

	1305A	<b>Crisis Standard of Care System Guidelines</b>
	Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines
	Effective Date: 02/01/2023	Next Revision: 02/01/2026
	Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

**Authority:** Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Operating as an authorized agent of the Nor-Cal EMS Medical Director I hereby authorize the following Crisis Standard of Care System Guidelines to maintain the stability of the EMS delivery system. PSAP's, Ambulance dispatch centers, hospital emergency rooms, EMS Provider agencies and personnel shall be informed of these orders. The on duty Nor-Cal EMS MHOAC will confer with the Medical Director prior to authorization of the guidelines. In the event that it is not possible to confer with the EMS Medical Director at the time of system impact, the Nor-Cal EMS MHOAC may authorize any order but shall continue to attempt to contact the EMS Medical Director. In the case of anticipated EMS System surge, the EMS Medical Director may preauthorize applicable Emergency System Guidelines.

Name of Executrix: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CSCG Order Number	Initial to Execute	Description
CSCG-1		Notify all on duty dispatch/Command Staff of Crisis Standard of Care System Guidelines activation
CSCG-2		Notify all on duty EMS/Fire personnel of Crisis Standard of Care System Guidelines activation
CSCG-3		Notify all Hospital Emergency Rooms of Crisis Standard of Care System Guidelines
CSCG-4		Alert all EMS command staff (managers, supervisors, etc.)
CSCG-5		Conduct a EMS unit roll call Contact each unit to determine status and ability to respond. This may be used following an incident when ambulance resources may have been compromised.
CSCG-6		PSAPs suspend all EMD/Prehospital arrival instructions.
CSCG-7		All protocols followed as written (Act as radio failure). Physician contact only if EMS provider needs assistance.
CSCG-8		Place all available ambulances in service, make them available for 911 response.
CSCG-9		All Limited Transport Vehicles to be staffed to BLS -Placed in service for unrestricted systemwide 911 response.
CSCG-10		Automatic ambulance dispatch suspended: -Ambulances should only be dispatched to calls when a patient has been identified to need immediate transportation by FR/QRV personnel. Patients not in immediate need will not be transported.
CSCG-11		Use of non-traditional transport resources authorized (Buses, Taxies, Cars, etc.).
CSCG-12		All ambulance patient destinations (including alternate care sites, clinics, etc.) shall be made by LEMSA / OA EOC designee.
CSCG-13		Ambulances shall transport to the closest open emergency department
CSCG-14		Ambulances shall contact the Control Facility for all patient destinations
CSCG-15		Replace ePCRs with interim patient care reports or triage tags Discontinue use of ePCRs, and replace with written interim patient care reports or triage tags for patient care documentation purposes.
CSCG-17		Utilize Crisis standard of care TREATMENT Guidelines 1305B

CSCG-16		Move all ambulances, Limited Transport vehicles to muster/staging location/s: Name: Address: Contact:
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# of new orders to execute:	# of new orders to Discontinue:
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Additions and Notes: