



OMD Clinical Administrative Policy

Weather-Induced Temporary Alterations to Clinical Standards General Orders

Approved 3/10/2021,
Effective 3/10/2021; Review Before 9/2023

The purpose of the Office of the Medical Director's (OMD's) Weather-Induced Temporary Alterations to Clinical Standards General Orders is to promote the delivery of optimal clinical performance in times of severe weather events and concurrently, to endorse personnel safety in the provision of this clinical performance. It is imperative to these goals for our patients and for our colleagues throughout our EMS system that all affected MCB affiliated agencies are participating in this uniform system for temporary alterations to clinical standards when approved by the Chief Medical Officer(s) for specified periods of severe weather.

Definition of "Severe Weather Event";

A "severe weather event" **may** be declared by the OMD upon appropriate input from leaders in public safety (MMRS, EMS, Fire, Police), public health, and local and state government agencies when correlated with best available meteorological information. Examples of events that could constitute an OMD declaration of a "severe weather event" include:

- A. High Winds (Tornado, Sustained 50+ mph wind gusts)
- B. Wildfires
- C. Flooding (Flash floods, sustained heavy rains)
- D. Winter precipitation:
 1. Three or more inches of snow or mixed precipitation on the ground or predicted to accumulate in the next 12 hour period;
 2. Secondary roads become or remained snow/ice covered;
 3. Snow drifts preventing common travel;
 4. Sleet/ice or freezing rain covered roadways.

OMD Issuance of Weather-Induced Temporary Alterations to Clinical Standards General Orders

Utilizing the above criteria (and others as individual weather events dictate), upon recommendation by OMD's Division Chief (Western Division - David Howerton; Eastern Division – Duffy McAnallen) and with approval by Dr. Goodloe or Dr. Knoles, the OMD may implement any number or all of the following Weather-Induced Temporary Alterations to Clinical Standards General Orders. Per individual event OMD directives, these orders may be implemented and rescinded incrementally. Weather-Induced Temporary Alterations to Clinical Standards General Orders implemented will be for a period most typically of a 12 hour duration. Individual event OMD directives will be specific as to utilization periods and when extension or rescinding of these general orders becomes effective.



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OMD Weather-Induced Temporary Alterations to Clinical Standards General Order 1;

Emergency Medical Responders (formerly known as First Responders) will cancel EMSA (or mutual aid transport) response to minor motor vehicles collisions when the patient refuses transportation and any injuries are deemed minor. EMSA will NOT need to obtain a signed patient refusal.

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EMSA will have the authority to transport the patient to the closest appropriate hospital facility.

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A patient in cardiac arrest who does not meet the required parameters for termination of resuscitation consideration (e.g., patient is in a shockable rhythm) may be considered for termination at thirty (30) minutes of EMS resuscitation. Contact with the OMD is **REQUIRED** prior to termination of resuscitation in these instances. The order of contact with OMD shall occur as follows:

Eastern Division: 1st Duffy McAnallen, 2nd David Howerton, 3rd Matt Cox, 4th Dr. Knoles, 5th Dr. Goodloe

Western Division: 1st David Howerton, 2nd Duffy McAnallen, 3rd Matt Cox, 4th Dr. Knoles, 5th Dr. Goodloe

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If in the paramedic's clinical judgment, the patient's condition has been definitively addressed on scene (e.g., asthmatic with resolution of symptoms after nebulizer treatment) or does not warrant transport to an emergency department (e.g., chronic pain without acute change), contact with the appropriate EMS Supervisor will be made for consultation for the option to not transport the patient. If the EMS Supervisor has concerns regarding non-transport, secondary consultation will be made first with the respective OMD Division Chief (Western Division - David Howerton; Eastern Division – Duffy McAnallen) or secondarily with Dr. Goodloe or Dr. Knoles.

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EMS system responses may be limited to Medical Priority Dispatch System-identified CHARLIE, DELTA and ECHO level calls only. Requests for service that are triaged for no response will be listed and a follow up phone call will be made within **six (6)** hours for a patient welfare check. Subsequent phone calls for a patient welfare check will continue in intervals of at least every six (6) hours and will persist until an EMS response can be made or the patient releases the EMS system from a response requirement. Requests for service that are triaged for no response will be advised to immediately redial 911 should clinical symptoms worsen.



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Patients may be transported off scene in non-ambulance apparatus (examples: fire engines, police cars/SUVs, AWD/4WD vehicles, off-road utility equipment, & watercraft). As soon as safe and practical, transport should be transitioned to a traditional ambulance. Patient care and transport should be coordinated with ALS providers whenever possible. At all times, the risk of leaving the patient in their original location versus the benefit of the alternative transport vehicle must be evaluated. Providers may contact the responding ambulance, the involved FD/EMS supervisor(s), and/or Office of the Medical Director contact(s) (as listed below) for guidance when uncertainty exists regarding appropriate use of alternative transport modalities. **OMD General Order #6 must be in effect to utilize a non-ambulance apparatus for transport off scene.**

OMD Contact Information:

Jeffrey M. Goodloe, MD, NRP, FACEP;

Cellular - 918-704-3164; Email - jeffrey-goodloe@ouhsc.edu

Curtis Knoles, MD

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David Howerton, NRP;

Cellular - 405-520-0711; Office - 405-297-7160; Email - howertond@emsa.net

Duffy McAnallen, NRP;

Cellular - 918-830-4478; Office - 918-596-3148; Email - mcanallen@emsa.net

Matt Cox, NRP;

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