5090 Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	January 11, 2018 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
	SPECIAL PRESENTATION	
IV.	**Medical Issues**	
	A. Other	
V.	**New Business**	
	A. 504 - BLS And ALS Unit Equipment and Supplies	Chris Rosa
	B. 705 .09 - Chest Pain – Acute Coronary Syndrome	Chris Rosa
	C. 705.21 - Shortness of Breath – Pulmonary Edema	Chris Rosa
	D. 705 .24 -Symptomatic Bradycardia	Chris Rosa
	E. 705.28 – Smoke Inhalation	Chris Rosa
	F. 1133 – Continuing Education for EMS Personnel	Chris Rosa
VI.	**Old Business**	
	A. Other	
VII.	**Informational/Discussion Topics**	
	A. 603 - Refusal of EMS Services (added language)	Chris Rosa
	B. 722 – Approval for Additional Scope of Practice until November 2020	Chris Rosa
VIII.	**Policies for Review**	
	A. 500 – Ventura County EMS Provider Agencies	Chris Rosa
	B. 501 – ALS Transport Provider Criteria	
	C. 506 – Paramedic Support Vehicles	
	D. 508 – First Responder ALS Providers	
	E. 705.27 – Sepsis Alert	Karen Beatty
	F. 724 – Apparent Life Threatening Event	Karen Beatty
IX.	**Agency Reports**	
	A. Fire Departments	
	B. Ambulance Providers	
	C. Base Hospitals	
	D. Receiving Hospitals	
	E. Law Enforcement	
	F. ALS Education Program	
	G. EMS Agency	
	H. Other	
X.	**Closing**	

Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	October 12, 2017 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Ira Tilles Seconded: Scott Zeller Passed unanimous
III. Minutes		Approved	Motion: Ira Tilles Seconded: Scott Zeller Passed unanimous
IV. Medical Issues			
V. New Business	Introduced Roberta Coffman as the new Certification Specialist in the EMS Office.		
A. 705.1 – Trauma Treatment Guidelines	Committee wanted "log roll" wording adjusted. EMS staff will make changes. Page 1 – A,2 e: Change Sp02 to 94%.	Committee approved with recommended changes.	Motion: Heather Ellis Seconded: Scott Zeller Passed unanimous
B. 722 **–** Interfacility Transport of Patients with IV Heparin & Nitroglycerin	Dr. Shepherd presented changes made to this policy as highlighted in blue.	Dr. Shepherd will contact state to request a 3-year approval for medications out of scope. Chris will add a category for tracking Heparin on transfers. Approved with changes.	Motion: Ira Tilles Seconded: Kathy McShea Passed unanimous
VI. Old Business			
A. 726 – 12 Lead ECG	Lengthy discussion about adding "Paramedic Discretion" as #5 on policy.	Approved with changes.	Motion: Heather Ellis Seconded: Scott Zeller Passed unanimous
B. Apgar Score follow-up	Apgar score cannot be added to Image Trend per Chris Rosa.		
VII. Informational/Discussion Topics			
A. Remove Pediatric Intubation from Optional Scope	EMSA is removing pediatric intubation from local optional scope of practice as of 7/1/2018. In this context, a pediatric patient is defined as one that fits within		

	the Broslow tape. Can still look for foreign body with Miguel Forceps.		
VIII. Policies for Review			
A. 310	Remove Activated Charcoal and Furosemide. Added Chloride to Pralidoxime. Added Capnography monitoring.	Approved with Changes	Motion: Kathy McShea Seconded: Heather Ellis Passed unanimous
B. 335	Chris will reformat the process on how they are approved.	No changes.	Motion: Ira Tilles Seconded: Kathy McShea Passed unanimous
C. 705.25		Approved. No changes.	Motion: Ira Tilles Seconded: Jaime Villa Passed unanimous
D. 727	The committee asked that Chris look at data on this Anterior vs Posterior pad placement. Add 705 language of symptomatic bradycardia under indications for consistency.	Approved with Changes	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous
E. 1135	Add letter b. on page 8, #5 -"The student shall have a minimum of forty (40) ALS patient contacts during the field internship. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient."	Approved with Change	Motion: Tom Gallegos Seconded: Jame Rosolek Passed unanimous
X. Agency Reports			
A. Fire departments	**VCFPD** – Pancake breakfast in Moorpark on Saturday. **VCFD –** none **OFD** – none. **Fed. Fire** – none **SPFD** – none **FFD** – none		
B. Transport Providers	**LMT –** none **AMR/GCA** –none **AIR RESCUE –**none		
C. Base Hospitals	**SVH** – none		

		LRRMC – Debbie is retiring the end of December. You will be greatly missed Deb!! **SJRMC –** Construction continues with no impact on ambulance bay**.** **VCMC** – Helipad is closed until further notice.	
D.	Receiving Hospitals	**PVH –** none **SPH** – none **CMH** – New hospital is set to open in January or February 2018. **OVCH** – none	
E.	Law Enforcement	**VCSO –** none **CSUCI PD –** none	
F.	ALS Education Programs	**Ventura College** – Tom will send out information on a meeting regarding internships.	
G.	EMS Agency	**Steve –** EMS is working on the "Stop the Bleed" campaign. Boxes are being mounted on the walls of various county buildings. **Dr. Shepherd -** none **Chris** – There are no Hep-A cases in Ventura County now. L.A and O.C. have an outbreak, mostly the homeless population. **Katy** – **Randy** – none **Karen** – none	
H.	Other		
XI.	**Closing**	**Meeting adjourned at 12:00**	

Prehospital Services Committee 2017

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
AMR	Stefansen	Adriane				AS			AS		AS	AS			
AMR	Carmona	Yoni				YC									
CMH - ER	Canby	Neil				NC	NC		NC		N C	NC			
CMH - ER	Querol	Amy		AQ											
OVCH - ER	Pulido	Ed		EP			EP					EP			
OVCH - ER	Ferguson	Catherine				BP	BP		BP		CF				
CSUCI PD	Drehsen	Charles		CD		CD	CD		CD		CD	CD			
CSUCI PD	DeBoni	Curtis													
FFD	Herrera	Bill				BH					BH	BH			
FFD	Scott	Bob				BS			BS						
GCA	Panke	Chad													
GCA	Sanders	Mike		MS		MS	MS		MS			MS			
Lifeline	Rosolek	James		JR		JR	JR		JR		JR	JR			
Lifeline	Williams	Joey		AS		JW			JW		JW				
LRRMC - ER	Brooks	Kyle		KB		KB	KB					KB			
LRRMC - ER	Licht	Debbie		DL		DL	DL		DL		DL	DL			
OFD	Martin	Blair		BM		BM	BM								
OFD	Villa	Jaime					JV		JV		JV	JV			
SJPVH - ER	Hutchison	Stacy		KM		SH	SH		SH			SH			
SJPVH - ER	Davies	Jeff		JD		JD			JD			JD			
SJRMC - ER	Larsen	Todd		TL		TL			TL		TL	TL			
SJRMC - ER	McShea	Kathy		KM		KM	KM		KM		KM	KM			
SPFD	Zeller	Tyler							TZ						
SVH - ER	Tilles	Ira				IT	IT				IT	IT			
SVH - ER	Vorzimer	Nicole		NV		NV	NV		DB		NV	NV			
V/College	O'Connor	Tom		TO		TO	TO		TO			TO			
VCFD	Tapking	Aaron		AT			AT		AT		AT				
VCFD	Ellis	Heather		HE		HE	JH		HE		HE	HE			
VNC	Zeller	Scott		SZ		SZ	SZ		SZ		SZ	SZ			
VNC	Tolle	Jonathon		JS							JT	JT			
VNC - Dispatch	Gregson	Erica		EG			EG		EG		EG	EG			
VCMC - ER	Chase	David		DC		DC	SR		DC		DC	SR			

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
VCMC - ER	Gallegos	Tom				TG			TG		TG	TG			
VCMC-SPH	Melgoza	Sarah				SM			SM		SM	SM			
VCSO SAR	Hadland	Don		DH		DH	DH				DH	DH			
VCSO SAR	Golden	Jeff		JS		JG	JG		JG						
VFF	Santillo	Dave		DS											
VFF	Bond	Timothy													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
EMS	Carroll	Steve		SC		SC	SC		SC		SC	SC			
EMS	Frey	Julie		JF			JF		JF		JF	JF			
EMS	Hadduck	Katy				KH	KH		KH		KH				
EMS	Perez	Randy				RP	RP		RP			RP			
EMS	Shepherd	Daniel		DS		DS	DS		DS		DS	DS			
EMS	Rosa	Chris		CR		CR	CR		CR		CR	CR			
EMS	Salvucci	Angelo		AS											
EMS	Hansen	Erik													
EMS	Beatty	Karen		KB		KB	KB		KB		KB	KB			
LMT	Winter	Jeff							JW		JW				
LMT	Frank	Steve													
VCMC	Duncan	Thomas		TD		TD			TD			TD			
VNC	James	Lauri		LJ			LJ		LJ		LJ				
VNC	Shedlosky	Robin		RS					RS		RS	RS			
VNC	Komins	Mark		MK		MK	MK				MK	MK			

TEMPORARY
PARKING PASS
Expires January 11, 2018

Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, EXCLUDES Patient parking areas

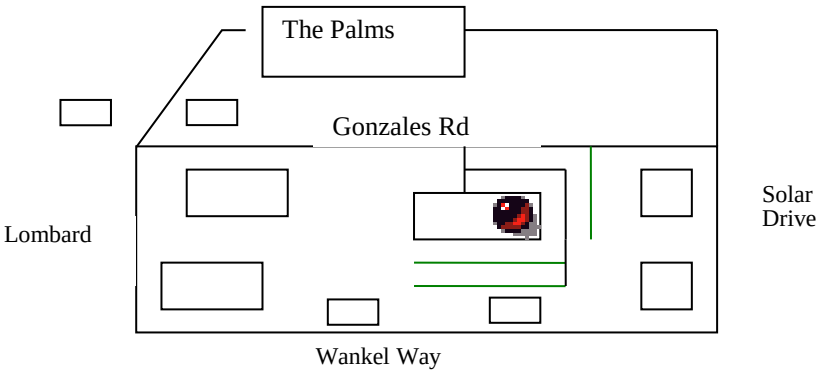
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location
If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

2100 Solar Drive
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall
Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: BLS And ALS Unit Equipment And Supplies	Policy Number: 504
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director Daniel Shepherd, MD	Date: DRAFT
Origination Date: May 24, 1987 Date Revised: May 11, 2017 Last Reviewed: May 11, 2017 Review Date: May, 2020	Effective Date: DRAFT

I. PURPOSE: To provide a standardized list of equipment and supplies for response and/or transport units in Ventura County.

II. POLICY: Each response and/or transport unit in Ventura County shall be equipped and supplied according to the requirements of this policy.

III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218, 1797.221 and California Code of Regulations Sections 100148, 100306, 100404

IV. PROCEDURE:

The following equipment and supplies shall be maintained on each response and/or transport unit in Ventura County.

Deviation from the standards outlined in this policy shall only be authorized with written approval from the VCEMS Medical Director.

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS				
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 infant
Bag valve units Adult Child	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3
Nasopharyngeal airway (adult and child or equivalent)	1 each	1 each	1 each	1 each
Oral glucose 15gm unit dose	1	1	1	1
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.
Portable suction equipment	1	1	1	1
Transparent oxygen masks Adult nonrebreather Child Infant	 3 3 2	 2 2 2	 2 2 2	 2 2 2
Bandage scissors	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	 12 6	 12 2 0	 12 6 2	 5 4 2
Blood pressure cuffs Thigh Adult Child Infant	 1 1 1 1	 1 1 1 1	 1 1 1 1	 1 1 1 1
Emesis basin/bag	1	1	1	1
Flashlight	1	1	1	1
Traction splint or equivalent device	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	4	4	4
Potable water or saline solution	4 liters	4 liters	4 liters	4 liters
Cervical spine immobilization device	2	2	2	2
Spinal immobilization devices KED or equivalent 60" minimum with at least 3 sets of straps	 1 1	 1 0	 1 1	 1

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
Sterile obstetrical kit	1	1	1	1
Tongue depressor	4	4	4	4
Cold packs	4	4	4	4
Tourniquet	1	1	1	1
OPTIONAL EQUIPMENT				
~~Nerve agent antidote – (3 kits per person suggested)~~				
Occlusive dressing or chest seal				
Hemostatic gauze per EMSA guidelines				
B. TRANSPORT UNIT REQUIREMENTS				
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1
Automated External Defibrillator (if not equipped with ALS monitor/defibrillator)	1	1	1	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1 Set	0	0	1 Set
Soft Ankle and wrist restraints.	1	0	0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0
Bedpan	1	0	0	0
Urinal	1	0	0	0
Personal Protective Equipment per State Guideline #216				
Rescue helmet	2	1	0	0
EMS jacket	2	1	0	0
Work goggles	2	1	0	0
Tyvek suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Tychem hooded suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Nitrile gloves	1 Med / 1 XL	1 Med / 1 XL	0	0
Disposable footwear covers	1 Box	1 Box	0	0
Leather work gloves	3 L Sets	1 L Set	0	0
Field operations guide	1	1	0	0

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS TRANSPORT UNIT REQUIREMENTS				
Cellular telephone	1	1	1	1
Alternate ALS airway device	2	1	1	1
Arm Boards 9” 18”	 3 3	 0 0	 1 1	 0 0
Blood glucose determination devices	2	1	1	1
Cardiac monitoring equipment	1	1	1	1
CO_2 monitor	1	1	1	1
Colorimetric CO2 Detector Device	1	1	1	1
Continuous positive airway pressure (CPAP) device	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets
Endotracheal intubation tubes, sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
EZ-IO intraosseous infusion system	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Intravenous Fluids (in flexible containers) • Normal saline solution, 500 ml • Normal saline solution, 1000 ml	 2 6	 1 2	 1 4	 1 3
IV admin set - microdrip	4	1	2	2
IV admin set - macrodrip	4	1	4	3
IV catheter, Sizes l4, l6, l8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries Curved blade #2, 3, 4 Straight blade #1, 2, 3	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each
Magill forceps Adult Pediatric	 1 1	 1 1	 1 1	 1 1
Nebulizer	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1
Needle Thoracostomy kit	2	2	2	2
Pediatric length and weight tape	1	1	1	1
SpO_2 Monitor (If not attached to cardiac monitor)	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)				
Flexible intubation stylet				

	BLS Unit Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
D. MEDICATION, MINIMUM AMOUNT					
Adenosine, 6 mg		3	3	3	3
Albuterol 2.5mg/3ml		6	2	3	1
Aspirin, 81mg		4 ea 81 mg	4 ea 81 mg	4 ea 81 mg	4 ea 81 mg
Amiodarone, 50mg/ml 3ml		6	3	6	3
Atropine sulfate, 1 mg/10 ml		2	2	2	2
Diphenhydramine (Benadryl), 50 mg/ml		2	1	1	2
DuoDote Auto-Injector					
Calcium chloride, 1000 mg/10 ml		2	1	1	1
Dextrose 5% 50ml		2	1	2	1
Dextrose 10% 250 ml		2	1	2	1
Dextrose 25% 2.5 GM 10ml		1	1	1	1
Dextrose 50%, 25 GM/50		5	2	2	2
~~Dopamine, 400 mg/250ml D5W, premixed~~		~~2~~	~~1~~	~~1~~	~~2~~
Epinephrine 1:1,000, 1mg/ml		4	2	2	2
Epinephrine 1:10,000, 1 mg/10ml		6	3	6	4
Epinephrine 1:1,000, 30 ml multi-dose vial		1	1	1	1
Glucagon, 1 mg/ml		2	1	2	1
Lidocaine, 100 mg/5ml		2	2	2	2
Magnesium sulfate, 1 gm per 2 ml		4	1	2	2
Morphine sulfate, 10 mg/ml		2	2	2	2
Naloxone Hydrochloride (Narcan)		10 mg	4 mg	4 mg	4mg
Nitroglycerine preparations, 0.4 mg		1 bottle	1 bottle	1 bottle	1 bottle
Normal saline, 10 ml		2	2	2	2
Sodium bicarbonate, 50 mEq/ml		2	1	1	1
Ondansetron 4 mg IV single use vial		4	4	4	4
Ondansetron 4 mg oral		4	4	4	4
Midazolam Hydrochloride (Versed)		5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials

Chest Pain – Acute Coronary Syndrome

BLS Procedures

Administer oxygen if dyspnea, signs of heart failure or shock, or SpO2 < 94%
Assist patient with prescribed Nitroglycerin as needed for chest pain

- Hold if SBP < 100 mmHg

ALS Prior to Base Hospital Contact

Perform 12-lead ECG

- If ***ACUTE MI SUSPECTED*** or ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** are present, expedite transport to closest STEMI Receiving Center
- Document all initial and ongoing rhythm strips and ECG changes

For continuous chest pain consistent with ischemic heart disease:

- **Nitroglycerin**
  - SL or lingual spray – 0.4 mg q 5 min for continued pain
    - No max dosage
    - ~~Maintain SBP > 100 mmHg~~
    - ~~If normal SBP < 100 mmHg, then maintain SBP > 90 mmHg~~
- **Aspirin**
  - PO – 324 mg

IV access

- 3 attempts only prior to Base Hospital contact

If pain persists and not relieved by NTG:

- **Morphine** – per policy 705 - Pain Control
  - Maintain SBP > 100 mmHg

If patient presents or becomes hypotensive:

- Lay Supine
- **Normal Saline**
  - IV bolus – 250 mL
    - Unless CHF is present

Communication Failure Protocol

One additional IV attempt if not successful prior to initial BH contact

- 4 attempts total per patient

If hypotensive (SBP less than 90mmHg) and signs of CHF are present or no response to fluid therapy:

- **Epinephrine 1:10,000**
  - Slow IVP – 0.1 mg (1 mL) increments
  - ~~Max 0.3 mg (3 mL) over 1-2 min~~
  -
- ~~**Dopamine**~~
  - ~~IVPB – 10 mcg/kg/min~~

Base Hospital Orders only

Consult ED Physician for further treatment measures

ED Physician Order Only: For ventricular ectopy [PVC's > 10/min, multifocal PVC's, or unsustained V-Tach], consider Amiodarone IVPB - 150 mg in 50mL D5W infused over 10 minutes

Additional Information:

- Nitroglycerin is contraindicated when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. NTG then may only be given by ED Physician order

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Effective Date: DRAFT
Next Review Date: April 2019
Date Revised: April 13, 2017
Last Reviewed: April 13, 2017

VCEMS Medical Director

Effective Date: **DRAFT**
Next Review Date: April 2019

Date Revised: April 13, 2017
Last Reviewed: April 13, 2017

VCEMS Medical Director

Shortness of Breath – Pulmonary Edema

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

Nitroglycerin

- SL or lingual spray – 0.4 mg q 1 min x 3
  - Repeat 0.4 mg q 2 min
  - No max dosage
  - Hold for SBP < 100 mmHg

Initiate CPAP for moderate to severe distress

Perform 12-lead ECG (Per VCEMS Policy 726)

IV access

If wheezes are present and suspect COPD/Asthma, consider:

- **Albuterol**
  - Nebulizer – 5mg/6mL

Communication Failure Protocol

If patient becomes or presents with hypotension

- **Epinephrine 1:10,000**
  - Slow IVP – 0.1 mg (1 mL) increments (goal is to maintain SBP greater than 90 mmHg)
  - Max 0.3 mg (3 mL) over 1-2 min
- ~~**Dopamine**~~
  - ~~IVPB – 10 mcg/kg/min~~

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- Nitroglycerin is contraindicated when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. In this situation, NTG may only be given by ED Physician order.

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Effective Date: DRAFT
Next Review Date: May 2019

Date Revised: May 11, 2017
Last Reviewed: May 11, 2017

EMS Medical Director

Symptomatic Bradycardia

ADULT (HR < 45 bpm)	PEDIATRIC (HR < 60 bpm)
BLS Procedures	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
ALS Prior to Base Hospital Contact	
IV access **Obtain 12-lead ECG** **Atropine** • IV – 0.5 mg (1 mg/10 mL) **Transcutaneous Pacing (TCP)** • Should be initiated only if patient has signs of hypoperfusion • Should be started immediately for 3º heart blocks and 2º Type 2 (Mobitz II) heart blocks • If pain is present during TCP ○ **Morphine** – per policy 705.19 - Pain Control	**IV access** • IO access only if pt in extremis **Epinephrine 1:10,000** • IV/IO – 0.01 mg/kg (0.1 mL/kg) q 3-5 min
Communication Failure Protocol	
If symptoms persist for 3 minutes after first atropine dose and if no capture with TCP • **Atropine** ○ IV – 0.5 mg q 3-5 min • Max 0.04 mg/kg • **Epinephrine 1:10,000** ○ Slow IVP – 0.1 mg (1 mL) increments ○ Max 0.3 mg (3 mL) over 1-2 min • ~~**Dopamine**~~ ○ ~~IVPB – 10 mcg/kg/min~~ • ~~Use if patient continues to be unresponsive to atropine and TCP~~	
Base Hospital Orders only	
For suspected hyperkalemia • **Calcium Chloride** ○ IV – 1 g over 1 min • Withhold if suspected digitalis toxicity • **Sodium Bicarbonate** ○ IV – 1 mEq/kg	**Atropine** • IV/IO – 0.02 mg/kg ○ Minimum dose – 0.1 mg
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information • Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP)	

Smoke Inhalation

ADULT	PEDIATRIC
BLS Procedures	
Remove individual from the environment Consider gross decontamination Assess ABCs Assess for trauma and other acute medical conditions Administer oxygen as indicated, or with evidence of smoke inhalation • Maintain SpO_2 greater than 93%	Remove individual from the environment Consider gross decontamination Assess ABCs Assess for trauma and other acute medical conditions Administer oxygen as indicated, or with evidence of smoke inhalation • Maintain SpO_2 greater than 93%
ALS Prior to Base Hospital Contact	
Airway support in accordance with Policy 710 – Airway Management IV/IO access as indicated If Wheezes present • **Albuterol** ○ Nebulizer – 5mg/6mL ▪ Repeat as needed If smoke inhalation AND unconscious or ALOC • **Hydroxycobalamin** ○ IV/IO – 5gm in 200mL NS over 15 minutes	Airway support in accordance with Policy 710 – Airway Management IV/IO access as indicated If Wheezes present • **Albuterol** ○ Nebulizer – 5mg/6mL ▪ Repeat as needed If smoke inhalation AND unconscious or ALOC • **Hydroxycobalamin** ○ IV/IO – 70mg/kg to a max of 5gm in 200mL NS over 15 minutes
Base Hospital Orders only	
Continued unconscious/ALOC OR poor response to initial dose • **Hydroxycobalamin** ○ IV/IO – 5gm in 200mL NS over 15 to 120 minutes, depending on clinical presentation.	Continued unconscious/ALOC OR poor response to initial dose • **Hydroxycobalamin** ○ IV/IO – 70mg/kg to a max of 5gm in 200mL NS over 15 to 120 minutes, depending on clinical presentation.
Consult with ED Physician for further treatment measures.	Consult with ED Physician for further treatment measures.
Additional Information: • Evidence of smoke inhalation includes soot around mouth and/or nares, increased work of breathing, wheezing • If additional IV/IO medications are indicated, establish a second IV or IO. DO NOT administer other medications with hydroxycobalamin through the same IV/IO line. • DO NOT administer hydroxycobalamin if patient has a known allergy to hydroxycobalamin or cyanocobalamin	

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Continuing Education for EMS Personnel	Policy Number 1133
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: Date Revised: Date Last Reviewed: Review Date:	Effective Date: DRAFT

I. PURPOSE: To identify acceptable continuing education topics for prehospital providers, in addition to outlining acceptable delivery formats and limitations related to continuing education.

II. AUTHORITY: California Health and Safety Code – Title 22, Division 2.5, Sections 1797 – 1979.207; California Code of Regulations – Title 22, Division 9, Chapter 11.

III. DEFINITIONS:

EMS Continuing Education Provider: EMS Continuing Education Provider means an individual or organization approved by the requirements of VCEMS Policy 1130 – Continuing Education Provider Approval to conduct continuing education courses, classes, activities or experiences and issue earned continuing education hours to EMS Personnel for the purposes of maintaining certification/licensure or re-establishing lapsed certification or licensure.

Continuing Education (CE): A course, class, activity, or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as knowledge to enhance individual and system proficiency in the practice of pre-hospital emergency medical care.

Continuing Education Unit (CEU): Shall be any one of the following:

1. Every fifty minutes of approved classroom or skills laboratory activity.
2. Each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS service provider, or receiving/base hospital.
3. Each hour of media based / serial production CE as approved by VCEMS

IV. POLICY:

A. CE Provider Approving Authority

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1. VCEMS shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within the County of Ventura, if not otherwise approved by an item listed below.
   a. Courses and/or CE providers approved by the Commission on Accreditation for Prehospital Continuing Education (formerly CECBEMS) or approved by EMS offices of other states are approved for use in California and need no further approval.
   b. Courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology) offered by accredited colleges and universities are approved for CE and need no further approval.
      1) Ten (10) CEHs will be awarded for each academic quarter unit
      2) Fifteen (15) CEHs will be awarded for each academic semester unit
      3) Unofficial transcripts from the accredited college / university shall be the only method of verification when issuing CEH for these types of courses.
   c. The California EMS Authority shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state if not otherwise approved according to one of the above items.

B. Continuing Education Topics
   1. Continuing education for EMS personnel shall be in any of the topics contained in the respective National Standard Curricula for training EMS personnel, including advanced topics in subject matter outside the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).

C. Continuing Education Delivery Formats
   1. Classroom - didactic and/or skills laboratory where direct interaction with instructor is possible.
   2. Organized field care audits of base hospital communication and/or patient care records;
   3. Courses offered by accredited universities and colleges, including junior and community colleges;
   4. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.

5. Media based and/or serial productions (e.g. films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules).
6. Precepting EMS students or EMS personnel as a field preceptor, as assigned by an EMS training program or an EMS service provider approved by VCEMS.
    a. CE for precepting can only be given for actual time precepting a student and must be issued by the EMS training program or EMS service provider that has an agreement or contract with the field preceptor or with the preceptor's employer.
    b. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider must be a CE provider approved in accordance with VCEMS Policy 1130.
7. Precepting EMS students or EMS personnel as a hospital clinical preceptor, as assigned by an EMS training program, an EMS service provider, or a receiving/base hospital that is approved as a CE provider program in accordance with VCEMS Policy 1130.
    a. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider, hospital or alternate base station must be a CE provider approved according to this Chapter.
    b. CE for precepting can only be given for actual time spent precepting a student or EMS personnel and must be issued by the EMS training program, EMS service provider, or receiving/base hospital that has an agreement or contract with the hospital clinical preceptor or with the preceptor's employer.
8. Advanced topics in subject matter outside the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).

D. Limitations

1. CE courses shall not be approved for less than one hour of credit.
    a. For CE courses greater than one (1) CEH, credit may be granted in no less than half-hour increments.
2. No more than twelve (12) hours of continuing education, in any form, will be accepted within any twenty-four (24) hour period.

3. An individual may receive credit for taking the same CE course/class/activity no more than two times during a single certification or licensure cycle.
4. At least fifty percent of the required CE hours must be in a format that is instructor based, which means that instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).
    a. This provision shall not include precepting or magazine articles for CE credit. VCEMS will determine whether a CE course, class or activity is instructor based.
5. During a certification or licensure cycle, an individual may receive credit, one time only, for service as a CE course/class/activity instructor.
    a. Credit received shall be the same as the number of CE hours applied to the course/class/activity.
6. During a certification or licensure cycle, an individual may receive credit, one time only, for service as an instructor for an approved EMT or paramedic training program
    a. The hours of service shall not exceed fifty percent of the total CE hours required in a single certification or licensure cycle.
7. When guided by the EMS service provider's quality improvement plan, an EMS service provider that is an approved CE provider may issue CE for skills competency demonstrations to address any deficiencies identified by the service provider.
    a. Skills competency demonstration shall be conducted in accordance with the respective National Standard Curriculum skills outline or in accordance with the policies and procedures of the VCEMS medical director.
8. If it is determined through a quality improvement plan that EMS personnel need remediation or refresher in an area of the individual's knowledge and/or skills, the VCEMS medical director or an EMS service provider may require the EMS personnel to take an approved CE course with learning objectives that addresses the remediation or refresher needed, as part of the individual's required hours of CE for maintaining certification or licensure.

9. Because paramedic license renewal applications are due to the California EMS Authority thirty days prior to the expiration date of a paramedic license, a continuing education course(s) taken in the last month of a paramedic's licensure cycle may be applied to the paramedic's subsequent licensure cycle, only if that CE course(s) was not already applied to the licensure cycle during which the CE course(s) was taken.
10. VCEMS shall not require additional continuing education hours for accreditation, beyond the state required minimum of forty-eight (48) hours.

E. Continuing Education Records

1. In order to receive credit, CE shall be completed during the current certification/licensure cycle, except as provided in Section IV.D.8 of this policy.
2. CE shall be valid for a maximum of two years prior to the date of a completed application for certificate/license renewal.
3. EMS personnel shall maintain for four years CE certificates issued to them by any CE provider.
4. In order to verify the authenticity of continuing education certificates, or as part of a CE provider's approval process, CE certificates may be audited by VCEMS.
~~1.~~5. Any/all continuing education records issued by a CE provider program shall meet the minimum requirements outlined in VCEMS Policy 1130.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Refusal of EMS Services	Policy: 603
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: October 2, 2017
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: October 2, 2017
Origination Date October 31, 1995 Date Revised: May 11, 2017 Last Review: May 11, 2017 Review Date May, 2020	Effective Date: October 2, 2017

I. PURPOSE: To define the policy and operating procedures for the approach to patients, or potential patients, at the scene of an EMS response who decline services

II. AUTHORITY: California Health and Safety Code, Division 2.5, sections 1797.204, 1797.206, 1798, and 1798.2, California Code of Regulations Title 22, Division 9, sections 100170(5) and 100128(4), California Welfare and Institution Code, sections 305,625, 5150 and 5170

III. DEFINITIONS:

Adult – person over 18 years of age

ALS – advanced level EMS services as defined in the policies and procedures of the Ventura County Emergency Medical Services Agency (VCEMS) and the California Health and Safety Code, section 1797.52

AMA – when a patient with evidence of an emergency or acute medical condition, or who has required an ALS intervention, refuses transport or other indicated interventions. Patient must be an adult or emancipated minor, and have capacity as defined below, to decline service against medical advice.

BLS – basic level EMS services as defined in the policies and procedures of VCEMS and the California Health and Safety Code, section 1797.60

Capacity – a person's ability to make an informed decision after consideration of the risks and benefits of such a decision. Capacity differs from competence, which is a legal definition that extends beyond the act of making specific medical decisions.

Dedicated decision maker – an individual who has been selected by or legally appointed to make medical decisions on behalf of the patient, including individuals with a power of attorney.

Emancipated minor – a person under 18 years of age who has been legally separated from their parents and lives independently.

Emergency Medical Condition – a medical condition that is acute or subacute in nature and requires immediate assessment. Emergency medical conditions typically carry the risk of sudden deterioration and possibly death. These conditions may be readily apparent or suspected based on the reported signs and symptoms, mechanism of injury, or medical history.

Minor – person under 18 years of age.

Power of attorney – the authority to act for another person in specified legal, medical or financial matters.

Declination of service – a contact at the scene of an EMS response who does not demonstrate any evidence of an injury or acute medical condition and is declining any and all EMS services. Example: ambulatory individuals at a minor traffic accident, bystanders at a structure fire.

Declination of transport and/or assessment – when a patient requests BLS level services but declines transport and/or assessment. These patients meet defined criteria for declining such services and lack any complaints or exam findings indicative of an emergent medical condition.

IV. POLICY:

A. Adults and a select group of minors with decision-making capacity have the right to dictate the scope of their medical care. EMS has an obligation to offer service.

B. All potential patients at the scene of an EMS response shall be offered evaluation and treatment. Transportation is an essential component of EMS care and should be encouraged.

C. Providing care establishes a therapeutic relationship and the expectations therein.

D. Not all EMS patients require ALS care and/or transport.

E. Patients declining care and/or transport should be counseled thoroughly about the pertinent risks of declining such interventions and all discussions should be documented thoroughly.

F. If there is any concern, the BLS providers shall request an ALS provider.

G. BLS providers with concern for an emergency medical condition shall request an ALS provider for an ALS level assessment.

H. Only adults and a select group of minors can refuse care. Persons who refuse care must demonstrate capacity and be free of impairment due to drugs and/or alcohol. Emancipated minors, minors on military duty, and married minors may decline services if they meet the criteria for refusal. Parents of minors and the dedicated decision makers for adults who lack capacity can decline services for others if they themselves meet the criteria for refusal.

I. Criteria for refusal:
   1. Alert, oriented (x4) person, place, time, and purpose/situation.
   2. Able to demonstrate capacity by participating in a discussion of the risks of refusal. Must adequately acknowledge risks of declining the relevant services.
   3. Free of impairment due to drugs or alcohol.
   4. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.

V. PROCEDURE**:**

A. Cancellation and Declination of Service
   1. Those individuals at an EMS response who have no medical complaints or evidence of an emergency medical condition may decline service. Service will still be offered, and encouraged. An ePCR with no treatment disposition shall be completed.

   2. Advise contact of the potential risks of declining service.

   3. Document encounter as required by VCEMS policy 1000.

   4. Use of the narrative to describe the scene is strongly encouraged.

   5. An ePCR is required for all occupants of a vehicle in a minor traffic collision if any individual within the vehicle requires assessment, care, and/or transport or trauma triage criteria are present.
      a. No ePCR is required for the occupants of a vehicle involved in a minor traffic collision in which all occupants in the vehicle are without complaint and no trauma triage criteria are present.

   6. No ePCR is required for an incident in which your unit was canceled en route or by another agency within two minutes of arrival to the scene.

   7. No ePCR is required for patients involved in any incident who are without complaint and no trauma triage criteria are present.

B. Declination of Transport and/or Assessment
   1. Patients with minor injuries or illness, or those in need of strictly BLS interventions, shall be evaluated and treated per protocol.

   2. Transport must be offered and encouraged.

   3. Adults and appropriate minors may decline transport and/or assessment if all of the following criteria are met:
      a. Alert, oriented (x4) person, place, time, and purpose/situation.
      b. Able to demonstrate capacity by participating in a discussion of the risks and benefits of declining additional service. Must adequately acknowledge risks of declining.
      c. Free of impairment due to drugs or alcohol.

d. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.
e. No need for ALS level intervention.
f. No criteria for ALS assessment and base hospital contact as defined by VCEMS policy 704.

4. Adults and appropriate minors may be released by ALS providers after base hospital contact if ALL of the following criteria are met:
   a. Alert, oriented (x4) person, place, time, and purpose/situation.
   b. Able to demonstrate capacity by participating in a discussion of the risks and benefits of declining additional service. Must adequately acknowledge risks of declining.
   c. Free of impairment due to drugs or alcohol.
   d. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.

5. Minors and those lacking capacity may be released from care if a parent or dedicated decision maker is present and meets criteria listed above.

6. Documentation is essential. You MUST document the mechanism of injury or medical complaint, past medical history with medications, a physical exam with vital signs, a general impression or assessment, and a follow-up plan.

7. Discuss the risks of declining and document the discussion in your narrative.

8. Obtain relevant signatures.

9. The relevant documentation shall be completed expeditiously.

C. AMA
   1. Patient has evidence of an emergency medical condition, required an ALS intervention, or has a complaint and/or condition as described in VCEMS policy 704.

   2. Attempt to convince the patient to consent to care and/or transport.

   3. Engage patient in a discussion detailing the risks of declining additional services.

   4. Contact base hospital for further assistance and/or to document AMA.

   5. Direct communication between the MICN and/or base hospital physician and patient is encouraged.

   6. Adults and appropriate minors may be released if the appropriate criteria are met:
      a. Alert, oriented (x4) person, place, time, and purpose/situation.
      b. Able to demonstrate capacity by participating in a discussion of the risks and benefits of refusal. Must adequately acknowledge risks of refusal.
      c. Free of impairment due to drugs or alcohol.

d. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.

7. These are high-risk contacts for patients, providers, and EMS agencies. Therefore, they must be completed in a thorough and thoughtful manner. This includes detailed documentation of the history, exam, and all pertinent discussions.

8. Have patient and witness complete relevant AMA documentation.

9. If patient does not meet criteria outlined above, or AMA is discouraged by the base hospital, Law enforcement and/or Crisis Team may be requested to the scene and efforts to convince the patient to agree to transport should be continued.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2017
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2017
Origination Date: June 15, 1998 Date Revised: October 12, 2017 Date Last Reviewed: October 12, 2017 Review Date: October 31, 2019	Effective Date: December 1, 2017

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:

1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250ml or 50 mg/250ml.
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe hypotension, defined as a systolic blood pressure < 90, the medication drip will be discontinued and the receiving hospital notified.
4. Drip rates will not exceed 50 mcg/minute.
5. Vital signs will be monitored and documented every 10 minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:

1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/ml of IV fluid (25,000 units/250ml, 25,000 units/500 ml or 50,000 units/500 ml).
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. The medication drip will be discontinued and the base hospital notified if the patient develops new, rapidly worsening, or uncontrolled bleeding.
4. Drip rates will not exceed 1600 units/hour.
5. Vital signs will be monitored and documented every 10 minutes.

D. All cases of IV Heparin and IV Nitroglycerin administration will be documented in the VCePCR, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.

E. All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Ventura County Emergency Medical Services Provider Agencies	Policy Number 500
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: **DRAFT**
APPROVED: Medical Director: ~~Angelo Salvucci, M.D.~~Daniel Shepherd, M.D.	Date: **DRAFT**
Origination Date: July 1987 Date Revised: October 11, 2012 Date Last Reviewed: October 11, 2012 Review Date: October, 2015	Effective Date: **DRAFT**

Air Rescue

Ventura County Sheriff's Search and Rescue
375 Durley Avenue #A
Camarillo, CA 93010
805-388-4212

Law Enforcement

Cal State Channel Islands University Police Department
1 University Drive - Placer Hall
Camarillo, CA 93012
805-347-8444

First Responder Agencies

Channel Islands Harbor Patrol
3900 Pelican Way
Oxnard, CA 93035
805-382-3000

*Fillmore City Fire Department
250 Central
Fillmore, CA 93015
805-524-1500 X 226

Oxnard City Fire Department
360 W. Second St.
Oxnard, CA 93030
805-385-7722

Ventura County Federal Fire Dept.
Naval Air Station
Fire Division, Code 5140
Point Mugu, CA 93042-5000
805-989-7034

City of Santa Paula Fire Department
970 East Ventura Street
Santa Paula, CA 93060
805-933-4218

* Ventura City Fire Department
1425 Dowell Drive
Ventura, CA 93003
805-339-4319

* Ventura County Fire Protection District
165 Durley Drive
Camarillo, CA 93010
805-389-9702

Ventura Harbor Patrol
1603 Anchors Way
Ventura, CA 93003
805-642-8538

Transport Agencies

American Medical Response
616 Fitch Avenue
Moorpark, CA 93021
805-517-2000

Gold Coast Ambulance
P.O. Box 7065
200 Bernoulli Circle
Oxnard, CA 93030
805-485-1231

LifeLine Medical Transport
P.O. Box 1089
632 E. Thompson Blvd
Ventura, CA 93001
805-653-9111

* ALS First Responder

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Advanced Life Support Transport Provider Criteria	Policy Number 501
APPROVED Administration: Steve L. Carroll, EMT-P	Date: June 1, 2013
APPROVED Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: April 1984 Date Revised: April 19, 2013 Last Reviewed: April 19, 2013 Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To define the criteria for ALS transport providers.

II. POLICY: A Ventura County ALS Transport Provider shall meet the following criteria.

III. AUTHORITY:

Health and Safety Code, Section 1797.218. California Code of Regulations, Section 100168.

IV. PROCEDURE:

A. ALS Transport Provider Requirements

An Advanced Life Support Transport Provider, approved by Ventura County Emergency Medical Services (VC EMS), shall:

1. ALS Unit Response Capability

Provide medical services response on a continuous twenty-four (24) hours per day, basis 7 days a week. Any change in response capability of the ALS transport provider must be reported to the Base Hospital (BH) and VC EMS immediately or during the first day of office hours after the change in response capability. All requests for pre-hospital emergency care shall be met by ALS capable staff and vehicles.

Interfacility transfers are not considered emergency medical service unless the transfer is for an urgent life or limb threatening condition that cannot be medically cared for at the transferring facility. (Refer to Policy 605: Interfacility Transfers)

2. ALS Unit Coverage and Staffing

All requests for pre-hospital emergency medical care shall be responded to with the following:

a. An ambulance that meets the requirements of Policy 504 and

b. 2 paramedics or 1 paramedic and 1 EMT ALS Assist per VC EMS Policies 318 and 306. At least one paramedic must be employed by the contracted ambulance transport agency.

3. ALS Patient Transport

Provide transportation for ALS patients in an ALS unit.

4. ALS Communications

   Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

   Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

   Each ALS Transport Provider shall have a minimum of one fully equipped and operational satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The ALS Transport Provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

5. ALS Drugs, Equipment and Supplies

   Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504.

6. Ensure that security mechanisms and procedures are established for controlled substances and that mechanisms for investigation and mitigation of suspected tampering or diversion are established, in accordance with section 100168 of the California Code of Regulations

6. Contract with VC EMS

   Have a contract with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.

7. Medical Direction

   Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under Prior to Base Hospital Contact and Communications Failure Policies.

8. Personnel Records

   Keep a personnel file for each paramedic and EMT, which includes but not limited to licensure/certification, accreditation, employment status and performance.

9. ACLS and PALS/PEPP Course

   Assure that each paramedic maintains current ACLS and PALS/PEPP courses.

10. Quality Assurance

Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.

11. Basic Life Support

Provide Basic Life Support services if ALS services are not indicated.

12. ALS Rates

Charge ALS rates, as approved by the Board of Supervisors, only when ALS services are performed.

13. Documentation

Submit documentation according to VC EMS Policy 1000.

B. Advertising

1. ALS Transport Provider

No paramedic transport provider shall advertise itself as providing ALS services unless it does, in fact, routinely provide ALS services on a continuous twenty-four (24) hours per day and complies with the regulations of Ventura County Emergency Medical Services Agency.

2. ALS Responding Unit

No responding unit shall advertise itself as providing ALS services unless it does, in fact, provide ALS services twenty-four (24) hours per day and meets the requirements of VC EMS.

C. ALS Policy Development

Medical policies and procedures for the VC EMS system shall be developed by the Pre-hospital Services Committee for recommendation to and approval by the EMS Medical Director.

D. Contract Review

VC EMS shall review its contract with each ALS transport provider on an annual basis.

E. Denial, Suspension or Revocation of Transport Provider Approval

VC EMS may deny, suspend, or revoke the approval of an ALS transport provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

F. ALS Transport Provider Review Process, New Designation

Newly designated ALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Support Vehicles		Policy Number 506
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: Revised Date: Last Reviewed: Review Date:	October 1995 April 5, 2013 April 11, 2013 March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To provide an additional Advanced Life Support (ALS) option to a County approved service provider by allowing a single paramedic to provide ALS services without a second paramedic or an EMT-ALS Assist in attendance.

II. POLICY: At those times when a Paramedic Support Vehicle (PSV) is either the closest ALS unit to an emergency, for a multi-patient incident, or when a BLS ambulance is being dispatched to a potential ALS call, the paramedic who is operating a PSV may respond and begin ALS care, and may continue to function as a paramedic during patient transport.

III. PROCEDURE:

A. Dispatch of a PSV is recommended in the following circumstances:

1. The PSV is the closest unit to a call.
2. A BLS ambulance is responding to a call that may require ALS services, and the PSV can make a response which will not delay in trauma, and will not delay inappropriately in other patient conditions, patient transportation to the nearest appropriate medical facility. All delays in transport shall be documented and reviewed by the PLP or PCC.
3. During Mass Casualty Incidents

B. Personnel Requirements

A PSV will be staffed by a paramedic who has been designated as a Level II paramedic in Ventura County.

C. Equipment Requirements

A PSV will carry supplies and equipment according to Policy 504.

D. Documentation

PSV care shall be documented per Policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: First Responder Advanced Life Support Providers		Policy Number: 508
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director	Angelo Salvucci, MD	Date: June 1, 2013
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 April 25, 2013 April 11, 2013 March 31, 2015	Effective Date: June 1, 2013

I. Purpose: To define the criteria for First Responder Advanced Life Support (FRALS) providers.

II. Authority: Health and Safety Code, Sections 1797.206, 1797.220, and 1798. California Code of Regulations, Section 100168

III. Definition: First Responder Advanced Life Support (FRALS) means a non-transport ALS resource that is dispatched as part of the routine EMS response to a medical emergency.

IV. Policy:

A. FRALS Provider Requirements:

A FRALS provider approved by Ventura County EMS (VC EMS) shall:

1. Provide medical services response on a continuous twenty-four (24) hours per day basis 7 days a week. Any change in response capability of the provider must be reported to the Base Hospital (BH) and VC EMS immediately.
2. ALS Unit Coverage and Staffing:
   a. FRALS units shall meet the requirements of Policy 504 and
      1. Shall be staffed at a minimum with two (2) personnel, of which one shall be a paramedic who meets the applicable requirements of VC EMS Policy 318.
      2. Other personnel may be a paramedic who meets the requirements of VC EMS Policy 318 or an EMT-ALS Assist who meets the requirements of VC EMS Policy 306.
3. ALS Communications

   Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

Each FRALS provider shall have access to a satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The FRALS provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

4. Have a written agreement with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.
5. Medical Direction

   Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under “Prior to Base Hospital Contact and per VCEMS Policy 705”.
6. Personnel records

   Keep a personnel file for each paramedic and EMT-I, which includes but not limited to licensure/certification, accreditation, employment status and performance.
7. ACLS and PALS/PEPP Course

   Assure that each paramedic maintains current ACLS and PALS/PEPP course.
8. Quality Assurance

   Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.
9. Equipment:

   FRALS shall carry the following equipment:

   a. ALS Drugs, Equipment and Supplies

      Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.

   b. BLS Equipment as described in VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.

c. Manual or automatic defibrillator per VC EMS Policy 306.

10. Ensure that security mechanisms and procedures are established for controlled substances and that mechanisms for investigation and mitigation of suspected tampering or diversion are established, in accordance with section 100168 of the California Code of Regulations

11. Documentation

Submit documentation according to VC EMS Policy 1000.

B. ALS Policy Development

Medical policies and procedures for the VC EMS system shall be developed by the Prehospital Services Committee for recommendation to and approval by the EMS Medical Director.

C. Agreement Review

VC EMS shall review its agreement with each FRALS provider on an annual basis.

D. Denial, suspension or Revocation of FRALS Provider Approval

VC EMS may deny, suspend, or revoke the approval of an FRALS provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

E. FRALS Provider Review Process, New Designation

Newly designated FRALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

Sepsis Alert

ADULT

BLS Procedures

Administer oxygen as indicated

EMS Sepsis Screening Tool

Are any 2 of the following present and new to the patient?
- □ Fever (Temperature >100.4) or Hot to the touch?
- □ Heart Rate >90/minute
- □ Respiratory Rate >20/min
- □ ALOC

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If yes to above, evaluate for infection

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Is the patient's history/physical exam suggestive of infection?
- □ Pneumonia
- □ Cellulitis
- □ Current Antibiotics
- □ UTI
- □ Wound Infection

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If yes to both boxes, notify the receiving facility of a Sepsis Alert

ALS Prior to Base Hospital Contact

If Sepsis Suspected

IV Access

- Normal Saline

  1 Liter Bolus

Note:

- For patients highly suspected of Sepsis, consider second IV access for fluids and administration of antibiotics upon arrival to hospital.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ~~Apparent Life-Threatening Event (ALTE)~~ Brief Resolved Unexplained Event (BRUE)	Policy Number: 724
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: June 1, 2013
APPROVED: Medical Director Daniel Shepherd, M.D.	Date: June 1, 2013
Origination Date: March, 2005 Date Revised: April 5, 2013 Date Last Reviewed: February 14, 2013 Review Date: January 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To define and provide guidelines for the identification and management of pediatric patients with ~~an Apparent Life-Threatening Event (ALTE).~~ a Brief Resolved Unexplained Event (BRUE).

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.

III. POLICY: All EMS personnel should be knowledgeable with ~~ALTE~~ BRUE and follow the guidelines listed below.

IV. PROCEDURE:

A. Recognition:

1. Chief Complaint.
   a. ~~ALTEs~~ BRUEs (or “near miss SIDS” as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered ~~an ALTE.~~ a BRUE.
   b. ~~An Apparent Life-Threatening Event (ALTE)~~ A Brief Resolved Unexplained Event (BRUE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:
      1) **Marked change or loss in muscle tone**
      2) **Color change** (cyanosis, pallor, erythrism, plethora)
      3) Apnea (central or obstructive)
      4) Loss of consciousness
      5) Choking or gagging
2. History:
   a. Hx of any of the following:
      1) Apnea

2) Loss of consciousness
3) Color change
4) Loss in muscle tone
5) Episode of choking or gagging

b. Determine the severity, nature and duration of the episode.
1) Was child awake or sleeping at time of episode?
2) What resuscitative measures were taken?

c. Obtain a complete medical history to include:
1) Known chronic diseases?
2) Evidence of seizure activity?
3) Current or recent infections?
4) Recent trauma?
5) Medication history?
6) Known gastro esophageal reflux or feeding difficulties?
7) Unusual sleeping or feeding patterns?

3. Treatment:
a. **Assume the history given is accurate**.
b. Perform a comprehensive physical assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma. **Note: Exam Will Probably Be Normal**
c. Treat any identifiable causes as indicated.
d. Transport. **Note: If parent/guardian refuses medical care/and or transport, a consult with Base Hospital is required prior to completing a Release of Liability form**.

4. Precautions and Comments
a. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel. The parent/caregiver's perception that "something is or was wrong" must be taken seriously.
b. Approximately 40-50% of ~~ALTE~~ BRUE cases can be attributed to an identifiable cause(s) such as child abuse, SIDS, swallowing dysfunction, gastro esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.

c. Keep in mind, especially if the parent/guardian declines transportation, that child abuse is one cause of ~~ALTE.~~ BRUE.