

Virtual	Pre-hospital Services Committee Agenda	February 11, 2021 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
IV. Medical Issues		
A. Coronavirus Update		Dr. Shepherd/Steve Carroll
V. New Business		
A. 1602 - Public Safety First Aid Optional Skills Approval and Training		Chris Rosa
VI. Old Business		
A. Other		
VII. Informational/Discussion Topics		
A. Other		
VIII. Policies for Review		
A. 100 – Local EMS Agency		
B. 701 – Medical Control PLP		
C. 705.27 – Sepsis Alert		
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		

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Heather Ellis Seconded: Tom O'Connor Passed unanimous
III. Minutes	Dr. Chase introduced Dr. Gillett who will be taking his place. Welcome!	Approved	Motion: Heather Ellis Seconded: Tom O'Connor Passed unanimous
IV. Medical Issues			
Coronavirus Update	The county has moved to the red tier. Hoping to go to orange soon. We anticipate that healthy people will get their vaccination in 2022. However, it is a very fluid situation. The county is still dealing with outbreaks at a few of the Long-Term Care Facilities.	Dr. Shepherd stated that the EMS Authority has approved paramedics to give flu shots. We will most likely seek the same approval for the COVID-19 Vaccine.	
V. New Business			
A. 605 – Interfacility Transfer of Patients		Approved with changes	Motion: Dr. Chase Seconded: Kathy McShea Passed unanimous
B. 705 – Treatment Protocols		Approved with changes	
C. 705.04-Behavioral Emergencies		Approved with changes	Motion: Dr. Gillett Seconded: Kathy McShea Passed unanimous
D. 705.8 – Cardiac Arrest VF/VT		Approved with changes	Motion: Dr. Gillett Seconded: Kathy McShea Passed unanimous
E. 705.15 – Nausea /Vomiting		Approved	Motion: Dr. Gillett Seconded: Kathy McShea Passed unanimous
F. 705.19 – Pain Control		Approved	Motion: Dr. Chase Seconded: Kathy McShea Passed unanimous
G. 705.20 - Seizures		Approved with changes	Motion: Dr. Gillett Seconded: Kathy McShea Passed unanimous

H. 705.21 – Shortness of Breath - Pulmonary Edema		Approved	Motion: Dr. Sikes Seconded: Kathy McShea Passed unanimous
I. 705.22 – Shortness of Breath		Approved	Motion: Dr. Sikes Seconded: Dr. Gillett Passed unanimous
J. 705.24 – Symptomatic Brady		Tabled	
K. 737 – Public Health Emergency Vaccination Administration		Approved	Motion: Dr. Sikes Seconded: Kathy McShea Passed unanimous
L. 738 – Handtevy Policy		Tabled	
M. 1000 -Documentation of Prehospital Care		Approved	Motion: Dr. Sikes Seconded: Kathy McShea Passed unanimous
VI. Old Business			
A. Time certain PRESTO presentation		Dr. Chugh presented PRESTO information to the PSC committee. Presentation was e-mailed out to the committee.	
VII. Informational/Discussion Topics			
A. Handtevy Presentation		Tabled	
VIII. Policies for Review	No policy for review		
X. Agency Reports			
A. Fire departments	VCFPD – none 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	SAH – none LRRMC – none SJRMC – none VCMC – none		
D. Receiving Hospitals	PVH – none		

		SPH – none CMH – none OVCH – none	
E.	Law Enforcement	VCSO –none CSUCI PD – none	
F.	ALS Education Programs	Ventura College - none	
G.	EMS Agency	Steve – none Dr. Shepherd – none Chris – none Katy –none Karen – none Julie –none Randy – none	
H.	Other		
XI.	Closing	Meeting adjourned at 11:30	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety First Aid Optional Skills Approval and Training		Policy Number 1602	
APPROVED: Administration: Steve L. Carroll, EMT-P Paramedic		Date: DRAFT	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: DRAFT	
Origination Date: July 13, 2017			
Date Revised: February 11, 2021		Effective Date: DRAFT	
Date Last Reviewed: February 11, 2021			
Review Date: February 28, 2023			

- I. PURPOSE: To establish the application and approval process for the utilization of optional skills by Public Safety First Aid (PSFA) agency personnel in Ventura County, and to establish the requirements and responsibilities of the Ventura County EMS Agency (VCEMS) approved PSFA optional skill providers
- A. The PSFA program shall be operated by approved providers in accordance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulations and with all applicable VCEMS policies and procedures.
- B. This program shall be implemented and maintained under the authority of the Ventura County EMS Medical Director.
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798; California Code of Regulations, Title 22, Section 100019
- III. POLICY:
- A. Any PSFA agency utilizing optional skills shall be approved by the VCEMS Medical Director, and continually meet all requirements outlined in the California Code of Regulations and VCEMS policies and procedures.
- B. No entity may operate as a PSFA optional skills agency or provide optional skills unless authorized by the VCEMS Medical Director.
- C. PSFA optional skills providers must be employed by a government public safety agency functioning within Ventura County as a part of the EMS system and may only provide optional skills while on duty.
- D. Providers must meet the requirements and perform each optional skill as described in this policy.
- E. The following optional skills are authorized for use by a PSFA agency ~~shall be limited to:~~
1. Administration of epinephrine by auto-injector for suspected anaphylaxis

- ~~4.2. Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation~~~~Administration of intranasal (IN) naloxone for suspected narcotic overdoses with respiratory depression.~~
- ~~3. Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care.~~
- ~~4. Administration of intranasal (IN) naloxone for suspected narcotic overdoses with respiratory depression.~~~~Administration of epinephrine by auto-injector for suspected anaphylaxis~~
- ~~2.5. Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs)~~
- ~~3.1. Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care.~~

IV. PROCEDURE:

A. PSFA Optional Skills Application and Approval Process

1. Providers requesting to utilize PSFA optional skills shall submit an application to VCEMS for approval. A complete application shall include the following:
 - a. Identification of optional skill(s) being requested for authorization
 - b. A letter of intent to provide the PSFA optional skill(s) being applied for, signed by a chief officer of the agency, agreeing to adhere to all applicable VCEMS policies and procedures.
 - c. A description of the geographic area within which the PSFA Optional Skill(s) will be utilized (size, population, population distribution and any other unique characteristics associated with the area that may impact the program, such as; tourist impact, recreational activities, etc.).
 - d. A description of the need for use of the PSFA Optional Skill(s), including the number of patients that may have benefited from the use of PSFA optional skill(s) for the previous year.
 - e. A description of the plans for initial training and ongoing PSFA Optional Skills competency verification for authorized PSFA personnel.
 - f. Procedures for collection and retention of required medical records.
 - g. Written procedure for ongoing Quality Improvement activities specific to each skill utilized with a staff member assigned to complete this responsibility on a regular and on-going basis.
 - h. Identification of the individual at the agency responsible for program oversight and coordination of quality improvement.

B. Program Notification

1. VCEMS shall notify the PSFA agency within seven (7) working days of receipt of the request for PSFA optional skills approval and shall specify what information, if any, is missing.
2. PSFA optional skills approval or denial shall be made within thirty (30) calendar days of receipt of all required application materials.
3. PSFA Optional Skill(s) providers shall notify VCEMS of any instructor change. Any new instructor shall be approved by VCEMS prior to providing course instruction.

C. PSFA Optional Skill(s) Provider Requirements and Responsibilities

1. Training Requirements

PSFA optional skills provider agencies shall:

- a. Provide initial PSFA Optional Skills training and testing utilizing curriculum approved and provided by VCEMS
- b. Provide all necessary training equipment (manikins, audiovisual aids, training auto-injectors, etc.).
- c. Ensure that each authorized PSFA individual demonstrates competency in the utilization of all approved optional skills, a minimum of once every twelve (12) months.
- d. Maintain on file a course completion record for all personnel successfully completing the approved training, for a minimum of four (4) years. This record shall be made available to VCEMS upon request

2. Records and Data Collection Requirements:

- a. A PSFA Optional Skills Utilization Patient Care Report (Appendix A) shall be completed for each patient on whom any of the PSFA Optional Skill(s) are utilized and submitted within 24 hours to the EMS Agency via secure email or fax as specified on the form.
- b. The provider shall develop procedures for collection, disposition, and retention of all pertinent medical records
- c. The PSFA provider agency shall submit an annual report, no later than January 31st of each year that summarizes program activities and performance for the previous calendar year. At a minimum, this report shall include:

- i. Competency records for all PSFA optional skill providers working within the agency
 - ii. An update of any and all program changes or updates that occurred within the PSFA optional skills provider agency over the previous twelve months, as it relates to the utilization of PSFA optional skills.
- D. Continuous Quality Improvement (CQI) Requirements
 1. PSFA optional skills provider agencies shall maintain adequate program staff to ensure:
 - a. There is a timely and adequate review of each incident in which an optional skills has been utilized
 - b. There is adequate documentation of each incident in which an optional skill has been utilized
 - c. Each utilization of an optional skills has been in accordance with VCEMS policies and procedures.
 2. A monthly report outlining all utilizations of any PSFA optional skills over the previous calendar month shall be completed by the PSFA provider agency and submitted to VCEMS by the fifteenth (15th) day of each month.
- E. Denial, Revocation, or Suspension of Program Approval
 1. Non-compliance with any criteria required for PSFA training program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provisions of the California Code of Regulations, may result in suspension, or revocation of PSFA program approval by VCEMS.
 2. VCEMS will notify PSFA program in writing of any deficiency and shall correct any identified problem within thirty (30) days.
 3. Failure to correct deficiencies and/or otherwise respond to directions will be cause for VCEMS to place the program on a probationary status with conditions for improvement, or deny, revoke, or suspend the program approval.



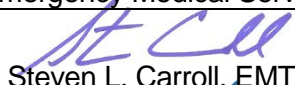

VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY





PUBLIC SAFETY FIRST AID TRAINING PROGRAM APPLICATION

Application Type	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		
PSFA Agency Name				
Mailing Address	Street	City	Zip	
Phone Number				
Chief Officer				
Principal Instructor				
Program Eligibility	<input type="checkbox"/> Local Government Public Safety Agency approved by the Ventura County EMS Agency, in compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulation and Ventura County EMS Agency policies and procedures.			
Optional Skills Requested	<input type="checkbox"/> <u>Administration of epinephrine by auto-injector for suspected anaphylaxis</u> <input type="checkbox"/> <u>Supplemental oxygen therapy using non-rebreather face mask or nasal canula, and bag-valve-mask (BVM) ventilation</u> <input type="checkbox"/> <u>Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care</u> <input type="checkbox"/> Administration of intranasal (IN) naloxone for suspected opioid overdose with respiratory depression. <input type="checkbox"/> <u>Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs)</u>			
Description of Geographic Area Naloxone will be Deployed				
Description of Department Need				
Letter of Intent	I certify that I have read and understood the requirements in VCEMS Policies and Procedures to be an approved PSFA Optional Skills Provider, and will comply with the requirements as described. I certify that all information contained in this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the requirements outlined in VCEMS policies and procedures may result in revocation of this program approval.			
Chief Officer Signature			Date	
Email Address			Phone	
VCEMS Use Only				
App. Received Date	App. Review Date	Approval Date	Expiration Date	Reviewed By

Supporting Documents Attached			
PSFA Agency Training Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Items Needed
PSFA Agency Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Items Needed

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Local Emergency Medical Services Agency		Policy Number 100	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2017	
Origination Date:	July 1, 1980		
Date Revised:	October, 2003	Effective Date: December 1, 2017	
Last Reviewed:	September 14, 2017		
Review Date:	September, 2020		

- I. PURPOSE: To establish a local EMS agency as required for the development of an emergency medical services program in Ventura County.
- II. AUTHORITY: Health and Safety Code, Sections 1797.94 and 1797.200. Ventura County Board of Supervisors Board Letter dated July 1, 1980.
- III. POLICY: The Ventura County Health Care Agency is designated as the Local Emergency Medical Services Agency for Ventura County. The Ventura County Emergency Medical Services Agency (VCEMS) has primary responsibility for administration of emergency medical services in Ventura County.
 - A. Organizational History of the VC EMS Agency:
 - 1980 EMS Coordinator reports directly to the County Health Officer
 - 1987 VCEMS is made a department of Public Health
 - 1989 VCEMS is made a department of the Health Care Agency
 - 1996 VCEMS is made a department of Public Health

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control: Paramedic Liaison Physician		Policy Number 701	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: June 1, 2014	
Origination Date: August 1, 1988		Effective Date: June 1, 2014	
Date Revised: January 9, 2014			
Date Last Reviewed: April 13, 2017			
Review Date: April 2020			

- I. PURPOSE: To define the role and responsibility of the Paramedic Liaison Physician (PLP) with respect to EMS medical control.
- II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162
- III. POLICY: The Base Hospital shall implement the policies and procedures of VCEMS for medical direction of prehospital advanced life support personnel. The PLP shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VCEMS. This includes:
 - A. Medical direction and supervision of field care by:
 1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
 2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.
 - B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).
 - C. Audit and evaluation by:
 1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
 - a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.
 - b. Compliance with current policies, procedures and protocols of the

- local EMS agency.
 - c. Base Hospital voice communication skills.
 - d. Monthly review of all ALS documentation when the patient is not transported.
- D. Investigations according to VC EMS Policy 150.
- E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
- 1. The activities of all Base Hospital physicians, MICNs and Paramedics.
 - 2. The education, audit, and evaluation of base hospital personnel
 - 3. Communications by base hospital personnel
- F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.
- G. Base Hospital liaison by ensuring:
- 1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
 - 2. Ongoing liaison with EMS provider agencies and the local medical community.
 - 3. On-going liaison with the local EMS agency.
- H. Ensuring compliance with Base Hospital Designation Agreement.

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



If yes to above, evaluate for infection



Is the patient's history/physical exam suggestive of infection?

- Pneumonia
- Cellulitis
- Current Antibiotics
- UTI
- Wound Infection



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

ALS Prior to Base Hospital Contact

If Sepsis Suspected

IV/IO Access

- Normal Saline
 - 1 Liter Bolus

Additional Information

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