Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	October 13, 2016 9:30 a.m.
I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues** A.	
V.	**New Business**	
	A. New medical director – Dr. Daniel Shepherd	Chris Rosa
	B. 704 – Guidelines for Base Hospital Contact	Chad Panke
	C. 705.20 – Seizures	Dr. Shepherd
	D. 603 – Against Medical Advice	Dr. Shepherd
VI.	**Old Business**	
	A. 605 – Interfacility Transports (Chest Tube Drainage Systems)	Katy Hadduck
VII.	**Informational/Discussion Topics**	
VIII.	**Policies for Review**	
	A. 350 – Prehospital Care Coordinator Job Duties	
	B. 1200 – Air Unit Program	
	C. 1203 – Criteria For Patient Emergency Transport by Helicopter	
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	August 11, 2016 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Approved by Tom O'Connor Seconded by Yoni Carmona
III. Minutes		Approved	Approved by Tom O'Connor Seconded by Yoni Carmona
IV. Medical Issues			
A. PACS File Sharing Project	Dr. Salvucci is still working on this and it is moving forward.		
V. New Business			
A. New Medical Director – Dr. Daniel Shepherd	Table		
B. POLST/Comfort Measures/BVM	Dr. Salvucci was asked if BVM is considered a comfort measure. He stated that it was not.	Karen Beatty will make a list of items that would be considered comfort measures to clarify this issue for the paramedics.	
C. Imodium (loperamide) OD/Zofran contraindication	Dr. Salvucci stated that hospitals are seeing more of these patients who are taking huge doses of Imodium, which can cause a prolonged ST segment. They typically take the large doses to assist with opioid withdrawal.		
VI Old Business			
A. 605 – Interfacility Transfer of Patients	Katy is working on an information sheet about "chest tube drainage systems" that will be distributed to providers soon.		
VII. Informational/Discussion Topics			
A. Acknowledge AHA Award Recipients	Dr. Salvucci acknowledged award recipients at an earlier presentation.		
B. Base Hospital Areas	Steve presented a formal GIS map of the Base Hospital Areas. There is some refinement of the East County		

		area, but no major changes. The map will be in draft form for 1 more day, please get any changes/concerns to Steve by tomorrow. A non-draft map will be sent out by end of day tomorrow.		
	C. Policy 613 - DNR		**Remove** V. C. – "If the decision to withhold or terminate resuscitative measures was made by an EMT, his/her name and certificate number".	
VIII.	**Policies for Review**			
	A. 150 - Unusual Occurrence Reportable Event/Sentinel Event	No changes	Chris will send out in digital format.	
	B. 350 – Prehospital Care Coordinator Job Duties	Tabled	Bring back to next PSC.	
	C. 1200 – Air Unit Program	Tabled		
	D. 1203 – Criteria for Patient Emergency Transport by Helicopter	Tabled		
XI	**TAG Report**	No Tag Meeting		
X.	**Agency Reports**			
	A. Fire departments	**VCFPD** – A lot of personnel at fires in California. All day C.E. is coming soon. Watch for the flyer. **VCFD** – Participated in a street fair, 75 people trained in CPR and the department also did bike helmet and sunscreen awareness. **OFD** – none **Fed. Fire** –.none **SPFD** – none **FFD** - none		
	B. Transport Providers	**LMT – none** **AMR/GCA** – 2 new supervisors, Ryan Thompson is EMS 63 and Royce Davis EMS 42.		
	C. Base Hospitals	**SVH** – Dr. Tilles stated that the ER has 1 new wing almost open. If you would like to have a tour, please contact them. **LRRMC** – EDAC survey is coming soon. Teaching CPR at the Malibu Surf Camp on 8/12/16. **SJRMC** – none **VCMC** – Dr. Duncan thanked all providers for collecting Fall Prevention data.		

D.	Receiving Hospitals	**PVH –** Only one ambulance can fit in the ambulance bay at a time. The bay was narrowed by 6 ft. No more ambulances side by side. **SPH** – none **CMH** – none **OVCH** – none	
E.	Law Enforcement	**VCSO –** none **CSUCI PD –** none	
F.	ALS Education Programs	**Ventura College** – Last class – 25 started and 4 dropped out. Most have taken National Registry and passed. Next Wednesday the new class starts. It is a full class with a waiting list. There will be a change in the "Internship" structure this year.	
G.	EMS Agency	**Dr. Salvucci –** none **Steve** – Behavioral Health will be opening a Pediatric Crisis Stabilization Unit with 4 beds in Oxnard. A committee is working on various issues relating to this. We will present additional information as it becomes available. **Chris** – EPCR pilot will start with some agencies on October 3, 2016. Go live date is December 13, 2016 (hard date). The system is up and running, if you have not logged on to the Elite Program, contact Chris. Thank you to everyone for all their assistance. **Katy** – Increased rate of PRESTO draws, "thank you". There has also been an increase in ROSC's. Trauma grand rounds will be in Orange County on August 28, 2016. **Julie** – none **Randy** – none **Karen** – none	
H.	Other		
XI.	**Closing**	**Meeting adjourned at 1130**	

Prehospital Services Committee 2016

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
AMR	Stefansen	Adriane				AS		AS		AS					
AMR	Carmona	Yoni		YC		YC		YC		YC					
CMH - ER	Canby	Neil		NC		NC		NC							
CMH - ER	Querol	Amy		AQ		AQ		KW		AQ					
OVCH - ER	Pulido	Ed		ED		ED				EP					
OVCH - ER	Patterson	Betsy		BP				BP							
CSUCI PD	Drehsen	Charles		CD		CD				CD					
CSUCI PD	DeBoni	Curtis		CD		CD									
FFD	Herrera	Bill				BH		BH							
FFD	Scott	Bob		BS				BS		BS					
GCA	Panke	Chad		CP		CP									
GCA	Sanders	Mike						MS		MS					
Lifeline	Rosolek	James		JR		JR		JR		JR					
Lifeline	Winter	Jeff		JW		JW		JW		JW					
LRRMC - ER	Brooks	Kyle		MB		MB				KB					
LRRMC - ER	Licht	Debbie		DL		DL		DL		DL					
OFD	Hernandez	Andrew		AH		AH									
OFD	Schroepfer	Kevin		BM		BM		KS		KS					
SJPVH - ER	Hutchison	Stacy		EH		SH		SH							
SJPVH - ER	Chauhan	Chris		BD		BD				CC					
SJRMC - ER	Larsen	Todd		TL		TL		TL		TL					
SJRMC - ER	McShea	Kathy		KM		KM		KM		KM					
SPFD	Zeller	Tyler								TZ					
SVH - ER	Tilles	Ira		IT		IT		IT		IT					
SVH - ER	Vorzimer	Nicole		JH		NV		NV		NV					
V/College	O'Connor	Tom		TO		TO		TO		TO					
VCFD	Tapking	Aaron		AT		AT		AT							
VCFD	Ellis	Heather		HE		HE		HE		HE					
VNC	Zeller	Scott		SZ		SZ		SZ		SZ					
VNC	Seabrook	Jeff		JD		JS		JS		JD					
VNC - Dispatch	Gregson	Erica		EG		EG		EG							
VCMC - ER	Chase	David		SR		DC		DC		SR					

Agency	LastName	FirstName	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
VCMC - ER	Gallegos	Tom		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		JS		JS							
VFF	Santillo	Dave								DS					
VFF	Bond	Timothy								TB					
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
EMS	Carroll	Steve		SC		SC		SC		SC					
EMS	Frey	Julie		JF		JF		JF		JF					
EMS	Hadduck	Katy		KH		KH		KH		KH					
EMS	Perez	Randy		RP		RP		RP		RP					
EMS	Shepherd	Daniel													
EMS	Rosa	Chris		CR		CR		CR		CR					
EMS	Salvucci	Angelo		AS		AS		AS		AS					
EMS	Hansen	Erik				EH									
EMS	Beatty	Karen		KB		KB		KB		KB					
LMT	Frank	Steve		SF											
VCMC	Duncan	Thomas		TD		TD		TD		TD					
VNC	Shedlosky	Robin		RS		RS		RS							
VNC	Komins	Mark		MK		MK									

TEMPORARY
PARKING PASS
Expires October 13, 2016

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

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

---

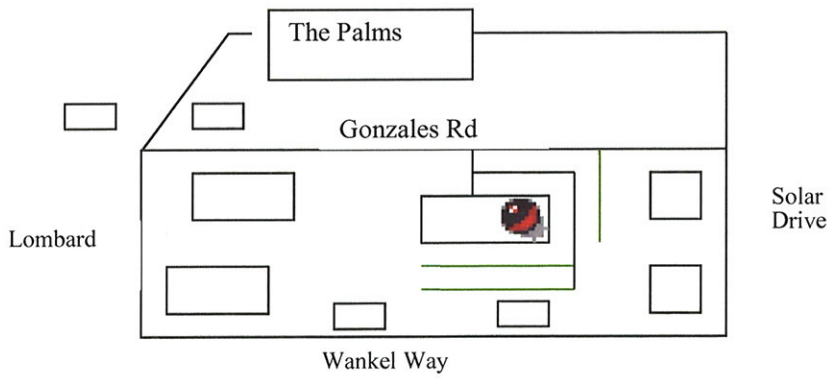
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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	DRAFT	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Guidelines For Base Hospital Contact		Policy Number: 704
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2016
APPROVED: Medical Director: Angelo Salvucci, MD		Date: June 1, 2016
Origination Date: October 1984 Date Revised: December 10, 2015 Date Last Reviewed: December 10, 2015 Review Date: December, 2017		Effective Date: June 1, 2016

I. PURPOSE: To define patient conditions for which EMT-Ps shall establish BH contact.

II. AUTHORITY: Health and Safety Code Sections 1798, 1798.102 and 1798.2

III. POLICY: A paramedic shall contact **the** Base Hospital **in the appropriate catchment area, based on the location of the incident in the** following circumstances:

A. Any patient to which ALS care is rendered under VCEMS Policy 705: County Wide Protocols.

B. Patients with traumatic injuries who triage into steps 1-4 of VCEMS Policy 1405: Field Triage Decision Scheme.

C. General Cases

1. Significant vaginal bleeding (OB or non-OB related).
2. Pregnant female in significant distress (e.g., symptoms of placenta previa, placenta abruptio, toxemia, retained placenta, etc.).
3. Syncope / Near Syncope
4. Any safely surrendered baby.
5. AMA involving any of the conditions listed in this policy.
6. AMA including suspected altered level of consciousness
7. AMA involving an actual/suspected ALTE patient.
8. AMA involving any pediatric patient under 2 years old
9. Any patient who, in paramedic's opinion, would benefit from base hospital consultation.

DRAFT

Ventura County EMS
County Wide Protocols

Policy 705.20

Seizures

ADULT	PEDIATRIC
BLS Procedures	
Protect from injury Maintain/manage airway as indicated Administer oxygen as indicated	Protect from injury Maintain/manage airway as indicated For suspected febrile seizures, begin passive cooling measures. If seizure activity persists, see below Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
IV/IO access Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function Persistent Seizure Activity • **Midazolam** o IV/IO – 2 mg ▪ Repeat 1 mg q 2 min as needed ▪ Max 5 mg o IM – 0.1 mg/kg ▪ Max 5 mg FOR IV/IO USE: Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL ~~3rd Trimester Pregnancy & No Known Seizure History~~20 weeks to one week postpartum & No Known Seizure History • **Magnesium Sulfate** o IVPB – 2 gm in 50 mL D_5W infused over 5 min • MUST Repeat x 1 • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur Recheck Blood Glucose level 5 minutes after, and treat according to VC EMS policy 705.03 – Altered Neurologic Function.	Consider IV/IO access Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function. Persistent Seizure Activity • **Midazolam** o IM – 0.1 mg/kg • Max 5 mg Recheck Blood Glucose level 5 minutes after, and treat according to VC EMS policy 705.03 – Altered Neurologic Function.
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures

Additional Information:
- Treatment with Midazolam as indicated in the following:
  - Continuous seizures > 5 min (or > 2 min in pregnancy)
  - Repetitive seizures without regaining consciousness
- Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may be treated as a BLS call

Formatted: Font: 8 pt

Effective Date: December 1, 2013
Next Review Date: December, 2015

Date Revised: October 10, 2013
Last Reviewed: October 10, 2013

Formatted: Font: Arial, 6 pt, Do not check spelling or grammar

VCEMS Medical Director

~~S:\ADMIN\EMS~~ Admin\Committees\PSC\2016\Oct_13\0705_20_Seizures_Oct_13.Docx ~~G:\EMS\POLICY\~~ CURRENT\0705_20_Seizures_Oct_13.Docx

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: AGAINST MEDICAL ADVICE/RELEASE FROM LIABILITY FORM	Policy Number: 603
APPROVED: Administration: B Brodfuehrer	Date: 10/18/95
APPROVED: Medical Director [signature] MD	Date: 10/19/95
Effective Date: October 31, 1995	Origination Date: June 3, 1986

I. Purpose: To describe the conditions and method by which the Against Medical Advice/Release from Liability form on the Prehospital Field Report is to be used by field personnel.

II. Policy: The Against Medical Advice/Release from Liability form on the Prehospital Field Report is to be completed each time a patient or patient representative declines to follow the advice of the EMS prehospital field personnel or the orders of a Base Hospital MD or MICN.

III. Procedure: EMS field personnel shall obtain a signature from the patient or patient representative when treatment or transport to the appropriate hospital (as defined in Policy 606) is refused.

If the patient or patient representative declines to sign the AMA/Release, notation of such shall be made on the Prehospital Field Report on the AMA signature line,e.g., "Consequences of refusal explained, patient (patient representative) declines to sign." This statement is to be signed by the EMS field personnel and a witness.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transfer of Patients		Policy Number 605
APPROVED: Administration: Steven L. Carroll		Date: December 1, 2011
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: December 1, 2011
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	July 26, 1991 April 13, 2006 August 11, 2011 October 31, 2014	Effective Date: December 1, 2011

I. PURPOSE: To define levels of interfacility transfer and to assure that patients requiring interfacility transfer are accompanied by personnel capable and authorized to provide care.

II. AUTHORITY: Health and Safety Code, Sections 1797.218, 1797.220, and 1798.

III. POLICY: A patient shall be transferred according to his/her medical condition and accompanied by EMS personnel whose training meets the medical needs of the patient during interfacility transfer. The transferring physician shall be responsible for determining the medical need for transfer and for arranging the transfer. The patient shall not be transferred to another facility until the receiving hospital and physician consent to accept the patient. The transferring physician retains responsibility for the patient until care is assumed at the receiving hospital.

If a patient requires care during an interfacility transfer which is beyond the scope of practice of an EMT or paramedic or requires specialized equipment for which an EMT or paramedic is untrained or unauthorized to operate, and it is medically necessary to transfer the patient, a registered nurse or physician shall accompany the patient. If a registered nurse accompanies the patient, appropriate orders for care during the transfer shall be written by the transferring physician.

IV. TRANSFER RESPONSIBILITIES

A. All Hospitals shall:

1. Establish their own written transfer policy clearly defining administrative and professional responsibilities.
2. Have written transfer agreements with hospitals with specialty services, and county hospitals.

B. Transferring Hospital

1. Maintains responsibility for patient until patient care is assumed at receiving facility.

2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

C. Transferring Physician

1. Maintains responsibility for patient until patient care is assumed at receiving facility.
2. Determines level of medical assistance to be provided for the patient during transfer.
3. Receives confirmation from the receiving physician and receiving hospital that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer.

D. Receiving Physician

1. Makes suitable arrangements for the care of the patient at the receiving hospital.
2. Determines and confirms that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer, in conjunction with the transferring physician.

E. Transportation Provider

1. The patient being transferred must be provided with appropriate medical care, including qualified personnel and appropriate equipment, throughout the transfer process. The personnel and equipment provided by the transporting agency shall comply with local EMS agency protocols.
2. Interfacility transport within the jurisdiction of VC EMS shall be performed by an ALS or BLS ambulance.
    a. BLS transfers shall be done in accordance with EMT Scope of Practice per Policy 300
    b. ALS transfers shall be done in accordance with Paramedic Scope of Practice per Policy 310

IV. PROCEDURE:

A. Non-Emergency Transfers

Non emergency transfers shall be transported in a manner which allows the provider to comply with response time requirements.

B. Emergency Transfers

Emergency transfers require documentation by the transferring hospital that the condition of the patient medically necessitates emergency transfer. Provider agency dispatchers shall verify that this need exists when transferring hospital personnel make the request for the transfer.

C. Transferring process

1. The transferring physician will determine the patient's resource requirements and request an inter-facility ALS, or BLS transfer unit using the following guidelines:

Patient Condition/Treatment	EMT	Paramedic	RN/RT/MD
a. Vital signs stable	x		
b. Oxygen by mask or cannula	x		
c. Peripheral IV glucose or isotonic balanced salt solutions running	x		
d. Continuous respiratory assistance needed (paramedic scope management)		x	
e. Peripheral IV medications running or anticipated (paramedic scope)		x	
f. Paramedic level interventions		x	
g. Central IV line in place		x	
h. Respiratory assistance needed (outside paramedic scope of practice)			x
i. IV Medications (outside paramedic scope of practice)			x
j. PA line in place			x
k. Arterial line in place			x
l. Temporary pacemaker in place			x
m. ICP line in place			x
n. IABP in place			x
o. Chest tube		x	x
p. IV Pump		x	
q. Standing Orders Written by Transferring Facility MD			x
r. Medical interventions planned or anticipated (outside paramedic scope of practice)			x

2. The transferring hospital advises the provider of the following:

   a. Patient's name

   b. Diagnosis/level of acuity

   c. Destination

   d. Transfer date and time

   e. Unit/Department transferring the patient

   f. Special equipment with patient

g. Hospital personnel attending patient

h. Patient medications

3. The transferring physician and nurse will complete documentation of the medical record. All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.

4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).

5. The Transferring Facility will provide:

a. A verbal report appropriate for patient condition

b. Review of written orders, including DNAR status.

c. A completed transfer form from Transferring Facility.

V. DOCUMENTATION

A. Documentation of Care for Interfacility transfers will be done in accordance to Policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Care Coordinator Job Duties	Policy Number 350
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2013
Origination Date: June 15, 1998 Revised Date: October 31, 2013 Date Last Reviewed: July 11, 2013 Review Date: July, 2016	Effective Date: December 1, 2013

I. PURPOSE: To provide guidelines for the role of the Prehospital Care Coordinator (PCC) in Ventura County.

II. POLICY: A PCC will perform his/her role according to the following.

III. DEFINITION: A PCC is a Registered Nurse designated by each Base Hospital to coordinate all prehospital and Mobile Intensive Care Nurse (MICN) activities sponsored by that Base Hospital in compliance with Ventura County Emergency Medical Services (VC EMS) policies, procedure and protocols and in accordance with the Health and Safety Code, Sections 1797-1799 et al, and in accordance with Title 22 of the California Code of Regulations.

The PCC evaluates prehospital care, prehospital personnel and MICNs and collaborates with the Base Hospital Paramedic Liaison Physician (PLP) in medical direction.

IV. PROFESSIONAL QUALIFICATIONS:

A. Licensed as a Registered Nurse in the State of California.

B. Current authorization as a Ventura County Mobile Intensive Care Nurse (MICN).

C. One year experience as an MICN in Ventura County. For those nurses with one year work experience as an MICN within the last 18 months, this may be reduced to 6 months.

D. Have at least three years emergency department experience.

V. SPECIFIC RESPONSIBILITIES:

A. Serve as Liaison by maintaining effective lines of communication with base hospital personnel, VCEMS, prehospital care providers and local receiving facilities.

B. In compliance with VCEMS Policies and Procedures the PCC will:

1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital personnel. Programs shall include, but not be limited to,

specific issues identified by the VCEMS Continuous Quality Improvement Plan.

a. Provide continuing education per policy requirements
b. Coordinate clinical experience as requested, for purposes of provider plan of action.
c. Provide special mandatory programs such as EMS Update classes, Paramedic Skills Labs and Paramedic Orientation.
d. Participate in process improvement teams as designated by VC EMS

2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.
3. Evaluate the performance of MICNs and submit recommendations for authorization and reauthorization to VC EMS. Such evaluation shall include, but not be limited to:
   a. Direct observation of base hospital communications.
   b. Audit of recorded communications
   c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department Nursing Supervisor).
   d. Review of written documentation.
   e. Provide written evaluation of the MICNs for hospital performance review.
4. Provide ongoing evaluation of assessment, reporting, communication and technical skills of assigned paramedics. Such evaluation shall include, but not be limited to:
   a. Audit of written and recorded communications
   b. Review of EMS report forms
   c. Direct field observation during the ride-along, including observation of the transfer of patient care upon arrival at the receiving facility.
   d. Assess performance during scheduled clinical hours in the Emergency Department.
   e. Evaluation of paramedic personnel for level advancement, through direct observation, recorded communication and paperwork audit, according to VC EMS Policy 318.

f. Provide written evaluation of the paramedics, and MICNs

g. Facilitate support services for prehospital and hospital EMS Staff, (i.e. Critical Incident Staff Management)

h. Participate in Root Cause Analysis as indicated.

5. Report and investigate, and participate in prehospital care unusual occurrences as directed by VC EMS Policy 150.

6. Ensure the operation of the base hospital communication equipment.
   a. In conjunction with the Base Hospital PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VC EMS.
   b. Ensure that the radio equipment is operational.
   c. Ensure that ReddiNet System is operational and up to date.

7. Comply with data collection requirements as directed by VC EMS.

8. Ensure compliance with requirements for retention of recordings, MICN and prehospital care forms, logs and information sheets and maintaining retrieval systems in collaboration with hospital's Medical Records Department.

9. Develop and maintain education records as required by EMS.
   a. Records must be kept for a period of four years

10. In conjunction with the Base Hospital PLP, report to the EMS agency any action of certified/licensed paramedics which results in an apparent deficiency in medical care or constitutes a violation under Section 1798.200 of the Health and Safety Code.

11. Represent the Base Hospital at the Prehospital Care Committee, PCC meeting and other associated task forces and special interest committees as directed by the EMS Agency.

12. Actively participate in the development, review and revision of Ventura County Policies and Procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Air Unit Program		Policy Number 1200
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: December 1, 2013
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: December 1, 2013
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May, 1999 July 11, 2013 July 11, 2013 July, 2016	Effective Date: December 1, 2013

I. PURPOSE: The Ventura County Emergency Medical Services agency recognizes the need for air transport of patients in certain circumstances. This policy will establish minimum standards for the integration of Emergency Medical Services (EMS) aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.

II. AUTHORITY: Health and Safety Code Section 1797.200 and California Code of Regulations Division 9, Chapter 8, Section 100300.

III. POLICY:

EMS aircraft must be authorized by Ventura County (VC) EMS in order to provide prehospital patient transport within Ventura County. Authorized air unit service providers will comply with this and other VC EMS Policies and Procedures relating to provision of air transport for emergency patients.

IV. DEFINITIONS:

The following definitions will be used when referring to air units in the VC EMS system.

A. Advanced Life Support (ALS) means those procedures and skills contained in the Paramedic Scope of Practice as listed in VC EMS Policy 310.

B. Basic Life Support (BLS) means those procedures and skills contained in the EMT-I scope of practice as listed in VC EMS Policy 300.

C. Medical Flight Crew means the individual(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.

D. Emergency Medical Services Aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.

E. Air Ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or

licensed in advanced life support.

F. Rescue Aircraft means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with VC EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.

1. Advanced Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
2. Basic Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-I .
3. Auxiliary Rescue Aircraft means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in CCR Title 22 Section 100283.

H. Air Ambulance Service means an air transportation service which utilizes air ambulances.

I. Air Rescue Service means an air service used for emergencies, including search and rescue.

J. Air Ambulance or Air Rescue Service Provider means the individual or group that owns and/or operates an air ambulance or air rescue service.

K. Classifying EMS Agency means the agency which categorizes the EMS aircraft into the groups identified in CCR Section 100300(c)(3). This shall be VC EMS in Ventura County and, for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard , the EMS Authority.

L. Designated Dispatch Center means an agency which has been designated by VC EMS for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within Ventura County.

M. Rescue Incident: An incident where the use of the helicopter is the most appropriate method of locating, reaching, and/or extricating the victim.

V. PROCEDURE:

A. VC EMS Policies and Procedures for medical control shall apply to air unit service providers and medical flight crews. This includes approval by the VC EMS Medical Director of provider Medical Director medical control policies and procedures.

B. The VC EMS Policies and Procedures for record keeping, quality assurance, and continuous quality improvement shall apply to EMS aircraft operations in Ventura County.

C. VC EMS shall:

1. Classify EMS aircraft.
    a. EMS aircraft classifications shall be limited to the following categories:
        1) Air Ambulance.
        2) Rescue Aircraft.
            a) Advanced Life Support Rescue Aircraft.
            b) Basic Life Support Rescue Aircraft.
        3) Auxiliary Rescue Aircraft
    b. EMS Aircraft classification shall be reviewed at 2 year intervals. Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category.
2. Maintain an inventory of the number and type of authorized EMS aircraft, the patient capacity of authorized EMS aircraft, the level of patient care provided by EMS aircraft personnel, and receiving facilities with landing sites approved by the State Department of Transportation, Aeronautics Division.
3. Establish policies and procedures to assure compliance with Federal, State and local statutes.
4. Develop written agreements with air unit service providers specifying conditions to routinely serve the County.

D. Representation of provision of air unit transport services

No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services unless that person or organization has aircraft which have been classified by VC EMS or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the EMS Authority.

E. Operation of State or Federal aircraft in Ventura County

A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government.

F. Responsibilities of Ventura County Sheriff's Office (VCSO) Air Unit

1. Respond to all requests for dispatch per VC EMS policies.
2. Respond to all scenes when ground personnel determine the need for air transport meets VC EMS policies.
3. Consider requests for interfacility transfers from hospitals within Ventura County when use of an air or ground ambulance is inappropriate or unavailable.

G. Medical Flight Crew Less Qualified than Ground Personnel.

In situations where the medical flight crew is less medically qualified than the ground crew personnel from whom they receive patients, they may assume patient care responsibility when the care required is within scope of practice of flight crew or a higher medically qualified person joins crew.

H. Mutual Aid

If air transport services are needed and VCSO SAR is not available, VCSO/VCFD mutual aid procedures will be activated.

I. Addressing and Resolving Formal Complaints

Formal complaints will be directed to the Medical Director and Administrator of the Ventura County Emergency Medical Services Agency.

J. Integration of aircraft into prehospital patient transport system

In order to be integrated into the prehospital patient transport system, an air transport service will have a written agreement with VC EMS.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Criteria For Patient Emergency Transport by Helicopter	Policy Number 1203
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2011
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2011
Origination Date: October 31, 1994 Date Revised: November 10, 2011 Date Last Reviewed: November 10, 2011 Review Date: December 31, 2014	Effective Date: December 1, 2011

I. PURPOSE: To define criteria for patient transport via helicopter

II. POLICY: Patients shall be transported to hospitals via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport (and this difference in time may negatively impact the patient's condition

III. PROCEDURE:

A. If a helicopter is being considered for patient transport, early recognition (including request for a helicopter while enroute to the call) will help decrease delay in patient transport

B. Helicopter transportation of patients should be considered for cases that meet **ALL** of the following criteria. Transport decisions will be determined jointly by the Base Hospital (BH), if BH contact is established, and on-scene personnel.

1. A minimum of 15 minutes ground travel time to the *appropriate* hospital,
2. The helicopter can deliver the patient to the hospital in a shorter time than the ground unit based on the time that the patient is ready for transport. This decision should be based on the following formula:

___ minutes for ETA of the helicopter to the scene
+ ___ minutes for air transport time to the hospital
+ 10 minutes for loading/unloading/transfer of patient to ED
= ___ ETA to hospital for the helicopter

3. Any one or more of the following patient conditions:
    a. Medical-related complaints:
        1) Hypotension/shock (non-traumatic)
        2) Snake bite with signs of significant envenomation
        3) Unstable near drowning
        4) Status epilepticus refractory to medications
        5) Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation)
        6) Critical burns or electrical burns
        7) Critical respiratory patients (use caution with altitude)
        8) SCUBA-related emergencies or barotrauma (use caution with altitude)
        9) Any other medical problems in areas inaccessible to, or with prolonged ETA times, for responding ground units
        10) Other conditions subject to the approval of the BH physician or the highest medical authority on-scene
    b. Traumatic injuries – Patients with traumatic injuries who are to be transported by helicopter shall be triaged prior to transport according to VCEMS Policy 1405 (Trauma Triage and Destination Criteria)
        1) Trauma Step 1-3 criteria:
            a) All trauma patients to be transported by helicopter that meet Step 1-3 criteria **SHALL** be transported to a designated trauma center
            b) Helicopter personnel may determine on a case-by-case basis which trauma center is the closest and most appropriate destination
            c) BH contact with the destination trauma center shall be initiated by the caregiver(s) staffing the helicopter and coordination with the ground units.
            d) On rare occasion, the most appropriate destination hospital may be outside the county. However, it is preferred that trauma patients involved in incidents

within Ventura County are transported to a designated Ventura County trauma center

2). Trauma Step 4 criteria:

a) An on-scene paramedic shall contact the base hospital in whose catchment area the incident occurred

b) A BH order is ***required*** for all patients meeting Step 4 criteria, unless the patient is located within an inaccessible area or if patient transport will be prolonged

c) If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report

c. Mass Casualty Incidents (MCI) or multi-patient incidents

1) Helicopter transport may be utilized during MCI responses

2) Patient transport should be coordinated by the BH and on-scene personnel

3) Patients transported by helicopter should be taken to a farther facility, allowing for ground providers to transport patients to the closer facilities

C. Contraindications to transport

1. Patients contaminated with hazardous materials regardless of decontamination status.
2. Violent or potentially violent patients who have not been chemically restrained.
3. Stable patients (except in backcountry areas inaccessible to ground units or it patient transport will be prolonged)
4. When ground transport time is equal to or shorter than air transport time

D. Relative contraindications to transport

1. Asystole, not responding to appropriate therapy and not meeting any criteria of an exceptional situation (e.g., cold water drowning, lightning strike or electrocution)
2. Transports from heavily populated areas

3. Transports for which, prior to departing the scene, conditions exist such that helicopter arrival at the intended destination is uncertain
4. Other safety conditions as determined by pilot and/or flight crew

E. Information about the patient(s) condition, level of medical personnel staffing the helicopter, and ambulance staffing is reviewed by medical and public safety personnel.

F. BH contact should be attempted to establish standard medical control. If ALS personnel are unable to establish BH contact, Communication Failure Protocols should be followed per VCEMS Policy 705.

G. Provider agencies which utilize medical flight crew members who have an expanded scope of practice beyond the Paramedic scope of practice (MD or RN) may utilize specific treatments/procedures only upon prior written approval by the VCEMS Agency. In such cases, notification to the receiving hospital shall be made and BH medical direction is not required.

H. Staffing decision for transport will be determined jointly by the BH (if BH contact is established) and on-scene personnel
1. A minimum of a paramedic (Level II) must accompany the patient if ALS procedures are initiated and no physician is present.
   a. Exception - In a MCI situation, a patient who has had an IV started that does not contain any additives may be transported by an EMT.
2. Destination will be determined by the pilot and flight crew, taking into consideration the patient(s) condition, flight conditions, and any other factors necessary

I. Complications during patient transport via helicopter:
1. If a helicopter is transporting a patient to the hospital and is unable to complete the transport due to weather, mechanical/safety issues, or any other factor that was impossible to predict prior to the helicopter lifting from the scene, the helicopter will notify FCC as soon as possible to arrange an alternate LZ and for a ground ambulance to rendezvous with the helicopter
2. Medical personnel staffing the helicopter shall retain responsibility for patient care until transfer of care to ground ambulance personnel is accomplished. If the final destination for the helicopter was to be a

trauma center, ground personnel shall complete the transport to the designated trauma center within that catchment area.