Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	October 8, 2015 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Other	
V.	**New Business**	
	A. Other	
VI.	**Old Business**	
	A. 729 - air-Q	Katy Hadduck/Dr. Salvucci
VII.	**Informational/Discussion Topics**	
	A. PRESTO Observational Study Update	Dr. Salvucci
	B. air-Q Study Trial Evaluation	Dr. Salvucci
	C. CAM/ART Certification Issues	Mark Komins
	D. Mandatory Influenza Vaccination	Dr. Salvucci
	E. Cardiac Arrest – D10 and Narcan	Dr. Salvucci
VIII.	**Policies for Review**	
	A. 600 – Scene Control at a Medical Emergency	
	B. 624 – Patient Medications	
	C. 708 – Patient Transfer from One Prehospital Team to Another	
	D. 705.03 – Altered Neurological Function	
IX.	**Agency Reports**	
	A. Fire Departments	
	B. Ambulance Providers	
	C. Base Hospitals	
	D. Receiving Hospitals	
	E. Law Enforcement	
	F. ALS Education Program	
	G. TAG	
	H. EMS Agency	
	I. Other	
X.	**Closing**	

Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	October 08, 2015 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Approved by Tom Gallegos Seconded by Betsy Patterson
III. Minutes		Approved	Approved by Betsy Patterson Seconded by Tom Gallegos
IV. Medical Issues			
A. Appropriate Care of the Spine-Injured Athlete	Dr. Salvucci wanted to review the procedures for removing helmets and moving the injured athlete.	"National Athletic Trainers' Association" statement was distributed to PSC members and contains the following: "Appropriate Care of the Spine Injured Athlete". Katy will send out a training bulletin to address these issues.	
V. New Business			
A. 705.21 – Shortness of Breath – Pulmonary Edema	Approved with Change		Approved by Jeff Winter Seconded by Kathy McShea
VI Old Business			
VII. Informational/Discussion Topics			
A. PRESTO Observational Study Update	There have been 73 PRESTO draws. Dr. Salvucci would like to see an increase in that number. We would like to address the barriers that field personnel are having. **Reminder**: Let crews know that they only need to get a small amount of blood or marrow.	Katy will send out a training bulletin to address this.	
B. CAM/ART Certification Issues	Tabled		
C. air-Q Study Trial Update	Dr. Salvucci showed members the device he received to hold the air-Q in place and asked how many we need to	Dr. Salvucci asked that Chad and Jeff ask their crewmembers who are good	

	order. He also stated that he is being told that the Paramedics that use air-Q often, like it very much.	at air-Q, to use it as their primary airway so we can follow their stats.	
VIII. Policies for Review			
A. 124 – Hospital Emergency Services Reduction Impact Assessment	Approved		Approved by Kathy McShea Seconded by Jeff Winter
B. 626 - Chempack	Approved		Approved by Stephanie Huhn Seconded by Debbie Licht
C. 716 – Use of Pre-existing Vascular Devices	Approved		Approved by Jeff Winter Seconded by Stephanie Huhn
D. 731 – Tourniquet Use	Approved		Approved by Jeff Winter Seconded by Stephanie Huhn
XI TAG Report	The committee has 2 charter projects to increase cardiac arrest saves. Review all shockable rhythms/cardiac arrest calls and decrease time from first phone pick-up to first compression.		
X. Agency Reports			
A. Fire departments	**VCFPD** – 5 new dispatchers. **VCFD –** none **OFD** – Still looking for new fire chief. Squad 66 is closed down due to funding. Station 8's Open House is August 27th from 3 – 5. BC's are housed there and Truck is assigned there. **Fed. Fire** – none **SPFD** – none **FFD- none**		
B. Transport Providers	**LMT –**.none **AMR/GCA** – Tony Norton went back into the field. Chad is the new Operations manager for GCA and AMR. Hospice program went live and running smoothly.		
C. Base Hospitals	**SVH –** none **LRRMC** – Joint Commission is at the hospital right now. **SJRMC –** Elevators are being worked on. The visitor elevators can fit the gurney. **VCMC** – Repairs being done on the Helicopter Elevator. There should be an operational elevator at all times. If both elevators go down, they will have to land		

		at an alternate site. Dr. Chase is having health issues. Please send good thoughts.	
D.	Receiving Hospitals	**PVH –** Building a new tower, work is on the hospital side not by E.R. **SPH** – none **CMH** – The move-in is scheduled for the end of 2016. They will start searching for a new E.R. Director soon. **OVCH** – none	
B.	Law Enforcement	**VCSO –** none **CSUCI PD –** none	
F.	ALS Education Programs	**Ventura College** – Having an Advisory Comm. Meeting on the first day of college. 14 of 15 students passed the National Registry exam/2 of 15 took it twice. Class 17 starts Monday-24 seats.	
G.	EMS Agency	**Dr. Salvucci –** CAM Outcomes Paper - Oral presentation in Europe on October 31st. **Steve** – Our Office Manager, Diane Gilman was in a serious car accident and will be out for 3 months. Linda Trippoli is retiring. Heat Plan has been activated for this weekend. El Nino is coming, please start thinking about rain gear for crews. **Chris** – Pt. Mugu Air Show is set for Sept. 26 and 27. The 25th is Family Day for first responders. MCI video is in editing, training packet will be finalized and sent out in 2 to 3 months. **Julie** – none **Randy** –Please forward any information on Sidewalk CPR events that you sponsor. We are keeping a list of total people trained in the county. **Karen** – none	
H.	Other		
XI.	**Closing**	**Meeting adjourned at 1200**	

TEMPORARY

PARKING PASS

Expires October 8, 2015

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

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

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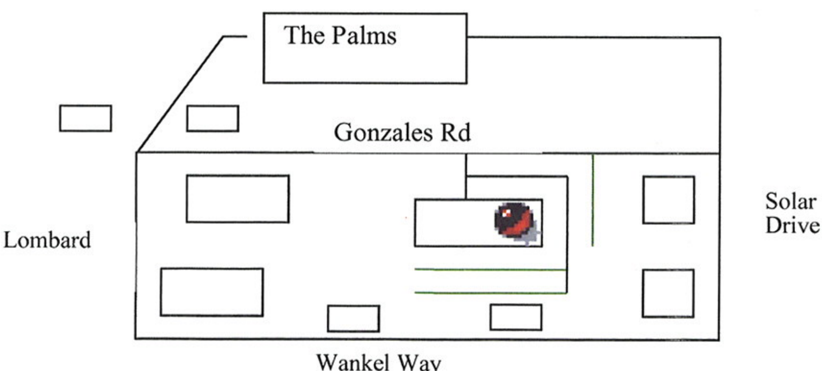
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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.



Prehospital Services Committee 2015

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/8/2015	2/12/2015	3/12/2015	4/9/2015	5/14/2015	6/11/2015	7/9/2015	8/13/2015	9/10/2015	10/8/2015	11/12/2015	12/10/2015	%
AMR	Stefansen	Adriane	AS		AS		AS	AS		AS					
AMR	Panke	Chad	CP		CP		CP	CP		CP					
CMH - ER	Canby	Neil	NC		NC		NC	NC							
CMH - ER	Lara-Jenkins	Stephanie			CC		CC			SLJ					
OVCH - ER	Popescu	Dan	DP				DP	DP							
OVCH - ER	Patterson	Betsy	BP		BP		BP	BP		BP					
CSUCI PD	Drehsen	Charles	CD		CD		CD	CD		CD					
CSUCI PD	DeBoni	Curtis	KM		GD		CD	CD		CD					
FFD	Herrera	Bill			BH		BH			BH					
FFD	Scott	Bob	BS		BS		BS								
GCA	Norton	Tony	TN		TN		TN								
GCA	Shultz	Jeff	JS		JS		JS	JS							
Lifeline	Rosolek	James	JR		JR		JR	JR							
Lifeline	Winter	Jeff	JW		JW		JW			JW					
LRRMC - ER	Beatty	Matt	MB		MB		MB	MB							
LRRMC - ER	Licht	Debbie	DL		DL		DL	DL		DL					
OFD	Carroll	Scott	SC		SC		SM	SC		CC					
OFD	Huhn	Stephanie	SH		SH		SH			SH					
SJPVH - ER	Hall	Elaina					EH								
SJPVH - ER	Hua	Kevin			KH		KH	KH		BD					
SJRMC - ER	Larsen	Todd			TL		TL	TL		TL					
SJRMC - ER	McShea	Kathy	KM		KM		KM	KM		KM					
SPFD	Lazenby	Dustin	DL												
SVH - ER	Tilles	Ira	IT		IT		IT	IT							
SVH - ER	Hoffman	Jennie	JH		JH		JH			JH					
V/College	O'Connor	Tom	TO				TO	TO		TO					
VCFD	Tapking	Aaron	AT				AT	AT							
VCFD	VanMannekes	John	DU		DU		JV	JV							
VNC	Zeller	Scott	SZ		SZ		SZ	SZ		SZ					
VNC	Dullam	Joe	JD				JD	JD		JD					
VNC - Dispatch	Gregson	Erica	EG		EG		EG								
VCMC - ER	Chase	David	DC		DC		DC	DC							

Agency	LastName	FirstName	1/8/2015	2/12/2015	3/12/2015	4/9/2015	5/14/2015	6/11/2015	7/9/2015	8/13/2015	9/10/2015	10/8/2015	11/12/2015	12/10/2015	%
VCMC - ER	Gallegos	Tom	TG		TG		TG	TG		TG					
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah	SM		SM										
VCSO SAR	Hadland	Don	DH		DH			DH							
VCSO SAR	Seabrook	Jeff	JS												
VFF	Rhoden	Crystal													
VFF	Pena	Greg	GP												
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
AMR	Taigman	Mike	MT					MT							
EMS	Carroll	Steve	SC				SC	SC		SC					
EMS	Frey	Julie	JF		JF		JF	JF		JF					
EMS	Hadduck	Katy	KH		KH		KH	KH		KH					
EMS	Perez	Randy	RP					RP		RP					
EMS	Rosa	Chris	CR		CR			CR		CR					
EMS	Salvucci	Angelo	AS		AS		AS	AS		AS					
EMS	Hansen	Erik	EH		EH			EH							
EMS	Beatty	Karen	KB		KB		KB	KB		KB					
LMT	Frank	Steve			SF		SF								
VCMC	Duncan	Thomas			TD		TD	TD							
VNC	Shedlosky	Robin			RS		RS	RS							
VNC	Komins	Mark	MK		MK		MK	MK							

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: air-Q	Policy Number: 729
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: November 13, 2014
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: November 13, 2014
Origination Date: November 13, 2014 Date Revised: Next Review Date:	Effective Date:

I. Purpose: To define the indications and use of the air-Q®sp.

II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.

III. Policy: Paramedics may utilize the air-Q®sp according to this policy and Policies 705 and 710. The air-Q®sp may be used as the primary advanced airway device by paramedics who opt to use it during the care of a patient for whom they believe it would be the most appropriate airway management device. Alternately, the air-Q®sp shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.

IV. Procedure:

A. Indications:
   1. Cardiac arrest.
   2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.

B. Contraindications:
   1. Intact gag reflex.
   2. Weight less than 45 kg (100 pounds).
   3. Age less than 18 years.

C. Preparation:
   1. Sizing:
      a. Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient whose mouth is too small to accept a size 4.5.
      b. Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.
   2. There will be no more than 2 attempts, each no longer than 40 seconds.
   3. For patients in cardiac arrest, chest compressions will not be interrupted.
   4. Verify the red or purple top is securely seated on the tube.

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DRAFT

5. Generously lubricate the entire surface, including the mask cavity ridges.

D. Placement:
1. Tilt the patient's head back - unless there is a suspected cervical spine injury.
2. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. The air-Q will serve as a bite block and protect fingers. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
3. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.
4. Gently advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw. Stop when first resistance if felt. Inserting too deeply will worsen the seal. A rocking or wiggling motion works best.
5. The patient's teeth should be between the tube markings.
6. Return head to neutral position.
7. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
8. If there is any question about the proper placement (e.g., large air leak, airway resistance):
   a. In and Out Technique: Pull the air-Q back until the bowl is visible under the tongue. Gently wiggle and advance just until a "soft stop" is reached.
   b. Finger Flick Technique: If large air leak continues, the problem may be that the air-Q tip is still bent backward. With your right hand, pull the air-Q back until the bottom of the bowl is at the level of the teeth. Insert your left index finger, with the back of the finger against the back of the air-Q bowl, to be sure the bowl is straight.
9. If 2 attempts at air-Q placement are unsuccessful, attempt again to ventilate the patient with BVM.
10. Secure the air-Q with cloth strap from air-Q package.
11. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.

E. Documentation:
1. Documentation per Policy 1000.

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Deleted: Procedure:¶
A. Indications:¶
1. Cardiac arrest.¶
a. If BVM ventilation is adequate:¶
(1) For shockable rhythm (VF/VT), after third defibrillation.¶
(2) For PEA or asystole, after first analysis or at any later time.¶
b. If BVM ventilation is inadequate, as early as possible.¶
c. After ROSC (if no spontaneous respiration).¶
2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.¶
B. Contraindications:¶
1. Intact gag reflex.¶
2. Weight less than 45 kg (100 pounds).¶
3. Age less than 18 years.¶
C. Placement:¶
1. Sizing: Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient with a mouth too small to accept a size 4.5.¶
Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.¶
2. There will be no more than 2 attempts, each no longer than 40 seconds.¶
3. For patients in cardiac arrest, chest compressions will not be interrupted.¶
4. Verify the red or purple top is securely seated on the tube.¶
5. Generously lubricate the entire surface, including the mask cavity ridges.¶
6. Tilt the patient's head back - unless there is a suspected cervical spine injury.¶
7. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.¶
8. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.¶
9. Gently advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while ... [1]

Procedure:

A. Indications:

1. Cardiac arrest.

a. If BVM ventilation is adequate:

(1) For shockable rhythm (VF/VT), after third defibrillation.

(2) For PEA or asystole, after first analysis or at any later time.

b. If BVM ventilation is inadequate, as early as possible.

c. After ROSC (if no spontaneous respiration).

2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.

B. Contraindications:

1. Intact gag reflex.

2. Weight less than 45 kg (100 pounds).

3. Age less than 18 years.

C. Placement:

1. Sizing: Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient with a mouth too small to accept a size 4.5.

Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.

2. There will be no more than 2 attempts, each no longer than 40 seconds.

3. For patients in cardiac arrest, chest compressions will not be interrupted.

4. Verify the red or purple top is securely seated on the tube.

5. <u>Generously</u> lubricate the entire surface, including the mask cavity ridges.

6. Tilt the patient's head back - unless there is a suspected cervical spine injury.

7. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.

8. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.

9. <u>Gently</u> advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw - until fixed resistance to forward movement is felt.

10. Return head to neutral position.

11. Attach swivel connector, capnography airway adapter, and bag-valve device and verify placement by capnography waveform. If using the ITD, insert between the air-Q and swivel connector.

12. If there is any question about the proper placement (e.g., large air leak, airway resistance) pull air-Q back until distal tube at level of teeth, insert index finger to verify bowl is not bent backward, and reinsert gently. If problem not resolved, remove the air-Q, ventilate with BVM for 30 seconds and repeat.

13. If 2 attempts at air-Q placement are unsuccessful, ventilate the patient with BVM. Endotracheal intubation should be considered only if unable to adequately ventilate with BVM.

14. Secure the air-Q with cloth strap from air-Q package.

15. Continue to monitor the patient for proper tube placement throughout treatment and transport.

16. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.

D. Documentation:

1. Documentation per Policy 1000.

<table>
<tr><td colspan="2">COUNTY OF VENTURA
HEALTH CARE AGENCY</td><td colspan="2">EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES</td></tr>
<tr><td colspan="2">Policy Title:
SCENE CONTROL AT A MEDICAL EMERGENCY</td><td colspan="2">Policy Number
600</td></tr>
<tr><td>APPROVED:
Administration:</td><td>Barbara S. Brodfuehrer, R.N.</td><td colspan="2">Date: 09/23/1999</td></tr>
<tr><td>APPROVED:
Medical Director:</td><td>Angelo Salvucci, M.D.</td><td colspan="2">Date: 09/23/1999</td></tr>
<tr><td>Origination Date:
Revised/Reviewed:
Review Date:</td><td>January 1985
September 1999
September 2001</td><td>Effective Date:</td><td>October 31, 1999</td></tr>
</table>

I. PURPOSE:

To establish authority for scene control at a medical emergency.

II. POLICY:

A. Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority.

B. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health.

C. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

Ref: Health and Safety Code, Division 2.5, Section 1797.6(c)

Policy Title: Patient Medications		Policy Number 624
APPROVED: Administration:	Barry R. Fisher, MPPA	Date: December 1, 2008
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: December 1, 2008
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	December 6, 2006 October 9, 2008 October, 2011	Effective Date: December 1, 2008

I. PURPOSE: To establish a procedure for locating, identifying, and transporting medications in order to assist in the prompt and accurate hospital evaluation and treatment of patients.

II. AUTHORITY: Health and Safety Code, Section 1797.220, and 1798. California Code of Regulations, Title 22, Section 100175.

III. POLICY:

A. Reasonable efforts are to be made to determine the essential information for all medications: name, strength, dose, route, frequency, and time of last dose.

B. For patients who do not know this information, either a detailed list or the medications in their original containers will be taken with the patient to the hospital whenever possible.

C. Medications include all prescriptions, nutritional and herbal supplements, over-the-counter preparations, pumps, patches, inhalers, drops, sprays, suppositories, creams or ointments.

IV. PROCEDURE:

A. For patients who do not know all of the essential information on all of their medications, either a list of medications with essential information or the medications in the original containers should be taken to the hospital.

B. If unable to locate the original labeled medication containers, pills in unlabeled containers or pills not in containers will be taken.

C. If the patient or family objects to turning over the medication to EMS personnel, the family must be told of their importance and instructed to take them to the emergency department promptly.

D. Medications taken to the hospital are to be turned over to an identified individual hospital staff person.

E. Hospital staff is responsible for returning the medications to patient or family.

F. EMS personnel must document all actions on the Approved VCEMS Documentation System, including discussing medications, taking them to the hospital, the person to whom they were turned over, and explain if unable to obtain essential information or medications.

Altered Neurologic Function

BLS Procedures

ADULT

If suspected stroke, refer to VC EMS Policy 705.26 – Suspected Stroke
Administer oxygen as indicated
If low blood sugar suspected
- **Oral Glucose**
  - PO – 15 gm

PEDIATRIC

If suspected stroke, refer to VC EMS Policy 705.26 – Suspected Stroke
Administer oxygen as indicated
If low blood sugar suspected
- **Oral Glucose**
  - PO – 15 gm

ALS Prior to Base Hospital Contact

ADULT

IV Access
Determine Blood Glucose level
<u>If <60</u>
- **D10W - Preferred**
  - IVPB-100mL (10gm)-Rapid Infusion
- **D5W**
  - IVPB-200mL (10gm)-Rapid Infusion
- **D50W**
  - IV – 25mL (12.5gm)
- **Glucagon** (If no IV access)
  - IM – 1mg

Recheck Blood Glucose level 5 min after D10W, D5W D50, or 10 min after Glucagon administration
<u>If still < 60</u>
- **D10W - Preferred**
  - IVPB-150ml (15gm)-Rapid Infusion
- **D5W**
  - IVPB-250mL(12.5gm)- Rapid Infusion
- **D50W**
  - IV – 25mL (12.5gm)

PEDIATRIC

Consider IV Access
Determine Blood Glucose Level
<u>If <60</u>
- All Pediatric Patients
- **D10W - Preferred**
  - IVPB-5ml/kg-Rapid Infusion
  - Max 100mL
- **D5W**
  - IVPB-10mL/kg-Rapid Infusion
  - Max 200mL
- Less than 2 years old
- **D25W**
  - IV – 2mL/kg
- 2 years old and greater
- **D50W**
  - IV – 1mL/kg
- All Pediatric Patients
- **Glucagon** (If no IV access)
  - IM – 0.1mL/kg
  - Max 1 mg

Recheck Blood Glucose level 5 min after D25, D50, D10W, D5W or 10 min after Glucagon administration

<u>If still <60</u>
- All Pediatric Patients
- **D10W - Preferred**
  - IVPB-7.5mL/kg-Rapid Infusion
  - Max 150mL
- **D5W**
  - IVPB-15mL/kg-Rapid Infusion
  - Max 250mL
- Less than 2 years old
- **D25**
  - IV – 2mL/kg
- 2 years old and greater
- **D50W**
  - IV – 1mL/kg

Base Hospital Orders only

ADULT

Consider IO Access if unable to establish IV access or administer glucagon IM

PEDIATRIC

Consider IO Access if unable to establish IV access or administer glucagon IM

Additional Information:
- Certain oral hypoglycemic agents (e.g. - sulfonylureas) and long-acting insulin preparations have a long duration of action, sometimes up to 72 hours. Patients on these medications who would like to decline transport MUST be warned about the risk of repeat hypoglycemia for up to 3 days, which can occur during sleep and result in the patient's death. If the patient continues to decline further care, every effort must be made to have the patient speak to the ED Physician prior to leaving the scene.
- If patient has an ALOC and Blood Glucose level is >60 mg/DL, consider alternate causes:

A - Alcohol	**O - Overdose**	**I - Infection**
E - Epilepsy	**U - Uremia**	**P - Psychiatric**
I - Insulin	**T - Trauma**	**S - Stroke**

Effective Date:	December 15, 2011	Date Revised:	April 22, 2013
Next Review Date:	March 31, 2015	Last Reviewed:	April 11, 2013

VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Patient Transfer From One Prehospital Team To Another		Policy Number: 708
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2009
APPROVED: Medical Director	Angelo Salvucci, MD	Date: June 1, 2009
Origination Date: Date Revised: Date Last Reviewed: Review Date	October 31, 1992 December 11, 2008 December 11, 2008 June 30, 2012	Effective Date: June 1, 2009

I. PURPOSE: To provide guidelines for transfer of patient care from one prehospital team to another prehospital team, if necessary.

II. POLICY: Care of a patient may be transferred from one prehospital team to another according to the following procedures.

III. PROCEDURE:

A. Ground Unit to Ground Unit

1. ALS level response

a. Attempt to inform the Base Hospital (BH) and inform the patient of the necessity of a transfer.

b. Obtain agreement from the receiving team to accept responsibility for the patient.

c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.

d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).

e. The receiving team is responsible for documentation.

2. BLS level response

a. Inform the patient of the necessity for a transfer.

b. Obtain agreement from the receiving team to accept responsibility for the patient.

c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.

d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).

e. The receiving team is responsible for documentation.

B. Ground Unit to Air Unit

1. ALS capable personnel, if on scene, shall accompany a critical patient on the air unit.

2. Transfer from ground to air may be to a crew with lesser certificate level. If ALS procedures have been started (other than an IV in a stable patient), ALS personnel shall accompany the patient.

3. If the ground crew is unable to make BH contact, the ALS personnel may operate under Communication Failure Protocols.

C. Multi Casualty Incident (MCI) (Greater than 3 patients)

1. Patients should be identified by START triage number, and this number shall be used during the remainder of the call.

2. Care for a stable patient with a prophylactic IV (no meds) may be transferred to an EMT-I crew.