephrine

PEDIATRIC	PANDEMIC CONDITION RED STANDARD OF CARE ALTERATIONS FOR A COVID-19 PATIENT	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Appropriate Hospital (System Status Management)
FirstPass Quality Measures	Multiple	Suspended. Reviewers may use “MCI/Disaster” reason in Overall Exception box
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
Viral Filter	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and $EtCO_2$ filterline set
Aerosol Generating Procedure	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES** **(USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO_2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED - DO NOT PERFORM ↓ If patient has a metered dose inhaler (MDI), USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook)
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Ensure cuff is inflated PRIOR to ventilating
Cricothyrotomy Needle Cricothyrotomy	CP2/CP4	HIGH RISK - USE EXTREME CAUTION
CPR	P3/CP9/T2/CT4	HIGH RISK - EXTREME CAUTION Consider OLMC consultation for cessation of efforts IN A SUSPECTED COVID-19 PATIENT

ADULT	PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	M9	Limit fluids to initial 500 mL bolus Early norepinephrine as needed
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES** **(USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	A2	NOT INDICATED - DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ 0.3 mg epinephrine (1 mg/mL concentration) intramuscular if in extremis ↓ A2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
CPAP	CP8	NOT INDICATED - DO NOT PERFORM
BVM	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Extraglottic/King Airway Insertion	CP1/CP3	NOT INDICATED - DO NOT PERFORM
Endotracheal Intubation	CP1/CP3	NOT INDICATED - DO NOT PERFORM
CPR	C1/CP9/CT3	NOT INDICATED - DO NOT PERFORM

PEDIATRIC	PANDEMIC CONDITION BLACK STANDARD OF CARE ALTERATIONS FOR COVID-19 PATIENTS NOTE: Condition BLACK will likely require alteration of standard of care for all patients/assumption that all EMS patients are COVID-19 patients	
General	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES**
Destination	CS4	Closest Hospital or Approved Alternate Destination
Fluid Resuscitation Goals	P18	Limit fluids to initial 10 mL/kg bolus Early norepinephrine as needed
ETCO2 Monitoring	CP3/CP5	Place viral filter between King Airway/ET Tube/Face Mask and EtCO2 filterline set
Aerosol Generating Procedures	**Protocol**	**COVID-19 STANDARD OF CARE CHANGES** **(USE PROTECTIVE ACTIONS!)**
Supplemental Oxygen	U1	Permissive hypoxia to SpO2 85% (if able to tolerate w/o severe distress or AMS) ↓ Nasal cannula (max 6 LPM) or Non-rebreather mask under procedure/surgical mask
Albuterol nebulizer Ipratropium nebulizer	P2	NOT INDICATED - DO NOT PERFORM ↓ If patient has MDI, USE IT + BRING IT TO THE ER, (2 puffs every 3 minutes to max of 10 puffs--replace procedure/surgical mask prior to exhalation) ↓ Epinephrine (1 mg/mL concentration) intramuscular if in extremis (dose per Handtevy Medication Guidebook) ↓ P2 OLMC options may be performed without consultation
Suction	U1	AVOID IF POSSIBLE
BVM	CP3	AVOID IF POSSIBLE
Endotracheal Intubation	CP3	HIGH RISK - USE EXTREME CAUTION Place filter between ET Tube and EtCO2 filterline set Ensure cuff is inflated PRIOR to ventilating
Needle Cricothyrotomy	CP4	HIGH RISK - USE EXTREME CAUTION

CT26.5 Pinellas County COVID-19 EMS-Hospital Plan

Objective: Streamline the transfer of patient care during COVID-19 Spike in cases. Changes are Highlighted in Red.

911 Patient – Transfer of Patient Care – Emergency Room

- During CONDITION 1 - NORMAL OPERATIONS, EMS will absorb Hospital Bed Delays to the extent possible to assist with ensuring the normally high level of service
- Transfer of a suspected/confirmed COVID-19 Patient:
  - √ EMS will provide early notification (min.10 mins) via the Hospital Radio to alert hospital staff
  - √ Upon arrival at hospital, may discontinue aerosol treatment and CPAP temporarily if needed while transitioning to an appropriate care area.
  - √ Hospital staff will not delay placement of a patient for COVID-19 testing nor must the testing be performed in the EMS unit.
- Notes:
  - o EMS will not remain inside the ambulance waiting with a patient for greater than **15 minutes** – there must be a preset pathway for transfer of patient care

CONDITION 2 MEDICAL PLAN

- When EMS is experiencing a low number of Ambulances available due to Hospital Bed Delays - EMS will deploy a CONDITION 2 MEDICAL Plan during High Activity to clear Ambulances from Hospitals.
  - EMS Medical Communications will notify all Hospitals via a Hospital Emergency Notification System (HENS) Page. Prior to CONDITION 2 MEDICAL, EMS will communicate with Hospital Administrators.
  - EMS will show Countywide Hospital Status as CONDITION 2 MEDICAL
  - EMS will utilize System Status Management tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates.
- EMS at 15 minutes will find placement for the patient (i.e. Waiting Room, Triage Nurse, Wheelchair, ER Stretcher, or Disaster Stretcher deployed by EMS to Hospitals) for Severity Green and Yellow patients. EMS will follow any guidance from Hospital staff (i.e. please bring this patient to the Waiting Room).
- EMS will use Triage Tags to indicate the patient severity and a complete printed Patient Care Report will be left with the patient that will have the history of present illness, assessment, and treatment documentation. If Hospital Staff needs to speak with the Paramedic, please call Medical Communications at 727-582-2003. They will contact the Paramedic to call when they are available.
- EMS will continue care for Severity Red including Alerts (Sepsis/STEMI/Stroke/Trauma) patients until transfer of care can be completed – not to exceed 30 minutes. EMS Crews will consult with Online Medical Control if there is a delay transferring care of a critical patient.
- An attempt will be made to provide a verbal report to Hospital Staff. If a verbal report cannot be made, the Paramedic will relay via radio to the Hospital a standard "radio report" indicating that EMS is responding to the next 911 patient. If the Hospital does not answer the radio, a report will be given on the radio channel which is recorded by Pinellas County 911.
- The Ambulance or Rescue Unit will expedite their "return to service" to respond to the next mission.
- Leaving a patient at a Hospital is not patient abandonment per EMTALA. Hospitals are responsible for patients as soon as EMS arrives at the facility.
- This plan will remain in effect If CONDITION 3 MEDICAL for Fire Rescue Transport is enacted.
- When the situation has resolved EMS will return to CONDITION 1 – NORMAL OPERATIONS.

COVID-19 ALF/Nursing Home Transfers

- All Hospitals can receive a COVID-19 Patient.
- For 911 and less than 5 Non-Emergency Transports from ALF/Nursing Homes the 911 protocol will be used.
- For greater than 5 Interfacility Transports from ALF/Nursing Homes, EMS notify DOH and will attempt to coordinate with the Facility. EMS will coordinate with Hospitals for "direct admissions" to avoid overwhelming one Hospital or Hospital System.

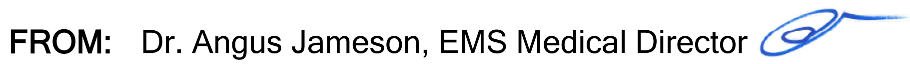
Current Hospital Status – http://hs.sunstarems.com/

MEDICAL CONTROL DIRECTIVE 2021-21

DATE: November 8, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director



RE: **CS13/AD13 Controlled Substance Management Plan – IMPLEMENTATION UPDATE**

Effective Date: 0800 hrs. Wednesday, November 10th, 2021

Implementation of the PSTrax Controlled Substance Module has been generally successful and tracking data appears accurate and reliable at this time. Therefore:

1. Effective Wednesday, November 10th at 0800hrs, daily use of the hardcopy (paper) logbook is no longer required.

2. A new/unused PCEMS Controlled Substance Logbook must be immediately available to each unit to resume real-time hardcopy documentation in the event the PSTrax Controlled Substance Module is down.

3. Existing paper logbooks are to be closed out and archived at the time of discontinuation of use on November 10th, 2021.

4. All ePCR CS Documentation and CS Cards must be continued as currently required until further notice (see below for summary):

Item	Status
PSTrax CS Module Utilization	No change
ePCR CS Documentation	No change
CS Card	No change
CS Station Logbook	• Discontinue • Close out existing book and archive • Maintain a new unused logbook for each unit per protocol for downtime usage

MEDICAL CONTROL DIRECTIVE 2021-19

DATE: September 14, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Oxygen – Minimum Cylinder Pressure**

Effective Date: September 14, 2021

As part of COVID-19 mitigation efforts, Pinellas County EMS (on behalf of all agencies) has received approval of a requested variance to the minimum level of oxygen in an oxygen cylinder required from 1000 psi, as per Florida Administrative Code 64J01.002, to 250 psi.

Although individual tanks may be kept in service to less than 1000PSI per this variance, it is imperative that field clinicians ensure an adequate supply of oxygen is available on the vehicle to care for a patient by not allowing all tanks to drop to this level.

The attached variance approval letter must be kept on file at all agencies and provided if requested during state inspections.

The following protocols have been revised to reflect the 250 psi minimum:

1. CS19.2 PCEMS BLS Response Bag – Administrative
2. CS19.3 PCEMS BLS Response Bag – Operational
3. CS19.4 PCEMS ALS Airway Respo0nse Bag
4. CS19.14 Vehicle Supplemental Equipment & Medical Supplies

SAFETY ALERT

NOTE: Tanks with only 250 PSI remaining will supply 15 LPM for less than 90 seconds from an M6 tank, only 3 minutes for a D tank, and just 26 minutes for an M tank.

CS19.2 PCEMS BLS RESPONSE BAG - ADMINISTRATIVE

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-1 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Golden Hour - Orange			
Main - Lid - Exterior Zipper			
Item Name	Qty Rqd	Qty Present	Exp Date
Trauma Shears	2		
Emesis Bag	2		
10"x 30" Trauma Dressing	1		
7.5 sterile gloves (pair)	1		
8.5 sterile gloves (pair)	1		
Main - Lid - Interior Zipper Pocket			
Cold Pack	1		
Moldable Aluminum Splint	1		
5"x 9" ABD Gauze Pad	1		
Main - Interior			
M6 portable oxygen cylinder bracket	1		
M6 portable oxygen cylinder (min. 250 psi)	1		
Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20 and 25 liter flow settings	1		
BVM Module	See separate inventory		
Adult Non-rebreather Mask	1		
Adult BP Cuff	1		
Adult/Pediatric Sprague Rappaport Stethoscope	1		
Internal Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Infant Mask	1		
Child Mask	1		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 40 mm, 50 mm, 60 mm, 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
Main - Interior - Lower Access - Interior Left Elastic Net			
Adult Nasal Cannula	1		
Main - Interior - Lower Access - Interior Right Elastic Net			
RESERVED FOR FUTURE USE			

Left Exterior Pocket - Interior Zipper Pocket			
Item Name	Qty Rqd	Qty Present	Exp Date
Hand Sanitizing Wipe	5		
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Small Biohazard Waste Bag	1		
Left Exterior Pocket - Interior Left Net			
3” Silk Tape	1		
1” Silk Tape	3		
Left Exterior Pocket - Interior Right Net			
4” Elastic Bandage	1		
4” Roll Gauze	2		
Right Exterior Pocket - Interior Zipper Pocket			
Hyfin Vent Chest Seal (2 pack)	1		
Combat Application Tourniquet (CAT), Orange	2		
Right Exterior Pocket - Interior Left Net			
4” Emergency Trauma Dressing (ETD)	2		
Right Exterior Pocket - Interior Right Net			
4”x 4” Gauze, Sterile (2 pack)	5		
3”x 4” Non-adherent Dressing, Sterile	10		
1” Band-Aid	10		
2” Band-Aid	10		

CS19.3 PCEMS BLS RESPONSE BAG - OPERATIONAL

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Custom Breather - Orange			
Exterior Main - Lid Net			
Item Name	Qty Rqd	Qty Present	Exp Date
Emesis Bag	4		
Exterior Main - Interior			
Trauma Shears	1		
Adult/pediatric Sprague Style Stethoscope	1		
Penlight	1		
Bandage Shears	1		
Exterior Main - Interior Net			
Infant (labeled "CHILD") Blood Pressure Cuff (manual)	1		
Child (labeled "SMALL ADULT") Blood Pressure Cuff (manual)	1		
Adult Blood Pressure Cuff (manual)	1		
Large Adult Blood Pressure Cuff (manual)	1		
Finger Pulse Oximeter with lanyard (in 1010 hard case)	1		
Pelican 1010 Case	1		
Left Exterior Pocket - Interior Left Net			
Combat Application Tourniquet - "CAT" (orange)	2		
Hyfin Vent Chest Seal (two pack)	1		
Left Exterior Pocket - Interior Right Net			
Emergency Trauma Dressing (ETD)	2		
3" Tape	1		
Left Exterior Pocket - Interior Zipper Pocket			
5" x 9" ABD	4		
1" Self-Adherent Tape	1		
1" Silk Tape	3		
10" x 30" Trauma Dressings	2		
Right Exterior Pocket - Interior Left Net			
Infant Simple Mask	1		
Pediatric NRBM	1		
Pediatric Nasal Cannula	1		
Right Exterior Pocket - Interior Right Net			
Adult Nasal Cannula	2		
Adult Non-rebreather Mask	1		

Right Exterior Pocket - Zippered Pocket			
Item Name	Qty Rqd	Qty Present	Exp Date
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Small Biohazard Waste Bag	2		
Hand Sanitizing Wipe (brand may vary)	10		
Interior Main - Lid - Right Zipper Pocket			
Moldable Padded Aluminum Splint	1		
Interior Main - Lid - Left Zipper Pocket			
OB Kit	1		
Interior Main			
M6 portable oxygen cylinder bracket	1		
M6 portable oxygen cylinder (min. 250 psi)	1		
Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20 and 25 liter flow settings	1		
Pinellas County EMS Pediatric BLS Reference *(pending)*	1		
BVM module	See separate inventory		
PEDIATRIC module	See separate inventory		
UNMARKED module	See separate inventory		
Trauma #1	See separate inventory		
Trauma #2	See separate inventory		
Internal Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
NPA 22 Fr, 24 Fr, 26 Fr, 28 Fr, 30 Fr (each size)	1		
Lubricating jelly (unit pack)	5		
Internal Main - PEDIATRIC Module			
Pediatric BVM resuscitator with child, infant and neonate masks and filter	1		
Bulb Syringe	1		
Handtevy Length Based Tape	1		
Interior Main - PEDIATRIC Module - Lid Zipper Pocket			
OPA 40 mm, 50 mm, 60 mm, 80 mm (each size)	1		
NPA 12 Fr, 14 Fr, 16 Fr, 18 Fr, 20 Fr (each size)	1		
Lubricating jelly (unit pack)	5		
Internal Main - UNMARKED Module			
Water for Irrigation, 250 mL, Sterile	2		
Ring Cutter	1		
Glucose Gel 15g (in plastic container)	2		
Narcan Nasal Kit - Two Pack Kit (4 mg each)	1		
Glucometer Kit	See separate inventory		
Internal Main - Glucometer Kit			
Glucometer (Bayer Contour)	1		
Glucometer test strips (must be kept in original bottle and must retain bottom of external packaging for initial and monthly quality control testing info)	1 bottle		
Lancets	5		
Alcohol prep pads	10		
Internal Main - UNMARKED - Zippered Lid			
Single Use Sharps Container	1		
2" Band-Aid (in plastic hard case)	5		
1" Band-Aid (in plastic hard case)	5		
Alcohol Prep Pad (in plastic hard case)	4		
Plastic Storage Box (2 part)	1		

Internal Main - TRAUMA #1			
3”x4” Non-adherent Dressing	10		
4”x4” Gauze Pad (2 pack)	5		
4” Elastic Bandage	2		
4”x4” Gauze Pad, Non-sterile	Stack		
4” Roll Gauze	2		
Internal Main - TRAUMA #2			
Item Name	Qty Rqd	Qty Present	Exp Date
Hot Pack	1		
Cold Pack	1		
Small Arm Sling	1		
Large Arm Sling	1		

CS19.4 PCEMS ALS AIRWAY RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-1 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Custom Breather - Green			
Left Exterior Pocket - Interior Left & Right Net			
Item Name	Qty Rqd	Qty Present	Exp Date
Adult nasal cannula (2 per net)	4		
Left Exterior Pocket - Zipper Pocket			
Adult non-rebreather mask	2		
Right Exterior Pocket - Interior Left Net			
Infant mask for bag valve device	1		
Child mask for bag valve device	1		
Right Exterior Pocket - Interior Right Net			
Adult aerosol mask	1		
Right Exterior Pocket - Center			
Nebulizer setup (Nebutech)	2		
Right Exterior Pocket - Zipper Pocket			
Small biohazard waste bag	2		
Large biohazard waste bag	1		
Hand sanitizing wipe	10		
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Exterior Main - Inside of Lid			
Emesis bags	4		
Penlight	2		
Exterior Main - Interior			
Adult/Pediatric (Sprague style) stethoscope	1		
Adult BP cuff (manual)	1		
Large adult BP cuff (manual)	1		
Trauma shears	1		
Interior Main - Lid - Left Zipper Pocket			
18 Fr Orogastric tube	2		
60 mL syringe with catheter tip	2		
Interior Main - Lid - Right Zipper Pocket			
Size 3 King LTS-D airway	1		
Size 4 King LTS-D airway	1		
Size 5 King LTS-D airway	1		
60 mL luer-lock syringe	2		
Adult tube holder	1		

Interior Main			
Item Name	Qty Rqd	Qty Present	Exp Date
M6 portable oxygen cylinder (min. 250 psi)	1		
M6 portable oxygen cylinder bracket	1		
Gauge Bumper - RED = Fire GREEN = Ambulance Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20, 25-liter flow settings	1		
CPAP module	See separate inventory		
BVM module	See separate inventory		
Intubation module	See separate inventory		
Interior Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Adult/Pediatric EtCO2 filterline set	2		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
NPA 22Fr, 24Fr, 26Fr, 28Fr, 30Fr (each size)	1		
Lubricating jelly (unit packs)	5		
Interior Main - CPAP Module			
Large Adult CPAP setup	1		
Child CPAP setup	1		
Interior Main - CPAP Module - Lid Zipper Pocket			
Tee adapter	2		
Superset with mask elbow adapter	2		
Interior Main - Intubation Module - Lid			
Medium laryngoscope handle - disposable	1		
10 mL luer-lock syringe	2		
Lubricating jelly (unit packs)	3		
Mac 3 laryngoscope blade	1		
Mac 4 laryngoscope blade	1		
Interior Main - Intubation Module - Center			
Adult tube holder	1		
6.0 ET tube (cuffed with stylet)	1		
7.0 ET tube (cuffed with stylet)	1		
7.5 ET tube (cuffed with stylet)	1		
8.0 ET tube (cuffed with stylet)	1		
8.5 ET tube (cuffed with stylet)	1		
Interior Main - Intubation Module - Secondary Pocket			
Adult Magill forceps	1		
Penlight laryngoscope handle - disposable	1		
10 mL luer-lock syringe	2		
Lubricating jelly (unit packs)	3		
Miller 3 laryngoscope blade	1		
Miller 4 laryngoscope blade	1		
Pocket Bougie	1		
Interior Main - Intubation Module - Secondary Pocket - Lid			
Scalpel (safety)	2		
Kelly curved forceps	2		

CS19.14 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-1 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Equipment & Medical Supplies - Patient Care Action Area							
Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
Finger Pulse Oximeter, Portable (in Pelican 1010 case)	-	1	-	-	-		
Adult/Pediatric Sprague Rappaport Stethoscope	1	1	1	-	-		
Infant BP Cuff	1	1	1	-	-		
Child BP Cuff	1	1	1	-	-		
Adult BP Cuff	1	1	1	-	-		
Large Adult BP Cuff	1	1	1	-	-		
Glucometer, Bayer Contour	1	1	-	-	-		
Glucometer test strips - bottle (retain bottom of external packaging for quality control testing)	1	1	-	-	-		

Equipment & Medical Supplies - Reserve							
Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
M6 oxygen cylinder (min. 250 psi) - spare	1	1	1	1	-		
"D" oxygen cylinder (min. 250 psi) - spare	1	1	1	1	-		
Onboard oxygen (min. "M" cylinder w/250 psi)	1	1	1	-	-		
Oxygen regulator - Onboard oxygen	1	1	1	-	-		
O2 flowmeter (onboard oxygen) with hose barb adapter - min. 2, 4, 6, 8, 10, 15, 20, 25L flow settings and DISS Port	2	2	2	-	-		
Adult nasal cannula	8	4	-	-	-		
Adult non-rebreather mask	4	2	-	-	-		

Equipment & Medical Supplies - Reserve (cont.)							
Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
Adult aerosol mask	2	-	-	-	-		
Adult Trach Mask, Venturi with diluters	2	2	-	-	-		
Nebulizer Setup (Nebutech)	4	-	-	-	-		
Size 3 King LTS-D airway	1	-	-	-	-		
Size 4 King LTS-D airway	1	-	-	-	-		
Size 5 King LTS-D airway	1	-	-	-	-		
60 mL luer lock syringe	1	-	-	-	-		
Adult tube holder	1	-	-	-	-		
Adult BVM resuscitator with adult mask and filter	1	1	1	1	-		
Pediatric BVM resuscitator with child, infant and neonate masks and filter	1	1	1	1	-		
OPA 80mm, 90mm, 100mm, 110mm	1 ea.	1 ea.	-	-	-		
Adult/pediatric EtCO2 filterline set	1	-	1	1	-		
Adult (large) CPAP setup	1	-	1	1	-		
Child CPAP setup	1	-	-	-	-		
Superset with Mask Elbow Adapter	1	-	-	-	-		
Medium laryngoscope handle	1	-	-	-	-		
Suction canister with suction and vacuum tubing (disposable)	1	1	1	1	-		
Mac "3" laryngoscope blade	1	-	-	-	-		
Mac "4" laryngoscope blade	1	-	-	-	-		
Miller "4" laryngoscope blade	1	-	-	-	-		
6.0 ET tube (cuffed)	1	-	-	-	-		
7.0 ET tube (cuffed)	1	-	-	-	-		
7.5 ET tube (cuffed)	1	-	-	-	-		
8.0 ET tube (cuffed)	1	-	-	-	-		
8.5 ET tube (cuffed)	1	-	-	-	-		
Pocket Bougie	1	-	-	-	-		
Cold Pack	3	3	-	-	-		
Heat Pack	2	2	-	-	-		
1" Band-Aids	10	10	-	-	-		
2" Band-Aids	10	10	-	-	-		
1" Silk Tape	2	2	-	-	-		
3" Silk Tape	2	2	-	-	-		

Equipment & Medical Supplies – Reserve (cont.)							
Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
1” Self-adherent Tape	2	2	-	-	-		
4” Roll Gauze, Sterile	2	2	-	-	-		
10” x 30” Trauma Dressing	2	2	-	-	-		
Moldable padded aluminum splint	2	2	2	2	-		
C-collar, AMBU Perfit Ace	2	2	2	2	-		
C-collar, AMBU Mini Perfit Ace	2	2	2	2	-		
20 gtt (macro) IV drip set	7	-	-	-	-		
IV Start Kit	8	-	-	-	-		
16 g IV catheter	2	-	-	-	-		
18 g IV catheter	6	-	-	-	-		
20 g IV catheter	8	-	-	-	-		
22 g IV catheter	4	-	-	-	-		
Stat2 Pumpette 60 gtt (micro) IV drip set with flow controller	1	-	1	-	-		
1 mL Vanishpoint (safety syringe)	3	-	-	-	-		
3 mL Vanishpoint (safety syringe)	3	-	-	-	-		
20 mL syringe (luer-lock)	2	-	-	-	-		
10 mL syringe (luer-lock)	2	-	-	-	-		
3 mL syringe (luer-lock)	2	-	-	-	-		
1 mL syringe (luer-lock)	2	-	-	-	-		
3-way stopcocks	2	-	-	-	-		
18 g x 1.5” blunt fill needle with filter	5	-	-	-	-		
Naloxone 2 mg/2 mL prefilled	2	-	-	-	-		
Mucosal atomization device (MAD)	2	-	-	-	-		
Dextrose 10% in Water 250 mL	2	-	-	-	-		
0.9% Sodium Chloride, 1000 mL	7	-	-	-	-		
0.9% Sodium Chloride, 10 mL prefilled syringe	6	-	-	-	-		
Sodium Bicarbonate 1 mEq/mL 50 mL prefilled syringe or vial	2	-	-	-	-		
Epinephrine 0.1 mg/mL 10 mL prefilled syringe **OR** Epinephrine 1 mg/mL - 1 mL vial **KIT**	5	-	-	-	-		
Ondansetron 4 mg ODT (unit dose)	2	-	-	-	-		
Ondansetron 4 mg/2 mL (prefilled syringe)	2	-	-	-	-		

Equipment & Medical Supplies - Reserve (cont.)

Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
Diphenhydramine 50 mg/mL - 1 mL prefilled syringe or vial	2	-	-	-	-		
Epinephrine 1 mg/mL - 1 mL vial	2	-	-	-	-		
Adenosine 3 mg/mL - 2 mL prefilled syringe or vial	3	-	-	-	-		
Methylprednisolone Sodium Succinate 125 mg/2 mL	1	-	-	-	-		
Nitroglycerin Aerosol Spray 0.4 mg/spray	1 btl.	-	-	-	-		
Baby Aspirin 81 mg (chewable tablet - unit dose)	1 btl.	-	-	-	-		
Administration Spoon - Aspirin	6						
Ipratropium Bromide 0.5 mg/2.5 mL (unit dose)	2	-	-	-	-		
Albuterol Sulfate 2.5 mg/3 mL (unit dose)	4	-	-	-	-		
Diltiazem 25 mg/5 mL	1	-	-	-	-		
Norepinephrine 1 mg/1 mL, 4 mL vial	1	-	-	-	-		
Pelican 1015 Case	1	-	-	-	-		
ECG monitoring electrodes - (50 total electrodes) - Packaging Varies*	*	-	-	-	-		
Alcohol prep pads	10	10	-	-	-		
Blood specimen draw kit	2	-	2	2	-		
OB birthing kit	1	1	1	1	-		
Head Immobilizer	2	1	1	1	-		
Large patient mover	2	2	1	1	-		
Disposable restraints (pairs)	2	2	2	2	-		
Poly style limb restraints (wrist and ankle) - **reusable** **(NOT AN EXCHANGE ITEM)**	2 pr.	-	2 pr.	-	-		
Poly style limb restraint belts (wrist and ankle) - **reusable** **(NOT AN EXCHANGE ITEM)**	2 pr.	-	2 pr.	-	-		
Poly style limb restraint protective liners (wrist and ankle) - **disposable**	5	-	5	-	-		
Triage tags - FL Version - Rev. 5/12 (50 tags/pack)	1 pk	1 pk	1 pk	1 pk	-		
Triage ribbon dispenser system (complete with tape - green, red, yellow, black, magenta) ***(Fire ONLY!!!)***	-	-	2	2	-		
Tamper Evident Security Bags	5	5	-	-	-		
Patient Belonging Bags	5	5	-	-	-		

Equipment & Medical Supplies - Reserve (cont.)							
	Ambulance		Fire				
Item Name	ALS Amb.	BLS Amb.	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility	Qty Present	Exp Date
Bed pan	2	2	2	-	-		
Urinal	2	2	2	-	-		
Infectious linen bags (YELLOW)	3	3	3	3	-		
Small Biohazard Waste Plastic Bag (RED)	4	4	-	-	-		
Large Biohazard Waste Plastic Bag (RED)	4	4	-	-	-		
Biohazard Waste Bag Impervious Container	1	1	1	-	-		
Individual Single Use Sharps Container	2	2	3	3	-		
Sharps disposal container (vehicle)	1	1	1	1	-		
Hand Sanitizing Wipe	50	50	-	-	-		
Clorox hydrogen peroxide cleaner/disinfectant	1 btl	1 btl	1 btl	1 btl	-		
Alcohol, 4 oz bottle	2	2	-	-	-		
Tough wipe towels (box)	1	1	1	1	-		
Nitrile gloves (non-sterile) - appropriate size	Multiple Pairs						
Primary stretcher and 3 straps	1	1	1	-	-		
Stretcher sheets (fitted and flat)	10	10	5	-	-		
Pillow, disposable	2	2	2	-	-		
Pillowcase	10	10	5	-	-		
Blanket - Cot quilt *(Sunstar ONLY - for warmth)*	1	1	-	-	-		
Blanket - cotton for warmth (disposable)	4	4	4	4	-		
Blanket - yellow - patient rain cover (disposable)	2	2	2	2	-		
Pedi-mate pediatric restraint device (NOT AN EXCHANGE ITEM)	1	1	1	-	-		
Vacuum splint (complete)	1	1	1	1	-		
Long spine board with four straps	2	1	1	1	-		
Scoop Stretcher (NOT AN EXCHANGE ITEM)	1	1	1	-	-		
Stair Chair (NOT AN EXHANGE ITEM)	1	1	-	-	-		
Patient Slider	2	1	-	-	-		
Sager splint	1	1	1	1	-		
Child car seat (NOT AN EXCHANGE ITEM)	1	-	1	-	-		

MEDICAL CONTROL DIRECTIVE 2021-18

DATE: September 14, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Controlled Substance Management Plan – AD13 Administrative & CS13 Operational**

Effective Date: September 14, 2021

Background: After many months of hard work by multiple committee members and staff, PCEMS is ready to transition to updated Controlled Substance Handing procedures. This transition will occur over a period of time to avoid disruption in patient care and allow for appropriate documentation and security controls.

I. Controlled Substance Handling Protocol Updates:

- Protocol CS13 – “Controlled Substance Management, Operational” (updated, attached), Protocol AD13 – “Controlled Substance Management, Administrative” (New, attached), and the “PSTrax Controlled Substance Tracking Module” inventory management software are authorized for immediate use.

- Implementation of the protocols and the software shall occur simultaneously in each agency at a time to be determined in coordination with PCEMS and Central Pharmacy staff.

- Implementation of protocols and software shall be completed no later than September 30, 2021.

- Controlled Substance tracking using existing paper logbooks shall be maintained in parallel to the new electronic tracking system until discontinued by Medical Control Directive. This shall occur following completion of verification of successful implementation of the new inventory management software.

CS13 CONTROLLED SUBSTANCE MANAGEMENT PLAN - OPERATIONAL

Core Principles:

- Promote patient safety
- Establish controls related to ordering, receiving, dispensing, administering, and documenting controlled substances
- Define monitoring processes that provide early detection of medication control irregularities
- Follow federal and state controlled substance laws and regulations, in addition to any Pinellas County Emergency Medical Services and local agency policies and procedures

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It is recognized that specific emphasis on security is warranted given current trends in opioid abuse.

SAFETY ALERT

ANY/ALL DEVIATIONS FROM THIS PROTOCOL MUST BE IMMEDIATELY REPORTED TO THE EMS MEDICAL DIRECTOR OR DESIGNEE VIA CELL PHONE/TEXT REGARDLESS OF THE AGENCY CONTROLLED SUBSTANCE COORDINATOR BEING NOTIFIED.

ANY POSSESSION, ACCESS, OR USE OF PCEMS CONTROLLED SUBSTANCES EXCEPT IN ACCORDANCE WITH THIS PROTOCOL (ALL SECTIONS) MAY BE REPORTED TO LAW ENFORCEMENT AND MAY CONSTITUTE GROUNDS FOR REVOCATION OF CERTIFICATION.

Definitions:

Accountability in the Workplace: the responsibility of an employee to complete their assigned tasks, to perform the duties required by their job, and to be present for their proper shifts to fulfill or further the goals of the organization.

Administer: the direct application of a controlled substance to the body of a patient by an individual practitioner (or, in his presence, by his authorized agent), whether such application be by injection, ingestion, or any other means.

Administration: the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.

Definitions (cont.):

Ambulance Controlled Substance Technician (ACS-T): A Vehicle Supply Technician of the current ambulance contractor, identified by the ambulance CS-C and authorized by the EMS Medical Director or designee to engage in the transfer of custody of CSs.

Ambulance Controlled Substance Handler (ACS-H): an individual, as designated by the Chief Operating Officer or designee of the ambulance contractor, who possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the sole purpose of replacing expired or damaged medications and resupply of used medications.

Approve – to give formal or official sanction.

Audit Trail: A record showing who has accessed an information technology application and what operations the user performed during a given period

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Authorize: to endorse, empower, justify, or permit by or as if by some recognized or proper authority (such as custom, evidence, personal right, or regulating power); to invest especially with legal authority

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Blind Count: A physical inventory taken by personnel who perform a hands-on count of inventory without access to the quantities currently shown on electronic or other inventory systems. Blind counts are used to assess the integrity of automated inventory systems

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Broken Chain of Custody: any period, regardless of duration, when one or more CS(s) or CS box containing one or more CS(s), or its assigned key, is not under direct custody of the individual who is documented to have custody at that time. Broken Chain of Custody

- includes but is not limited to:
  - leaving a CS box behind on the scene of an incident
  - loss or misplacement of an electronic key
  - loss or misplacement of a compartment key (if a part of security CS13.1)
- but does not include:
  - reasonable accommodation for operational specific activities while remaining in compliance with CS13.1 such as
    - shopping
    - physicals
    - CME attendance
    - Accompanying a patient to the hospital via ambulance

Certified Professional: means the one (1) individual, as defined in the then current PCEMS Rules and Regulations, including excluding Wheelchair Transport Driver and Mental Health Transport Driver

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Definitions (cont.):

Chain of Custody: the sequential documentation or trail that accounts for the sequence of custody, transfer, and disposition of CS(s) and associated components (i.e., CS box, CS key, lanyard, etc.).

Container: A container for pharmaceutical use is an article which holds or is intended to contain and protect a drug and is or may be in direct contact with it. The closure is a part of the container. The container and its closure must not interact physically or chemically with the substance within in any way that would alter its quality.

Control Number: any distinctive text, images, or symbols, such as a distinctive combination of letters and numbers approved for assignment by the EMS Medical Director or designee to each individual CS pharmaceutical container.

Controlled Substance (CS): any substance, listed in:

- The United States Controlled Substance Act (CSA), current version ***or***
- Title 21 United States Code part 1300-end ***or***
- Chapter 499 and Chapter 893, Florida Statutes ***or***
- Identified by the EMS Medical Director to have characteristics that make it a potential risk to public safety, abuse, dependence, or diversion

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Controlled Substance Act (CSA): Establishes a unified legal framework to regulate certain drugs that are deemed to pose a risk of abuse and dependence.

Controlled Substance Box: a specific transportable brand and style (i.e., watertight, color, size) authorized by the EMS Medical Director or designee and provided by PCEMS. The box incorporates specific anti-diversion design features as well as custom labeling and an integrated electronic lock for the containment and transport of CSs.

NOTE: The transportable lock boxes are not considered secure by themselves.

Controlled Substance Repository: a specific fixed, semi-permanent mounted, brand and style strong cabinet authorized by the EMS Medical Director or designee and provided by PCEMS. The repository incorporates specific anti-diversion design features as well as custom labeling and an integrated electronic lock for the expressed purpose of secure containment of CSs.

Controlled Substance Card – A fillable card containing a control number, approved by the EMS Medical Director or designee for issuance to each individual pharmaceutical container. The card provides space for documenting specific mandated data elements.

Controlled Substance Central Receiving (CS-CR) – Location determined, authorized, and established by the Pinellas County EMS System Director and EMS Medical Director

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Definitions (cont.):

Controlled Substance Central Receiving Coordinator (CS-CRC): Primary individual, as designated by the Chief Operating Officer of the ambulance contractor or designee, who possesses written authorization from the EMS Medical Director, to handle procurement, distribution, scheduling destruction of and records management/retention of CSs at CS-CR.

Controlled Substance Central Receiving Handler (CS-CRH): Secondary individual(s), as designated by the Chief Operating Officer of the ambulance contractor or designee, who possesses written authorization from the EMS Medical Director, to handle procurement, distribution, scheduling destruction of and records management/retention of CSs at CS-CR.

Controlled Substance Compliance Coordinator (CS-CC): An employee of Pinellas County EMS Administration, assigned by the Director of Pinellas County EMS Administration and authorized by the EMS Medical Director or designee, as a liaison between the EMS Medical Director and all first responder agencies and the ambulance contractor.

Controlled Substance Coordinator (CS-C): the EMS Coordinator, as designated by each individual first responder agency Fire Chief or the Chief Operating Officer of the ambulance contractor, who is a certified professional and possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the purpose of replacing expired or damaged medications, resupply of used medications and other related duties as described within this protocol.

Controlled Substance Handler (CS-H): an individual, who is a certified professional, identified by the agency CS-C who possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the purpose of replacing expired or damaged medications, resupply of used medications and other related duties as described within this protocol.

Controlled Substance Incident Report (CS-IR): a written or electronic document used to communicate information to other people and to document unusual or significant occurrences. It is extremely important for the content of the CS-IR ***to reflect clear, detailed information in a factual, unbiased manner to avoid passing along opinions and judgements.***

Controlled Substance Logbook: A written document authorized by the EMS Medical Director or designee and provided by PCEMS to record the chain of custody of CSs. Utilized during periods of downtime of the established electronic inventory management system, out of county disaster deployments, etc.

Controlled Substance Waste: Waste may include products expiring, products prepared for administration but not administered to the patient (e.g., when no longer indicated, physician discontinues or a patient refuses administration), and drug product remaining after a partial dose is removed from its packaged container. Waste may also include overfill in vials.

Definitions (cont.):

Custody: The care, possession, and control of an item. The retention, inspection, guarding, maintenance, or security of an item within the immediate care and control of the person to whom it is committed.

DEA: U.S. Drug Enforcement Agency – Primarily responsible for enforcing the CSA's registration provisions and works with the Criminal Division of the Department of Justice to enforce the Act's trafficking provisions.

DEA Form 106: Form mandated by the DEA to be completed upon discovery, of any thefts or significant losses of CSs and submitted to the FDA for such theft or loss

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Deliver: the term refers to the actual, constructive, or attempted transfer of a CS or a listed chemical, whether there exists an agency relationship or not

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Distribute: the term means to deliver (other than by administering or dispensing) a CS or a listed chemical.

Drug Diversion: The term includes any unaccountable loss, theft, use for unintended purposes, or tampering of a drug. For purposes of these guidelines, drug diversion is a medical and legal concept involving the transfer of any legally prescribed drug from the individual for whom it was prescribed to another person for any illicit use, including any deviation that removes a prescription drug from its intended path from the manufacturer to the intended patient

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Electronic Key: A type of key designed to provide a time-stamped access record every time it meets an electronic lock resulting in full visibility of all access attempts, whether successful or not. The brand and type are authorized by the EMS Medical Director and provided by PCEMS.

Electronic Lock: A type of lock designed to provide a time-stamped access record every time it meets an electronic key resulting in full visibility of all access attempts, whether successful or not. The brand and type are authorized by the EMS Medical Director and provided by PCEMS.

Employee of a Registrant: Subject to direct oversight by the registrant; required, as a condition of employment, to follow the registrant's procedures and guidelines pertaining to the handling of CSs and required to render services at the registrant's registered location.

FDA: U.S. Food and Drug Administration; Responsible for enforcing the FD & C Act.

Federal Food, Drug and Cosmetic Act (FD&C Act): All pharmaceutical drugs are subject to the FD&C Act. Amongst other things, prohibits the "introduction or delivery for introduction into interstate commerce of any drug that is adulterated or misbranded. The FD&C Act provides that a drug is deemed to be adulterated if, among other things, it "consists in whole or in part of any filthy, putrid, or decomposed substance," "it has been prepared, packed, or held under insanitary conditions," its container is made of "any poisonous or deleterious substance," or its strength, quality, or purity is not as represented

Definitions (cont.):

Immediately – At once; instantly; without any intervening time or space

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Inventory – Stocks in finished form of a CS manufactured or otherwise acquired by a registrant, whether in bulk, commercial containers, or contained in pharmaceutical preparations in the possession of the registrant

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Inventory Management System: The process by which CSs are tracked throughout the entire supply chain, from purchasing to handling to end disposition. This process is documented using an electronic web-based system or written logbook authorized by the EMS Medical Director and provided by PCEMS.

Locked Vehicle Compartment: a locked, permanently, and substantially constructed compartment or area of a vehicle, that has been designated as the secure storage area for the CS lock box. Even though the Federal regulations do not specifically define construction, the intent of the law is that CSs must be adequately safeguarded. The general security requirements set forth in the Code of Federal Regulations (CFR) require all registrants (i.e. EMS Medical Director) to provide effective physical security controls and operating procedures to guard against theft and diversion of CSs.

Non-retrievable: for the purpose of destruction, the condition or state to which a CS must be rendered following a process that permanently alters that CSs physical or chemical condition or state through irreversible means and thereby renders the CS unavailable and unusable for all practical purposes. The process to achieve a non-retrievable condition or state may be unique to a substance's chemical or physical properties. A CS is considered ''non-retrievable'' when it cannot be transformed to a physical or chemical condition or state as a CS or CS analogue. The purpose of destruction is to render the CS(s) to a non-retrievable state and thus prevent diversion of any such substance to illicit purposes.

On-Site: located on or at the physical premises of the registrant's registered location.

PCEMS: Pinellas County EMS and Fire Administration

PCEMS Identification Number: a unique number issued by PCEMS to each Certified Professional that serves as identification for the individual upon entry into the system

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Pharmaceutical Disposal System – Liquid: A system that makes liquid pharmaceutical products non-retrievable.

Physical Inspection: the process of handling and visually examining something with the naked eye.

PSTrax: The then current electronic inventory management system.

Definitions (cont.):

Significant Loss: the standard of theft has not been met, but it is clear that a CS cannot be accounted for, even after reasonable efforts have been taken to find it, and that loss is "Significant." For purposes of this policy, "Significant" means that either (a) the quantity lost is greater than one Purchased Unit or (b) there is a pattern of losses associated with a particular employee(s).

Specialty Unit: Specialty unit(s) identified by an agency which may be activated or upgraded to ALS status, including issuance of CSs, authorized by the EMS Medical Director or designee. Examples include special event units and medical tents.

Stryker Cactus PharmaLock: The then current liquid pharmaceutical disposal system.

Tamper Evident Bag/Container: A tamper-evident package, according to the regulations of the Food and Drug Administration "is one having one or more indicators or barriers to entry which, if breached or missing, can reasonably be expected to provide visible evidence to consumers that tampering has occurred." In addition, the indicator or barrier must be "distinctive by design," which means the tamper-evident feature is designed from material not readily available to the public. Therefore, it can't be easily duplicated.

Theft: generic term for all crimes in which a person intentionally takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including the potential sale).

Transfer of Custody: a real-time, face-to-face transaction whereby the off-going certified professional, ACST or a CS-C/CS-H relinquishes custody of each individual CS container, the CS box, CS electronic key and vehicle compartment key (if applicable) to the on-coming certified professional, ACST or a CS-C/CS-H and that individual accepts custody of each individual CS container, the CS box, electronic key and vehicle compartment key (if applicable). This transaction must not be precalculated or pre-signed and must include a physical inspection by both individuals. Once the physical inspection is complete then appropriate documentation (inventory management system or logbook) must take place.

CS13.1 SECURITY, INVENTORY & HANDLING

1. Security
- Operational CS Box:
  - Must be in the custody of the Certified Professional or secured in the locked vehicle compartment of the EMS Authority authorized ALS/Supervisor vehicle with the Certified Professional retaining sole custody/accountability of the electronic key
  - Must remain locked except:
    - During transfer of custody
    - When deemed necessary as a part of patient care during an incident
    - When expired, damaged, or recalled containers are being replaced
    - At the time re-supply is received
    - During any audit/physical inspection per this protocol, at the request of law enforcement or at the request of the EMS Medical Director or designee
- Electronic Key
  - Must be in the custody of the same Certified Professional/ACST with custody of the CS box unless a life safety/hazardous environment necessitates a *temporary* emergency change in custody.
- Pin Numbers/Passwords –
  - Protect passwords and PIN numbers from inadvertent disclosure
  - Must not be shared
  - Immediately change when compromised
  - Immediate notification must be made to the EMS Medical Director or designee and the agency EMS CS-C anytime a pin or password is compromised and/or there is suspicious activity associated with an individual(s) password(s) or pin(s)
- Individual CS container –
  - must remain in the tamper evident bag/container until it is to being prepared for administration to a patient
- CS Repository:
  - Door(s) must remain closed and locked except:
    - During transfer of custody
    - When expired, damaged, or recalled containers are being replaced
    - At the time re-supply is received
    - During any audit/physical inspection per this protocol, at the request of law enforcement or at the request of the EMS Medical Director or designee
- CSs must not, ***under any circumstances:***
    - be in the custody of an off-duty individual
    - be stored or transported in a privately-owned vehicle
    - including but not limited to Administrative, Operational, Spare, Special Event, Disaster Deployment, etc.

2. Inventory
    - CS Box:
        - The current authorized inventory of CSs is reflected in the Pinellas County EMS Medical Operations Manual Volume 1 Protocol CS19.6 or then current Medical Control Directive
        - Each cs box is to contain a laminated PCEMS content protection shield. The shield is placed on inside the box top of all contents to provide protection from contact with the box lock.
    - CS Repository:
        - As authorized by the EMS Medical Director (Registrant)
        - To ensure the highest level of security, these par levels are not published

3. Equipment Operation, Labeling/Identification, Handling & Maintenance
    - Operation:
        - Electronic Key:
            - General:
                - ➢ Insert the key straight and firmly into the lock, not at an angle
                - ➢ Wait for a solid light on the key indicating the key is authorized to open the lock prior to attempting to turn the key away from the home position.
                - ➢ Attempts to turn the key should only be made if the light is on. You may hear or feel a click, depending on background noise.
                - ➢ Turn ¼ turn clockwise to open the lock. The key will remain in the lock until the lock is returned to the secured home position.
                - ➢ If a lock does not respond immediately to an authorized key, try holding it in the lock for up to twenty seconds to see if the lock will open.
                - ➢ If a key sirens or flashes an unauthorized pattern during contact with a lock, it is not authorized to open that lock. Attempt to update the key through the syncing process. If it does not resolve the issue, contact your agency CS-C.
            - Low Battery - key will emit a warning reflected by a beep that sounds once every eight seconds for a period of one minute.
            - Charging:
                - ➢ Power is provided by a rechargeable lithium-ion battery
                - ➢ May be charged using the PCEMS supplied micro USB cable through:
                    - USB port on a computer
                    - USB port on a portable power pack
                    - USB capable wall outlet or AC adapter with USB port
                - ➢ The key cannot be overcharged
                - ➢ Battery voltage
                    1. Recorded internally by the key daily
                    2. Reflected on the sync app during the process of syncing the key
                    3. Should be maintained above 4.00
            - Syncing:
                - ➢ Syncing is required to ensure permissions are maintained, firmware updates are received, and data is extracted from the key for storage

SYNC Schedule (required minimums)	
Operational (ALS First Responder & Ambulance including ACSTs)	Once every twenty-four (24) hours
All others	Once every seven (7) days

- Electronic Lock - CS Box

- Electronic Lock - Repository
  - General:
    - ➢ Accessing the repository involves a combination of key permission and a separate control handle for operation of the door.
    - ➢ Insert the key straight and firmly into the lock, not at an angle
    - ➢ Wait for a solid light on the key indicating the key has authorized to activate the lock.
    - ➢ While holding the key in position, turn the repository handle. No rotation of the key is required. You may hear or feel a click, depending on background noise.
    - ➢ Turn the repository handle ¼ turn clockwise to open the door. The key can now be removed from the lock.

- Labeling/Identification:
  - Electronic key:
    - Each electronic key is connected to a PCEMS issued specific key lanyard as a function of identification, daily operational use, tracking and accountability

Lanyard Color	Color Represents
	Fire Rescue - Operational
	Ambulance - Operational
	Administrative - CSC, CSH, CSCRC, CSCRH and PCSO Tactical EMS
	TRAINING ONLY
	CCT - Operational
	ACST - Operational

  - CS box:
    - A serialized unique security label is affixed to each CS box as a function of identification, daily operational use, tracking and accountability

CS Box Color	Label Color	Color Represents
BLACK		Fire Rescue
BLACK		Ambulance
BLACK		Administrative
YELLOW		TRAINING ONLY
BLACK		CCT

    - A separate gold "PCEMS IF FOUND" label is affixed to each CS box to assist with identification and return of a box

        - Individual agency identification (name/Unit ID) - may be applied to the box and/or key with non-permanent labeling (i.e., Brother tape label).

    - CS Repository:
        - Labeling must be authorized by the EMS Medical Director and approved by the EMS System Director for any CS Repository.

    ***NO** other labeling, alterations or permanent markings may be added or made to a key, CS Box or Repository*

- Routine Cleaning/Disinfection:
    - Electronic Key:

Electronic Key Cleaning/Disinfecting Instructions:

1. Remove foreign material like lint or dirt with a toothpick or paperclip.
2. Use the small side of the stainless-steel brush, place on a contact pin, and twist until pin is bright and shiny. Repeat the process on the other two pins.
3. Use a non-sterile 4" x 4" piece of gauze with a small amount of alcohol to thoroughly remove contaminates and debris from the pins, typically 10-20 seconds.
4. Replace the swab if it becomes dirty.
5. Test to verify reliable electrical.

Clean Pins

Warnings:
- DO NOT use cleaners or other liquids when cleaning a Cyberkey
- When cleaning a CyberLock, DO NOT use sprays or lubricants.

    - Lanyard - Electronic Key:
        - Key lanyards are not able to be cleaned – replace as needed.
        - Contact your EMS Coordinator for a replacement
    - Charging Cable – Electronic Key:
        - Performed ***ONLY*** when unplugged from power source
        - Utilize alcohol on a towel to wipe down
        - ***DO NOT*** use any other chemicals or disinfectants
    - Electronic Lock
        - Dirt or residue may accumulate on the face of a CyberLock which may result in intermittent performance.
            - Indicates cleaning is necessary:
                - Electronic key light does not turn on
                - Electronic key light comes on, but the electronic lock solenoid does not fire
                - Electronic lock solenoid does not hold open after firing

Electronic Lock Cleaning/Disinfecting Instructions:

1. Use stainless steel brush to scrub the nose and contact points in small circular motions for 10-20 seconds.
2. Rub the face using a piece of non-sterile 4”x4” gauze with a small amount of alcohol for 10-20 seconds.
3. Replace the gauze pad as it becomes dirty.
4. Allow to air dry.
5. When finished, the lock face should be clean
6. Test with a clean key (if able) to verify reliable electrical contact.
7. If these procedures fail to provide satisfactory results, notify your EMS Coordinator

Dirty Lock

Clean Lock

Warnings:

- **Never scrape the contacts with a sharp tool; this may cause damage.**
- **When cleaning a CyberLock, DO NOT use sprays or lubricants.**
- **Do not use petroleum-based products or WD-40.**

- CS Box:
  - Utilize alcohol on a towel to wipe down the entire box, interior and exterior.
- CS Repository:
  - Clean per manufacturer’s instructions

DO NOT use any other chemicals or disinfectants without prior approval

4. Damage/Failure/Inoperative - Electronic Key/Electronic Lock/CS Box/Micro USB Cable/Lanyard/Content Protection Shield/Cyberlink Sync Application

Item	Issue	Actions to Be Taken
Electronic key	• Case cracked/separated • Damaged/corroded pins	1. Immediate notification to the agency CS-C for replacement 2. Incident Report required
Electronic Lock	• Intermittent connection with key • Inability to access the CS box • Inability to secure the CS box	1. Clean key tip and lock face as per protocol 2. Sync key and reattempt 3. If unresolved, immediately notify the agency CS-C to facilitate replacement of the CS box replacement 4. Incident Report Required
Micro USB Sync/Charge Cable	• Damaged • Lost • Inoperative	1. Immediate notification to the agency CS-C 2. Incident Report Required
CS Box	• Cracked box • Broken box hasp	1. Immediate notification to the agency CS-C for replacement 2. Incident Report Required
Lanyard	• Worn/Broken/Contaminated	1. Obtain replacement from agency CS-C
Content Protection Shield	• Worn/Damaged/Lost/Contaminated	1. Obtain replacement from agency CS-C
Cyberlink Sync Application	• Inability to sync assigned Cyberkey as per protocol	1. Immediate notification to the agency CS-C **Note** - screen shot, or images of any errors noted will assist with resolution

CS13.2 CHAIN OF CUSTODY

The PCEMS CS Inventory Management System must be utilized to document any change in status. The PCEMS ePCR must be utilized to document every individual administration of a CS to a patient

- Chain of Custody Transfer Procedure
  a. The certified professional or ACST with current custody/accountability and the certified professional or ACST accepting the chain of custody/accountability physically meet face to face.
  b. The CS inventory is verified, and a physical inspection of each CS container is to be completed as below.

Container (e.g. vial/prefilled syringe)	CS Card	Tamper Evident Bag	Drug Liquid	Electronic Key	Electronic Lock	CS Box
No visible cracks in the vial or syringe barrel	Present	No visual evidence of disruption	Discoloration	Key Top intact (if applicable)	No visible corrosion	Information on the Exterior ID Label is clearly legible
Labeled expiration has not passed	Clear of any indication of use	Tamper evident seal is intact - no visual word displayed	Missing volume within the container	Key Tip Pins are not recessed (all should be protruding the same distance)	Lock moves freely	No appearance of tampering
Intact exterior drug product packaging (e.g. vial cap loose or separated,)	N/A	No moisture present	No visible liquid present in the bag	No visible corrosion on the Key Tip Pins	N/A	Box hinges fully functional
Labeling is without evidence of disruption	N/A	N/A	Appearance of excess volume	Syncing	N/A	Box latches (2) fully functional

  c. If any discrepancies are noted, refer to CS13.4 or CS13.5
  d. The Chain of Custody/Accountability Transfer must be documented in the PCEMS CS Inventory Management System immediately upon completion of the transfer
  e. ***Until this Chain of Custody Transfer is fully executed and documented, the individual with current custody/accountability is deemed to still have custody/accountability and on-duty with the responsibility to respond to calls dispatched.***
  f. ***Completion of this procedure must in no way delay the response of a dispatched unit. It is recognized that this requirement may cause a certified professional to be obligated to respond to a late call.***

CS13.3 MEDICATION ADMINISTRATION, WASTE AND DOCUMENTATION

1. Medication Administration
   - CSs must only be administered by an on-duty PCEMS Certified Professional for the provision of patient care and with strict adherence to the current PCEMS Medical Operations Manual (all volumes) or current Medical Control Directives.
   - For patient safety and ease of documentation, whenever possible, the PCEMS Certified Professional with custody of the CSs should administer all doses of the medication during the provision of patient care.

2. CS Waste
   - All liquid pharmaceutical waste must be disposed of in the then current PCEMS defined pharmaceutical disposal system

3. Documentation of the following events:
   - Transfer of Custody (see CS13.2) –
     - Primary – Inventory Management System (electronic)
     - Secondary (downtime) – CS Logbook (hardcopy)
   - Medication Administration – No Waste
     - ePCR - Intervention entry
     - ePCR - Signature for zero waste
     - CS Card (hardcopy)
     - Primary – Inventory Management System (electronic)
     - Secondary (downtime) – CS Logbook (hardcopy)
   - Medication Administration – Partial Waste
     - ePCR - Intervention entry
     - ePCR - Signature for partial waste
     - CS Card (hardcopy)
     - Primary – Inventory Management System (electronic)
     - Secondary (downtime) – CS Logbook (hardcopy)
   - Full Waste - No Medication Administration
     - ePCR - Intervention entry
     - ePCR - Signature for full waste
     - CS Card (hardcopy)
     - Primary – Inventory Management System (electronic)
     - Secondary (downtime) – CS Logbook (hardcopy)
     - Incident Report
     - Notification to agency CS-C

NOTE: *Anytime a CS is removed from the tamper evident bag the corresponding controlled substance card (hardcopy) must be completed and submitted to the respective agency CS-C/CS-H*

CS13.4 DAMAGED OR EXPIRED CS CONTAINER

1. Damaged
   - Upon occurrence of damage or discovery of any part of a CS(s) container, tamper resistant bag and/or container having an appearance of damage, and ***tampering or diversion is not suspected***, the following actions must occur:
     a. The CS container must be immediately secured in a Pinellas County EMS Medication Bag or other tamper evident bag (e.g. evidence) without additional handling.
     b. Maintain in the CS box or repository until transfer of custody occurs with the agency CS Coordinator or Handler
     c. Immediate notification of the event/findings, upon discovery, must be made to the appropriate supervisor per individual agency operating procedures.
     d. A CS Incident Report must be completed by the Certified Professional or ACST discovering the damage, detailing the damage and the events surrounding the damaged unit(s).
     e. Custody of the damaged container and CS Incident Report must be delivered and transferred to the CS-CRC or CS-CRH at the CS Central Supply to be properly secured until a review is completed by the CS Compliance Coordinator and the EMS Medical Director or designee as soon as practical.

2. Expired
   - Expiration dates must be managed in accordance with Protocol AD14
   - Replacement of an expired controlled substance container must be managed in accordance with Section 13.2 of this protocol

CS13.5 SUSPECTED THEFT, TAMPERING, DIVERSION, MISSING OR BROKEN CHAIN OF CUSTODY

The following actions must be taken immediately upon identification of suspected theft, tampering, diversion or missing CS box, CS repository, electronic key and/or CSs:

- Field Unit Initial Actions
  1. Unit with personnel immediately placed out of service and must remain at the location where the event was first discovered until released by law enforcement (if involved) and the EMS Medical Director or designee
  2. Physical human contact with the unit, CS box and contents must be extremely limited until released
- Ambulance Hub Initial Actions
  1. The CS repository is to be immediately secured (if involved in the incident).
  2. No further physical human contact with the CS repository, CS box and/or contents is to occur.
  3. All personnel involved must remain at the location where the event was first discovered until released by law enforcement (if involved) and the EMS Medical Director or designee
  4. Limited transfer of custody may be approved by the EMS Medical Director or Designee to maintain operations
- REQUIRED MANDATORY IMMEDIATE NOTIFICATIONS:
  - Agency CS Coordinator
  - CS Compliance Coordinator
  - EMS Medical Director or Designee (via cell phone, office phone, text, through dispatch)
  - Law Enforcement
    - Obtain case number, name, and contact number for investigating officer – include in incident report

NOTE: for isolated broken chain of custody occurrence – law enforcement involvement will be determined by the agency EMS Controlled Substance Coordinator in consult with the EMS Medical Director or designee

- Required Documentation
  - Incident report – individual from all personnel involved
  - Inventory Management System
- Resupply
  - Handled with the approval of the EMS Medical Director or designee
  - Coordinated between the agency EMS CS Coordinator, PCEMS Controlled Substance Compliance Coordinator and the Controlled Substance Central Receiving Coordinator or handler

CS13.6 ELECTRONIC INVENTORY MANAGEMENT SYSTEM DOWNTIME PROCEDURES

In the event you are unable to access the inventory management system:

1. Immediately notify you agency supervisor
2. Immediately implement the CS logbook (paper).
   - Perform and document an inventory of the contents of your current CS box
   - All changes in status, whether a transfer of custody, administration or any other change will be documented in the paper logbook in addition to the paper drug cards until the electronic inventory management system is able to be accessed
   - Continue normal CS management practices until notified to switch back to the electronic management system.

AD13 CONTROLLED SUBSTANCE MANAGEMENT PLAN - ADMINISTRATIVE

Core Principles:

- Promote patient safety
- Establish controls related to ordering, receiving, dispensing, administering, and documenting CSs
- Define monitoring processes that provide early detection of medication control irregularities
- Follow federal and state-CS laws and regulations, in addition to any Pinellas County Emergency Medical Services and local agency policies and procedures

Background:

The EMS Medical Director, as a Registrant of the Drug Enforcement Administration and according to Federal Regulations:

- May, at any time, perform an audit/inspection, take possession of, or cause to be forensically tested:
  - any container of CS
  - a CS box(es)
  - an electronic key
- Must have documentation reflecting the flow of CSs into and out of the EMS System – including any time a CS is:

	PSTrax	ENVI	Incident Report	DEA222	DEA41	DEA106	Reverse 222	DEA Authorized Vendor	ePCR	Authorized Vendor - Destruction Confirmation	CS Card	Law Enforcement
Acquired	X	X		X								
Dispensed	X	X										
Administered	X								X		X	
Distributed	X											
Stolen	X		X			X						X
Lost	X		X		X							X
Destruction	X						X	X		X		
Inventoried	X											

- Must report thefts or significant losses within one business day to the DEA and local law enforcement. The occurrence must be recorded on DEA Form 106 (hardcopy or online). https://apps2.deadiversion.usdoj.gov/TLR/login.xhtml;jsessionid=obnnNMbGNQ1TxNrdahd65r4dKUkOsTZlYEhf94qV.web1
  - Failure to report theft or loss of CSs may result in penalties under Section 402 and 403 of the Controlled Substance Act.
- Must record all CS destruction/spills on DEA Form 41 and keep the form on file ensuring it is readily retrievable. https://www.deadiversion.usdoj.gov/21cfr_reports/surrend/41_form.pdf

- Must affect an inventory of all controlled substances biennially on May 1st or two (2) years from the day of the last inventory

It is recognized that specific emphasis on security is warranted given current trends in opioid abuse. The following Master Controlled Substance Security Plan is adopted to ensure appropriate prevention and detection of controlled substance theft and/or diversion.

Pinellas County EMS Master Controlled Substance Security Plan

Diversion Opportunity	CS Flow	Ordering	Receiving	Controlled Substance Central Receiving	Controlled Substance Central Receiving - Distribution	Treatment Area	Patient Encounter	Medical Record
Diversion Prevention	Daily Ops	CSOS +/- ENVI	ENVI	Inventory Management System		Inventory Management System/ePCR/CS Card		ePCR
	Downtime Plan	DEA Form 222	ENVI	Pharmacy Logbook	CS Handler Logbook	CS Logbook	CS Card	Paper PCR
Diversion Detection	Daily Ops	Reconciliation via Business Intelligence Software (Pending)						
	Downtime plan	Manual Ordering/Requisition Reconciliation					Utilization Reconciliation	
				Chain of Custody Reconciliation				
	Periodic Review	Manual Audits (minimum every other year and as needed)						

SAFETY ALERT

ANY/ALL DEVIATIONS FROM THIS PROTOCOL MUST BE IMMEDIATELY REPORTED TO THE EMS MEDICAL DIRECTOR OR DESIGNEE VIA CELL PHONE/TEXT REGARDLESS OF THE AGENCY CONTROLLED SUBSTANCE COORDINATOR BEING NOTIFIED.

ANY POSSESSION, ACCESS, OR USE OF PCEMS CONTROLLED SUBSTANCES EXCEPT IN ACCORDANCE WITH THIS PROTOCOL (ALL SECTIONS) MAY BE REPORTED TO LAW ENFORCEMENT AND MAY CONSTITUTE GROUNDS FOR REVOCATION OF CERTIFICATION.

Definitions:

Accountability in the Workplace: the responsibility of an employee to complete their assigned tasks, to perform the duties required by their job, and to be present for their proper shifts in order to fulfill or further the goals of the organization.

Administer: the direct application of a controlled substance to the body of a patient by an individual practitioner (or, in his presence, by his authorized agent), whether such application be by injection, ingestion, or any other means.

Administration: the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.

Ambulance Controlled Substance Technician (ACST): A Vehicle Supply Technician of the current ambulance contractor, identified by the ambulance CS-C and authorized by the EMS Medical Director or designee to engage in the transfer of custody of CSs.

Ambulance Controlled Substance Handler (ACS-H): an individual, as designated by the Chief Operating Officer or designee of the ambulance contractor, who possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the sole purpose of replacing expired or damaged medications and resupply of used medications.

Approve – to give formal or official sanction.

Assumption of Custody: A process in which the EMS Medical Director or designee, CS-C, or CSH takes custody of a controlled substance and/or associated components, controlled substance box and/or controlled substance key without a standard transfer of control.

Audit Trail: A record showing who has accessed an information technology application and what operations the user performed during a given period.

Authorize: to endorse, empower, justify, or permit by or as if by some recognized or proper authority (such as custom, evidence, personal right, or regulating power); to invest especially with legal authority.

Blind Count: A physical inventory taken by personnel who perform a hands-on count of inventory without access to the quantities currently shown on electronic or other inventory systems. Blind counts are used to assess the integrity of automated inventory systems

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Definitions (cont.):

Broken Chain of Custody: any period, regardless of duration, when one or more CS(s) or CS box containing one or more CS(s), or its assigned key, is not under direct custody of the individual who is documented to have custody at that time. Broken Chain of Custody

- includes but is not limited to:
  - leaving a CS box behind on the scene of an incident
  - loss or misplacement of an electronic key
  - loss or misplacement of a compartment key (if a part of security CS13.1)
- but does not include:
  - reasonable accommodation for operational specific activities while remaining in compliance with CS13.1 such as
    - shopping
    - physicals
    - CME attendance
    - Accompanying a patient to the hospital via ambulance

Certified Professional: means the one (1) individual, as defined in the then current PCEMS Rules and Regulations, excluding Wheelchair Transport Driver and Mental Health Transport Driver

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Chain of Custody: the sequential documentation or trail that accounts for the sequence of custody, transfer, and disposition of CS(s) and associated components (i.e., CS box, CS key, lanyard, etc.).

Container: A container for pharmaceutical use is an article which holds or is intended to contain and protect a drug and is or may be in direct contact with it. The closure is a part of the container. The container and its closure must not interact physically or chemically with the substance within in any way that would alter its quality.

Control Number: any distinctive symbols, such as a distinctive combination of letters and numbers approved for assignment by the EMS Medical Director or designee to each individual CS pharmaceutical container.

Controlled Substance (CS): any substance, listed in:

- The United States Controlled Substance Act (CSA), current version ***or***
- Title 21 United States Code part 1300-end ***or***
- Chapter 499 and Chapter 893, Florida Statutes ***or***
- Identified by the EMS Medical Director to have characteristics that make it a potential risk to public safety, abuse, dependence or diversion

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Controlled Substance Act (CSA): Establishes a unified legal framework to regulate certain drugs that are deemed to pose a risk of abuse and dependence.

Definitions (cont.):

Controlled Substance (CS) Box: a specific transportable brand and style (i.e., watertight, color, size) authorized by the EMS Medical Director or designee and provided by PCEMS. The box incorporates specific anti-diversion design features as well as custom labeling and an integrated electronic lock for the containment and transport of CSs.

NOTE: The transportable lock boxes are not considered secure by themselves.

Controlled Substance (CS) Repository: a specific fixed, semi-permanent mounted, brand and style strong cabinet authorized by the EMS Medical Director or designee and provided by PCEMS. The repository incorporates specific anti-diversion design features as well as custom labeling and an integrated electronic lock for the expressed purpose of secure containment of CSs.

Controlled Substance (CS) Card – A fillable card containing a control number, approved by the EMS Medical Director or designee for issuance to each individual pharmaceutical container. The card provides space for documenting specific mandated data elements.

Controlled Substance Central Receiving (CS-CR) - Location determined, authorized, and established by the Pinellas County EMS System Director and EMS Medical Director

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Controlled Substance Central Receiving Coordinator (CS-CRC): Primary individual, as designated by the Chief Operating Officer of the ambulance contractor or designee, who possesses written authorization from the EMS Medical Director, to handle procurement, distribution, scheduling destruction of and records management/retention of CSs at CS-CR.

Controlled Substance Central Receiving Handler (CS-CRH): Secondary individual(s), as designated by the Chief Operating Officer of the ambulance contractor or designee, who possesses written authorization from the EMS Medical Director, to handle procurement, distribution, scheduling destruction of and records management/retention of CSs at CS-CR.

Controlled Substance Compliance Coordinator (CS-CC): An employee of Pinellas County EMS Administration, assigned by the Director of Pinellas County EMS Administration and authorized by the EMS Medical Director or designee, as a liaison between the EMS Medical Director and all first responder agencies and the ambulance contractor.

Controlled Substance Coordinator (CS-C): the EMS Coordinator, as designated by each individual first responder agency Fire Chief or the Chief Operating Officer of the ambulance contractor, who is a certified professional and possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the purpose of replacing expired or damaged medications, resupply of used medications and other related duties as described within this protocol.

Definitions (cont.):

Controlled Substance Handler (CS-H): an individual, who is a certified professional, identified by the agency CS-C who possesses written authorization from the EMS Medical Director or designee to possess and transport CSs in the Pinellas County EMS System for the purpose of replacing expired or damaged medications, resupply of used medications and other related duties as described within this protocol.

Controlled Substance Incident Report (CS-IR): a written or electronic document used to communicate information to other people and to document unusual or significant occurrences. It is extremely important for the content of the CS-IR ***to reflect clear, detailed information in a factual, unbiased manner to avoid passing along opinions and judgements.***

Controlled Substance (CS) Logbook: A written document authorized by the EMS Medical Director or designee and provided by PCEMS to record the chain of custody of CSs. Utilized during periods of downtime of the established electronic inventory management system, out of county disaster deployments, etc.

Controlled Substance (CS) Schedules: Drugs and other substances that are considered CSs under the Controlled Substances Act (CSA) are divided into five schedules.

- An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15**.
- Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

Controlled Substance (CS) Waste: Waste may include products expiring, products prepared for administration, but not administered to the patient (e.g., when no longer indicated, physician discontinues or a patient refuses administration), and drug product remaining after a partial dose is removed from its packaged container. Waste may also include overfill in vials.

Custody: The care, possession, and control of an item. The retention, inspection, guarding, maintenance, or security of an item within the immediate care and control of the person to whom it is committed.

DEA: U.S. Drug Enforcement Agency – Primarily responsible for enforcing the CSA's registration provisions and works with the Criminal Division of the Department of Justice to enforce the Act's trafficking provisions.

DEA Controlled Substance Ordering System (CSOS): Program that allows for secure electronic CS orders without the supporting paper DEA Form 222.

Definitions (cont.):

DEA Form 41: Registrant Record of Controlled Substances Destroyed – Form mandated by the DEA to record the destruction of CSs that remain in the closed system of distribution (not applicable for destruction when CSs are handled by a reverse distributor). A CS dispensed for immediate administration pursuant to an order for medication in an institutional setting remains under the custody and control of that registered institution even if the substance is not fully exhausted (e.g., some of the substance remains in a vial, tube, or syringe after administration but cannot or may not be further utilized, commonly referred to as ''drug wastage'' and ''pharmaceutical wastage''). Such remaining substance must be properly recorded, stored, and destroyed in accordance with DEA regulations (e.g., § 1304.22(c)), and all applicable Federal, State, tribal, and local laws and regulations, although the destruction need not be recorded on a DEA Form 41.

DEA Form 82: Notice of Inspection of Controlled Premises – Form utilized when the DEA appears to perform an unannounced administrative inspection.

DEA Form 106: Form mandated by the DEA to be completed upon discovery, of any thefts or significant losses of CSs and submitted to the FDA for such theft or loss

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DEA Form 222: A single page serialized form, ordered by an authorized registrant from the DEA, that is required to order any Schedule II CS.

Deliver: the term refers to the actual, constructive, or attempted transfer of a CS or a listed chemical, whether there exists an agency relationship or not

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Distribute: the term means to deliver (other than by administering or dispensing) a CS or a listed chemical.

Drug Diversion: The term includes any unaccountable loss, theft, use for unintended purposes, or tampering of a drug. For purposes of these guidelines, drug diversion is a medical and legal concept involving the transfer of any legally prescribed drug from the individual for whom it was prescribed to another person for any illicit use, including any deviation that removes a prescription drug from its intended path from the manufacturer to the intended patient

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Electronic Key: A type of key designed to provide a time-stamped access record every time it meets an electronic lock resulting in full visibility of all access attempts, whether successful or not. The brand and type are authorized by the EMS Medical Director and provided by PCEMS.

Electronic Lock: A type of lock designed to provide a time-stamped access record every time it meets an electronic key resulting in full visibility of all access attempts, whether successful or not. The brand and type are authorized by the EMS Medical Director and provided by PCEMS.

Employee of a Registrant: subject to direct oversight by the registrant; required, as a condition of employment, to follow the registrant's procedures and guidelines pertaining to the handling of CSs and required to render services at the registrant's registered location.

Definitions (cont.):

FDA: U.S. Food and Drug Administration; Responsible for enforcing the FD & C Act.

Federal Food, Drug and Cosmetic Act (FD&C Act): All pharmaceutical drugs are subject to the FD&C Act. Amongst other things, prohibits the "introduction or delivery for introduction into interstate commerce of any drug that is adulterated or misbranded. The FD&C Act provides that a drug is deemed to be adulterated if, among other things, it "consists in whole or in part of any filthy, putrid, or decomposed substance," "it has been prepared, packed, or held under insanitary conditions," its container is made of "any poisonous or deleterious substance," or its strength, quality, or purity is not as represented

Immediately – At once; instantly; without any intervening time or space

Inventory – Stocks in finished form of a CS manufactured or otherwise acquired by a registrant, whether in bulk, commercial containers, or contained in pharmaceutical preparations in the possession of the registrant

Inventory Management System: The process by which CSs are tracked throughout the entire supply chain, from purchasing to handling to end disposition. This process is documented using an electronic web-based system or written logbook authorized by the EMS Medical Director and provided by PCEMS.

Locked Vehicle Compartment: a locked, permanently, and substantially constructed compartment or area of a vehicle, that has been designated as the secure storage area for the CS lock box. Even though the Federal regulations do not specifically define construction, the intent of the law is that CSs must be adequately safeguarded. The general security requirements set forth in the Code of Federal Regulations (CFR) require all registrants (i.e. EMS Medical Director) to provide effective physical security controls and operating procedures to guard against theft and diversion of CSs.

Non-retrievable: for the purpose of destruction, the condition or state to which a CS must be rendered following a process that permanently alters that CSs physical or chemical condition or state through irreversible means and thereby renders the CS unavailable and unusable for all practical purposes. The process to achieve a non-retrievable condition or state may be unique to a substance's chemical or physical properties. A CS is considered ''non-retrievable'' when it cannot be transformed to a physical or chemical condition or state as a CS or CS analogue. The purpose of destruction is to render the CS(s) to a non-retrievable state and thus prevent diversion of any such substance to illicit purposes.

On-Site: means located on or at the physical premises of the registrant's registered location.

PCEMS: means Pinellas County EMS and Fire Administration

PCEMS Identification Number: a unique number issued by PCEMS to each Certified Professional that serves as identification for the individual upon entry into the system

Definitions (cont.):

Pharmaceutical Disposal System – Liquid: A system that makes liquid pharmaceutical products non-retrievable.

Physical Inspection: the process of handling and visually examining something with the naked eye.

PSTrax: The current electronic inventory management system.

Readily Retrievable: Certain records are kept by automatic data processing systems or other electronic or mechanized record keeping systems in such a manner that they can be separated out from all other records in a reasonable time and/or records are kept on which certain items are asterisked, redlined, or in some other manner visually identifiable apart from other items appearing on the records.

Registrant: means any person who is registered pursuant to either section 303 or section 1008 of the Act (21 U.S.C. 823 or 958).

Reverse Distribute: means to acquire CSs from another registrant for the purpose of:

- Return to the registered manufacturer or another registrant authorized by the manufacturer to accept returns on the manufacturer's behalf; or
- Destruction

Reverse Distributor: a person registered with the DEA as a reverse distributor.

Significant Loss: the standard of theft has not been met, but it is clear that a CS cannot be accounted for, even after reasonable efforts have been taken to find it, and that loss is "Significant." For purposes of this policy, "Significant" means that either (a) the quantity lost is greater than one Purchased Unit or (b) there is a pattern of losses associated with a particular employee(s).

Specialty Unit: Specialty unit(s) identified by an agency which may be activated or upgraded to ALS status, including issuance of CSs, authorized by the EMS Medical Director or designee. Examples include special event units and medical tents.

Stryker Cactus PharmaLock: The current liquid pharmaceutical disposal system.

Tamper Evident Bag/Container: A tamper-evident package, according to the regulations of the Food and Drug Administration "is one having one or more indicators or barriers to entry which, if breached or missing, can reasonably be expected to provide visible evidence to consumers that tampering has occurred." In addition, the indicator or barrier must be "distinctive by design," which means the tamper-evident feature is designed from material not readily available to the public. Therefore, it can't be easily duplicated.

Definitions (cont.):

Theft: generic term for all crimes in which a person intentionally takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including potential sale).

Transfer of Custody: a real-time, face-to-face transaction whereby the off-going certified professional, ACST or a CS-C/CS-H relinquishes custody of each individual CS container, the CS box, CS electronic key and vehicle compartment key (if applicable) to the on-coming certified professional, ACST or a CS-C/CS-H and that individual accepts custody of each individual CS container, the CS box, electronic key and vehicle compartment key (if applicable). This transaction must not be precalculated or pre-signed and must include a physical inspection by both individuals. Once the physical inspection is complete then appropriate documentation (inventory management system or logbook) must take place.

AD13.1 CS CENTRAL RECEIVING (CS-CR)

1. Authorizations:
   - Authorization is granted by the EMS Medical Director for procurement of, receiving into inventory, distribution, and facilitation of the destruction of CSs in accordance with all applicable federal and state laws and regulations related to CSs, in addition to any Pinellas County Emergency Medical Services and/or local agency policies and procedures.
   - The following personnel are authorized to be in the CS Central Receiving (CS-CR) physical space while conducting official tasks:
     - EMS Medical Director or designee
     - CS Receiving Coordinator/Handler
     - Agency CS Coordinator/Handler
     - Pinellas County EMS Administrative Staff

   NOTE: No other access to this location is permitted without prior approval of the EMS Medical Director or designee.

2. Security:
   - In accordance with Federal and State Controlled Substance Laws:
     - Unless a blind count, audit or other activity warranting immediate access to CSs is being performed, all doors (building, safes, cabinets, refrigerators, etc.) are to remain closed and secured with all applicable installed locks engaged preventing access.
     - No more than fifty (50) containers of CSs must be out visible at any given time except as authorized
     - In the event packaging, documentation for destruction, etc. is occurring and a request is made from an agency coordinator or handler to access CS-CR, all inventory out will be secured prior to providing access to the CS-CR physical space.
     - Electronic locks providing security and tracking of CSs must not be accessed unless as a component of defined daily operations
     - An assigned electronic key must not be utilized by anyone other than the individual the key is assigned
     - Passwords, pins, usernames, etc. must not be shared
     - Physical structural doors must remain closed and secured with all applicable installed locks while any type of CS transaction(s) is occurring in the CS-CR

3. Inventory
   - In accordance with Federal and State Controlled Substance Laws, the following items are to remain segregated under individual security:
     - Schedule II CSs
     - Schedule III-V CSs
     - CSs, CS Boxes, CS Electronic Keys under review/investigation
     - CS that are damaged or have expired

- The above items must not be co-mingled without formal written pre-approval from the EMS Medical Director or designee. The formal request must include the following when submitted:
    - Specific request (e.g. CS Box under investigation stored with in date Schedule V CSs).
    - Specific details surrounding the request (e.g. broken lock on a safe, overstock, etc.)
    - Defined start and stop date and time
    - Immediate options that exist to prevent the co-mingling from having to be done (e.g. clear pending CS boxes being held for review/investigation)

- Master system CS inventory par levels:
    - Determined through ongoing evaluation of historical data, in addition to other factors, including national shortages, storms (e.g. hurricanes), etc. to establish high, low and safety stock levels.
    - Established levels are reviewed and authorized by the EMS Medical Director (Registrant)
    - Any changes to the master system CS inventory par levels requires the submission of a formal written request from the CS-CRC to the EMS Medical Director or designee for review.
    - The EMS Medical Director or designee will review and evaluate all requests to increase or decrease inventory par levels and provide direction in writing
    - To ensure the highest level of security, these par levels are not published

- Distribution
    - Each individual CS container must be distributed in a PCEMS issued tamper evident bag and/or container as authorized by the EMS Medical Director or designee.
    - A clear CS container secondary containment device is to be utilized when directed by the EMS Medical Director or designee

4. Procurement:
    - Must be coordinated with the EMS Medical Director or designee.
        - **Schedule II CS - Procurement**
            1. A fully executed DEA Form 222 is required.
                - Possession of "**Extra**" (signed or unsigned) DEA Form 222s is prohibited.
            2. The CS-CR Coordinator or Handler will request a signed DEA Form 222 from the EMS Medical Director through the PCEMS CS-CC a minimum of two weeks prior to the planned procurement submission
            3. A DEA Form 222 must be hand delivered from the EMS Medical Director or designee to the authorized CSCR Coordinator or Handler
            4. Upon receipt of the DEA Form 222, the CSCR Coordinator or Handler must immediately complete, per the form instructions, or secure the document with the Schedule II CSs if time does not permit proper completion and submission.
            5. The DEA 222 Form number must be documented:

- on the accompanying Purchase Order (PO) prior to submission and approval of the Purchase Order
- on all forms associated with the specific DEA 222 Form (i.e., invoices, records of destruction, incident reports, packing slips, etc.)

6. A CS Cover Sheet must be initiated for each procurement transaction.

- **Schedule II CS – Receipt of Delivery**
  1. Upon delivery of Schedule II CSs to the EMS Central Supply Warehouse:
  2. The shipment from the distributor/manufacturer must be delivered immediately to an authorized CS-CR Coordinator or Handler including the original packing slip and any other associated paperwork (electronic or hardcopy).
  3. The sealed package must be opened immediately upon receipt and a physical inspection must be conducted.
  4. Once a physical inspection is complete, the results of the inspection are to be documented on the CS Cover Sheet.
  5. The received inventory, regardless of condition received, will be secured in the designated Schedule II safe
  6. All accompanying paperwork (regardless of perceived importance) must be:
  7. Signed (including date and time received) by the CSCR Coordinator or Handler completing the physical inspection.
  8. Associated DEA 222 Form Number must be documented on all paperwork received.
  9. The CS Cover Sheet is to be finalized
  10. The completed CS Cover Sheet, DEA 222 Form, Approved Purchase Order, packing slip and ALL other accompanying paperwork (electronic or hardcopy) must be scanned and uploaded to the primary inventory management system for Pinellas County EMS as one scanned file.
      - Once all paperwork is uploaded, the upload is to be reviewed to ensure 100% beyond a reasonable doubt it is legible.
      - In the event there is a question of legibility related to the upload, ***ALL*** paperwork is to be re-scanned and uploaded
      - This process is to continue until such a time that the scanned package of paperwork is legible beyond a reasonable doubt.
  11. All scanned paperwork must be assembled with the applicable CS Cover Sheet as the first page and delivered to the EMS Medical Director or designee.
  12. A CS Card request is to be completed and e-mailed to the Pinellas County EMS CS-CC.

13. The quantity of CS Cards requested is to equal the exact quantity of controlled substance containers received in the delivery. A "Spare or Reserve" quantity of cards is not to be retained in the CS-CR.
14. Any discrepancies noted in paperwork, external packaging, initial physical inspection, physical inspection of the internal contents or quantity received must be immediately reported to the EMS Medical Director via phone (office, cell, or text) with a follow-up e-mail.
    - Discrepancies must also be documented on the CS Cover Sheet
15. Upon receipt of the CS Cards, each individual CS container must be packaged in an individual tamper evident bag with an individual CS Card.

- **Schedule III-V CS Procurement and Receipt of Delivery**
  1. A DEA Form 222 is ***NOT*** required.
  2. Follow all other procedures as noted for the Procurement of Schedule II CSs

5. Destruction:
   - In accordance with Federal and State Controlled Substance Laws:
     - CSs being sent for destruction are to be quarantined from all other inventory
     - Must be handled by a DEA authorized reverse distributor
       - prior authorization must be obtained from the EMS Medical Director of the reverse distributor selected to handle destruction
       - A written plan describing the destruction process will be submitted to the EMS Medical Director prior to commencing any destruction activity
       - A change in reverse distributors requires prior authorization from the EMS Medical Director
       - The reverse distributor must employ software that:
         - Complies with all applicable Federal and State Controlled Substance laws for chain of custody, destruction and records management
         - Provides Pinellas County EMS Administration Personnel and the EMS Medical Director or Designee full access to all CS destruction information related to Pinellas County Emergency Medical Services
         - Provides the ability to download all CS destruction information related to Pinellas County Emergency Medical Services
     - A scheduled destruction event must occur at least once every 90 days.
     - The EMS Medical Director or designee and the EMS Controlled Substance Compliance Coordinator must be notified prior to scheduling destruction.
     - One week prior to the scheduled destruction event, the EMS Controlled Substance Compliance Coordinator and the CSCR Controlled Substance Coordinator will schedule time to:
       - Count and document all inventory scheduled for destruction
       - Inventory counted must be secured in a system serialized tamper evident bag with the serialized number documented.
       - The bags are to be quarantined from patient inventory and secured in accordance with all applicable federal and state CS laws and regulations, in addition to any Pinellas County Emergency Medical Services and local agency policies and procedures.

        - Written notification (electronic) to the EMS Medical Director must be provided documenting the following from each container of CS:
            - Drug name (generic)
            - National Drug Code (NDC)
            - Expiration Date
            - Drug concentration
            - Drug volume
            - Serial number of tamper evident bag utilized
    - Upon completion of the onsite destruction event:
        - All applicable paperwork from the event must be scanned and uploaded to the primary inventory management system for Pinellas County EMS as one scanned file.
        - Once all paperwork is uploaded, the upload is to be reviewed to ensure 100% beyond a reasonable doubt it is legible.
        - In the event there is a question of legibility related to the upload, ***ALL*** paperwork is to be re-scanned and uploaded
        - This process is to continue until such a time that the scanned package of paperwork is legible beyond a reasonable doubt.
        - All scanned paperwork must then be delivered to the EMS Medical Director or designee.
6. Cactus – The Cactus Cartridge upon max capacity or 90 days from first used is to be sealed per manufacturers instructions and destroyed in accordance with Federal, State and Local pharmaceutical waste laws and regulations.

AD13.2 CS COORDINATOR SPECIFIC RESPONSIBILITIES

1. No later than January 15th of each year and upon any changes ensure that the following are submitted to the EMS Medical Director or designee for approval:
   a. Agency specific written operating procedures for CS procurement, storage, handling, dispensing, and disposal as required by Florida 64J-1.021 and in compliance with this policy.
   b. A completed agency authorized CS-C, CS-H, ACS-T and ACS-H Request form.
   c. A completed agency authorized CS Lock Box assignment request form.
   d. A summary of internal audit/inspection activities occurring during the previous calendar year.
2. Ensure adequate employee screening per PCEMS Rules and Regulations.
3. Ensure restock of soon to expire, used, and damaged medications.
   a. The CS-C may utilize a CS-H to assist in this function.
   b. Expiring dosing units:
      - Must be removed as per AD14.
      - Must be sealed intact in a Sunstar Medication Bag to ensure segregation from active stock and prevent the possibility of an accidental administration. The bag shall have the word “EXPIRED” prominently written on the outside.
      - Must be returned to CS Central Supply upon removal and must not be stored.
4. Conduct and document the following CS Audit/Inspections:
   a. Irregularly timed, quarterly, and unannounced Audit/Inspection of at least 25% of the CSs assigned to the agency.
   b. Audit/Inspection documentation shall include the following minimum information:
      - Date and time of the audit, list of CS(s) examined with Control Numbers and volume, verification that status in Inventory Management System and any irregularities found.
5. Make immediate notification, upon discovery, to the Medical Director or designee of the following:
   a. Any discrepancies or possible diversion related activities found during audit or routine activities.
   b. Any personnel arrests or criminal charges related to CSs or illicit drugs.
   c. Any personnel substance abuse or dependence issues.
   d. Any allegations made regarding irregularities in CS handling or administration.

AD13.3 CS SUBSTANCE HANDLER RESPONSIBILITIES

1. Maintain a PCEMS electronic lock box AND master electronic lock box key
2. Connect, charge, and sync electronic key with current PCEMS lock/key database
3. Maintain a PCEMS approved Handler CS Logbook for Legacy hard copy tracking in the event the electronic inventory management system is unavailable for any reason.
4. Conduct quarterly audits of individual CS Inventory Management System, Legacy hard copy tracking logbook, and individual lockbox inventory
5. Ensure CS cards are properly and completely documented
6. Transport expired/damaged CSs to EMS Central Supply for exchange and restock
7. Transport CSs from EMS Central Supply to individual units/lock boxes
8. Resupply/exchange/restock any CSs within the same shift they were obtained for any reason
9. Ensure Protocol compliance for all clinicians responsible for controlled substance lockbox/lock key
10. Make proper notifications for suspected/known diversions
    a. Follow Assumption of Control procedures when a CS Lock Box/Key is in a loss of control situation

AD13.4 FIELD OPERATIONS

1. Authorization -
   - Each FIRST RESPONDER agency is authorized (subject to review and approval of the EMS Medical Director):
     - One (1) PCEMS issued operational controlled substance box with accompanying electronic key per EMS Authority authorized ALS Unit
     - One (1) PCEMS issued operational controlled substance box with accompanying electronic key per EMS Authority authorized supervisory vehicle (e.g. Lieutenant Rescue or District Chief).
     - One (1) or more unscheduled spare PCEMS Controlled Substance Boxes and/or electronic keys for emergent scheduling and deployment
     - One (1) or more PCEMS Administrative CS boxes for the explicit purpose of replacing expired or damaged medications and resupply of used medications
   - The AMBULANCE agency is authorized (subject to review and approval of the EMS Medical Director):
     - A quantity of controlled substance boxes and accompanying electronic keys to meet daily operational needs. This quantity is less than 1 per unit by design.
     - One (1) PCEMS issued operational controlled substance box with accompanying electronic key per EMS Authority authorized supervisory vehicle (e.g. Field Supervisor).
   - Each First Responder agency and Ambulance agency is authorized (subject to review and approval of the EMS Medical Director):
     - One (1) issued electronic key per individually named Controlled Substance Coordinator and Controlled Substance Handler with defined programming to complete Coordinator/Handler authorized actions
2. Administrative Security -
   - Administrative Controlled Substance Box:
     - Use is restricted to an authorized PCEMS Controlled Substance Coordinator or Handler
     - Must always be in the direct custody of an authorized PCEMS Controlled Substance Coordinator or Handler *when in use*
     - Must always remain locked except:
       - During transfer of custody
       - When expired, damaged or recalled containers are being replaced
       - At the time re-supply is received

CS13.5 ALS Specialty Units

1. In the event a Specialty Unit is activated to ALS status or placed in service, the Specialty Unit will acquire controlled substances in the following manner:
   a. The Unit will have their controlled substances issued to them by the CS Coordinator or Handler.
   b. The CS Coordinator or Handler will designate a reserve CS Lock Box with the inventory of controlled substances, CS Key, and CS Logbook to the Specialty Unit's Certified Professional using the transfer of control procedures.
   c. When the ALS Unit status is decommissioned, the CS handler or coordinator will retrieve the controlled substances using the transfer of control procedures.
   d. When applicable, the controlled substances must be returned to county central supply according to the specified agreement.
   e. In the event that a CS coordinator or Handler is not immediately available, the controlled substances may be placed on an available in-service unit until the earliest possible retrieval
2. A CS box may be moved from an in-service unit to a specialty unit for short duration events if county agreements are being followed.

CS13.6 Assumption of Custody

- A CS Coordinator or Handler may assume control of a CS container, CS box, CS repository or electronic key without following the standard chain of custody transfer/accountability procedures in the following circumstances:
  1. In the case of emergency leave in which the certified professional with custody/accountability becomes incapacitated
  2. A loss of custody event
  3. In the event there is no on-coming certified professional available
  4. When tampering, diversion or loss of control is suspected to have occurred
- In the event a CSH or CSC assumes control of a CS container, controlled substance box, controlled substance repository or electronic key, the following must occur:
  1. The EMS Medical Director of designee must be immediately notified.
  2. The CSC must be notified in the case CSH has assumed control.
  3. The controlled substance box/repository must be accessed using the CSC or CSH's key (not the box, ACST or CSH assigned key) and an inventory/inspection must be conducted.
  4. The assumption of custody must be documented in the PCEMS Controlled Substance Inventory Management System
- If the CSC or CSH has assumed custody due to suspected tampering or diversion, law enforcement must be notified and the procedures in Section CS13.5 must be followed.

CS13.7 DEA Inspection Preparedness

The U.S. Department of Justice Drug Enforcement Agency (DEA) makes periodic unannounced inspections to audit registered controlled substance storage locations. In a typical audit, DEA Diversion Investigators ensure that the controlled substance licensee/registrant is compliant with the Controlled Substance Act or, if applicable, bring them back into compliance.

- Areas/Procedures Likely to be Inspected:
  - Security practices: authorized personnel, controlled substance storage
  - Record keeping practices: DEA Form 222 (if applicable), invoices, complete and accurate inventories, use, and waste logs. Particular attention will be paid to documented discrepancies.

Do's & Don'ts During the Inspection:

- Be sure to have an action plan to immediately retrieve records during a DEA inspection.
- Answer the DEA investigator's questions as truthfully and as concisely as possible.
- If you do not know the answer to a question, ***DO NOT*** speculate on the answer.
- Do not argue or debate with the DEA investigator.
- Take notes of all recommendations and observations made by the DEA Investigators.
- Ask any questions you might have regarding the DEA findings so corrective actions can be implemented.
- Copy any records required by the DEA and obtain a receipt (DEA Form 12) for any original records and/or controlled substances taken off-site.

If approached by a representative for the DEA for Inspection:

1. Immediately contact the EMS Medical Director or designee
2. Review the DEA investigators' credentials, photo identification, and their contact information (business card)
3. Reserve a conference room for the investigators to use.
4. Be prepared to provide all relevant records
5. Answer the DEA investigator's questions as concisely as possible. Always be truthful; don't speculate. If you don't know the answer to a question, be thoughtful and helpful in your answer, explaining, "I don't have the answer offhand, but I know where to find it".
6. Be polite and cordial. Do not argue or debate the DEA investigator.

CS13.8 Records Retention

- Every inventory and other records required must be kept by the registrant and be available, for at least 2 years from the date of such inventory or records, for inspection and copying
- Financial and shipping records (such as invoices and packing slips but not executed order forms subject to CFR1305.17 and 1305.27) must be kept at the registered location
- The registrant agrees to allow authorized employees of the Administration to inspect such records at the central location upon request by such employees without a warrant of any kind.
- Inventories and records of controlled substances listed in Schedules I and II must be maintained separately from all the records of the registrant
- Inventories and records of controlled substances listed in Schedules III, IV, and V must be maintained either separately from all other records of the registrant or in such form that the information required is readily retrievable from the ordinary business records of the registrant.

MEDICAL CONTROL DIRECTIVE 2021-17

DATE: August 31, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Response Configuration Exceptions (Growth Management Update)**

Effective Date: 0800 hrs. September 1, 2021

- This Medical Control Directive supersedes Medical Control Directive 2019-11 Response Configuration Exceptions (Growth Management Implementation)

- The following Priority Dispatch Codes 17A01, 17A02, 17A03, 26A, 26O02-28 (except 26O-09 and 21 which are ALSFR Only) are designated Ambulance Only Determinants in the following EMS Districts: Clearwater, Largo, Lealman, Pinellas Suncoast, Safety Harbor, and Seminole.

- Personnel are reminded that Response Configuration Exceptions 3a and 3b in "Protocol AD2 911 Call Processing and Assignment" (Rev. March 2021) remain in effect. Specifically:

  3. When the response configuration is determined to be a single resource type (e.g., Ambulance only) the following exceptions shall apply:
     a. If the single resource type is predicted to have a likely response time of greater than 20 minutes, the call shall immediately have an additional resource type (e.g., First Responder) assigned.
     b. If during patient assessment or transport, the patient is determined to be Category RED, the treating Paramedic shall use best judgement as to if the best course of action is to initiate/continue transport to the nearest appropriate ED (Ref CS4) or request the assignment of additional ALS resources.

- Both Emergency Medical Dispatchers and Field Clinicians are encouraged to assign or request additional units whenever necessary.

MEDICAL CONTROL DIRECTIVE 2021-16

DATE: August 4, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Protocol CS7 Patient Care Report & Transfer of Care**

Effective Date: 0800 hrs. August 5, 2021

The following is revised to incorporate transport of a patient by a first responder transport capable unit:

- Transfer of Patient Care – ALS First Responder to Ambulance
    - Section revised changing “Ambulance” to “Transport Unit”
- Transfer of Patient Care – Ambulance to Hospital
    - Section revised changing “Ambulance” to “Transport Unit”

Attachments:

CS7 Patient Care Report & Transfer of Care
ePCR Outcome Disposition Update

CS7 PATIENT CARE REPORT & TRANSFER OF CARE

This protocol defines the requirements for completing the Pinellas County EMS Patient Care Report (electronic Patient Care Reporting System (ePCR) or paper forms) and the transfer of patient records and belongings between EMS clinicians and hospital personnel

Patient Care Report Completion:

- A Pinellas County Patient Care Report (PCR) must be completed in all the following instances:
  - A BLS, ALS or CCT unit responds to a request for emergency or non-emergency medical services
  - A Paramedic makes patient contact, assesses a patient, provides treatment and/or transport, obtains a refusal of evaluation from an individual or confirms the death of a patient
- The first County Certified EMT or Paramedic on the scene is responsible for starting and ensuring the completion of a PCR for each licensed EMS provider agency
- A provisionally certified paramedic completing a PCR must have the County Certified Paramedic Preceptor review and sign the PCR
- Each agency that arrives to assist in patient care shall complete a PCR documenting any assessment and/or interventions provided by personnel from their agency
- All pertinent fields in the ePCR or on the paper PCR shall be completed including all patient demographic information, assessments, treatments and interventions, and required signatures
- If patient placed on cardiac monitor during patient care (e.g. vitals, rhythm, SpO_2, $EtCO_2$, 12 Lead), all monitor data related to each specific patient must be uploaded to the respective ePCR
- If a BLS or ALS First Responder Unit is cancelled by a Unit from another agency a “cancelled enroute” PCR must be completed
- If a BLS or ALS First Responder Unit is cancelled by a Unit from the same agency, the Unit being cancelled is not required to complete a PCR
- An Ambulance Unit must complete a report unless they are canceled for a “closer unit” or a “higher priority call.” If an Ambulance Unit is “cancelled on scene” by an ALS First Responder a PCR must be completed

Electronic and Paper Forms Completion:

- All ALS First Responder and Ambulance Units are required to complete an electronic ePCR
- In the rare circumstance that a PCR is not completed immediately after the transfer of care, a PCR must be completed and filed before the EMT or Paramedic ends their shift
- In the event of a computer failure, a paper PCR shall be completed and the tablet or web-based ePCR report shall be completed as soon as the ePCR system is available
- The paper PCR shall be retained to meet records retention requirements
- Level 2 Mass Casualty Incidents (greater than ten (10) patients)
  - Triage tape and triage tags will be utilized on scene and during transport.

  - After the mass casualty emergency has been mitigated, ePCR reports shall be completed by ALS First Responder Units to the extent possible. Ambulance Units shall ensure an ePCR record is completed for all transports.
- Any ancillary forms required shall be completed as required by the EMS Authority or EMS Medical Director
- When a paper PCR is utilized, the form's color paper carbon copies shall be distributed as indicated on the report

Transfer of Patient Care – ALS First Responder to Transport Unit

- When patient care is transferred from one Unit to another Unit (e.g. ALS First Responder to Transport Unit), a verbal report shall be provided including:
  - History of present illness/injury
  - Past medical history/medications/allergies
  - Treatments or interventions performed
  - Proposed plan of care
- Any electronic or paper documentation, available at the time of the transfer of patient care, shall be provided including:
  - Uploading ECGs
  - Copying ePCR data to the receiving Unit
  - Providing a copy of any paper forms (e.g. patient transfer forms, face sheets, medication lists, DNR forms, paper EMS forms, etc.)
- Transport shall not be delayed for report completion. ALS First Responders can electronically update and complete their ePCR record after patient transport is initiated.
- For a critically ill or injured patient, a single ePCR tablet shall be utilized for the duration of the call or until the patient is transferred to hospital personnel. At conclusion of the call, the ePCR and ECG data shall be copied to the ALS First Responder or Transport Unit to ensure both reports are complete

Transfer of Patient Care – Transport Unit to Hospital

- When patient care is transferred from the Transport Unit or ALS First Responder to hospital personnel, a verbal report (including the history of present illness/injury, past medical history/medications/allergies, and treatments or interventions performed) shall be provided
- Ambulance units (or an ALS First Responder Unit that transported a patient) shall leave a completed PCR (paper or ePCR) including ECGs and copies of any paper forms (e.g. patient transfer forms, face sheets, medication lists-MAR, DNR forms, etc.) at the hospital for all patients at the time patient care is transferred
- Label all ECGs with the patient's name and date of birth prior to 12 Lead ECG transmission and label all electronic/paper ECGs provided for the patient's medical record
- The only exceptions to ***NOT*** leaving a completed PCR prior to leaving the hospital are as follows:
  - A "Partially Available" ambulance is needed to respond as the closest unit to an emergency call. After such response, any incomplete PCRs must be completed
    - "Partially Available" means a patient has been transferred to hospital staff with a verbal report and the Ambulance can respond to the next call.

- A Mass Casualty Incident that has ***NOT*** been mitigated
  - Declared Disaster or EMS Emergency
- When possible, place the patient's belongings and medications in a clear Patient Belongings bag
  - Write the patient's name on the bag and seal it
  - Ensure the patient's medications and belongings are transferred to the hospital staff
- Obtain a signature for receipt of the patient and their belongings from the hospital or facility staff

ePCR Outcome Disposition Update

To accommodate Fire Department Engine crews who are assisting Rescue units that directly transport a patient, a minor update to TabletPCR > Outcome > Outcome > Disposition has been implemented.

OLD

Disposition: (1 of 40)
Treated and Transported
Treated and Transported with FD ride in
Treated and Transport w/ Hospital Staff
FD Transfer Pt Care to Sunstar
FD Ride In with Sunstar to Hospital
Patient Refused Care
Patient Treated, Refused Transport
Cancelled - On Scene by ALS - No Pt Contact
Cancelled - On Scene by ALS - Pt Contact
Cancelled Enroute
Cancelled Due To Patient Not Ready - No Pt Co

NEW

Disposition: (1 of 40)
Treated and Transported
Treated and Transported with FD ride in
Treated and Transport w/ Hospital Staff
FD Transfer Pt Care to Transport Unit
FD Ride In with Transport Unit to Hospital
Patient Refused Care
Patient Treated, Refused Transport
Cancelled - On Scene by ALS - No Pt Contact
Cancelled - On Scene by ALS - Pt Contact
Cancelled Enroute
Cancelled Due To Patient Not Ready - No Pt Co

Guidelines regarding “Disposition” for transports:

1. The transporting medic still always chooses one of the top two options that start with “Treated and Transported”.
2. The transporting medic is the one whose ePCR has the vehicle number in which the patient is transported.
3. An FD medic who is not on a transport vehicle, even if they are first on, will always chooses the 4th or 5th option that starts with “FD”.

Example: E49 arrives on scene first and establishes patient contact on a category red patient. Imagine that R49 is called to perform the transport. The medic from E49 rides in. The E49 medic will choose “FD Ride In with Transport Unit to Hospital”. The R49 medic will choose “Treated and Transported with FD Ride In”. The transporting unit will be responsible for the Billable Run Report.

Friday, July 30, 2021

MEDICAL CONTROL DIRECTIVE 2021-12

DATE: June 29, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: Consent for Opioid Treatment Referral

EFFECTIVE DATE: July 1, 2021

I. Pinellas County EMS (PCEMS) clinicians will now have the ability to refer a patient with Opioid Use Disorder (OUD) to a treatment provider as part of Pinellas County's COSSAP grant program. This referral process ***DOES NOT REPLACE NORMAL TREATMENT AND TRANSPORT PROCEDURES*** but may be utilized for a patient after an acute overdose or for a less acute presentation of OUD and provides PCEMS clinicians with an additional tool to advocate for and assist a patient.

II. Referral is easy and only requires PCEMS clinicians to obtain consent and a signature from the patient. Once the signature is obtained, the referral process is automatic through an electronic linkage and a treatment team specialist will reach out to the patient directly within a short time.

III. The process for obtaining consent is as follows:

1. Ensure the patient has decisional capacity
2. Review consent language with patient
3. Answer any questions
4. Obtain Signature (see next page)

TabletPCR 6/29/2021 12:00:52 PM

Trip | Patient | Subjective | Objective | Vital Signs Diagnostics | Interventions | Outcome | Review

Outcome

Times

Signatures

Forms

External Reports

<New>

Select a signature type:

1 TRANSPORT – PATIENT SIGNING

2 TRANSPORT – OTHER PERSON SIGNING

3 REFUSAL - NO TRANSPORT

4 ALSO REFUSE RECOMMENDED DEST / TX / EVAL

5 CREW

6 RECEIVING HOSPITAL/FACILITY REPRESENTATIVE

7 CONTROLLED SUBSTANCE WASTED

8 CREW FOR COVID TRANSPORT – VERBAL CONSEN

9 CONSENT FOR OPIOID TREATMENT REFERRAL

Inbox | Complete PCR | Help | Options | Attach | Quick Fill | Previous | Next

MEDICAL CONTROL DIRECTIVE 2021-11

DATE: June 29, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: Chapter 2021-119 – Treatment and Transport of Police Canines (K-9)

EFFECTIVE DATE: July 1, 2021

Chapter 2021-119:

- Authorizes licensed EMS agencies to transport injured police canines

- Authorizes a paramedic or an emergency medical technician to provide emergency medical care to injured police canines

- “Police Canines” means any canine that is owned, or the service of which is employed, by a state or local law enforcement agency, a correctional agency, a fire department, a special fire district, or the State Fire Marshal for the principal purpose of aiding in the detection of criminal activity, flammable materials, or missing persons; the enforcement of laws; the investigation of fires; or the apprehension of offenders.

- A licensee with a valid permit for the transport vehicle may transport a police canine injured in the line of duty to a veterinary clinic or similar facility if there is no individual requiring medical attention or transport at that time.

Treatment & Transport:

- For crew safety, ensure the canine officer is accompanied by a handler and muzzled regardless of initial level of consciousness.

- Paramedics and EMTs are authorized to institute Basic Life Support (BLS) modalities and transport via Rescue Unit or Ambulance.
  - BLS Modalities may include:
    - Mask/snout ventilation at standard rates (Utilize canine oxygen mask kit when available)
    - Administration of supplemental oxygen
    - CPR (performed with the canine on its side and hands placed over the widest part of the chest/where the front leg elbow sits with leg flexed)
    - Hemorrhage control including tourniquets and wound packing
    - Chest seal application

- Tactical EMS Paramedics may utilize the Tactical Medical Operations Manual protocols.

- Ask the handler for the canine officer or other appropriate law enforcement official which animal hospital they want the canine transported to.
  - Request an agency representative contact the animal hospital to authorize treatment.

- Have dispatch contact the animal hospital to ensure they are open/able to accept the canine officer.

- If the canine officer does not have a specified veterinarian or animal hospital utilize the following options (not listed in any particular order):

  - Tampa Bay Veterinary Specialist & Emergency Care Center – 24 Hour
    1501A South Belcher Road – Largo
    727-535-3500

  - BluePearl Pet Hospital – 24 Hour
    4701 Ulmerton Road Suite 400 – Clearwater
    727-572-0132

  - St. Petersburg Animal Hospital & Urgent Care – hours vary
    3165 22nd Avenue North – St Petersburg
    727-323-1311

CHAPTER 2021-119

Senate Bill No. 388

An act relating to injured police canines; creating s. 401.254, F.S.; defining the term “police canine”; authorizing licensed life support services to transport injured police canines under certain circumstances; authorizing a paramedic or an emergency medical technician to provide emergency medical care to injured police canines under certain circumstances; providing for immunity from criminal and civil liability under certain circumstances; amending s. 474.203, F.S.; providing applicability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 401.254, Florida Statutes, is created to read:

401.254 Treatment of injured police canines.—

(1) As used in this section, the term “police canine” means any canine that is owned, or the service of which is employed, by a state or local law enforcement agency, a correctional agency, a fire department, a special fire district, or the State Fire Marshal for the principal purpose of aiding in the detection of criminal activity, flammable materials, or missing persons; the enforcement of laws; the investigation of fires; or the apprehension of offenders.

(2) A licensee with a valid permit for the transport vehicle may transport a police canine injured in the line of duty to a veterinary clinic or similar facility if there is no individual requiring medical attention or transport at that time.

(3) Notwithstanding s. 474.213, a paramedic or an emergency medical technician may provide emergency medical care to a police canine injured in the line of duty while at the scene of the emergency or while the police canine is being transported to a veterinary clinic or similar facility. A paramedic or an emergency medical technician who acts in good faith to provide emergency medical care to an injured police canine is immune from criminal or civil liability.

Section 2. Subsection (10) is added to section 474.203, Florida Statutes, to read:

474.203 Exemptions.—This chapter does not apply to:

(10) A paramedic or an emergency medical technician providing emergency medical care to a police canine injured in the line of duty as authorized under s. 401.254.

For the purposes of chapters 465 and 893, persons exempt pursuant to subsection (1), subsection (2), or subsection (4) are deemed to be duly licensed practitioners authorized by the laws of this state to prescribe drugs or medicinal supplies.

Section 3. This act shall take effect July 1, 2021.

Approved by the Governor June 18, 2021.

Filed in Office Secretary of State June 18, 2021.

MEDICAL CONTROL DIRECTIVE 2021-09

DATE: May 21, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Protocol CT24 Interfacility Transport Levels of Care, CCT-CT2 Interfacility Transport Guidelines & CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport**

Effective Date: 0800 hrs. May 26, 2021

- **Protocol CT24 Interfacility Transport Levels of Care - Revised**
  - General formatting updates
  - Sunstar Interfacility Transport Contact Number updated
  - Transport Options – all information updated to currently available options
  - Patient Monitoring and Management Capabilities – revised to align with current practices and capabilities

- **Protocol CCT-CT2 Interfacility Transport Levels of Care – Deleted**
  - CCT-CT2 is deleted

- **Protocol CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport**
  - Protocol title revised to align with current program setup
  - Protocol content – complete revision to align with current practices and capabilities

Attachments:

CT24 Interfacility Transport Levels of Care
CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE

INTERFACILITY TRANSPORT REQUEST PROCEDURE

CALL: 727-582-2001

Sending Facility - Be Prepared to Provide the Following Information	
Facility Name	Patient location - Unit Name, Room and Bed Numbers

State Level of Urgency		
EMERGENCY Lights and Sirens	AS SOON AS POSSIBLE Non-critical: Patient can wait for next available ambulance	SCHEDULED/ROUTINE Non-critical: Specific pick-up time requested

Additional Information Necessary					
1	Patient's name, age & social security number	4	Isolation or Safety Precautions	7	Receiving Physician Name
2	Diagnosis & reason for transport	5	Sending Physician Name	8	Transport Coordinator/Primary RN name & direct telephone number
3	Adjuncts necessary for transport	6	Destination facility name, unit, room/bed		

Transport Options (See over for EMS Levels of Care)			
Pinellas EMS System Transport	**Air Medical Transport**	**Pediatric & NICU Transfers**	**Wheelchair/Stretcher Van**
Critical Care Transport Team Critical Care Paramedic Ambulance	Lifeline1: 727-893-6010	Johns Hopkins/All Children's: 727-767-7337	http://www.pinellascounty.org/publicsafety/transports.html
ALS Ambulance BLS Ambulance	TGH AeroMed: 800-727-1911	St.Joe's/Baycare: 800-277-5437	

Rev. May 2021

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE - CT24

PATIENT MONITORING AND MANAGEMENT CAPABILITIES						
	Airway	**Breathing**	**Circulation (Cardiac)**	**Disability & Drugs**	**Exam**	**Notes**
Mental Health Transport (MHT)	NONE	NONE	NONE	No risk of violence or need for restraints (must be able to ambulate without assistance)	Must be medically cleared by MD/DO, ARNP or PA-C	Staffed with non-medical personnel
Basic Life Support (BLS)	Basic Monitoring & Simple Suctioning Uncomplicated trach monitoring	Basic Monitoring & O_2 (stable flow)	Basic AED	NONE (Peripheral or Central IVs must be capped/not in use)	Triage by Call Taker EMT verifies on arrival	NONE
Advanced Life Support (ALS)	Endotracheal Intubation Complex or continuous suctioning	Advanced monitoring (SpO_2 /$EtCO_2$) & Oxygen (titration) & Ventilatory assistance	Continuous Cardiac Monitoring (transfers to monitored beds, recent ACS, arrhythmia, or another cardiac event)	Standard EMS Medications IV Fluids (NS, LR, D10W only) without pump Seizure Precautions (< 24 hrs or high risk) Pain Management Restraints (Physical and/or Chemical)	Triage by Call Taker Paramedic verifies on arrival	Hospital RN may accompany if no CCP/CCT available
Critical Care Paramedic (CCP)	Same capabilities as ALS Ambulance	Stable Vent (no settings changes ≥ 24 hrs.) Stable Chest Tube (> 48 hrs. old)	Non-monitored Arterial Sheaths	Advanced/Pump Requiring Medications and Infusions (1 channel max) [e.g. Peds IVF, IVF with K+, antibiotics, TPN, PPI's, H2 blockers, anticoagulants, nitroglycerin, vasopressors]	Triage by CCT RN to meet CCP Criteria	Emergency STEMI/STROKE Transfers with: • Stable Airway • Stable BP (>90/<180) • No arrhythmia • 1 infusion max
Critical Care (CCT)	RSI with Video Laryngoscopy Recent/Complicated Trach	Vent Management Chest Tube Management	Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.) Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO) Fetal Monitoring/tocolysis	Advanced Medications (6 channels max) Blood Products	Triage by CCT RN to meet CCT Criteria	CCT RN will assist in triage for appropriateness • High Risk OB (No active labor) Infants > 28 days or 5 Kgs (No Isolette) • Neonatal transports meeting criteria in FL 64J-1.001(11) (12) must use a NICU Transport Team (see over for contact) • ECMO patients must have a facility perfusionist accompanying them

Rev. May 2021

AP3 ACCESSING CRITICAL CARE TEAM (CCT/CCP) INTERFACILITY TRANSPORT

When an interfacility transfer call is received in dispatch, the call taker will determine the appropriate triage level utilizing EMD Cards 45 and 46 in accordance with AD4 and CT24. If CCT or CCP level of care is necessary, the following actions will take place:

1. If triage indicates, the call taker will advise the caller that the transport is above the level of Pinellas County Paramedics and they need to utilize the CCT or CCP for the transport (the caller may request to send their own staff nurse for the transport).
2. The call taker will ascertain requested time of pick up, or if it is "EMERGENCY", "As Soon As Possible", or "Scheduled/Routine" as per CT24.
3. If the call requires the CCT, the SSC will page the CCT with patient information as outlined in the determinant card.
4. If the call is able to be handled by the CCP, the call will be assigned to the appropriate CCP/800 crew. If a CCP/800 crew is unavailable, the call will revert to the CCT.
5. The CCT will acknowledge receipt of the page on Sunstar tac channel Alpha ("A").
6. The CCT RN will call the sending facility to obtain patient report and set pick up time based on other calls holding and severity of patient condition. (the CCT RN will call the facility back as soon as possible on all requests to assure proper triage and response mode)

Patient Selection Criteria for the CCT (Ref. CT24):

- Advanced airway adjunct (i.e., mechanical ventilator, continuous positive airway pressure [CPAP/BiPAP] device, chest tube(s), tracheostomy patient with artificial adjunct or complications)
- Recent/Complicated Trach
- Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.)
- Medicated intravenous line (i.e., infusion(s) requiring accurate mechanical dose regulation such as pressors, antianginal, thrombolytic, antidysrhythmic, anticoagulant, tocolytic, paralytic, volume expander including blood, plasma, platelets, and colloids)
- Mechanical Circulatory Support/Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO)
  - Note: Facility perfusionist is required to accompany ECMO patients
- Trauma patient (interfacility transfer to a state approved trauma center)
- Pediatric patient (Unstable condition, advanced adjunct(s) or requiring transport to specialized pediatric facility)
- Neonatal patient (neonatal patient who ***DOES NOT*** require an isolette or specialized team for transport per FL Administrative Code 64-J)

- Obstetric patient (i.e., high risk, premature labor or requiring transport to a Regional Perinatal Intensive Care Center or facility with obstetric services. OLMC consultation is required if labor is advanced / >6 cm, rapidly progressing/continuing to dilate, or imminent delivery)
- Other patient that sending/receiving physician or the CCT determines has a need for advanced, and/or specialty care, or has the high potential for deterioration during transport.

Specific assigned 800 series ambulance units may be utilized for a patient requiring the following treatments or experiencing the following conditions after triage by a CCT RN:

- Non-monitored arterial sheath
- Stable Vent (no settings changes ≥ 24 hrs.)
- Stable Chest Tube (>48 hrs. old)
- Emergency STEMI/STROKE Transfers with:
    - Stable Airway
    - Stable BP (>90/<180)
    - No arrhythmia
    - 1 infusion max
- Advanced Pump Requiring Medications and Infusions (1 channel max):
    - Pediatric (< 1 yr. old) intravenous fluids
    - Intravenous fluids with potassium, “i.e. Banana Bag”
    - Antibiotics
    - Total parenteral nutrition (TPN)
    - Proton pump inhibitors (PPIs) and H2 blockers
    - Anticoagulants and antiplatelets
    - Nitroglycerin
    - Vasopressors not requiring titration

MEDICAL CONTROL DIRECTIVE 2021-06

DATE: April 6, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services

FROM: Dr. Angus Jameson, EMS Medical Director

RE: Largo Medical Center – Comprehensive Stroke Services

Effective Date: Wednesday, April 7, 2021

Effective 0800 hrs., April 7, 2021, Largo Medical Center Hospital is to be considered a "Comprehensive Stroke Center" destination for a patient meeting criterion per Medical Operations Manual (MOM) Protocol M4 Suspected Cerebral Vascular Accident (CVA).

MEDICAL CONTROL DIRECTIVE 2021-05

DATE: March 30, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services

FROM: Dr. Angus Jameson, EMS Medical Director

RE: MPDS Version Upgrade – Protocol AD2 and AD3 Updates

Effective Date: Wednesday, March 31, 2021

Effective 0800 hrs., March 31, 2021 MPDS Version 13.3 is authorized for use by Pinellas County Emergency Communications and the Sunstar Communications Center.

- Protocol AD2 911 Call Processing and Response Assignment has been revised to reflect MPDS Version 13.3 updates
- Protocol AD3 Medical Priority Dispatch (MPDS) Local Options has been revised to incorporate MPDS Version 13.3 updates

Attachments:

1. Executive Summary – Protocol AD2 911 Call Processing and Response Agreement & AD3 Medical Priority Dispatch (MPDS) Local Options
2. Protocol AD2 911 Call Processing and Response Assignment
3. Protocol AD3 Medical Priority Dispatch (MPDS) Local Options

Executive Summary – Protocol AD2 911 Call Processing and Response Agreement & AD3 Medical Priority Dispatch (MPDS) Local Options

<table>
<tr><th colspan="2">Protocol AD2 911 Call Processing and Response Assignment</th></tr>
<tr><td>Page 2 of 6 911 Call Handling</td><td>International Academies of Emergency Dispatch’s Medical Priority Dispatch System (MPDS), Version 13.2 Changed to Version 13.3</td></tr>
<tr><th colspan="2">Protocol AD3 Medical Priority Dispatch (MPDS) Local Options</th></tr>
<tr><td>Page 1 of 3 Purpose</td><td>Version 13.2 changed to Version 13.3</td></tr>
<tr><td>Page 2 of 3 Protocol 9: Cardiac or Respiratory Arrest/Death</td><td>Added bullet – The ventilations pathway IS AUTHORIZED for use on patients less than eight years old</td></tr>
<tr><td>Page 2 of 3 Protocol 23 Overdose/Poisoning</td><td>The following was removed as part of the Version 13.3 update:

Protocol 23 Overdose / Poisoning
• If the patient is unconscious, Carfentanil is mentioned/identified and Narcan is available:
o Key Question 9a - “Okay, if it’s safe to do so, and without touching her/him with your hands, I want you to give it to her/him now”
▪ Shall be read as - “Okay, if it’s safe to do so I want you to give it to her/him now.”
- Omitting the words “without touching her/him with your hands.”</td></tr>
<tr><td>Page 2 of 3 Protocol 24 Pregnancy/Childbirth/Miscarriage</td><td>The following was removed as part of the revision in the Version 13.3 update:

• In the case of 1st trimester miscarriage (ONLY), the instruction found on Panels F-40 and G-1a to:
o “Tie a string (shoelace) tightly around the umbilical cord, about 6 inches (15 cm) from the baby.
o “Do Not cut it” is NOT AUTHORIZED to be read to the caller.</td></tr>
<tr><td>Page 3 of 3 Protocol 28 Stroke (CVA)</td><td>Six (6) hours is authorized as the amount of time for the “Stroke treatment Window”

was revised to

Twenty-four (24) hours IS AUTHORIZED as the amount of time for the “Stroke treatment Window”</td></tr>
</table>

Page 3 of 3 Aspirin Diagnostic & Instruction Tool	Revised with the following additions: ○ The Call-Taker will omit the words "or medication containing aspirin" and read "Does anyone there have any aspirin available?" • Rule 8: "Use of the Aspirin Diagnostic & Instruction Tool may be considered when a patient reported to be not alert is known to be awake, talking, and responding. Sips of water should only be provided upon patient request." is ***NOT AUTHORIZED*** for use. Aspirin should only be administered to a patient who is alert.

AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

Purpose:

To establish a procedure to ensure that the appropriate response resources are dispatched in the appropriate response modes to 911 requests for assistance received by the Pinellas County EMS System.

Description:

The Pinellas County EMS System responds to a large number of requests for emergency and non-emergency medical assistance every day. To ensure that all requests receive a consistent determination of appropriate response assignment, gathering of information to relay to responders, and pre-arrival medical instructions, a comprehensive and pre-determined system of call classification and triage is necessary.

Definitions:

- "Response Mode" means either an "Emergency Response" (lights and sirens) or a "Downgraded Emergency" response (no lights and sirens).
- "Emergency Response" may be called "HOT" or "Upgraded" and indicates use of lights and sirens.
- "Downgraded Emergency" may be called "COLD" or "Downgraded" and indicates that no lights or sirens are being used.
- "Response Configuration" means First Responder, Ambulance, or both sent to a call for assistance.
- "EMD" means an Emergency Medical Dispatcher certified by the International Academies of Emergency Medical Dispatch.
- "911 Center" means the Pinellas County Regional 911 Center
- "Sunstar Communications" means the Sunstar staff located in the 911 center who perform call taking, dispatching, and System Status Management.
- "911 Dispatcher" means a 911 Center staff member who is performing EMD or radio channel operator function.
- "Medical Priority Dispatch System" or "MPDS" means the International Academies of Emergency Medical Dispatch System that is currently approved for use by Pinellas County EMS.
- "EMD Determinant" means the code assigned to each type of 911 call processed using the MPDS.
- "Unfounded Incident" means an incident that is unable to be located or has no patient able to be found when responders arrive.
- "At Patient" means that a responder has arrived at the patient's side such that patient assessment and care can be initiated.
- "On Scene" means that a responder has arrived at the address or physical location of the incident. In general, this is the time at which the response vehicle is parked.
- "Medical Professional in attendance" means a licensed health care worker that is with the patient and will remain with the patient until arrival of EMS. This classification includes: LPN, RN, ARNP, PA-C, and Medical Physician.

- "Skilled Nursing Facility" means a licensed residential care facility able to be verified as the source of the 911 call by the call taker.

Policy

911 Call Handling

The Pinellas County EMS System shall employ the International Academies of Emergency Dispatch's Medical Priority Dispatch System (MPDS), Version 13.3. From time to time, it may become necessary for the system to amend or modify call handling procedures, interrogation questions, pre-arrival medical instructions, and response configurations because of medical research, local needs, and the evolution of the MPDS via protocol or medical control directive (Ref. AD3 MPDS Local Options).

Unit Assignment

Upon receipt of a 9-1-1/EMS call, Pinellas County Emergency Communications (9-1-1) will process the call and dispatch the appropriate unit(s) by closest available unit regardless of jurisdiction. The Sunstar Communications Center will dispatch the closest available and most appropriate ambulance(s).

911 Call Response Modes

All Pinellas County EMS ALS First Responders and Ambulances will respond to 911 calls for assistance in the following response modes:

MPDS Call Determinant Level	ALS First Responder	ALS Ambulance
Echo	Emergency	Emergency
Delta	Emergency	Emergency
Charlie	Emergency	Emergency
Bravo	Emergency	Emergency
Alpha	Downgraded Emergency	Downgraded Emergency
Omega	Downgraded Emergency	Downgraded Emergency

911 Call Response Configurations

In general, Pinellas County EMS shall assign both an ALS First Responder and an ALS Ambulance to respond to all 911 calls for assistance. The following MPDS Determinants will have a reduced response configuration:

First Responder Only Determinants

Card #	Category	Determinants
2	Allergies (reactions)/Envenomation (stings, bites)	02A01, 02A02
3	Animal Bites/Attacks	03A01, 03A02, 03A03
4	Assault/Sexual Assault/Stun Gun	04A01, 04A02, 04B00, 04B01, 04B02, 04B03
7	Burns (scalds)/Explosion (blast)	07A01, 07A02, 07A03
8	Carbon Monoxide/Inhalation/Hazmat/CBRN	08O01, 08B00, 08B01
9	Cardiac or Respiratory Arrest/Death	09O01, 09B00, 09B01 (a-g, x, y)
16	Eye Problems/Injuries	16A01, 16A02, 16A03
20	Health/Cold Exposure	20A01, 20B00, 20B01, 20B02
22	Inaccessible incident/Other entrapments	22A01
29	Traffic/Transportation incidents	29O01, 29A01
32	Unknown Problem (man down)	32B01, 32B02, 32B03, 32B04

Response Configuration Exceptions

1. 23 Ω may be processed with Poison Information Center consultation prior to dispatching response units (Ref. AD5 Poison Information Center Consultation).

2. Calls received on the 911 line for a patient with a medical professional in attendance at a verified Skilled Nursing Facility unit may have initial dispatch deferred while being processed via MPDS and shipped to Sunstar Communications for an ambulance only response if an alpha level determinant is received. 911 call takers must ensure standard dispatch is initiated immediately upon identifying any priority symptoms.

3. When the response configuration is determined to be a single resource type (e.g. Ambulance only) the following exceptions shall apply:

   a. If the single resource type is predicted to have a likely response time of greater than 20 minutes, the call shall immediately have an additional resource type (e.g. First Responder) assigned.
   b. If during patient assessment or transport, the patient is determined to be Category RED, the treating Paramedic shall use best judgement as to if the best course of action is to initiate/continue transport to the nearest appropriate ED (Ref CS4) or request the assignment of additional ALS resources.

4. From time to time, it may become necessary for the system to amend or modify response configurations due to local needs and circumstances via medical control directive.

Initial Dispatch and Response Mode Determination

All EMS Units will initially respond EMERGENCY to an incident until an EMD Determinant is reached unless noted in exceptions above. The 9-1-1 Dispatcher and the Sunstar SSC will advise responding units of any scene safety information, the primary complaint (chest pain, falls, etc.) and response mode (emergency vs. downgraded emergency). Patient's age, sex, conscious and breathing status may also be relayed as time permits and when appropriate.

The EMD will document additional information obtained during the caller interrogation (medical, scene safety, infection control precautions) in the call notes and will update the response configuration and response mode when the EMD Determinant has been established.

The 911 Dispatcher and Sunstar Communications will advise the responding units of the response determinant over the assigned radio tactical channels or via Mobile Communications Terminal (MCT). Units will alter their response upon receipt of the determinant via radio or MCT message.

Response Mode Coordination

Upon receipt of the response information, First Responder and Ambulance units will monitor and utilize the working Fire Tactical Channel as assigned during response and on-scene operations and will promptly acknowledge upgrades, downgrades, cancellations and requests for locations or estimated time of arrival (ETA). The first arriving ALS (First Responder or Ambulance) unit will advise "On-Scene" and "At Patient" on the working Fire Tactical Channel. BLS Units will advise "On-Scene" and "At-Patient" when they arrive before any ALS unit.

The first arriving ALS or BLS unit shall assess the condition of the patient(s) and scene and rapidly advise other responding units to upgrade or downgrade and request any additional resources needed. The first ALS Unit may cancel other responding units as appropriate after patient assessment. A BLS unit or a law enforcement officer on scene may downgrade but cannot cancel the nearest ALS Unit. At least one licensed/permitted ALS Unit (or BLS Unit with a County Certified paramedic) must arrive to evaluate all patients.

If the Ambulance is the first ALS unit to reach the scene of a motor vehicle crash with all patients refusing EMS evaluation and transport, the Ambulance will downgrade the incoming First Responders and complete the refusal documentation. The Ambulance will not cancel the First Responders. First Responders will continue in non-emergency, await law enforcement, and perform hazard assessment and abatement as necessary. The Ambulance will go available when refusals are completed, and scene is turned over to First Responders. If multiple First Responder units are enroute to the scene, First Responders will use their discretion to cancel other incoming First Response units as appropriate, as long as one First Responder unit continues to the scene

Sunstar Communications staff shall advise ambulance units when they are being assigned as a closer unit at the time of dispatch. When an ambulance is advised that they are being dispatched as a "Closer Unit," they will immediately come up on the Fire Tactical Channel using their portable radio and advise the First Responder unit that they are responding as a closer unit, their response mode, and location/ETA.

When responding with the First Responder to a fire incident, Ambulances are to respond non-emergency unless requested emergency by the incident commander or pre-arrival information indicates possible or known patients at the scene. Ambulances will not prompt Command for an assignment or staging location.

Staging

When responding to volatile, violent or unsecured incidents requiring staging, First Responder or Ambulance units will respond emergency to the staging location unless their ETA to the staging location is less than five minutes; or another ALS unit has arrived at the staging location; or the call has been downgraded by EMD. If the scene is cleared by law enforcement while enroute non-emergency, the unit may then upgrade if necessary. (Ref AD5 Staging)

Units Self-Altering Response Mode

First Responders, Ambulances, and other Pinellas County EMS System personnel responding to requests for assistance may deviate (upgrade or downgrade) from the response determinant at their discretion as conditions dictate (e.g. staging, scene hazards, weather, heavy traffic, or additional patient information). All response mode deviations will be relayed to the appropriate 9-1-1 working tactical dispatcher and documented in the "notes" of the call. This is a mandatory reporting requirement. First Responder and Ambulance Units may not order the upgrade or downgrade of any other responding units until they are physically with the patient and completed a primary patient assessment.

Cancellation Enroute

A Pinellas County EMS unit must continue to the scene of every 911 request for service and determine the need for EMS firsthand. An EMS response shall not be cancelled by the general public or law enforcement.

"Unfounded" Incidents

"Unfounded" Incidents shall be investigated with the highest degree of diligence (e.g. thorough search of the reported incident location and perimeter, forced entry consideration, call back attempts to the location by either the Sunstar Communications Center or 9-1-1, confirmation of CAD information, etc.). The first arriving EMS unit at the dispatched scene location will advise 9-1-1 or the Sunstar Communications Center of all efforts made to locate the patient and reason for cancellation of EMS units as applicable.

Calls to 911 Requesting Services Other Than an Emergency Medical System Response

1. "Request for Information" (medical related)
   The EMD will process the incident with the MPDS. If the caller refuses EMS response, the EMD may advise the caller of other options (e.g. ER, immediate care clinic, call their physician, etc.). EMD will document all information in CAD. EMD's may not give patient care instructions outside of the MPDS protocols, or above a BLS level of care (e.g. stingray treatment with hot water, bleeding control, etc. are acceptable, but medication administration is not.)

2. Request for Poison Information - Reference Protocol AD5.

3. Request for Directions

   If a caller is requesting directions to a care facility, the EMD will provide the caller with the option of an EMS response to their vehicle if they will stop. If the caller refuses to stop, EMD may give the requested information to the caller. EMD will document all information in CAD.

AD3 MEDICAL PRIORITY DISPATCH (MPDS) LOCAL OPTIONS

Purpose

To define the local options authorized for use with Version 13.3 of the Medical Priority Dispatch System (MPDS).

Description:

The Pinellas County EMS System processes calls for service using the MPDS System. Certain protocols within the system allow for the local EMS Medical Director to specify options. Additionally, the local EMS Medical Director may alter specific parts of the system as deemed necessary. This directive applies only to call processing/dispatching and not to the care provided at the side of a patient.

Policy:

Protocol 1: Abdominal Pain/Problems

- When a call-taker codes a call with the determinate 1-A-2 Non-Traumatic testicle or groin pain (male) they are to upgrade the call to a 1-C-O for emergency response.

Protocol 2: Allergies (Reactions) Envenomation (Stings, Bites)

- Panel 7 (P7) Expired injector Kit:
  - *DO NOT* read the first paragraph of instructions, “It is common to have an expired kit, which may be discolored or have particles in it. Out-of-date injectors can still contain significant amounts of adrenaline (epinephrine) that can help her/him.)
  - *DO NOT* read the second paragraph of instructions, “(They just might not be as strong.)”
  - *DO NOT* read third paragraph of instructions, “Unless you have another one immediately handy, we advise you to use this one now.”

Protocol 9: Cardiac or Respiratory Arrest/Death

- The following criteria ***ARE AUTHORIZED*** to be defined as "Obvious Death":

A - Cold and Stiff in a warm environment	D - Incineration
B - Decapitation	E - Non-Recent Death (6 hours or more)
C - Decomposition	F - Severe Injuries obviously incompatible with life

- The following criteria ***ARE AUTHORIZED*** to be defined as "Expected Death":

Note: Pinellas County EMS responds on all Expected Death calls (Ref. AD1)

X - Terminal Illness	Y - Do Not Resuscitate Order (DNR)

- The "C Only - Continuous compressions until responder arrival" as the "Cardiac Arrest Pathway" ***IS AUTHORIZED***.

- The ventilations pathway ***IS AUTHORIZED*** for use on patients less than eight years old

- The Call-Taker is not to abort the Pre-Arrival instructions in the event an expected death situation is discovered. The call taker is to remain in the pre-arrival instruction panel until EMS arrives on scene. If the caller refuses to perform CPR, do not attempt to force him/her to do it. Proceed to the unstable patient panel and remain on the line with the caller.

Protocol 24 Pregnancy/Childbirth/Miscarriage

- The "OMEGA Referral" for "Waters Broken" is ***NOT AUTHORIZED***.
  - Pinellas County EMS responds on all Pregnancy/Childbirth/Miscarriage calls.

- On Panel F-23 Breech delivery: The call-taker will add the words "or pull" and read line 1 of the panel as follows:
  - "*Do not touch or pull the baby. The mother should be able to deliver this way.*"

- In the case of a *Still Birth (non-viable baby born)* as defined by the EMD protocol, the instruction found in G-2-Wrap Fetus (and afterbirth):
  - "*I'm very sorry. There's **nothing** we can do for the baby*" is ***NOT AUTHORIZED*** to be read to the caller.

- The ***HIGH-RISK*** Complications List found in the Additional Information (AI) section under Protocol 24 ***IS AUTHORIZED*** in its entirety with the following addition "A physician has told you that you are ***HIGH-RISK***".

Protocol 28 Stroke (CVA)

- Twenty-four (24) hours ***IS AUTHORIZED*** as the amount of time for the "Stroke treatment Window"

Stroke Diagnostic Tool

- The Stroke Diagnostic Tool is to be used only after the SEND point has been reached and sent, by ProQA or only after an EMD determinant has been reached and sent via use of the card set (post-dispatch)

Aspirin Diagnostic & Instruction Tool

- Aspirin administration ***IS AUTHORIZED*** in patients presenting to EMS with chest pain or heart attack symptoms per MPDS criteria.
- Aspirin (ASA) is the only approved medication for the EMD to advise to administer.
  - The other medications listed on the "Aspirin-Containing Medication" list found in the "Additional Information (AI)" section of the "Aspirin Diagnostics and Instructions" are ***NOT AUTHORIZED*** for use.
  - The Call-Taker will omit the words "or medication containing aspirin" and read "Does anyone there have any aspirin available?"
- Rule 8: "Use of the Aspirin Diagnostic & Instruction Tool may be considered when a patient reported to be not alert is known to be awake, talking, and responding. Sips of water should only be provided upon patient request." is ***NOT AUTHORIZED*** for use. Aspirin should only be administered to a patient who is alert.

Case Exit

- The new CEI (Critical EMD Information) is not to be followed on the Universal Instructions section on Protocol X, "Sips of water may be permitted for alert patients who request it when climate and/or prolonged response times are an issue."

MEDICAL CONTROL DIRECTIVE 2021-03

DATE: February 23, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Medical Operations Manual Section CS19 Revisions**

Effective Date: February 24, 2021

- This Medical Control Directive updates multiple areas of CS19:

Protocol	Revisions
Protocol CS19 Standardized Response Gear Inventory	• Updated references in the "Required Medical Equipment" section
Protocol CS19.2 PCEMS BLS Response Bag - Administrative	• Revision date updated to reflect February 2021 • Removed safety glasses due to the change in the system to individually issued goggles • Removed reference to specific brand of N95 respirator • Added clear vinyl pouch for N95 respirator and surgical masks • Added Clear Plastic 2 Part Hard Case for Storage and Protection of 1" & 2" Adhesive Bandages • Updated 1" Silk Tape labeling to reflect it is single patient use • Emesis Bag par level increased to 2

Protocol	Revisions
Protocol CS19.3 PCEMS BLS Response Bag – Operational	• Revision date updated to reflect 2/17/21 • Updated 1” Silk Tape labeling to reflect it is single patient use • 1” Silk Tape par level increased to 3 • Added information that the color of the self-adherent tape may vary • Removed reference to specific brand of N95 respirator • Added clear vinyl pouch for N95 respirator and surgical masks • Deleted the Handtevy Medication and Equipment Guidebook
Protocol CS19.4 PCEMS ALS Airway Response Bag	• Removed “Salem Sump” as this term is brand specific
Protocol CS19.6 PCEMS ALS Medical Response Bag	• Baby Aspirin changed to Chewable Aspirin • Chewable Aspirin changed to an inventory of 1 bottle • Added Administration Spoon (individually wrapped) – Chewable Aspirin with an inventory of 3 to the Medication Kit • Par level of the 1 mL and 3 mL Vanishpoint Safety Syringes revised to 3 of each in the Syringe Kit • Par level of the 18g x 1.5” blunt fill needle with filter revised to 4 in the Syringe Kit • Inventory of the 20 mL and 10 mL syringes moved from the Syringe Kit to the Sodium Bicarb Kit
Protocol CS19.7 ALS Handtevy Pediatric Response Bag	• Personal Protection Kit removed from the exterior inventory • Salem Sump Anti Reflux Valve removed • Removed “Salem Sump” as this term is brand specific
Protocol CS19.8 Philips MRx Monitor/Defibrillator	• Removed the display cover as required inventory • Revised the disposable pulse oximetry sensor to single use pulse oximetry sensor with a par level of 1 each size range. This is due to ongoing backorders with the Philips specific product. • Clarified the QCPR meter adhesive pad inventory par level
Protocol CS19.12 PCEMS Personal Protective Equipment (PPE)	• Revised to align with current practices and equipment that has been issued to individual clinicians

Protocol	Revisions
Protocol CS19.14 Vehicle Reserve Inventory	• Reduced the par level of the 1 mL & 3 mL Vanishpoint Safety Syringes to 3 of each size • Reduced Adenosine Par Level to 3 • Reduced Methylprednisolone Sodium Succinate Par Level to 1 • Revised Baby Aspirin information to reflect new bottle format • Added Administration Spoon – Aspirin to ambulance inventory

- Attachments
  - All protocols referenced

CS19 STANDARDIZED RESPONSE GEAR INVENTORY

Required Medical Equipment

This protocol defines the required medical equipment and supplies for each type of response unit in the Pinellas County EMS System in accordance with Florida rules and state approved local substitutions (Ref. AD15). Where equipment has local configuration options, those are established separately in administrative protocol (Ref. AD16, AD16.1 and AD16.2).

Standardization of Equipment

All front-line units shall utilize standardized medical bags and inventories to promote patient safety.

Unauthorized Equipment

Patient care items (medical equipment, medical supplies, medications, monitors, defibrillators, or any other medical device or equipment, etc.) may not be carried or employed by Certified Professionals in the Pinellas County EMS System while on duty unless specifically authorized in this protocol.

Required Equipment by Unit Type

	BLS Ambulance	ALS Ambulance	BLS Fire - Engine, Squad, Truck, Pumper, Utility	ALS Fire - Medic Unit, Squad, Truck, Pumper or Engine	ALS Fire - Transport Capable Rescue
BLS Airway	✓		✓		
ALS Airway		✓		✓	✓
Trauma		✓		✓	✓
Medical		✓		✓	✓
Handtevy		✓		✓	✓
Major Trauma			✓	✓	✓
Suction	✓	✓	✓	✓	✓
PPE	✓	✓	✓	✓	✓
Documentation	✓	✓	✓	✓	✓
Supplies	✓	✓	✓	✓	✓

CS19.2 PCEMS BLS RESPONSE BAG - ADMINISTRATIVE

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Golden Hour - Orange			
Main - Lid - Exterior Zipper			
Item Name	Qty Rqd	Qty Present	Exp Date
Trauma Shears	2		
Emesis Bag	2		
10”x 30” Trauma Dressing	1		
7.5 sterile gloves (pair)	1		
8.5 sterile gloves (pair)	1		
Main - Lid - Interior Zipper Pocket			
Cold Pack	1		
Moldable Aluminum Splint	1		
5”x 9” ABD Gauze Pad	1		
Main - Interior			
M6 portable oxygen cylinder bracket	1		
M6 portable oxygen cylinder (min.1000 psi)	1		
Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20 and 25 liter flow settings	1		
BVM Module	See separate inventory		
Adult Non-rebreather Mask	1		
Adult BP Cuff	1		
Adult/Pediatric Sprague Rappaport Stethoscope	1		
Internal Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Infant Mask	1		
Child Mask	1		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 40 mm, 50 mm, 60 mm, 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
Main - Interior - Lower Access - Interior Left Elastic Net			
Adult Nasal Cannula	1		
Main - Interior - Lower Access - Interior Right Elastic Net			
RESERVED FOR FUTURE USE			

Left Exterior Pocket - Interior Zipper Pocket			
Item Name	Qty Rqd	Qty Present	Exp Date
Hand Sanitizing Wipe	5		
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Small Biohazard Waste Bag	1		
Left Exterior Pocket - Interior Left Net			
3” Silk Tape	1		
1” Silk Tape	3		
Left Exterior Pocket - Interior Right Net			
4” Elastic Bandage	1		
4” Roll Gauze	2		
Right Exterior Pocket - Interior Zipper Pocket			
Hyfin Vent Chest Seal (2 pack)	1		
Combat Application Tourniquet (CAT), Orange	2		
Right Exterior Pocket - Interior Left Net			
4” Emergency Trauma Dressing (ETD)	2		
Right Exterior Pocket - Interior Right Net			
4”x 4” Gauze, Sterile (2 pack)	5		
3”x 4” Non-adherent Dressing, Sterile	10		
1” Band-Aid	10		
2” Band-Aid	10		

CS19.3 PCEMS BLS RESPONSE BAG - OPERATIONAL

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Custom Breather - Orange			
Exterior Main – Lid Net			
Item Name	Qty Rqd	Qty Present	Exp Date
Emesis Bag	4		
Exterior Main - Interior			
Trauma Shears	1		
Adult/pediatric Sprague Style Stethoscope	1		
Penlight	1		
Bandage Shears	1		
Exterior Main - Interior Net			
Infant Blood Pressure Cuff	1		
Child Blood Pressure Cuff	1		
Adult Blood Pressure Cuff	1		
Large Adult Blood Pressure Cuff	1		
Finger Pulse Oximeter with lanyard (in 1010 hard case)	1		
Pelican 1010 Case	1		
Left Exterior Pocket – Interior Left Net			
CAT (orange)	2		
Hyfin Vent Chest Seal (two pack)	1		
Left Exterior Pocket – Interior Right Net			
Emergency Trauma Dressing (ETD)	2		
3” Tape	1		
Left Exterior Pocket – Interior Zipper Pocket			
5” x 9” ABD	4		
1” Self-Adherent Tape	1		
1” Silk Tape	3		
10” x 30” Trauma Dressings	2		
Right Exterior Pocket – Interior Left Net			
Infant Simple Mask	1		
Pediatric NRBM	1		
Pediatric Nasal Cannula	1		
Right Exterior Pocket – Interior Right Net			
Adult Nasal Cannula	2		
Adult Non-rebreather Mask	1		

Right Exterior Pocket - Zippered Pocket			
Item Name	Qty Rqd	Qty Present	Exp Date
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Small Biohazard Waste Bag	2		
Hand Sanitizing Wipe (brand may vary)	10		
Interior Main - Lid - Right Zipper Pocket			
Moldable Padded Aluminum Splint	1		
Interior Main - Lid - Left Zipper Pocket			
OB Kit	1		
Interior Main			
M6 portable oxygen cylinder bracket	1		
M6 portable oxygen cylinder (min. 1000 psi)	1		
Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20 and 25 liter flow settings	1		
Pinellas County EMS Pediatric BLS Reference *(pending)*	1		
BVM module	See separate inventory		
PEDIATRIC module	See separate inventory		
UNMARKED module	See separate inventory		
Trauma #1	See separate inventory		
Trauma #2	See separate inventory		
Internal Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
NPA 22 Fr, 24 Fr, 26 Fr, 28 Fr, 30 Fr (each size)	1		
Lubricating jelly (unit pack)	5		
Internal Main - PEDIATRIC Module			
Pediatric BVM resuscitator with child, infant and neonate masks and filter	1		
Bulb Syringe	1		
Handtevy Length Based Tape	1		
Interior Main - PEDIATRIC Module - Lid Zipper Pocket			
OPA 40 mm, 50 mm, 60 mm, 80 mm (each size)	1		
NPA 12 Fr, 14 Fr, 16 Fr, 18 Fr, 20 Fr (each size)	1		
Lubricating jelly (unit pack)	5		
Internal Main - UNMARKED Module			
Water for Irrigation, 250 mL, Sterile	2		
Ring Cutter	1		
Glucose Gel 15g (in plastic container)	2		
Narcan Nasal Kit - Two Pack Kit (4 mg each)	1		
Glucometer Kit	See separate inventory		
Internal Main - Glucometer Kit			
Glucometer (Bayer Contour)	1		
Glucometer test strips (must be kept in original bottle and must retain bottom of external packaging for initial and monthly quality control testing info)	1 bottle		
Lancets	5		
Alcohol prep pads	10		
Internal Main - UNMARKED - Zippered Lid			
Single Use Sharps Container	1		
2" Band-Aid (in plastic hard case)	5		
1" Band-Aid (in plastic hard case)	5		
Alcohol Prep Pad (in plastic hard case)	4		
Plastic Storage Box (2 part)	1		

Internal Main - TRAUMA #1			
3"x4" Non-adherent Dressing	10		
4"x4" Gauze Pad (2 pack)	5		
4" Elastic Bandage	2		
4"x4" Gauze Pad, Non-sterile	Stack		
4" Roll Gauze	2		
Internal Main - TRAUMA #2			
Item Name	**Qty Rqd**	**Qty Present**	**Exp Date**
Hot Pack	1		
Cold Pack	1		
Small Arm Sling	1		
Large Arm Sling	1		

CS19.4 PCEMS ALS AIRWAY RESPONSE BAG

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Bag			
Statpack Custom Breather - Green			
Left Exterior Pocket - Interior Left & Right Net			
Item Name	Qty Rqd	Qty Present	Exp Date
Adult nasal cannula (2 per net)	4		
Left Exterior Pocket - Zipper Pocket			
Adult non-rebreather mask	2		
Right Exterior Pocket - Interior Left Net			
Infant mask for bag valve device	1		
Child mask for bag valve device	1		
Right Exterior Pocket - Interior Right Net			
Adult aerosol mask	1		
Right Exterior Pocket - Center			
Nebulizer setup (Nebutech)	2		
Right Exterior Pocket - Zipper Pocket			
Small biohazard waste bag	2		
Large biohazard waste bag	1		
Hand sanitizing wipe	10		
N95 Respirator & Surgical Mask (in clear vinyl zipper pouch)	2 ea.		
Exterior Main - Inside of Lid			
Emesis bags	4		
Penlight	2		
Exterior Main - Interior			
Adult/Pediatric (Sprague style) stethoscope	1		
Adult BP cuff (manual)	1		
Large adult BP cuff (manual)	1		
Trauma shears	1		
Interior Main - Lid - Left Zipper Pocket			
18 Fr Orogastric tube	2		
60 mL syringe with catheter tip	2		
Interior Main - Lid - Right Zipper Pocket			
Size 3 King LTS-D airway	1		
Size 4 King LTS-D airway	1		
Size 5 King LTS-D airway	1		
60 mL luer-lock syringe	2		
Adult tube holder	1		

Item Name	Qty Rqd	Qty Present	Exp Date
Interior Main			
M6 portable oxygen cylinder (min. 1000 psi)	1		
M6 portable oxygen cylinder bracket	1		
Gauge Bumper - RED = Fire GREEN = Ambulance — Portable oxygen regulator w/2, 4, 6, 8, 10, 15, 20, 25-liter flow settings	1		
CPAP module	See separate inventory		
BVM module	See separate inventory		
Intubation module	See separate inventory		
Interior Main - BVM Module			
Adult BVM resuscitator with adult mask and filter	1		
Adult/Pediatric EtCO2 filterline set	2		
Interior Main - BVM Module - Lid Zipper Pocket			
OPA 80 mm, 90 mm, 100 mm, 110 mm (each size)	1		
NPA 22Fr, 24Fr, 26Fr, 28Fr, 30Fr (each size)	1		
Lubricating jelly (unit packs)	5		
Interior Main - CPAP Module			
Large Adult CPAP setup	1		
Child CPAP setup	1		
Interior Main - CPAP Module - Lid Zipper Pocket			
Tee adapter	2		
Superset with mask elbow adapter	2		
Interior Main - Intubation Module - Lid			
Medium laryngoscope handle - disposable	1		
10 mL luer-lock syringe	2		
Lubricating jelly (unit packs)	3		
Mac 3 laryngoscope blade	1		
Mac 4 laryngoscope blade	1		
Interior Main - Intubation Module - Center			
Adult tube holder	1		
6.0 ET tube (cuffed with stylet)	1		
7.0 ET tube (cuffed with stylet)	1		
7.5 ET tube (cuffed with stylet)	1		
8.0 ET tube (cuffed with stylet)	1		
8.5 ET tube (cuffed with stylet)	1		
Interior Main - Intubation Module - Secondary Pocket			
Adult Magill forceps	1		
Penlight laryngoscope handle - disposable	1		
10 mL luer-lock syringe	2		
Lubricating jelly (unit packs)	3		
Miller 3 laryngoscope blade	1		
Miller 4 laryngoscope blade	1		
Pocket Bougie	1		
Interior Main - Intubation Module - Secondary Pocket - Lid			
Scalpel (safety)	2		
Kelly curved forceps	2		

CS19.6 PCEMS ALS MEDICAL RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Item Name	Qty Rqd	Qty Present	Exp Date
Bag			
Statpack G3 Perfusion - Blue			
Top Exterior Pocket - Center - Glucometer Kit			
Glucometer (Bayer Contour)	1		
Glucometer test strips (must be kept in original bottle and must retain bottom of external packaging for initial and monthly quality control testing info)	1 bottle		
Lancets	10		
1" Band-Aids	10		
Alcohol prep pads	10		
Top Exterior Pocket - Interior Left Net			
Oral glucose gel	2		
INCIDENT NUMBER OF USE OR INCIDENT REPORT NECESSARY FOR REPLACEMENT Glucagon (Glucagen)	1		
Top Exterior Pocket - Interior Right Net - Naloxone Kit			
Naloxone 2 mg/2 mL prefilled	2		
Mucosal atomization device (MAD)	2		
Pelican 1015 Case	1		
Top Exterior Pocket - Lid Zippered Pocket			
Dextrose 10% in Water - 250 mL	1		
20 gtt (Macro) IV drip set	1		
Left Exterior Pocket - Center			
IV Start Kit	3		
Left Exterior Pocket - Interior Left Net			
20 gtt (macro) IV drip set	1		
Tourniquet (loose) - IV start	3		
4" x 4" gauze (2 per pack), sterile	10		
1" Silk Tape (roll - single patient use)	1		
1" Self-Adherent Tape (roll - single patient use - color may vary)	1		
Left Exterior Pocket - Interior Right Net			
16 g IV catheter	2		
18 g IV catheter	4		
20 g IV catheter	4		
22 g IV catheter	4		
4" Roll Gauze, sterile	1		

Left Exterior Pocket - Zipper Pocket			
Item Name	Qty Rqd	Qty Present	Exp Date
0.9% Sodium Chloride, 1000 mL	1		
0.9% Sodium Chloride, 10 mL, prefilled syringe	3		
Right Exterior Pocket - Center			
EZIO driver w/ trigger guard (replace if battery indicator light flashing)	1		
Right Exterior Pocket - Interior Left Net			
20 gtt (macro) IV drip set	1		
INCIDENT NUMBER OF USE OR INCIDENT REPORT NECESSARY FOR REPLACEMENT 45 mm EZIO needle set	2		
EZIO Stabilizer	1		
Right Exterior Pocket - Interior Right Net			
INCIDENT NUMBER OF USE OR INCIDENT REPORT NECESSARY FOR REPLACEMENT 25 mm EZIO needle set	2		
EZIO Stabilizer	1		
Right Exterior Pocket - Zipper Pocket			
0.9% Sodium Chloride, 1000 mL	1		
Pressure infusion bag, 1000 mL	1		
0.9% Sodium Chloride, 10 mL, prefilled syringe	3		
Top Center Interior Pocket			
Controlled Substance Box - Complete	Reference separate inventory		
Top Center Interior Pocket - Lid Zipper Pocket			
RESERVED FOR FUTURE USE	N/A		
Lower Center Interior Pocket - Upper Level			
Calcium Chloride 1 g/10 mL prefilled syringe	2		
Atropine Sulfate 1 mg/10 mL prefilled syringe	2		
Sodium Bicarbonate 50 mEq/50 mL prefilled syringe (if unavailable reference Sodium Bicarb Kit)	2		
Epinephrine 1 mg/10 mL (0.1 mg/mL) prefilled syringe (if unavailable reference Epinephrine 1 mg/mL - 1 mL vial kit)	6		
Lidocaine 100 mg/5 mL (if unavailable reference Lidocaine vial kit)	2		
Adenosine Kit #1 (1 - 6 mg/2 mL prefilled syringe or vial & 3 Way Stopcock)	1		
Adenosine Kit #2 (2 - 6 mg/2 mL prefilled syringes or vials)	1		
Lower Center Interior Pocket - Lower Level			
Medication Kit	See separate inventory		
Syringe Kit	See separate inventory		
Infusion Kit	See separate inventory		
Sodium Bicarb Kit (if prefilled unavailable)	See separate inventory		
Medication Kit			
Flambeau 6747TE (T4007) Box	1		
Ondansetron 4 mg ODT (unit dose)	2		
Ondansetron 4 mg/2 mL (prefilled syringe)	2		
Diphenhydramine 50 mg/1 mL (prefilled syringe or vial format)	2		
Epinephrine 1 mg/mL - 1 mL vial	2		
Amiodarone 150 mg/3 mL	3		
Methylprednisolone Sodium Succinate 125 mg/2 mL	2		
Nitroglycerin Aerosol Spray 0.4 mg/spray (Replace when liquid level is below site hole)	1 bottle		
Administration Spoon (individually wrapped) - Chewable Aspirin	3		
Chewable Aspirin 81 mg	1 bottle		
Ipratropium Bromide 0.5 mg/2.5 mL (unit dose)	2		
Albuterol Sulfate 2.5 mg/3 mL (unit dose)	4		

Item Name		Qty Rqd	Qty Present	Exp Date
Medication Kit (cont.)				
Diltiazem 25 mg/5 mL	*Date deployed________________ MAX OF 30 DAYS OUT OF REFRIGERATION*	1		
Norepinephrine 4 mg/4 mL		1		
Syringe Kit				
Flambeau 6747TE (T4007) Box		1		
1 mL Vanishpoint (safety syringe)		3		
3 mL Vanishpoint (safety syringe)		3		
3 mL syringe (luer lock)		2		
1 mL syringe (luer lock)		2		
Alcohol prep pad		10		
3-way stopcock		2		
18 g x 1.5” blunt fill needle with filter		4		
Infusion Kit				
Flambeau 6734TE (T4000) Box		1		
Medication “ADD” label		4		
Stat2 Pumpette 60 gtt (micro) IV drip set with flow controller		1		
Dextrose 5% in Water - 100 mL		1		
Magnesium Sulfate 2 g/50 mL (premixed)		2		
Sodium Bicarb Kit				
Flambeau 6734TE (T4000) Box		1		
Sodium Bicarbonate 50 mEq/50 mL (vial)		2		
60 mL Luer Lock Syringe		2		
20 mL Luer Lock Syringe		2		
10 mL Luer Lock Syringe		2		
18g x 1.5” Blunt Fill Needle with Filter		2		
Lower Center Interior Pocket - Lid Zipper Pocket				
Trauma shears		1		
Individual sharps container		2		
Small biohazard waste bag		2		
Large biohazard waste bag		1		
Controlled Substance Box				
Seahorse 120 Black with Cyberlock (CL-C5N)				
Controlled substance content shield (PCEMS)		1		
Etomidate 40 mg/20 mL		2		
Midazolam 5 mg/1 mL (vial or prefilled syringe)		4		
Fentanyl 100 mcg/2 mL (vial or prefilled syringe)		4		

CS19.7 PCEMS ALS HANDTEVY PEDIATRIC RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Lid – Exterior (xsmall pocket)			
Item Name	Qty Rqd	Qty Present	Exp Date
Handtevy length-based tape	1		
Lid – Exterior (small pocket)			
Pediatric aerosol mask	1		
Infant simple face mask	1		
Pediatric EtCO2 cannula	2		
Pediatric nasal cannula	1		
Child non-rebreather mask	1		
Trauma shears	1		
Lid – Exterior (large pocket)			
OB kit	1		
Bulb syringe	2		
60 mL syringe with catheter tip	1		
6.5 sterile gloves (pair)	1		
7.5 sterile gloves (pair)	1		
8.5 sterile gloves (pair)	1		
Lid – Interior			
4” Roll gauze (pocket #1)	2		
Non-adherent tape (pocket #2)	1		
1” Silk Tape (pocket #3)	1		
3-Way Stopcock (pocket #4)	3		
Penlight laryngoscope handle (disposable – pocket #5)	1		
Neo/Infant EtCO2 Filterline Set (pocket #5)	2		
Child/Adult EtCO2 Filterline Set (pocket #5)	2		
Pediatric Magill Forceps (pocket #7)	1		
Needle Cricothyrotomy Kit (pocket #7)	2		
Main Bag – Interior Right Side			
Adult/Pediatric (Sprague style) stethoscope	1		
Pediatric ET tube holder	2		
Pediatric BVM resuscitator with neonate, infant and child masks and filter	1		
Infant (labeled “CHILD”) BP cuff (manual)	1		
Child (labeled “SMALL ADULT”) BP cuff (manual)	1		

Main Bag - Interior Bottom			
JumpSTART triage/FACES reference sheet (laminated)	2		
Main Bag - Interior Left			
Moldable padded aluminum splint	1		
Pinellas County Handtevy EMS Medication/Equipment Guidebook - Revision 1.1 05/2015	1		
9 - 13-Year-Old Patient Care Pouch	See separate inventory		
7 - 8-Year-Old Patient Care Pouch	See separate inventory		
5 -6-Year-Old Patient Care Pouch	See separate inventory		
3 - 4-Year-Old Patient Care Pouch	See separate inventory		
2-Year-Old Patient Care Pouch	See separate inventory		
1 Year Old Patient Care Pouch	See separate inventory		
Under 1 Year Old Patient Care Pouch	See separate inventory		

Under 1 Year Old Patient Care Pouch			
Item Name	Qty Rqd	Qty Present	Exp Date
2.5 mm ET tube (uncuffed)	1		
3.0 mm ET tube (cuffed)	1		
Miller “0” laryngoscope blade	1		
Miller “1” laryngoscope blade	1		
40 mm OPA	1		
50 mm OPA	1		
12 Fr NPA	1		
14 Fr NPA	1		
6 Fr suction catheter	1		
8 Fr suction catheter	1		
22 g IV catheter	1		
24 g IV catheter	1		
6 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		
1-Year Old Patient Care Pouch			
3.5 mm ET tube (cuffed)	1		
Miller “1” laryngoscope blade	1		
60 mm OPA	1		
16 Fr NPA	1		
18 Fr NPA	1		
10 Fr suction catheter	1		
20 g IV catheter	1		
22 g IV catheter	1		
24 g IV catheter	1		
6 Fr Salem Sump OG tube	1		
Salem Sump anti-reflux valve	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		

2-Year Old Patient Care Pouch			
4.0 mm ET tube (cuffed)	1		
Miller "2" laryngoscope blade	1		
60 mm OPA	1		
20 Fr NPA	1		
10 Fr suction catheter	1		
18 g IV catheter	1		
20 g IV catheter	1		
22 g IV catheter	1		
6 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		
3 - 4-Year-Old Patient Care Pouch			
4.5 mm ET tube (cuffed)	1		
Miller "2" laryngoscope blade	1		
60 mm OPA	1		
22 Fr NPA	1		
10 Fr suction catheter	1		
18 g IV catheter	1		
20 g IV catheter	1		
22 g IV catheter	1		
12 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		
5 - 6-Year-Old Patient Care Pouch			
Item Name	Qty Rqd	Qty Present	Exp Date
5.0 mm ET tube	1		
Miller "2" laryngoscope blade	1		
Mac "2" laryngoscope blade	1		
60 mm OPA	1		
80 mm OPA	1		
24 Fr NPA	1		
10 Fr suction catheter	1		
18 g IV catheter	1		
20 g IV catheter	1		
12 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		

7 - 8-Year-Old Patient Care Pouch			
5.5 mm ET tube (cuffed)	1		
6.0 mm ET tube (cuffed)	1		
Miller “2” laryngoscope blade	1		
Mac “2” laryngoscope blade	1		
80 mm OPA	1		
26 Fr NPA	1		
10 Fr suction catheter	1		
18 g IV catheter	1		
20 g IV catheter	1		
18 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		
9 - 13-Year-Old Patient Care Pouch			
6.0 mm ET tube	1		
7.0 mm ET tube	1		
Miller “3” laryngoscope blade	1		
Mac “3” laryngoscope blade	1		
80 mm OPA	1		
26 Fr NPA	1		
10 Fr suction catheter	1		
12 Fr suction catheter	1		
18 g IV catheter	1		
20 g IV catheter	1		
18 Fr Orogastric tube	1		
10 mL syringe (luer-lock)	1		
Lubricating jelly pack	3		

CS19.8 PCEMS PHILIPS MRX MONITOR/DEFIBRILLATOR (ALS)

Serial #______________ Asset Tag #______________

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Device (inventory looking at the device screen)					
Item Name		Qty Rqd	Qty Present	Exp Date
Printer paper- roll (in printer)		1		
Philips MRx black soft case with shoulder strap (attached)		1		
Philips lithium battery Serial #________________________		1		
Philips lithium battery Serial #________________________		1		
Left External Pouch				
All cables labeled with matching serial number	Chest lead wire set	1		
	Limb lead wire set (pre-attached to main monitoring trunk cable)	1		
	Main monitoring trunk cable	1		
Pulse oximeter sensor – boot style (reusable)		1		
Adult long NIBP cuff (pre-attached to NIBP hose)		1		
NIBP hose		1		
Left External Pouch – Inside of Lid				
Adult EtCO2 nasal cannula (one per net pocket)		2		
Rear Pouch - Exterior				
ECG monitoring electrode (packaging may vary)		30		
Rear Pouch - Interior				
Printer paper – roll		1		
Prep razor (safety)		2		
Single Use pulse oximetry sensor (infant)		1		
Labeled with serial number that matches all monitoring cables	Pulse oximetry extension cable (for use with disposable pulse oximetry sensor)	1		
70% Isopropyl Alcohol (4 oz. bottle)		2		

Right External Pouch			
Item Name	**Qty Rqd**	**Qty Present**	**Exp Date**
QCPR meter	1		
Therapy/QCPR meter cable	1		
Therapy/QCPR meter cable safety cover	1		
QCPR adhesive pads in protective bag (1 pre-attached to QCPR meter)	Max of 3 (individual pads)		
Adult/pediatric (greater than 10 kg) multi-function hands free therapy pads)	2 sets		
Right External Pouch - Inside of Lid			
Adult/Pediatric EtCO2 filter line set	2		
Right Side of Carry Handle			
Pit Crew Clinical Tool (attached to device)	1		

CS19.12 PCEMS Personal Protective Equipment (PPE)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

PPE Respirator (full-face) Kit (ALS & BLS) - ID #___________________

Pinellas County EMS Storage Bag		
Item Name	Qty Rqd	Qty Present
Pinellas County EMS Mask Kit Bag (optional for individual use)	N/A	N/A
Safety Goggles (issued per person)	1 pair	
Moldex 9000 Series Full Face Respirator - (issued per person - appropriate fitted size per clinician)	1 per person	
Protective Bag - Moldex 9000 Series Full Face Respirator	1 per person	
Moldex 7999 Filter Splash Cover - in place on filters during continual use - ***REUSE - DO NOT DISCARD***	1 pair	
Moldex 7940 P100 Filter Disk - (replace every 30 days once removed from manufacturer packaging)	2 pairs (one as spare)	

PPE Suit Kit (ALS & BLS) - ID #______________________

Pinellas County EMS Storage Bag		
Main Interior Pocket		
Pinellas County EMS Suit Kit Bag	1	
XXL Tychem suit	2	
XXXL Tychem suit	2	
XXXXL Tychem suit	2	
Side Pocket Interior		
Boot Covers (pairs - universal size)	6 pairs	
End Pocket Interior		
Chem tape (roll)	1	

Ballistic Vest Kit (ALS & BLS) – ID #______________________

Pinellas County Ballistic Gear Storage Bag		
Kit Bag	1	
Rescue Task Force Vest (Level III) MK-II with Side Armor and "Rescue" name patch	1	
Large patient mover – In rear vest back compartment	1	
Vest Front and Rear Rifle Plates (Level III)	1 each	
Vest Utility Pouch (1 – left & 1 – right)	2	
Vest Radio Pouch (center)	1	
Batlskin Viper A3 Helmet	1	

CS19.14 VEHICLE SUPPLEMENTAL EQUIPMENT & MEDICAL SUPPLIES

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Date Completed (mm/dd/yyyy)	
Unit ID #	
Completed By: (first and last name)	
EMS ID#	
Comments	

Equipment & Medical Supplies – Patient Care Action Area

Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Ambulance	BLS Ambulance	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
Finger Pulse Oximeter, Portable (in Pelican 1010 case)	-	1	-	-	-		
Adult/Pediatric Sprague Rappaport Stethoscope	1	1	1	-	-		
Infant BP Cuff	1	1	1	-	-		
Child BP Cuff	1	1	1	-	-		
Adult BP Cuff	1	1	1	-	-		
Large Adult BP Cuff	1	1	1	-	-		
Glucometer, Bayer Contour	1	1	-	-			
Glucometer test strips - bottle (retain bottom of external packaging for quality control testing)	1	1	-	-			

Equipment & Medical Supplies - Reserve

Item Name	Ambulance		Fire			Qty Present	Exp Date
	ALS Ambulance	BLS Ambulance	ALS Transport Capable Rescue	ALS Medic Unit, Squad, Truck, Pumper or Engine	BLS Engine, Squad, Truck, Pumper, Utility		
M6 oxygen cylinder (min. 1000 psi) - spare		1	1	1	-		
"D" oxygen cylinder (min. 1000 psi) - spare	1	1	1	1	-		
Onboard oxygen (min. "M" cylinder w/500 psi)	1	1	1	-	-		

Equipment & Medical Supplies – Reserve (cont.)							
Oxygen regulator - Onboard oxygen cylinder	2	2	1	-	-		
O2 flowmeter (onboard oxygen) with hose barb adapter – min. 2, 4, 6, 8, 10, 15, 20, 25L flow settings	8	4	2	-	-		
Adult nasal cannula	4	2	-	-	-		
Adult non-rebreather mask	2	-	-	-	-		
Adult aerosol mask	4	-	-	-	-		
Nebulizer Setup (Nebutech)	1	-	-	-	-		
Size 3 King LTS-D airway	1	-	-	-	-		
Size 4 King LTS-D airway	1	-	-	-	-		
Size 5 King LTS-D airway	1	-	-	-	-		
60 mL luer lock syringe	1	-	-	-	-		
Adult tube holder	1	1	-	-	-		
Adult BVM resuscitator with adult mask and filter	1	1	1	1	-		
Pediatric BVM resuscitator with child, infant and neonate masks and filter	1 each		1	1	-		
OPA 80mm, 90mm, 100mm, 110mm							
Adult/pediatric EtCO2 filterline set	1	-	1	1	-		
Adult (large) CPAP setup	1	-	1	1	-		
Child CPAP setup	1	-	-	-	-		
Superset with Mask Elbow Adapter	1	-	-	-	-		
Medium laryngoscope handle	1	-	-	-	-		

Equipment & Medical Supplies – Reserve (cont.)							
Suction canister with suction and vacuum tubing (disposable)	1	1	1	1	-		
Mac "3" laryngoscope blade	1	-	-	-	-		
Mac "4" laryngoscope blade	1	-	-	-	-		
Miller "4" laryngoscope blade	1	-	-	-	-		
6.0 ET tube (cuffed)	1	-	-	-	-		
7.0 ET tube (cuffed)	1	-	-	-	-		
7.5 ET tube (cuffed)	1	-	-	-	-		
8.0 ET tube (cuffed)	1	-	-	-	-		
8.5 ET tube (cuffed)	1	-	-	-	-		
Pocket Bougie	1	-	-	-	-		
Cold Pack	3	3	-	-	-		
Heat Pack	2	2	-	-	-		
1" Band-Aids	10	10	-	-	-		
2" Band-Aids	10	10	-	-	-		
1" Silk Tape	2	2	-	-	-		
3" Silk Tape	2	2	-	-	-		
1" Self-adherent Tape	2	2	-	-	-		
4" Roll Gauze, Sterile	2	2	-	-	-		
10" x 30" Trauma Dressing	-	2	-	-	-		
Moldable padded aluminum splint	2	2	2	2	-		
C-collar, AMBU Perfit Ace	2	2	2	2	-		
C-collar, AMBU Mini Perfit Ace	2	2	2	2	-		
20 gtt (macro) IV drip set	7	-	-	-	-		
IV Start Kit	8	-	-	-	-		
16 g IV catheter	2	-	-	-	-		
18 g IV catheter	6	-	-	-	-		
20 g IV catheter	8	-	-	-	-		
22 g IV catheter	4	-	-	-	-		
Stat2 Pumpette 60 gtt (micro) IV drip set with flow controller	1	-	1	-	-		
1 mL Vanishpoint (safety syringe)	3	-	-	-	-		

Equipment & Medical Supplies – Reserve (cont.)							
3 mL Vanishpoint (safety syringe)	3	-	-	-	-		
20 mL syringe (luer-lock)	2	-	-	-	-		
10 mL syringe (luer-lock)	2	-	-	-	-		
3 mL syringe (luer-lock)	2	-	-	-	-		
1 mL syringe (luer-lock)	2	-	-	-	-		
3-way stopcocks	2	-	-	-	-		
18 g x 1.5" blunt fill needle with filter	5	-	-	-	-		
Naloxone 2 mg/2 mL prefilled	2	-	-	-	-		
Mucosal atomization device (MAD)	2	-	-	-	-		
Dextrose 10% in Water 250 mL	2	-	-	-	-		
0.9% Sodium Chloride, 1000 mL	7	-	-	-	-		
0.9% Sodium Chloride, 10 mL (prefilled syringe)	6	-	-	-	-		
Sodium Bicarbonate 50 mEq/50 mL (prefilled syringe or vial)	2	-	-	-	-		
Epinephrine 1 mg/10 mL (0.1 mg/mL) prefilled syringe or Epinephrine 1 mg/mL - 1 mL vial kit	5	-	-	-	-		
Ondansetron 4 mg ODT (unit dose)	2	-	-	-	-		
Ondansetron 4 mg/2 mL (prefilled syringe)	2	-	-	-	-		
Diphenhydramine 50 mg/1 mL (prefilled syringe or vial)	2	-	-	-	-		
Epinephrine 1 mg/mL - 1 mL Vial	2	-	-	-	-		

Equipment & Medical Supplies – Reserve (cont.)							
Adenosine 6 mg/2 mL	3	-	-	-	-		
Methylprednisolone Sodium Succinate 125 mg/2 mL	1	-	-	-	-		
Nitroglycerin Aerosol Spray 0.4 mg/spray	1 bottle	-	-	-	-		
Baby Aspirin 81 mg (chewable tablet – unit dose)	1 bottle	-	-	-	-		
Administration Spoon – Aspirin	6						
Ipratropium Bromide 0.5 mg/2.5 mL (unit dose)	2	-	-	-	-		
Albuterol Sulfate 2.5 mg/3 mL (unit dose)	4	-	-	-	-		
Diltiazem 25 mg/5 mL	1	-	-	-	-		
Norepinephrine 4 mg/4 mL	1	-	-	-	-		
Pelican 1015 Case	1	-	-	-	-		
ECG monitoring electrodes (50 total electrodes)	Pack-aging Varies	Pack-aging Varies	-	-	-		
Alcohol prep pads	10	10	-	-	-		
Blood specimen draw kit	2	-	2	2	-		
OB birthing kit	1	1	1	1	-		
Head Immobilizer	2	1	1	1	-		
Large patient mover	2	2	1	1	-		
Disposable restraints (pairs)	2	2	2	2	-		
Poly style limb restraints (wrist and ankle) - **reusable**	2 pairs	-	2 pairs	-	-		
Poly style limb restraint belts (wrist and ankle) - **reusable**	2 pairs	-	2 pairs	-	-		

Equipment & Medical Supplies - Reserve (cont.)							
Poly style limb restraint protective liners (wrist and ankle) - **disposable**	5	-	5	-	-		
Triage tags - FL Version - Rev. 5/12 (50 tags/pack)	1 pack	1 pack	1 pack	1 pack	-		
Triage ribbon dispenser system (complete with tape - green, red, yellow, black, magenta) ***(Fire ONLY!!!)***	-	-	2	2	-		
Tamper Evident Security Bags	5	5	-	-	-		
Patient Belonging Bags	5	5	-	-	-		
Bed pan	2	2	2	-	-		
Urinal	2	2	2	-	-		
Infectious linen bags (YELLOW)	3	3	3	3	-		
Small Biohazard Waste Plastic Bag (RED)	4	4	-	-	-		
Large Biohazard Waste Plastic Bag (RED)	4	4	-	-	-		
Biohazard Waste Bag Impervious Container	1	1	1	-	-		
Individual Single Use Sharps Container	2	2	3	3	-		
Sharps disposal container (vehicle)	1	1	1	1	-		
Hand Sanitizing Wipe	50	50	-	-	-		
Clorox hydrogen peroxide cleaner/disinfectant	1 bottle	1 bottle	1 bottle	1 bottle	-		
Alcohol, 4 oz bottle	-	2	-	-	-		
Tough wipe towels (box)	1	1	1	1	-		

Equipment & Medical Supplies - Reserve (cont.)							
Nitrile gloves (non-sterile) - appropriate size	Multiple Pairs	Multiple Pairs	Multiple Pairs	Multiple Pairs	-		
Primary stretcher and 3 straps	1	1	1	-	-		
Stretcher sheets (fitted and flat)	10	10	5	-	-		
Pillow, disposable	2	2	2	-	-		
Pillow Case	10	10	5	-	-		
Blanket - Cot quilt ***(Sunstar ONLY - for warmth)***	1	1	-	-	-		
Blanket - cotton for warmth (disposable)	4	4	4	4	-		
Blanket - yellow - patient rain cover (disposable)	2	2	2	2	-		
Pedi-mate pediatric restraint device	1	1	1	-	-		
Vacuum splint (complete)	1	1	1	1	-		
Long spine board with four straps	2	1	1	1	-		
Scoop Stretcher	1	1	1	-	-		
Stair Chair	1	1	-	-	-		
Patient Slider	2	1	-	-	-		
Sager splint	1	1	1	1	-		
Child car seat ***(Sunstar ONLY)***	1	-	-	-	-		

MEDICAL CONTROL DIRECTIVE 2020-22

DATE: November 5, 2020

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Sapphire Infusion Pump Authorization**

Effective Date: Immediately

1. The Eitan Sapphire Infusion Pump is authorized for use as the primary infusion pump of the Sunstar Critical Care Team.
    a. Authorized settings for the Sapphire Infusion Pump are specified in CCT-AD1 Sapphire Infusion Pump Configuration (attached).
    b. Selection of infusion pump tubing for use with the Sapphire Infusion Pump is specified in CCT-CS15 Sapphire Infusion Pump Tubing Selection (attached).

2. The CME America BodyGuard 121 Dual Channel Infusion pump is no longer authorized for use effective November 11, 2020.

3. The BBraun Single Channel Infusomat Infusion Pump remains authorized for use on Critical Care Paramedic (CCP) units and as back up for CCT.

4. Attachments:
    CCT-AD1 Sapphire Infusion Pump Configuration
    CCT-CS15 Sapphire Infusion Pump Tubing Selection

CCT-AD1 Sapphire Infusion Pump Configuration

The Sapphire Infusion Pump Clinical Configuration is the clinical standard for Critical Care Patient transports. It reflects a standard configuration for ALL Sapphire Infusion Pump devices utilized as a component of Critical Care Transports under the auspices of Pinellas County EMS. ***This configuration is not to be altered without prior approval of the EMS Medical Director***.

This pump is only to be used in Continuous Mode. Additional modes are disabled/hidden. The following settings apply to the continuous mode. If any other setting is visible, please contact your administrator.

System Settings	
Parameter	**Setting**
New Patient	Off
Calculate Concentration	On
Prime Reminder	Off
Bolus Reminder	Off
Allow Delayed Start	Off
Automatic Patient Lockout	Off
Medium Titration	On
US Format	On
Screen Saver	On
Backlight	Partially dimmed
Keys Volume	Low
Alarm volume	Maximum
Bolus Handle	Always On
Repeat Last Infusion	On
PreProgram	Off
Single Air Detector*	Off
Accumulated air Detector	0.2 mL
Accumulated Threshold	0.5 mL
Prime Volume**	10 mL

* If an infusion is running at a rate of 1-4 mL/h or lower, the single air detector will automatically switch to "On" at 0.5 mL. If an infusion is running at a rate lower than 1 mL/h, the single air detector will automatically switch to 0.1 mL

**When able (such as with macro bore tubing), prime the pump by opening the clamp and allowing gravity to prime the tubing.

Alarms Settings	
Parameter	**Setting**
Occlusion Units	mmHg
Occlusion Pressure	600 mmHg
Pump Unattended	5 minutes
Infusion Near End	5 minutes
Alarm Volume	Maximum

Mode Options	
Parameter	**Setting**
Allow Bolus Continuous	Off
Advance Bolus Continuous	Off
Bolus Rate Continuous	500 mL/h
Bolus Rate Secondary	125 mL/h
Set Secondary	Off

Hard Limits	
Parameter	**Setting**
VTBI Continuous	9999 mL
Rate Continuous	999 mL/h
VTBI Secondary	9999 mL
Rate Secondary	500 mL/h
Minimum Bolus Lockout	00:01 h:min
Maximum Bolus Lockout	24:00 h:min

Regional (All Modes)	
Parameter	**Setting**
Date	MM/DD/YY
Time	12 hour clock
Language	English
US Format	ON

Reset System: Password
The device password is managed by Pinellas County EMS and Sunstar administration. Distribution of the password is only permitted with prior approval of the EMS Medical Director.

Set Hard Limits; Mode Specific		
Mode	**Parameter**	**Setting**
Continuous	Primary VTBI (Volume to be Infused)	9999 mL
	Primary Rate	999 mL/h
	Secondary VTBI	9999 mL
	Secondary Rate	500 mL/h

Set KVO	
Mode	**Setting**
Continuous	3 mL/h

Delivery Mode	
Mode	**Visibility**
Continuous	Visible
Intermittent	Hidden
TPN	Hidden
PCA	Hidden
Multi-step	Hidden
Epidural Intermittent	Hidden
PCEA	Hidden

Configurable Units			
Units	**Visibility**	**Units**	**Visibility**
mL/h	Visible	nanog/kg/min	Visible
mL/min	Visible	mmol/h	Visible
mL/kg/h	Visible	mmol/min	Visible
mL/kg/min	Visible	mmol/kg/h	Visible
grams/h	Visible	mmol/kg/min	Visible
grams/min	Visible	Million Units/h	Hidden
grams/kg/h	Visible	Units/h	Visible
grams/kg/min	Visible	Units/min	Visible
mg/h	Visible	Units/kg/h	Visible
mg/min	Visible	Units/kg/min	Visible
mg/kg/h	Visible	mUnits/h	Visible
mg/kg/min	Visible	mUnits/min	Visible
mcg/h	Visible	mUnits/kg/h	Visible
mcg/kg/h	Visible	mUnits/kg/min	Visible
mcg/kg/min	Visible	mEq/h	Visible
nanog/h	Visible	mEq/min	Visible
nanog/min	Visible	mEq/kg/h	Visible
nanog/kg/h	Visible	mEq/kg/min	Visible

Generic Name	DOBUTamine		
Displayed Name	DOBUTamine (Dobutrex)	Concentration	500 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	40

Generic Name	DOBUTamine		
Displayed Name	DOBUTamine (Dobutrex)	Concentration	1000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	40

Generic Name	DOPamine		
Displayed Name	DOPamine (Intropin)	Concentration	400 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	2	50

Generic Name	DOPamine		
Displayed Name	DOPamine (Intropin)	Concentration	800 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	2	50

Generic Name	EPINEPHrine		
Displayed Name	EPINEPHrine	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	1	20

Generic Name	EPINEPHrine		
Displayed Name	EPINEPHrine	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	1	20

Generic Name	IV Fluids		
Displayed Name	IV Fluids Normal Saline	Concentration	___mL/___mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Simple	n/a	n/a
Dose Rate	mL/h	1	999
Bolus Amount	mL	1	999

Generic Name	IV Fluids		
Displayed Name	IV Fluids Lactated Ringers	Concentration	___mL/___mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Simple	n/a	n/a
Dose Rate	mL/h	1	999
Bolus Amount	mL	1	999

Generic Name	IV Fluids		
Displayed Name	IV Fluids (3% Saline Wt)	Concentration	___mL/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/kg/h	0.1	1

Generic Name	IV Fluids		
Displayed Name	IV Fluids 3% Saline	Concentration	___mL/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	10	200

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	40 mg/40 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	Sodium Bicarbonate		
Displayed Name	Sodium Bicarbonate	Concentration	___mEq/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	250

Generic Name	TPN		
Displayed Name	TPN	Concentration	___mL/___mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	200

Generic Name	Tranexamic Acid		
Displayed Name	tranexamic acid (TXA)	Concentration	1 gram/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	grams/h	0.124	0.125

Generic Name	abciximab		
Displayed Name	abciximab (ReoPro)	Concentration	9 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	n/a	0.125

Generic Name	alteplase		
Displayed Name	alteplase (t-PA)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	100

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	360 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	450 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	900 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone bolus		
Displayed Name	amiodarone bolus	Concentration	150 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	n/a	n/a
Bolus Amount	mL	100	n/a
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	600	n/a
Bolus Time	h:min	0:10	0:11

Generic Name	argatroban		
Displayed Name	argatroban	Concentration	250 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	bivalirudin		
Displayed Name	bivalirudin (Angiomax)	Concentration	250 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.25	1.75

Generic Name	bivalirudin		
Displayed Name	bivalirudin (Angiomax)	Concentration	250 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.25	1.75

Generic Name	cisatracurium		
Displayed Name	cisatracurium (Nimbex)	Concentration	200 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	cisatracurium		
Displayed Name	cisatracurium (Nimbex)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	dexmedetomidine		
Displayed Name	dexmedetomidine (Precedex)	Concentration	200 mcg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/h	0.1	1.5

Generic Name	dexmedetomidine		
Displayed Name	dexmedetomidine (Precedex)	Concentration	400 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/h	0.1	1.5

Generic Name	dilTIAZem		
Displayed Name	dilTIAZem (Cardizem)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	2.5	15

Generic Name	dilTIAZem		
Displayed Name	dilTIAZem (Cardizem)	Concentration	125 mg/125 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	2.5	15

Generic Name	eptifibatide		
Displayed Name	eptifibatide (Integrilin)	Concentration	75 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	1	2

Generic Name	esmolol		
Displayed Name	esmolol (Brevibloc)	Concentration	2500 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	50	300

Generic Name	fentaNYL		
Displayed Name	fentaNYL (Sublimaze)	Concentration	1000 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	1	200

Generic Name	fentaNYL		
Displayed Name	fentaNYL (Sublimaze)	Concentration	2000 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	2	200

Generic Name	fentaNYL		
Displayed Name	fentaNYL (Sublimaze)	Concentration	2500 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	1	200

Generic Name	heparin		
Displayed Name	heparin (Heparin Sodium)	Concentration	25000 Units/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	100	1800

Generic Name	heparin		
Displayed Name	heparin (Heparin Sodium)	Concentration	25000 Units/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	100	1800

Generic Name	heparin Wt		
Displayed Name	heparin Wt (Heparin Sodium Wt)	Concentration	25000 Units/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	10	18

Generic Name	heparin Wt		
Displayed Name	heparin Wt (Heparin Sodium Wt)	Concentration	25000 Units/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	10	18

Generic Name	insulin		
Displayed Name	insulin (Regular Insulin)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	0.1	15

Generic Name	insulin Wt		
Displayed Name	insulin Wt (Regular Insulin Wt)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	0.01	1

Generic Name	isoproterenol		
Displayed Name	isoproterenol (Isuprel)	Concentration	1000 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.5	30

Generic Name	ketamine		
Displayed Name	ketamine (Ketalar)	Concentration	500 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.1	3

Generic Name	ketamine		
Displayed Name	ketamine (Ketalar)	Concentration	___ mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.1	3

Generic Name	labetalol		
Displayed Name	labetalol (Trandate)	Concentration	200 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	labetalol		
Displayed Name	labetalol (Trandate)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.4	3

Generic Name	lidocaine		
Displayed Name	lidocaine (Xylocaine)	Concentration	2000 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	4

Generic Name	lidocaine		
Displayed Name	lidocaine (Xylocaine)	Concentration	2000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	4

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	20 grams/500 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	40 grams/1000 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	10 grams/250 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mannitol 20%		
Displayed Name	mannitol (Osmitrol)	Concentration	100 grams/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	grams/h	1	199

Generic Name	midazolam		
Displayed Name	midazolam (Versed)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	midazolam		
Displayed Name	midazolam (Versed)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	milrinone		
Displayed Name	milrinone (Primacor)	Concentration	20 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.1	0.75

Generic Name	morphine		
Displayed Name	morphine sulfate (Morphine)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	morphine		
Displayed Name	morphine sulfate (Morphine)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	narcan		
Displayed Name	narcan (Naloxone)	Concentration	___mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	10

Generic Name	narcan		
Displayed Name	narcan (Naloxone)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	10

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	20 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	25 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	40 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin (Tridil)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	2.5	300

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin (Tridil)	Concentration	25 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	2.5	300

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin Wt (Tridil Wt)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.05	5

Generic Name	nitroprusside		
Displayed Name	nitroPRUsside (Nipride)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.1	10

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	16 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	16 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	octreotide		
Displayed Name	octreotide (Sandostatin)	Concentration	1000 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	25	50

Generic Name	oxytocin		
Displayed Name	oxytocin (Pitocin)	Concentration	___Units/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mUnits/min	2	42

Generic Name	pantoprazole		
Displayed Name	pantoprazole (Protonix)	Concentration	40 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	7	8

Generic Name	pantoprazole		
Displayed Name	pantoprazole (Protonix)	Concentration	80 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	7	8

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	10 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

Generic Name	potassium chloride		
Displayed Name	potassium chloride (KCL Maintenance)	Concentration	___mEq/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	200

Generic Name	potassium chloride		
Displayed Name	potassium chloride (K Rider Peripheral)	Concentration	___mEq/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mEq/h	1	10

Generic Name	potassium chloride		
Displayed Name	potassium chloride (K Rider Central)	Concentration	___mEq/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mEq/h	1	40

Generic Name	procainamide		
Displayed Name	procainamide (Pronestyl)	Concentration	1000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	procainamide		
Displayed Name	procainamide (Pronestyl)	Concentration	2000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	propofol		
Displayed Name	propofol (Diprivan)	Concentration	500 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	5	100

Generic Name	propofol		
Displayed Name	propofol (Diprivan)	Concentration	1000 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	5	100

Generic Name	rocuronium		
Displayed Name	rocuronium (Zemuron)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	4	16

Generic Name	tirofiban		
Displayed Name	tirofiban (Aggrastat)	Concentration	12.5 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.075	0.15

Generic Name	tranexamic acid		
Displayed Name	tranexamic acid (TXA Bolus)	Concentration	1 gram/100 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	n/a	n/a
Bolus Amount	mL	99.9	100
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	600
Bolus Time	h:min	0:10	0:11

Generic Name	vasopressin		
Displayed Name	vasopressin (Vasostrict)	Concentration	40 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/min	0.01	0.1

Generic Name	vasopressin		
Displayed Name	vasopressin (Vasostrict)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/min	0.01	0.1

Generic Name	vecuronium		
Displayed Name	vecuronium (Norcuron)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.8	1.2

CCT-CS15 Sapphire Infusion Pump Tubing Selection

The Sapphire Infusion Pump is equipped to handle both “Full Set” (BP450-01) IV tubing which includes a spike for accessing medication containers and “Half Set” (AP416-01) IV tubing which does not. Selection of appropriate tubing is important to ensure the safe and accurate administration of a medication.

Full Set:

- Full set tubing shall be used as the default tubing for all fluids and medications administered with the Sapphire Infusion pump.

Half Set:

- Half set tubing may be used instead of Full Set tubing in the following situations:
  - When there is a small volume (less than or equal to 100 mL) of medication left to be infused upon arrival to patient (i.e. patient has already received most of the medication and small volume is remaining prior to transport).
  - When assuming care during an ongoing infusion of a medication where switching to a Full Set would result in loss of medication (i.e. in the discarded tubing) causing significant alteration of intended dosing or when re-spiking a medication bag or bottle is not possible. Examples include but are not limited to:
    - TPA
    - Propofol
    - Dexmedetomidine
    - Antibiotics – when remaining volume is less than or equal to 100 mL
  - When authorized via specific OLMC order.

MEDICAL CONTROL DIRECTIVE 2020-10

DATE: February 28, 2020

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services

FROM: Dr. Angus Jameson, EMS Medical Director

RE: **Trauma Protocol Updates**

Effective Date: Wednesday March 4, 2020

Background:

- The National Association of EMTs (NAEMT) released an updated 9th Edition of Prehospital Trauma Life Support (PHTLS) in late 2019.
- Pinellas County EMS will be refreshing PHTLS systemwide later this year and preparatory courses are already being delivered using the 9th Edition of PHTLS.
- In order to ensure consistency between protocol, instruction in CME/PHTLS, and current PHTLS guidelines it is necessary to update several protocols related to the care of the injured patient.

Protocol Changes:

- Updated versions of the following protocols (major changes highlighted below) are authorized for use effective Wednesday March 4, 2020:

    - **T1 – General Trauma Care**
        - Primary trauma survey now “XABCDE”
        - Updated fluid resuscitation/blood pressure goals
        - Removed stabilization of flail segments
    - **T6 – Burns**
        - Updated fluid resuscitation volumes
    - **P17 – Pediatric Trauma Care**
        - Primary trauma survey now “XABCDE”
        - Removed stabilization of flail segments

- **CP7 – Needle Thoracostomy**
  - Change in wording of indications and cautions
  - Change in preferred site from anterior to lateral
  - Change from “Mid-Axillary” to “Anterior Axillary” line as landmark for lateral approach

- References, verbiage, and formatting have been updated for consistency in all cases.
- Relevant changes will be reviewed in the March 2020 Face-to-face CME in lieu of an additional in-service assignment.

T1 GENERAL TRAUMA CARE

ADULT ONLY (Peds Ref. P17 if age < 16)	GOALS OF CARE
	Accurate assessment, appropriate stabilization, and rapid transport to definitive care

BLS

- Perform Primary Trauma Survey (**XABCDE**) and implement initial treatments as needed:
  - **X** - Control any major, exsanguinating, or life-threatening hemorrhage using direct pressure followed by appropriate device or procedure when indicated – Ref. CP16 and CP18
  - **A** - Open airway (BLS maneuvers and adjuncts) as needed
  - **B** - Provide supplemental oxygen to ensure oxygen saturation as close to 100% as possible; assist ventilations at 12-16 breaths per minute with bag-valve-mask (BVM) device and appropriate airway adjunct as needed (Ref. CP1)
  - **C** - Assess for and treat any ongoing circulation threats:
    - Seal chest wounds – Ref. CP17
    - Re-assess and ensure hemorrhage control with direct pressure followed by appropriate device or procedure when indicated – Ref. CP16 and CP18
  - **D** - Assess neurologic function and implement spinal precautions as indicated – Ref. CP15, CT11
  - **E** - Expose patient to ensure all injuries are found and protect from environment/**KEEP WARM**
- Assess trauma transport criteria, declare "*Trauma Alert*" if indicated – Ref. CT12

- Perform Secondary Trauma Assessment (head-to-toe physical exam on exposed skin)
- Implement additional appropriate stabilizing care
  - Stabilize impaled objects in place – ***DO NOT REMOVE***
  - Dress wounds - moist for eviscerations, dry for burns
  - Amputated body parts – moist sterile inner packaging, ice/cold pack outer packaging
- Splint fractures and dislocations and document distal motor function, circulation, and sensation before and after; Elevate and apply cold packs when practical
- Implement injury-specific additional BLS care as indicated (Ref. T2-T7)

ALS

Except in cases of delayed transport (e.g. entrapment), the only ALS interventions allowed prior to transport are CP1 Airway Management, if BLS maneuvers fail, and CP7 Needle Thoracostomy, as part of a Paramedic level primary trauma assessment and treatment

- Perform Needle Thoracostomy (Ref CP7) for suspected *TENSION* Pneumothorax.
- Maintain EtCO2 of 35-45 mmHg
  - **(hyperventilation to 30-35 mmHg allowed *ONLY* with signs of ACTIVE herniation from head trauma- see PEARLS next page)**
- Establish IV/Intraosseous Access and if hypotensive initiate fluid resuscitation with 0.9% sodium chloride in 500 mL increments to target systolic blood pressure (SBP) and maximum volume as indicated:
  - Major/Multi-System Trauma - Target SBP 80-90 mmHg; max volume of 2000 mL
  - Major Head Injury present – Target SBP 100-110 mmHg; max volume 2000 mL
  - Burns without Major/Multi-System Trauma – Ref T6
- Implement appropriate pain management – Ref. M13
- Assess patient for underlying or co-morbid medical conditions
- Repeat Primary Trauma Assessment (**XABCDE**) after treatments and frequently during transport
- Implement injury-specific additional ALS care as indicated (Ref. T3-T7)

OLMC

- Consult Online Medical Control Physician as needed and for:
  - Replant services
  - Crush and Compartment Syndrome management
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- Treatment Strategy Considerations:
  - In major trauma, excess use of fluids may increase bleeding. However, patients with major head injuries/traumatic brain injuries (TBI) require a higher SBP to support cerebral perfusion and burn patients require replacement of massive fluid losses; Be sure to follow guideline
  - In TBI, single short episodes of SBP less than 90 mmHg, SaO2 less than 90 %, and EtCO2 less than 35 mmHg all independently increase mortality. Consider using an Extraglottic airway device to avoid apneic time associated with endotracheal intubation and be diligent to avoid hyperventilation except with signs of active herniation and then only to a goal of 30-35 mmHg.
  - Signs of active herniation include rapid decrease in level of consciousness leading to coma, development of unequal pupils or non-reactive pupils, onset

of seizure or posturing, and deteriorating vital signs consistent with Cushing's Response
  - Prevent hypothermia. Trauma patients who become hypothermic have increased mortality
- Refer to CS18 for alterations in standard of care during Major Incidents with Ongoing Threats (e.g. Active Shooter Response)

QUALITY MEASURES

1. Scene Time less than 10 minutes (Sunstar) or *Trauma Alert* time less than 5 min (FD)
2. Oxygen delivered
3. IV Established
4. *Trauma Alert* declared if Indicated
5. Spinal precautions employed (Track/Trend only)

REFERENCES

- NAEMT, Pre-hospital Trauma Life Support Committee. American College of Surgeons, Committee on Trauma. (2020). PHTLS: Prehospital Trauma Life Support (9th ed.) Burlington, MA: Jones & Bartlett Learning.
- https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/

T6 BURNS

ADULT and PEDIATRIC	GOALS OF CARE
	Assessment of type and extent of burn, initiation of fluid resuscitation and pain management, and transport to appropriate receiving facility

BLS

- STOP the burning process
  - Thermal – Remove any sources of heat or burning clothes and cool the area
  - Chemical burns –
    - Consider Hazmat Team consult or response
    - If able to do so safely, brush off chemical and flush copiously with water
- Cover the burns with a clean dry dressing and keep the patient warm
- Monitor the patient's airway closely and provide ventilation assistance with BVM and airway adjunct, if needed (Ref. CP1.1, CP3.1)
- Assess burn extent and determine appropriate destination (Ref. CT14):
  - For a 2nd and/or 3rd degree burn with a total body surface area (TBSA) greater than 15%, along with multi system trauma, declare trauma alert and transport to the closest trauma center unless the Burn Center at Tampa General Hospital is closer or equal distance by ground or air
  - Any 2nd and/or 3rd degree burns to high risk areas, such as the face/airway, hands, feet, perineum or circumferential burns to the chest or extremities, transport to the Burn Center at Tampa General Hospital
  - For an isolated 2nd and/or 3rd degree burn with a total body surface area (TBSA) greater than 15%, declare trauma alert and transport to the Burn Center at Tampa General Hospital
- Evaluate for blast injury or other associated trauma (Ref. T1, P17)

ALS

- Establish vascular access
- Monitor respiratory status closely with SpO2 and EtCO2
- Perform advanced airway management as needed (Ref. CP1, CP3)
  - Be prepared for immediate airway intervention if there are signs of airway burn and/or edema
- Initiate fluid resuscitation with 0.9% sodium chloride:
  - Adults: 20 mL/kg (maximum of 2000 mL)
  - 14-15 years old: 20 mL/kg (maximum of 1500 mL)
  - 13 years of age or younger: 0.9% sodium chloride Per Handtevy
- Provide appropriate Pain Management (Ref. M13, P15)
- Consider Cyanokit treatment (Ref. A5) see Handtevy for pediatric dosing
- Consider Carbon Monoxide (CO) treatment (Ref. A4)
- Evaluate and treat cardiac dysrhythmias (Ref. C4, C5, P6, P7)
- Obtain 12-lead ECG

OLMC
• Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS
• None

QUALITY MEASURES
• Pending

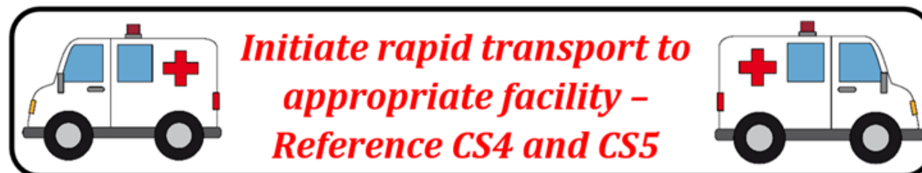
REFERENCES
• http://nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp • NAEMT, Pre-hospital Trauma Life Support Committee. American College of Surgeons, Committee on Trauma. (2020). PHTLS: Prehospital Trauma Life Support (9th ed.) Burlington, MA: Jones & Bartlett Learning.

P17 PEDIATRIC GENERAL TRAUMA CARE

PEDIATRIC ONLY	GOALS OF CARE
	Accurate assessment, appropriate stabilization, and rapid transport to definitive care

BLS

- Perform Primary Trauma Assessment (**XABCDE**) and implement initial treatments as needed:
  - **X** - Control any major, exsanguinating, or life-threatening hemorrhage using direct pressure followed by appropriate device or procedure when indicated - Ref. CP16 and CP18
  - **A** - Open airway (BLS maneuvers and adjuncts) as needed
  - **B** - Provide supplemental oxygen to ensure oxygen saturation as close to 100% as possible Assist ventilations at 12-16 breaths per minute with bag-valve-mask (BVM) device and appropriate airway adjunct as needed (Ref. CP3)
  - **C** - Assess for and treat any ongoing circulation threats:
    - Seal chest wounds - Ref. CP17
    - Re-assess and ensure hemorrhage control with direct pressure followed by appropriate device or procedure when indicated - Ref. CP16 (if older child/device fits) and CP18
  - **D** - Assess neurologic function and implement spinal precautions as indicated - Ref. CP15, CT11
  - **E** - Expose patient and protect from environment/**KEEP WARM**
- Assess trauma transport criteria, declare "Trauma Alert" if indicated - Ref. CT13



- Perform Secondary Trauma Assessment (toe-to-head physical exam on exposed skin)
- Implement additional appropriate stabilizing care:
  - Stabilize impaled objects in place - ***DO NOT REMOVE***
  - Dress wounds - Moist for eviscerations, dry for burns
  - Amputated body parts - Moist sterile inner packaging, ice/cold pack outer packaging
- Splint fractures and dislocations and document distal motor function, circulation, and sensation before and after; Elevate and apply cold packs when practical
- Implement injury-specific additional BLS care as indicated (Ref. T2-T7)

ALS

Except in cases of delayed transport (e.g. entrapment), the only ALS interventions allowed prior to transport are CP3 Airway Management (only intubate if BLS maneuvers fail or are not providing adequate ventilation/oxygenation), and CP7 Needle Thoracostomy, as part of a Paramedic level primary trauma assessment and treatment

- Perform Needle Thoracostomy (Ref CP7) for suspected *TENSION* Pneumothorax.
- Maintain EtCO2 of 35-45 mmHg
    - **(hyperventilation to 30-35 mmHg allowed *ONLY* with signs of ACTIVE herniation from head trauma- see PEARLS next page)**
- Establish intravenous/intraosseous access for altered mental status, signs of poor perfusion and/or need for intravenous/intraosseous medications
- Initiate fluid resuscitation with 0.9% Sodium Chloride bolus if SBP less than Handtevy minimum for age or if signs of poor perfusion. May repeat once as needed.
- Implement appropriate pain management (Ref. P15)
- Repeat Primary Trauma Assessment **(XABCDE)** after treatments and frequently during transport
- Implement injury-specific additional ALS care as indicated (Ref. T3-T7)

OLMC

- Consult Online Medical Control Physician as needed or required (Ref. CS10)

PEARLS

- A pediatric patient requires a complete toe-to-head assessment due to being unreliable historians
    - Prevent hypothermia. Trauma patients who become hypothermic have increased mortality
- A Sager Splint will fit a patient > 4 years old. For patients < 4 years of age requiring traction, use manual traction
- A head injury should be considered in a pediatric patient with altered mental status.
- Maintain a high index of suspicion for "non-accidental trauma" (child-abuse) and document all details including what the caregivers state happened in quotation and a complete physical exam including details of all bruises and marks.
- Every healthcare provider that suspects child abuse is required by law to file a report with the Florida Department of Children and Families Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) (Ref. CS8)
- Refer to CS18 for alterations in standard of care during Major Incidents with Ongoing Threats (e.g. Active Shooter Response)

QUALITY MEASURES

- Scene Time less than 10 minutes (Sunstar) or *Trauma Alert* time less than 5 min (FD)
- Oxygen delivered
- IV Established
- *Trauma Alert* declared if Indicated
- Spinal precautions employed (Track/Trend only)

REFERENCES

- https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/
- EPC 4th Edition / Fuchs S, Klein BL. Pediatric Education for Prehospital Professionals. Third Edition. Burlington, MA: Jones & Bartlett Learning; 2016.

CP7 NEEDLE THORACOSTOMY

INDICATIONS

- Suspected tension pneumothorax with severe respiratory distress, hypotension or cardiovascular collapse
- Traumatic cardiac arrest with chest or upper abdominal injury

CONTRAINDICATIONS

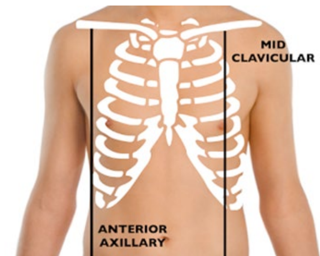
- Simple pneumothorax

CAUTIONS

- A malposition endotracheal tube may be mistaken for tension pneumothorax

PROCEDURE

- Expose entire chest and identify landmarks
- Prep area well with alcohol preps and chlorprep or betadine (if available)
- Adult
  - Insert 10 gauge 3.25-inch decompression needle into one of the following:
    - Lateral (p*referred Site*): 5th intercostal space, anterior axillary line
    - Anterior: 2nd intercostal space, mid-clavicular line



- Pediatric (age less than 13 y/o)
  - Insert 16 gauge 1.16-inch IV catheter into:
    - Lateral *(preferred site)*: 4th intercostal space, anterior axillary line
    - Anterior: 2nd intercostal space, mid-clavicular line
- Remove needle leaving angiocath in place
- Notify receiving facility of needle thoracostomy
- Reassess patient and interventions frequently (minimum every 5 minutes)

COMPLICATIONS

- Inability to find landmarks
- Bleeding
- Failure to penetrate the pleural cavity
  Subcutaneous emphysema
- Clogging of needle by blood or soft tissue
- Internal bleeding due to incorrect placement

NOTES

- None

REFERENCES

- https://www.narescue.com/ars-for-needle-decompression-3-25-in
- https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/
- NAEMT, Pre-hospital Trauma Life Support Committee. American College of Surgeons, Committee on Trauma. (2020). PHTLS: Prehospital Trauma Life Support (9th ed.) Burlington, MA: Jones & Bartlett Learning.

MEDICAL CONTROL DIRECTIVE 2019-21

DATE: September 23, 2019

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
Pinellas County EMS Receiving Hospitals

FROM: Dr. Angus Jameson, EMS Medical Director for MD1

RE: Baker Act and Psychiatric Transport Documentation Requirements

EFFECTIVE DATE: October 1, 2019 0800 hrs.

- When transporting a patient under a Baker Act, the transporting Paramedic, EMT, or Mental Health Technician shall obtain a copy of the Baker Act (BA-52) form. This requirement applies regardless of the pickup location (i.e. scene, healthcare facility, jail, etc.) or the transport destination.

- Personal Enrichment through Mental Health Services (PEMHS) will begin filling out a new “PEMHS TRANSFER DATA CAPTURE FORM” for patient and client transports originating at PEMHS. See attached. This form is in addition to and does not replace the standard Ambulance Billing forms (i.e. the “Sunstar Physicians Certification Statement (PCS) Form”).

- When transporting a patient or client from PEMHS, the transporting Paramedic, EMT, or Mental Health Technician shall obtain a copy of the “PEMHS TRANSFER DATA CAPTURE FORM.” This requirement shall not apply if obtaining the form will cause a delay in treatment or transport of a CATEGORY RED patient.

- The Paramedic, EMT, or Mental Health Technician shall turn in all Baker Act (BA-52) and “PEHMS TRANSFER DATA CAPTURE FORMS” at their end of shift. Forms obtained during FD Transports shall be returned to EMS and Fire Administration.

PEMHS TRANSFER DATA CAPTURE FORM

IMPORTANT: This form does not replace the Sunstar Physician's Certification Statement – the PCS Form is still required.

BASE INFORMATION

Date of Service (MM/DD/YYYY):

Name (Last, First): Veteran: Yes No

Date of Birth (MM/DD/YYYY):

PEMHS MRN:

DETAILS

Primary Diagnosis:

Secondary Diagnosis:

Destination/Reason:

Mode of Arrival at PEMHS:

EMS Access Method:

Legal Status:

Treatment Provided by PEHMS Prior to Transfer:

Medical	Anti-psychotic
Sedative	Other psychiatric

Primary Reason for Transfer (Select one):

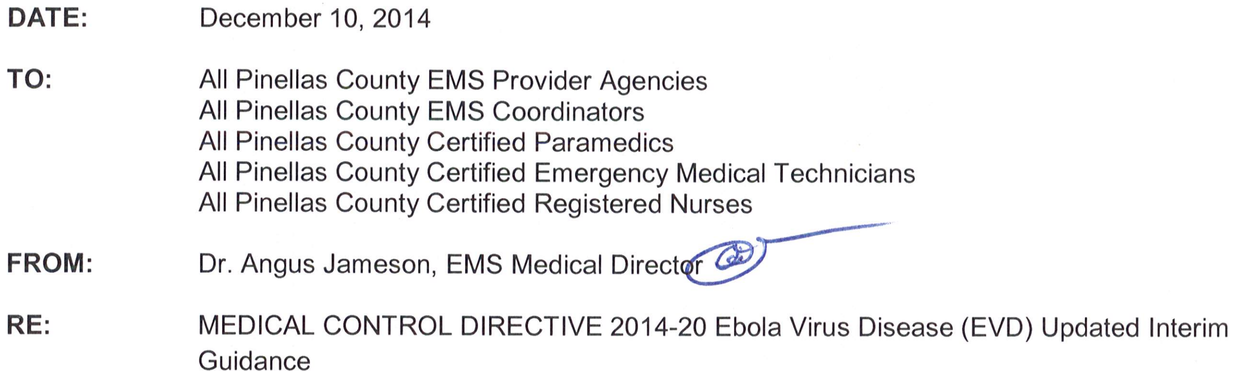
Secondary Reason for Transfer (Select all that apply):

Bed availability	Patient preference
Insurance/funding source	Requires treatment beyond PEHMS scope

Level of Care During Transport Requested:

EMERGENCY MEDICAL SERVICES DIVISION

MEDICAL CONTROL DIRECTIVE



DATE: December 10, 2014

TO: All Pinellas County EMS Provider Agencies
All Pinellas County EMS Coordinators
All Pinellas County Certified Paramedics
All Pinellas County Certified Emergency Medical Technicians
All Pinellas County Certified Registered Nurses

FROM: Dr. Angus Jameson, EMS Medical Director

RE: MEDICAL CONTROL DIRECTIVE 2014-20 Ebola Virus Disease (EVD) Updated Interim Guidance

EFFECTIVE: December 10, 2014

Brief Summary of Changes:

- Reference to the most current official guidance documents reflected
- Update on affected countries
- Updated placard
- Updated Dispatch Surveillance Tool information

Information Distribution:

1. EMS Coordinators shall ensure rapid and broad distribution (i.e. newsletters, Target Solutions, internal e-mail, etc.) of the following CDC Guidance Document to all system personnel.

   - **12/2/14 Update**: "Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States"

     http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html

2. EMS Coordinators shall ensure that the attached **12/10/14 updated screening placard** (ABC's of Ebola Virus Disease (EVD)) is posted conspicuously in all stations and vehicle patient care compartments. The 12/10/14 update supercedes all previous versions.

Dispatch (Call handling/Pre-arrival Information):

1. Known confirmed cases of Ebola or any patient who is known to be a highly probable case, requires immediate notification via Regional 911 Center or Sunstar Communications to MD1, Hazmat 650 and Pinellas County 500.

2. In accordance with the recommendation of the NAEMD, 911/EMD Supervisors shall implement the updated **Emerging Infectious Disease Surveillance Tool Version 5.0.1** for mandatory use in Cards 1, 6, 10, 18, 21 (non-laceration), 26, and 32. Calltakers shall be instructed to electively employ the tool on any other call that raises their concern for a possible patient with Ebola or other unusual infectious disease patient. Calltakers shall place the following speed note in the call:

   "$HIGH RISK ALERT - POSSIBLE EBOLA - USE FULL PPE!!"

3. System Personnel shall review pre-arrival notes on all calls for indication of a possible Ebola or other unusual infectious disease patient, and, if identified, shall implement appropriate PPE **prior to entering the building or making patient contact**.

Patient Care:

1. Upon patient contact, notify 9-1-1 Dispatcher to add Ebola speed note. Request they notify MD1, Hazmat 650 and Pinellas County 500.
2. An Online Medical Control consult shall be initiated immediately for any patient whom a clinician suspects meets screening criteria for Ebola.
3. Restrict patient contact to the least number of personnel necessary.
4. Patients meeting screening criteria shall have non-emergency procedures (routine IV starts, Glucose measurements, etc) deferred until arrival at the hospital whenever possible.
5. System Personnel who don PPE for a suspected case of Ebola shall remain in full PPE throughout and following completion of patient care until such time as a Hazmat Unit arrives to supervise and assist with doffing and decontamination.
6. Any Ambulance that is entered by a patient with known or suspected Ebola shall immediately be placed out of service until decontamination procedures have been completed and approved by Pinellas County EMS Administration.

Documentation:

1. Patients meeting screening criteria shall have the words "Suspected Ebola" or "Confirmed Ebola" documented in the ePCR to ensure activation of the surveillance triggers.

Personal Protective Equipment:

Note: Although standard Contact and Droplet Precautions are generally acceptable for casual contacts, the uncontrolled environment of Prehospital Medicine along with the increased risk of aerosol generation procedures warrants elevation to Airborne level precautions with full face coverage.

- Clinician
  1. Low suspicion/Influenza Like Illness without risk factors for Ebola
     - Standard Precautions (Gloves, N95 Mask, Eye Protection and Gown as indicated)

2. High Suspicion/Suspected or Confirmed Exposure/Suspected Case
   - Double layered gloves, Tyvek suit (with integrated hood, booties, elastic wrists and ankles), full facepiece/SCBA mask with N95 or higher filter cartridge and secondary booties **OR**
   - Double layered gloves, Tyvek suit (with integrated hood, booties, elastic wrists and ankles), N95 mask, googles/faceshield and secondary booties
   - A PAPR may be substituted as appropriate respiratory protection.

- Patient
  1. Place a surgical mask on the patient (incorporate with Oxygen therapy as needed)
  2. Wrap patient with a yellow fluid resistant blanket on the stretcher for transport.

Note: This information is currently based on the best and most current information available. It is likely to require change as more is learned.

Disposal of Waste:

Any waste generated during contact and care of a Ebola patient is subject to Local, State and Federal Regulations. It is not standard medical waste and must be handled by the Hazardous Materials Team.