

Virtual

Pre-hospital Services Committee
Agenda

April 13, 2023
9:30 a.m.

I.	Introductions	
II.	Approve Agenda	
III.	Minutes	
IV.	Medical Issues	
	A. Coronavirus/Flu/Respiratory Virus/TB	Dr. Shepherd/Steve Carroll
V.	New Business or Policies for Review with Proposed Changes	
	A. 0121 – Safety Event Review	Adriane
VI.	Old Business	
	A. Other	
VII.	Informational/Discussion Topics or Policies Approved at Specialty Care Committees	
	A. Other	
VIII.	Policies Due for Review (No proposed changes)	
	A. 705.12 – Heat Emergencies	
	B. 705.13 – Cold Emergencies	
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
I. Introductions	<p>SJH - Denise Richardson at thanked MRC for assisting at both Camarillo and Oxnard campus EDs, they have been a huge help.</p> <p>ROSA – Jiang Nan is joining VCSO as a flight medic, this is trial program.</p>		
II. Approve Agenda		Approved	Motion: Dr. Canby Seconded: Tom O'Connor Passed: unanimous
III. Minutes		Approved	Motion: Tom O'Connor Seconded: Eric Eckels Passed: unanimous
IV. Medical Issues			
A. Coronavirus/Flu/ Respiratory Virus Update	<p>Carroll – Status quo for numbers and what we are seeing.</p> <p>Casey – Things are continuing to decline.</p>		
V. New Business			
A. 131 – MCI Response	<p>Rosa – The goal is to update the terminology, training processes, the plan internally was to do away with basic/advanced and combine them. Refresher every two years. Added additional agencies.</p> <p>Tom O'Connor – Would like change “patients” back to “victims” due to not all people becoming “patients”. Rosa will make appropriate changes.</p>	Approved with changes.	Motion: Tom O'Connor Seconded: Dr. Canby Passed: Unanimous
B. 330 – EMT/Paramedic/MICN Decertification and discipline	Carroll – Made standard updates to the submission process.	Approved.	Motion: Dr. Canby Seconded: Tom O'Connor Passed: unanimous
C. 628 – Rescue Task Force Operations	Rosa – Worked with OFD, VCFD, VFD on draft language to meet NFPA 3000 fire standards.	Approved.	Motion: Jaime Villa Seconded: Kyle Blum Passed: unanimous
D. 631 – Mechanical CPR	Dr. Shepherd - New policy, VCFD is interested in deploying them, so we are coming up with a county wide policy. Overall comparing ours to others its rather permissive, have limited data on efficacy. Foundational principal – core CPR needs	Approved with change to adult criteria.	Motion: Dr. Canby Seconded: Mike Salazar Passed: unanimous

	to be accomplished before applying the device. Age of application is 18, it has not been tested in peds (<14years). If you are treating the patient as meeting adult criteria, you can apply it, if not, then you cannot apply. Go live date dependent on completion of training and final policy.		
E. 705.20 - Seizures	Andrew –Change initial IM dose from 0.1mg/kg to 0.2mg/kg with a max of 10mg, and change IV/IO dose from 2mg , to 0.1mg/kg max 4mg. Add section for recurring or continued seizure medication dosing. Add section for eclampsia. Question if IM dose should be repeated every 5 min?	Approved with changes.	Motion: Jaime Villa Seconded: Dr. Canby Passed: unanimous
VI. Old Business			
A. Other			
VII. Informational			
A. 430 - STEMI Receiving Standards	Gil-Stefanson – No changes proposed other than the dates.	Approved.	Motion: Tom O'Connor Seconded: Dr. Sykes Passed: unanimous
B. 733 – CAM Policy Revision	Dr. Shepherd – This is up for review, will be updated with the Lucas language.	Dr. Shepherd will work with the CAM Committee.	
VIII. Policies for review			
A. 141 – Hospital EMS Surge Assistance	Rosa – No changes.	Approved.	Motion: Eric Eckles Seconded: Dr. Sykes Passed: unanimous
B. 705.04 – Behavioral Emergencies	Format column changes needed in pediatric section- Add BLS section to the top, leave bottom language as written. Closest facility should be where they are transferred unless specialty. Law enforcement should not be determining where an EMS patient should be transported. Jiang Nan – DUI 99% will be transported to VCMC, please share a list with local agencies where to take patients so we can train our personnel.	Approve with BLS section on top. Subcommittee might be needed to discuss further.	Motion: ??? Seconded: Kyle Blum Passed: unanimous
C. 705.07 – Cardiac Arrest Asystole and PEA	Calcium chloride should have a max dose in the pediatric dosing.	Approved with amendment for peds.	Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
IX. Agency Reports			
A. Fire departments	VCFD – Academy just finished EMT. Lucas training this week, hopefully all trained by 03/14. VFD – none OFD – TEMS recruitment started. Fed. Fire – none FFD – Laryngoscopy training last week. Using striker product, working on recording. Dr.		

	Shepherd , we will not be approving a device that cannot be record.		
B. Transport Providers	AMR/GCA/LMT – Experiencing backorder issues with midazolam, will only carry 10mg in 2ml. Upticks in medication errors, working with EMS to resolve. All Town – Reaching out to area hospitals. AIR RESCUE – none		
C. Base Hospitals	AHSV – Getting ready for 2023 MICN candidate course, reaching out to PSC members for teaching/assisting. LRRMC – Continuing with construction. SJRM – Looking into trialing Pulsara for POS STEMI EKGs. VCMC – Julia Feig new ED Director. Helipad may be delayed, will update.		
D. Receiving Hospitals	PVH – none SPH – none CMH / OVCH – Went live with Pulsara a few days ago. Got a Lucas device for Ojai.		
E. Law Enforcement	VCSO – New copter 9, working on kinks hopefully live soon. CSUCI PD – none Parks – none		
F. ALS Education Programs	Ventura College – Increased intubation opportunities this year. Thank you for clinical sites, students are having a great time. Part-time and full-time faculty positions available. Placing internships. Clinical will be done in March.		
G. EMS Agency	Dr. Shepherd – Verset issue, make sure there is a broad awareness of different volumes that are out there. Pulsara is operational in Simi and CMH, Los Robles is working on it. Talking to Pulsara about training. AMR and GMR has already gone through the process in East County. First responder agencies will need to be signed up and trained. Initial implementation is for EKG transmission. Additional functions as it gets implemented. Carroll – RFP Process, reviewing application for RFP consultant for ambulance system. EMSAAC Conference March 2023. Rosa – Just Culture training March 22nd, looking at a class for about 50 at VC Behavioral Health building on Williams. Air show save the date March 18-19, 2023. First Responder appreciate day on the 17 th . 100-150K expected in attendance, Blue Angels and Thunderbirds will be performing. More information to be announced. Expect March 16th functional comms exercise. Casey – igel training into prodigy, hopefully by the end of next week.		
H. Other			
X. Closing	Meeting adjourned at 11:30am		Motion: Chris Rosa Seconded: Dr. Canby Passed: unanimous

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safety Event Review		Policy Number 121	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: April 13, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: April 13, 2023	
Origination Date: April 13, 2023		Effective Date: June 1, 2023	
Date Revised: April 13, 2023			
Date Last Reviewed: April 13, 2023			
Review Date: October 31, 2023*			

- I. PURPOSE: Identify and address events which may risk the safety of patient(s), provider(s), or communities.
- II. AUTHORITY: Health and Safety Code, Division 2.5. California Code of Regulations, Title 22, Division 9. EMSA Model Disciplinary Orders.
- III. DEFINITIONS:

Reportable Safety Event: Any circumstance, error, or action, which causes an actual or potential risk to the safety of provider(s), patient(s), or the community. Reportable safety events include, but are not limited to, incorrect medication administration, deviation from protocol, vehicle accidents involving EMS personnel, and events which may delay the response to an EMS incident. Reportable safety events are not limited to incidents that have already occurred, and may include any observations of potential safety risks or other concerns.

Just Culture: A system of shared accountability in which organizations are accountable for the systems they have designed and for responding to behaviors of individuals in a fair and just manner.
- IV. POLICY: Reportable safety events will be submitted and reviewed in accordance with the following procedures. VCEMS will be the coordinating agency for these reviews.

*Review of this policy will take place in 6 months in order to discuss and review this new process and any areas where additional improvement can be made as the EMS system navigates these changes.

V. PROCEDURE:

A. Reporting

1. Reporting safety events is encouraged and is considered an essential component of system development and oversight.
2. Safety events will be reported directly by the provider(s) who identified the risk or were directly engaged in the event. When a safety event is identified after the fact through base hospital or provider agency CQI programs, the safety event may be submitted by a responder agency or base hospital representative.
3. *Reportable Safety Events* will be reported to VCEMS utilizing the online tool provided.
4. *Reportable Safety Events* involving actual/potential harm to patients will be reported immediately. All other events will be reported within 24 hours of event occurrence or subsequent identification.
5. Agencies are encouraged to report any minor unexpected occurrence. This would include minor mechanical issues, equipment failures, misinterpretation of policy, etc. While seemingly innocuous, these events provide important insight into our EMS system.
6. When the incident is severe enough to warrant immediate review or communication, the reporting party should contact the EMS Agency Duty Officer.

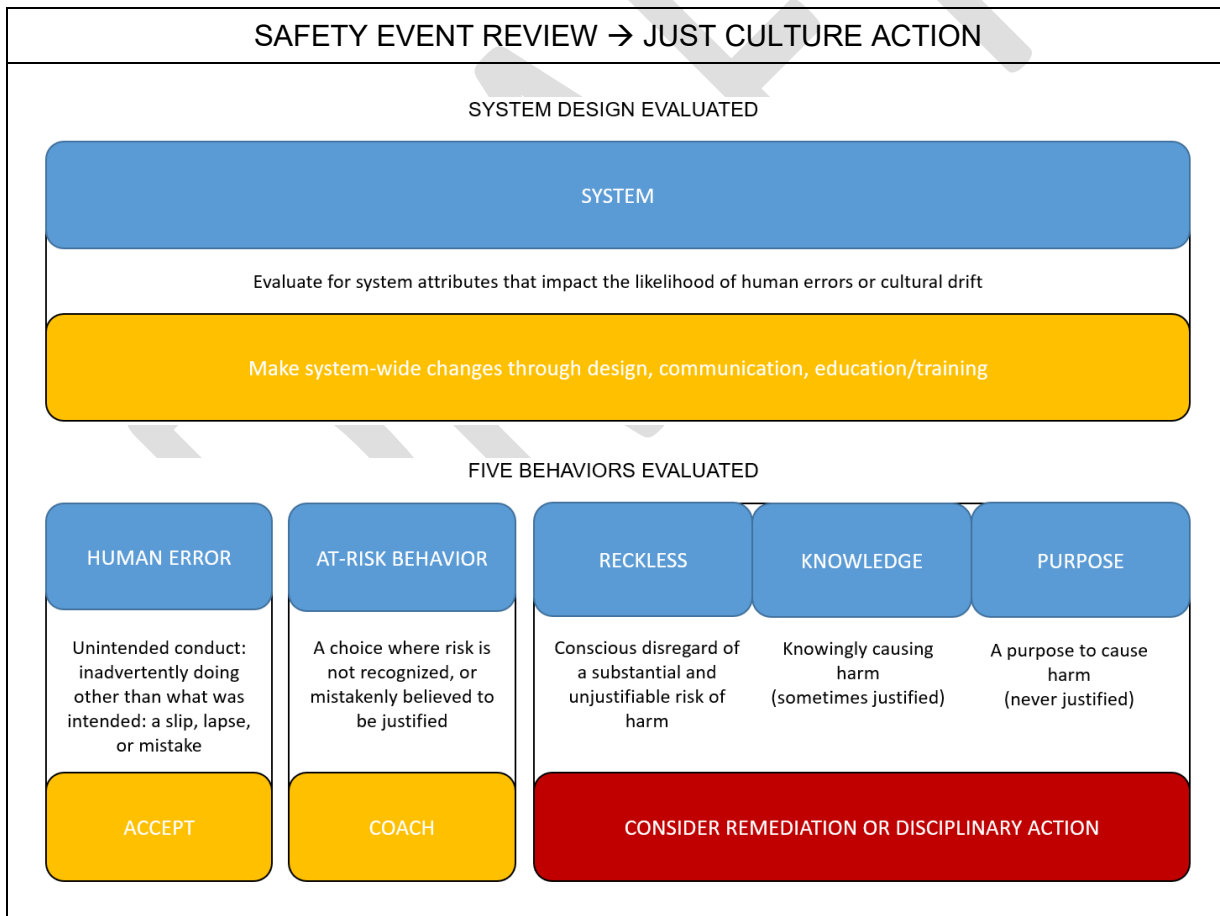
B. Event Review

1. The intent of the review is to evaluate system design and individual behaviors with a focus on learning and improving safety and is not intended to be punitive in nature.
2. When a Reportable Safety Event is submitted VCEMS will receive notification of the submission and the reporting party will receive confirmation that the submission was received.
3. Initial review will determine if additional information is needed.
4. Agencies, Pre-hospital Care Coordinator(s), and personnel involved will be notified that a reportable safety event has been received.

5. When it is determined that additional information is needed, VCEMS will collaborate with providers and clinical management teams for review and follow-up.

C. Just Culture Algorithm

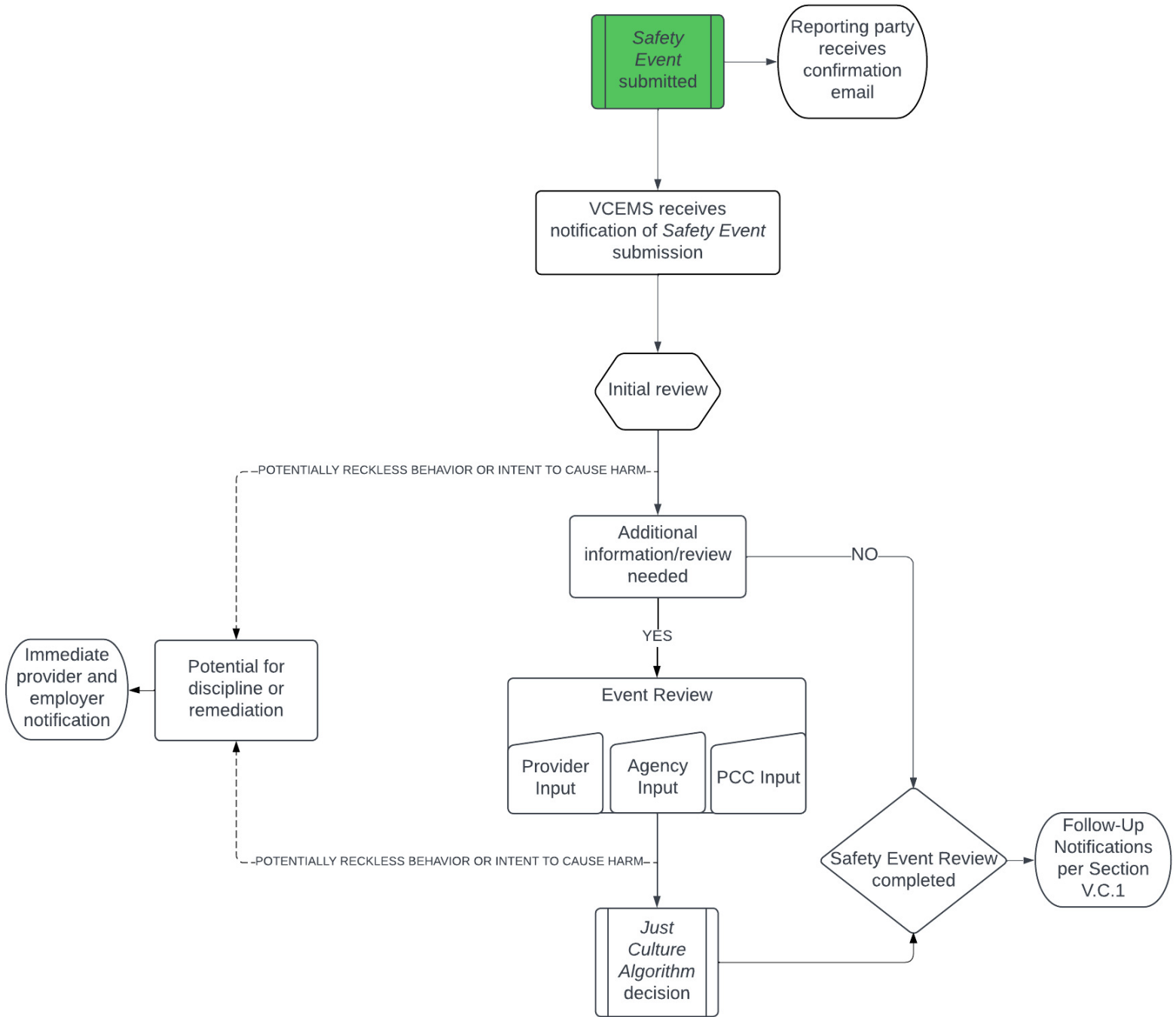
1. *The BETA Healthcare Group Just Culture Algorithm* is the accepted VCEMS framework for identifying the appropriate actions when a *Safety Event Review* is complete.
2. System design will be evaluated when reviewing a safety event for factors that impact the likelihood of the five behaviors.
3. There are 5 behaviors that will be evaluated when reviewing a safety event in order to determine which action is appropriate.



D. Safety Event Review Follow-Up

1. Once a *Safety Event Review* is considered complete the following parties will be notified:
 - a. The person who reported the safety event
 - b. The agencies involved in the safety event
 - c. The personnel involved in the safety event
 - i. Notification may be provided directly by VCEMS or via the provider's employer.
 - d. The Pre-hospital Care Coordinator(s) involved
 - e. EMS System Stakeholders
 - i. A CQI report including aggregate safety event information will be provided to the Prehospital Services Committee (PSC) on a quarterly basis.
 - ii. All events will be de-identified in order to maintain privacy for everyone involved.

SAFETY EVENT REVIEW PROCESS





Reportable Safety Event Form

To access the electronic form, use this QR Code:



-OR-

Use this link:

[REPORTABLE SAFETY EVENT FORM](#)

Heat Emergencies	
ADULT	PEDIATRIC
BLS Procedures	
<p>Place patient in cool, shaded environment Initiate active cooling measures</p> <ul style="list-style-type: none"> • Remove clothing • Fan the patient, or turn on air conditioner • Apply ice packs to axilla, groin, back of neck • Other active cooling measures as available <p>Administer oxygen as indicated If patient is altered, determine blood glucose level If less than 60 mg/dl refer to Policy 705.03</p>	
ALS Standing Orders	
<p>If patient is altered, determine blood glucose if not already performed by BLS personnel or post oral glucose administration</p> <p>If less than 60 mg/dl, refer to Policy 705.03</p> <p>IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Caution with cardiac and/or renal history ○ Repeat x 1 for persistent hypotension 	<p>If patient is altered, determine blood glucose if not already performed by BLS personnel or post oral glucose administration</p> <p>If less than 60 mg/dl, refer to Policy 705.03</p> <p>IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> ○ Caution with cardiac and/or renal history ○ Repeat x 1 for persistent hypotension
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Cold Emergencies

BLS Procedures

Gently move patient to warm environment and begin passive warming

Minimize movement of extremities

Attempt to maintain supine position

Increase ambulance cabin heat, if applicable

Cut off wet clothing and cover patient, including head, with dry blankets

Administer oxygen as indicated

If patient is altered, determine blood glucose level

If less than 60 mg/dl refer to Policy 705.03

Monitor vital signs for 1 minute. If vital signs are within the acceptable range for severe hypothermia, do not initiate respiratory assistance or chest compressions

- Acceptable range for severe hypothermia:
 - Respiratory Rate: at least 4 breaths per minute
 - Heart rate: at least 20 beats per minute
- Expedite transport if no shivering (indicates core temp below 90°)

ALS Standing Orders

If patient is altered, determine blood glucose if not already performed by BLS personnel or post oral glucose administration

If less than 60 mg/dl, refer to Policy 705.03

IV/IO access (if needed for medication or fluid administration)

- If administering fluid, avoid administering cold fluids.

Base Hospital Orders only

Consult with ED Physician for further treatment measures