

# **Clackamas County EMS Operations**

### **Universal Precautions:**

- Use personal protective equipment. Gloves for all patient contact. Protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply.
- Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices. Do not recap used needles. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers for disposal.
- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

### **Respiratory Precautions:**

For any patient with fever and respiratory symptoms or other symptoms suggesting potentially contagious respiratory disease:

- Use personal protective equipment including gown, gloves, and N95 or better mask. Use eye protection if any chance of splash.
- Consider limiting exposure by decreasing the number of people who enter the area until a mask is on the patient. Until a mask is on the patient, personnel should attempt to maintain a distance of 3 - 6 feet from the patient.
- Place a surgical mask on the patient.
- When transporting patient, provide receiving hospital early warning that you are transporting a patient with a potentially contagious respiratory illness.
- Remove gloves and clean hands between patients after removing personal protective equipment.
- Clean and disinfect equipment including personal equipment such as stethoscopes between patients.

# Opioid Withdrawal: Adult Medical Treatment Guideline– 90.200

Purpose: Can be utilized for patients experiencing opioid withdrawal symptoms and for patients recently administered naloxone, to treat withdrawal with **Buprenorphine** (Bup).

## Assess opioid withdrawal signs/symptoms (should have multiple)

### Objective Signs

- Tachycardia
- Diaphoresis
- Vomiting/Diarrhea
- Dilated Pupils

- Restlessness/Agitation
- Runny nose/Tearing
- Yawning
- Gooseflesh

### Subjective Symptoms

- Nausea
- Stomach cramps
- Body aches
- Achy bones/joints
- Restlessness
- Nasal congestion
- Hot and Cold

## Assess for exclusion criteria

- **No opioid withdrawal signs/symptoms**
- **Severe medical illness (sepsis, respiratory distress, etc.)**
- **Altered mental status and unable to consent or comprehend risks/benefits**
- **Under 18 years of age**
- **Any methadone within last 7 days**

## Exclusion criteria present?

No

Yes

### Check for COWS Score $\geq 8$



No

Not eligible for EMS Bup

Yes

**Offer Bup to treat withdrawal symptoms**  
(May contact Oregon Poison Center Bup physician for clinical support, if needed)

Declines

1. Offer **Project Hope** Referral
2. Provide naloxone (if available)
3. Offer transport

Patient Agrees

### Project Hope Referral



1. Give water to moisten mucous membranes
2. Administer 16mg Buprenorphine SL
3. Give 4-8mg ondansetron IV/PO PRN
4. Reassess COWS after 15 minutes

Symptoms improve

If mod/severe symptoms persist/worsen

Redose with 8 mg of Buprenorphine SL  
**Total maximum dose 24mg SL during encounter**

1. Complete **Project Hope** Referral
2. Verify contact information for follow-up, two phone numbers are best
3. Repeat and document 2nd COWS score.
4. Recommend transport to ED for additional care and bridge prescription of buprenorphine
5. Inform the patient that a navigator will initiate contact within 72 hours.



### PURPOSE:

Fire Medic Units licensed as ambulances by the state may transport patients in Clackamas County when:

- Providing service within their assigned ambulance service area
- Providing mutual aid
- Directed to transport during mass casualty incidents by incident command
- Requested by the County in the event of a sudden or anticipated loss of ambulance service caused by natural or man-made disaster or a work stoppage
- Requested by a transporting agency during inclement weather
- Criteria for the Fire Medic Unit Emergency Transport protocol are met

### FIRE MEDIC UNIT EMERGENCY TRANSPORT PROTOCOL

After assessment, Fire Medic Units licensed as ambulances by the state may transport patients if **all** the following conditions are met:

1. The patient is ready to be transported, and
2. A Fire Medic Unit is on scene or can arrive more quickly than the responding ambulance as determined by the PSAP, and
3. In the best judgment of the paramedic, the patient needs **immediate** transport because of life threatening illness or injury requiring a critical hospital intervention. These include:
  - Inability to secure an adequate airway
  - Shock
  - Abnormal childbirth
  - Trauma system entry
  - Cardiac or respiratory arrest
  - Seizures unresponsive to treatment
  - Severe respiratory distress unresponsive to treatment

### DOCUMENTATION AND COMMUNICATION

1. The PSAP will be notified of the transport.
2. A hard copy of the Patient Care Report will be left at the hospital.
3. The County EMS medical director and administrator will be notified of transports resulting from following the Emergency Transport protocol the next business day.