

Public Health Administration
Large Conference Room
2240 E. Gonzales, 2nd Floor
Oxnard, CA 93036

Pre-hospital Services Committee
Agenda

May 09, 2019
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Issues

A. Other

V. New Business

A. Emergency Services Unit (Bus)

Steve Carroll

VI. Old Business

A. Other

VII. Informational/Discussion Topics

A. 451 - Stroke System Triage and Destination

Karen Beatty

B. 607 - Hazardous Material Incident

Karen Beatty

C. 614 - Spinal Immobilization

Karen Beatty

D. 705.01 – Trauma Assessment/Treatment Guidelines

Karen Beatty

E. 725 - Patients After TASER Use

Karen Beatty

F. 1401 - Trauma Center Designation

Karen Beatty

G. 1403 - Trauma Registry and Data

Karen Beatty

VIII. Policies for Review

A. 600 - Scene Control at A Medical Emergency

B. 619 - Safely Surrendered Babies

C. 705.05 - Bites and Stings

D. 716 - Use of Pre-existing Vascular Device (PVAD)

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

March 14, 2019
 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
III. Minutes		Approved	Motion: Kyle Brooks Seconded: Tom O'Connor Passed unanimous
IV. Medical Issues			
A. None			
V. New Business			
A. None			
VI. Old Business			
A. 210 – Abuse Report Guidelines	Karen discussed the history of the policy and presented a minor change regarding the penal codes.	Approved	Motion: Tom O'Connor Seconded: James Rosolek Passed unanimous
B. 705.01 – Trauma Treatment Guidelines		Approved	Motion: Chris Sikes Seconded: James Rosolek Passed unanimous
C. 705.14 – Hypovolemic Shock		Approved with changes	Motion: Heather Ellis Seconded: Kathy McShea Passed unanimous
VII. Informational/Discussion Topics			
A. 627 – Fireline Medic	Chris	Approved with changes. Page 4 – Remove ETT Verification Device Add “MDI for Fireline use only” to policy 705.22 in comments Add Combat Gauze to “Medications”	Motion: Chris Sikes Seconded: Heather Ellis Passed unanimous
VIII. Policies for Review			

A. 607 – Hazardous Material Incident		Tabled EMS staff will meet with Ventura County Fire Haz-mat reps to update this policy and bring it back to the next PSC meeting.	
B. 725 – Patients After Taser Use		Tabled EMS staff will work on this and bring back to next PSC.	
C. 732 – Use of Restraints		Approved with changes.	Motion: Ira Tilles Seconded: Nicole Vorzimer Passed unanimous
D. 920 – Reddinet Communication Policy		Approved with changes.	Motion: Ira Tilles Seconded: Nicole Vorzimer Passed unanimous
X. Agency Reports			
A. Fire departments	VCFPD – April 17 th is CE Day VCFD -none OFD –none Fed. Fire – none SPFD – none FFD – none		
B. Transport Providers	LMT – none AMR/GCA – The prestigious “Star of life Award” will be given to Nicole Gonzalez and Mike Copeland. Congratulations to Nicole and Mike. AIR RESCUE – none		
C. Base Hospitals	SAH – We have 7 new MICN’s. LRRMC – none SJRMC – Still have construction. 18 MICN’s took the test on March 13 th . VCMC – We have 4 new MICN’s.....BE NICE!		
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 – June 14 th is graduation day. Thank you to the ER doctors who assisted the medic interns in getting their intubations.		

<p>G. EMS Agency</p>	<p>Steve – There is free Nasal Narcan available from the state. Let Chris know if you would like some. Erik Hansen was promoted recently. The ESU Bus is almost done. It can hold 9 stretcher patients and 17 seated.</p> <p>Dr. Shepherd – none</p> <p>Chris – Dr. Shepherd is looking at new procedure for Narcan. If OD patients refuse transport, he would like to have the PM's leave additional Narcan at the home. More to come on this issue.</p> <p>Katy –none</p> <p>Karen –none</p> <p>Julie –none</p> <p>Randy – 1st week of June is CPR Awareness week</p>	
<p>H. Other</p>		
<p>XI. Closing</p>	<p>Meeting adjourned at 11:30</p>	



**TEMPORARY
PARKING PASS
Expires May 9, 2019**

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

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

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

2240 Gonzales Rd. location

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

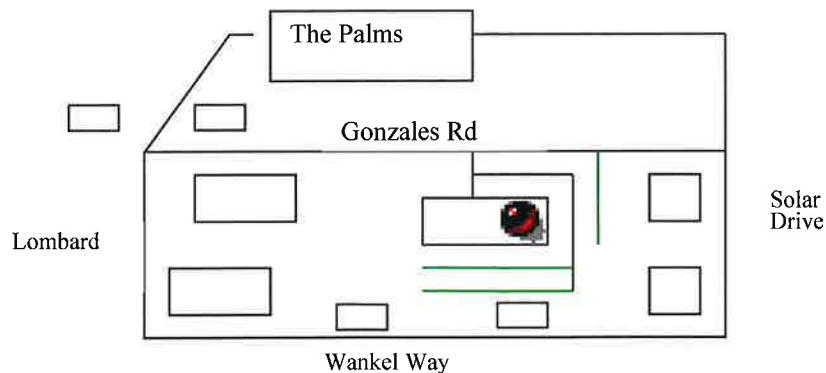
2100 Solar Drive

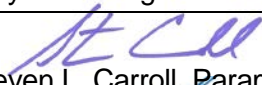
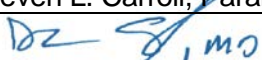
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). Place this flyer on your dash. If all of those stalls are occupied, overflow parking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

The Palms - shopping mall

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

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



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Stroke System Triage and Destination		Policy Number 451	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2019	
Origination Date:	October 11, 2012		
Date Revised:	March 28, 2019	Effective Date: June 1, 2019	
Date Last Reviewed:	March 28, 2019		
Review Date:	March 31, 2021		

- I. PURPOSE: To outline the process of pre-hospital triage and transport of suspected acute stroke patients to facilities designated as an Acute Stroke Center (ASC).
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798, California Code of Regulations, Title 22, Division 9, Sections 100147, and 100169
- III. DEFINITIONS:
 - Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.
 - Comprehensive Stroke Center: (CSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
 - ELVO Alert:** A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Emergent Large Vessel Occlusion (ELVO) ischemic stroke.
 - Emergent Large Vessel Occlusion (ELVO):** An acute ischemic stroke caused by a large vessel occlusion.
 - Stroke Alert:** A pre-arrival notification by pre-hospital personnel that a patient is suffering a possible acute stroke.
 - Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ASC) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.
 - Time Last Known Well (TLKW):** The date/time at which the patient was last known to be without the current signs and symptoms or at his or her baseline state of health.
 - Ventura ELVO Score (VES):** A tool designed for paramedics to screen for an ELVO in the prehospital setting.

IV. POLICY:

A. Stroke System Triage:

Patients meeting criteria in each of the following sections (1, 2, 3,) shall be triaged into the VC EMS stroke system.

1. Patient's TLKW is within 24 hours.
2. Blood Glucose is greater than sixty (60) OR patient continues to exhibit signs and symptoms of an acute stroke after pre-hospital treatment of abnormal blood glucose levels.
3. Identification of ANY abnormal finding of the Cincinnati Stroke Scale (CSS).

FACIAL DROOP

Normal: Both sides of face move equally

Abnormal: One side of face does not move normally

ARM DRIFT

Normal: Both arms move equally or not at all

Abnormal: One arm does not move, or one arm drifts down compared with the other side

SPEECH

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute

B. Perform the Ventura ELVO Score (VES) below:

Forced Eye Deviation: (1 point)

Force full deviation of BOTH eyes to one side or the other

Eyes will not pass midline

Aphasia: Patient is awake, but: (1 point). ANY of the following present is a positive (1 Point) for Aphasia)

Repetition: Unable to repeat a sentence ("Near the chair in the dining room.")

Naming: Unable to name an object (show a watch and a pen, ask patient to name the objects)

Mute: Ask the patient 2 Questions (What is your name? How old are you?)

Talking gibberish and/or not following commands

Neglect: (1 point)

Touch the Patient's right arm and ask if they can feel it

Touch the Patient's left arm and ask if they feel it

Now touch both of the Patient's arms simultaneously and ask the patient which side you touched

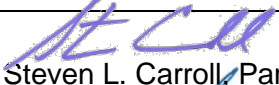

(If patient can feel both sides individually but only feels one side on simultaneous stimulation, this is neglect)

If Aphasic: Neglect can be evaluated by noticing that patient is not paying attention to you if you stand on one side, but pays attention to you if you stand on the other side.

Obtundation: (1 point)

Not staying awake in between conversation

- C. Score 1 point for each positive component of the VES (Total Score Possible = 4). If VES has a score of 1 or more, and the patient is positive for **all 3** findings of the CSS, and the TLKW is within 6 hrs, the patient will be an **ELVO Alert**. If TLKW is between 6- 24hrs, or if CSS has only 1 or 2 positive findings, the patient will be a **stroke alert**.
- D. For a **Stroke Alert**, Base Hospital Contact (BHC) will be established and a Stroke Alert will be activated.
- E. For an **ELVO Alert**, the nearest TCASC is the base hospital for that patient. (East of Lewis Rd is LRH and west of Lewis Rd. is SJR). Prehospital personnel will make base contact with the appropriate TCASC and an ELVO alert will be activated. The appropriate specialist on-call will be notified by the MICN.
 - 1. The base hospital will determine the nearest ASC or TCASC using the following criteria:
 - a. Patients condition
 - b. TCASC or ASC availability on ReddiNet
 - c. Transport time
 - d. Patient request
 - 2. The Base Hospital will notify the appropriate ASC of the *Stroke Alert* or TCASC of an *ELVO Alert*.
- F. Destination Decision: patients meeting stroke system criteria shall be transported to the nearest ASC, except in the following cases:
 - 1. Stroke patients in cardiac arrest shall be transported to the nearest receiving hospital. Patients who have greater than thirty seconds of return of spontaneous circulation (ROSC) shall be transported to the nearest STEMI Receiving Center (SRC).
 - 2. The nearest ASC is incapable of accepting a stroke alert patient due to ED, CT or Internal Disaster diversion, transport to the next closest ASC.
 - 3. The patient requests transport to an alternate facility, not extending transport by more than twenty (20) minutes, and approved by the Base Hospital.
 - 4. Patient meeting ELVO Alert criteria will be transported to the nearest TCASC if **total** transport time does not exceed 45 minutes.
- G. Upon Arrival: You may be asked to take your patient directly to the CT scanner.
 - a. Give report to the nurse, transfer the patient from your gurney onto the CT scanner platform, and then return to service.
 - b. If there is any delay, such as CT scanner not readily available, or a nurse not immediately available, you will not be expected to wait. You will take the patient to a monitored bed in the ED and give report as usual.
- H. Documentation
 - 1. Care and findings related to an acute stroke patient shall be documented in the Ventura County electronic patient care reporting (VCePCR) system in accordance with VCEMS policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hazardous Material Incident		Policy Number: 607	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: June 1, 2019	
Origination Date:	February 12, 1987		
Date Revised:	March 14, 2019	Effective Date: June 1, 2019	
Date Last Reviewed:	March 14, 2019		
Review Date:	March 31, 2021		

- I. **PURPOSE:** This policy establishes guidelines for the response of pre-hospital care providers to incidents involving hazardous materials.
- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.220 & 1798. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. **POLICY:** The Ventura County Regional Hazmat Team (VCRHT), under direction of the Incident Commander, assumes responsibility for “functional” control within a hazardous materials incident. Functional control includes all operations within the “hot zone” and control of any contamination.
The responding Emergency Medical Services personnel assume responsibility for patient care and transportation after release and/or decontamination by VCRHT. The EMS personnel and/or treatment team shall coordinate treatment/transport efforts with VCRHT so as not to jeopardize scene integrity, causing unnecessary spread of contamination to ambulance, equipment, EMS personnel and hospital personnel or citizens.
- IV. **PROCEDURE:**
 - A. **INITIAL NOTIFICATION**
 1. The responding EMS unit shall be notified by the Fire Department as soon as possible on all hazardous material incidents in order to facilitate their entry into the scene. Necessary information should include:
 - a. Radio channel/frequency for the incident
 - b. Estimated number of patients or potential patients
 - c. Approach to the incident

- d. Location of the staging area
 - e. Identification (radio designation) of the Incident Commander
 - f. Request for specialized equipment needed
2. While enroute, the EMS unit shall make radio contact with the Incident Commander or FCC and verify location, approach and staging information prior to their arrival on-scene.
 3. Upon arrival at the scene, the ambulance unit shall notify the base hospital or receiving hospital affected as to the number of patients, description of hazard, and any other pertinent information relative to hospital needs. (Note: the IC or VCRHT should provide this information upon request).
- B. ARRIVAL ON-SCENE**
1. If the scene has not been secured and a staging area has not been established, the ambulance unit should make radio contact with the Incident Commander or FCC for entrance and staging instructions.
 2. In the absence of an Incident Commander and/or a staging area, EMS personnel should stay upwind and avoid entering the contaminated area.
 3. If the scene has been secured, the first-in ambulance unit should enter the staging area and report to the Incident Commander for direction.
- C. PATIENT DECONTAMINATION**
1. Patients contaminated by a hazardous substance or radiation shall be appropriately decontaminated by VCRHT or fire resources, despite the urgency of their medical condition, prior to being moved to the triage area for transportation.
 2. VCRHT shall determine the disposition of all contaminated clothing and personal articles.
 3. The transfer of the patient from the contaminated zone to the safe zone must be accomplished by trained personnel in an appropriate level of protective clothing and carefully coordinated so as not to permit the spread of contamination.
 4. Contaminated clothing and personal articles shall be properly prepared for disposal by the VCRHT.

5. Every effort shall be made to preserve, protect and return personal articles.

D. TRANSPORTATION



1. Any equipment, including transportation units, found to have been exposed and contaminated by a hazardous substance shall be taken out of service pending decontamination and a second ambulance unit responded to transport patients to the hospital when available.
2. At no time shall ambulance personnel transport contaminated patients. If during transport a patient off-gasses a strong odor or vomits what is believed to be toxic emesis, personnel/patient shall vacate ambulance and request assistance from fire.
3. Prior to transportation of patients to the hospital, the ambulance unit shall notify the hospital of the following:
 - a. number of patients
 - b. confirmation that patients being transported have been field decontaminated
 - c. extent each patient was contaminated
 - d. materials causing contamination (if known)
 - e. extent of injuries
 - f. patient assessment
 - g. ETA
 - h. any other pertinent information

E. ARRIVAL AT EMERGENCY ROOM

1. Upon arrival at the hospital, emergency room personnel shall meet the patient at the ambulance in order to determine if further decontamination is needed prior to delivery of patient(s) into the emergency room. (Any patient release by fire and transported by ambulance will be decontaminated to the fullest extent possible)
2. All hospitals should develop a plan for receiving patients who have been decontaminated and those patients who may need additional decontamination and a contingency plan for mass decontamination.
3. If additional decontamination resources are needed, the VCRHT decontamination equipment and personnel may be requested through dispatch.

F. EMERGENCY PERSONNEL DECONTAMINATION

1. All treatment team members coming in contact with contaminated patients or contaminated materials shall take appropriate measures to insure proper decontamination and elimination of cross contamination. Secondary decontamination is recommended which includes taking a shower and changing clothes whenever necessary.
2. Clothing, bedding, instruments, body fluids, etc. may be considered extremely hazardous and must be handled with care, contained and disposed of properly.
3. Follow-up monitoring of all personnel shall be conducted as deemed necessary by the Medical Director.

Policy Title: Spinal Motion Restriction	Policy Number 614
APPROVED: Administration:  Steven L. Carroll, Paramedic	Date: June 1, 2019
APPROVED: Medical Director:  Daniel Shepherd, M.D.	Date: June 1, 2019
Origination Date: October 1992 Date Revised: March 12, 2019 Date Last Reviewed: March 12, 2019 Review Date: March 31, 2021	Effective Date: June 1, 2019

- I. PURPOSE: To define the use of spinal motion restriction by field personnel in Ventura County.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, CCR Division 9, Chapter 4, Sections 100175, 100179
- III. DEFINITION:
 - 1. Spinal motion restriction: the use of cervical collars, gurneys, and other commercial devices to limit the movement of patients with potential spine injuries. Spinal motion restriction refers to the same concept as “spinal immobilization,” which traditionally incorporates the use of rigid backboards. This technique often limits movement but rarely provides true “immobilization.” The goal of spinal motion restriction is to maintain spinal alignment and limit unwanted movement. “This can be accomplished by placing the patient on a long backboard, a scoop stretcher, a vacuum mattress, or an ambulance cot.”¹
- IV. POLICY:
 - 1. Spinal motion restriction is a procedure that should be performed judiciously.
 - 2. Backboards are a tool that may be utilized for patient movement and CPR. They should not be used for transport unless necessary to continue patient care (e.g. unconscious patient)
 - 3. Patients should be secured to the gurney with gurney straps whenever possible. A slide board should be used to transfer the patient to the hospital gurney.
 - 4. Cervical collars should be used in the appropriate patients as defined below. Patients with or without a cervical collar should then be secured to the gurney with gurney straps. Patient should then be instructed to remain as still as possible. Awake and alert, potentially ambulatory patients, not intoxicated, without neurologic symptoms and/or deficits, can self-extricate (after application of cervical collar if indicated).²

5. In the event of simultaneous transport of more than one patient requiring spinal motion restriction, the second patient should be secured supine to the bench seat. A backboard can be used if necessary.

V. PROCEDURE: Patients who meet any of the following criteria require spinal motion restriction:

1. Any trauma patient who complains of neck pain and/or back pain and has spinal tenderness.
 2. Any patient with known or suspected trauma with altered level of consciousness to the extent that their appreciation of pain or ability to communicate is impaired.
 3. Any trauma patient with a neurological deficit (e.g. numbness, weakness)
 4. Any patient under the influence of drugs or alcohol alcohol to the extent that appreciation of pain or ability to communicate is impaired.
 5. Patients suffering from severe distracting painful injuries for whom the mechanism of injury is unknown or suspicious for spinal injury.
- A. The awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, who denies spine pain or tenderness, is neurologically intact, and does not have a distracting injury, should not be placed in spinal motion restriction.
- B. Cervical immobilization is not necessary in the awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, who complains of isolated lumbar pain or tenderness but denies cervical pain or tenderness and does not have weakness, numbness, or a distracting injury.
- C. Spinal motion restriction is contraindicated in patients with penetrating torso or neck injury. Transportation must be expedited. DO NOT place these patients in spinal motion restriction. A backboard may be utilized for patient movement and/or CPR. A cervical collar is not necessary.

VI. Special Procedure for Care of Potentially Spine-Injured Football Athlete

- A. The facemask should always be removed prior to transportation, regardless of current respiratory status.
 1. Tools for facemask removal include screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter should be readily accessible.

2. All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.
- B. The helmet should not be removed during the prehospital care of the football athlete with a potential spinal injury, unless:
1. After a reasonable period of time, the face mask cannot be removed to gain access to the airway,
 2. The design of the helmet and chin strap is such that even after removal of the face mask, the airway cannot be controlled, or ventilation provided.
 3. The helmet and chin straps do not hold the head securely such that immobilization of the helmet does not also immobilize the head, or
 4. The helmet prevents immobilization for transport in an appropriate position.
- C. If the helmet must be removed, a neutral head position must be maintained during removal.
1. In most circumstances, it may be helpful to remove cheek padding and/or deflate the air padding prior to helmet removal.
 2. If the helmet is removed, the shoulder pads must be removed at the same time or the head padded to maintain neutral position.
- D. If needed, the front of the shoulder pads can be opened to allow access for CPR and defibrillation. They should only be removed if the helmet is removed at the same time.

VII. Pediatric patients

- A. The approach to pediatric patients is similar to that for adults. There is no need to employ spinal motion restriction based on age criteria alone.
- B. The index of suspicion for spine injury should be higher given the increased difficulty communication with younger patients. Indications for spinal motion restriction include:
1. Complaint of neck pain
 2. Torticollis
 3. Neurologic deficit
 4. Altered mental status including GCS <15, intoxication, and other signs (agitation, apnea, hypopnea, somnolence, etc.)
 5. Involvement in a high-risk motor vehicle, high impact diving injury, or has substantial torso injury
- C. Appropriate patients can be secured to gurney in their car seat. An appropriately sized c-collar should be applied if indicated.

¹ Spinal Motion Restriction in the Trauma Patient – A Joint Position Statement
Fischer PE, Perina DG, Delbridge TR, Fallat ME, Salomone JP, Dodd J, Bulger EM, Gestring ML.
Prehosp Emerg Care. 2018 Nov-Dec;22(6):659-661. doi: 10.1080/10903127.2018.1481476. Epub 2018 Aug 9.

² Dixon M, O'Halloran J, Cummins NM
Biomechanical analysis of spinal immobilisation during prehospital extrication: a proof of concept study
Emerg Med J 2014;31:745-749.

Trauma Assessment/Treatment Guidelines 705.01

- I. Purpose: To establish a consistent approach to the care of the trauma patient
 - A. Rapid trauma survey
 - 1. Airway
 - a. Maintain inline cervical stabilization
 - 1) Follow spinal precautions per VCEMS Policy 614
 - b. Open airway as needed
 - 2) Utilize a trauma jaw thrust to maintain inline cervical stabilization if indicated
 - c. Suction airway if indicated
 - 2. Breathing
 - a. Assess rate, depth and quality of respirations
 - b. If respiratory effort inadequate, assist ventilations with BVM
 - c. Insert appropriate airway adjunct if indicated
 - d. Assess lung sounds
 - e. Initiate airway management and oxygen therapy as indicated
 - 1) Maintain SpO₂ ≥ 94%
 - 3. Circulation
 - a. Assess skin color, temperature, and condition
 - b. Check distal/central pulses and capillary refill time
 - c. Control major bleeding
 - d. Initiate shock management as indicated
 - 4. Disability
 - a. Determine level of consciousness (Glasgow Coma Scale)
 - b. Assess pupils
 - 5. Exposure
 - a. If indicated, remove clothing for proper assessment/treatment of injury location. Maintain patient dignity
 - b. Maintain patient body temperature
 - B. Detailed physical examination
 - 1. Head
 - a. Inspect/palpate skull
 - b. Inspect eyes, ears, nose and throat
 - 2. Neck
 - a. Palpate cervical spine
 - b. Check position of trachea
 - c. Assess for jugular vein distention (JVD)
 - 3. Chest
 - a. Visualize, palpate, and auscultate chest wall

Effective Date: June 1, 2019
Next Review Date: January 31, 2021

Date Revised: January 10, 2019
Last Reviewed: January 10, 2019



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4. Abdomen/Pelvis
 - a. Inspect/palpate abdomen
 - b. Assess pelvis, including genitalia/perineum if pertinent
5. Extremities
 - a. Visualize, inspect, and palpate
 - b. Assess Circulation, Sensory, Motor (CSM)
6. Back
 - a. Visualize, inspect, and palpate thoracic and lumbar spines

C. Trauma care guidelines

1. Head injuries
 - a. General treatments
 - 1) Evaluate head and face – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) ~~If in spinal precautions, Elevate head~~ of backboard 30° unless contraindicated
 - 3) Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
 - 4) Do not delay transport if significant airway compromise
 - b. Penetrating injuries
 - 1) DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
 - 2) Stabilize object manually or with bulky dressings
 - c. Facial injuries
 - 1) Assess airway and suction as needed
 - 2) Remove loose teeth or dentures if present
 - d. Eye injuries
 - 1) Remove contact lenses
 - 2) Irrigate eye thoroughly with suspected acid/alkali burns
 - 3) Avoid direct pressure
 - 4) Cover both eyes
 - 5) Stabilize any impaled object manually or with bulky dressing
2. Spinal cord injuries
 - a. General treatments
 - 1) Evaluate spinal column – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Place patient in supine position if hypotension is present

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- b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - 3) In the presence of penetrating injuries, if no neurologic deficit is present upon physical examination, withhold spinal immobilization
- c. Neck injuries
 - 1) Monitor airway
 - 2) Control bleeding if present
- 3. Thoracic Trauma
 - a. General treatments
 - 1) Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - ~~2) Keep patients sitting high-fowlers~~
 - a) ~~2) If in spinal precautions, elevate head of backboard 30° unless contraindicated~~
 - b) a. In the presence of isolated penetrating injuries, if no neurologic deficit is present upon physical examination, consider withholding spinal immobilization
 - 3) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV/IO at TKO rate
 - a) Maintain palpable peripheral pulses
 - 4) Tranexamic Acid – For patients 15 years of age and older as
-indicated in VCEMS Policy 734
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - a) Remove object if CPR is interfered
 - b) Stabilize object manually or with bulky dressings
 - c) Control bleeding if present
 - c. Flail Chest/Rib injuries
 - a) **Immobilize with padding and bulky dressings** to affected area
 - b) Assist ventilations if respiratory status deteriorates
 - d. Pneumothorax/Hemothorax
 - a) Keep patient sitting high-fowlers
 - b) Assist ventilations if respiratory status deteriorates¹.
 - 1) Suspected tension pneumothorax should be managed per VCEMS Policy 715

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- e. Open (Sucking) Chest Wound
 - a) Place an occlusive dressing to wound site. Secure on 3 sides only
 - b) Assist ventilations if respiratory status deteriorates
- f. Cardiac Tamponade – If suspected, expedite transport
 - a) Beck's Triad
 - 1) Muffled heart tones
 - 2) JVD
 - 3) Hypotension
- g. Traumatic Aortic Disruption
 - a) Assess for quality of radial and femoral pulses
 - b) If suspected, expedite transport
- 4. Abdominal/Pelvic Trauma
 - a. General Treatments
 - 1) Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV/IO at TKO rate
 - a) Maintain palpable peripheral pulses
 - 3) Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734
 - b. Blunt injuries
 - 1) Place patient in supine position if hypotension is present
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Eviscerations
 - 1) DO NOT REPLACE ABDOMINAL CONTENTS
 - a) Cover wound with saline-soaked dressings
 - 2) Control bleeding if present
 - e. Pregnancy
 - 1) Place patient in left-lateral position to prevent supine hypotensive syndrome
 - 2) ~~If in spinal immobilization, place padding under backboard to tilt to the left~~

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- f. Pelvic injuries
 - 1) Consider wrapping a bed sheet tightly around the pelvis and tying it together for use as a binder to help control internal bleeding
 - a) Assessment of pelvis should be only performed **ONCE** to limit additional injury
 - 2) Control bleeding if present
 - 3) If possible avoid log rolling patient.
- 4. Extremity Trauma
 - a. General Treatments
 - 1) Evaluate CSM distal to injury
 - a) If decrease or absence in CSM is present:
 - (1) Manually reposition extremity into anatomical position
 - (2) Re-evaluate CSM
 - b) If no change in CSM after repositioning, splint in anatomical position and expedite transport
 - c) Cover open wounds with sterile dressings
 - d) Place ice pack on injury area (if closed wound)
 - e) Splint/elevate extremity with appropriate equipment
 - f) Uncontrolled hemorrhage: Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734
 - b. Dislocations
 - 1) Splint in position found with appropriate equipment
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECTS
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Femur fractures
 - 1) Utilize traction splint only if isolated mid-shaft femur fracture is suspected
 - 2) Assess CSM before and after traction splint application
 - e. Amputations
 - 1) Clean the amputated extremity with NS
 - 2) Wrap in moist sterile gauze
 - 3) Place in plastic bag

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- 4) Place bag with amputated extremity into a separate bag containing ice packs
- 5) Prevent direct tissue contact with the ice packs

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Next Review Date: January 31, 2021

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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patients After TASER Use		Policy Number: 725	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: April 29, 2019	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: April 29, 2019	
Origination Date:	August 10, 2006	Effective Date: June 1, 2019	
Date Revised:	March 14, 2019		
Date Last Reviewed:	March 14, 2019		
Next Review Date:	March 31, 2021		

- I. PURPOSE: To provide a framework for the pre-hospital treatment and transport of patients after TASER deployment.

- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, California Code of Regulations, Title 22, Section 100169.

- III. POLICY: Law enforcement officers may remove the TASER probes and may choose to transport individuals in custody to an emergency department. On occasion, EMS personnel may be called to evaluate, treat and/or transport patients with or without the TASER probes in place.
 - A. When requested by law enforcement and absent any contraindications as outlined in policy, TASER probes may be removed by EMS personnel.
 - B. If EMS transport is indicated or requested by law enforcement EMS personnel should transport to the closest receiving facility, appropriate specialty care facility, or the hospital requested by law enforcement.

- IV. PROCEDURE:
 - A. When safe to do so, patients should be immediately evaluated.
 - B. Any injuries or medical conditions will be treated according to the appropriate treatment protocol.
 - C. If the transporting paramedic determines that the patient is a risk to him/herself and/or the ambulance personnel, law enforcement officer(s) may be requested to accompany the patient.

D. TASER Probe Removal:

If one or both of the TASER probes requires removal for safe transportation or if removal requested by law enforcement:

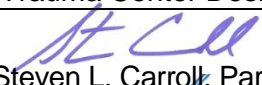

1. Procedure must be witnessed by the arresting law enforcement officer. Identify the appropriate officer and confirm they are ready to witness the procedure.
2. Verify the wires to the probes have been severed.
3. Use routine biohazard precautions.
4. Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site between two fingers. Keep your hand several inches away from the probe. With your other hand, in one fluid motion pull the probe straight out from the puncture site.
5. Reinsert TASER probes, point down, into the discharged air cartridge and hand it to the law enforcement officer.
6. Apply direct pressure for bleeding, and apply a sterile dressing to the wound site.

E. Contraindications:

1. Do NOT remove the probe if the TASER is in a dangerous area (e.g., face, neck, hand, bone, groin or spinal column), where it may injure bone, nerves, blood vessels, or an eye. Transport the patient to the ED in an appropriate position.

F. Documentation:

1. Any EMS incidents resulting from TASER deployment or probe removal will be documented in the Ventura County Electronic Patient Care Reporting System Refer to policy 1000: Documentation of Prehospital Care.
2. Incidents that do not result in EMS transport will be documented as outlined in VCEMS policy 603: Refusal of EMS Services.
3. If TASER probes are removed by EMS personnel documentation will include that procedure as well as the requesting law enforcement officer and/or agency.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Center Designation		Policy Number 1401	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2019	
Origination Date:	July 1, 2010		
Date Revised:	March 12, 2019	Effective Date: June 1, 2019	
Date Last Reviewed:	March 12, 2019		
Review Date:	March 31, 2022		

- I. PURPOSE: To establish a procedure for the designation of trauma centers in Ventura County
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY:
 - A. Trauma Center Designation
 1. Ventura County Emergency Medical Services Agency will issue a request for proposal (RFP) for the designation of the trauma center(s). The RFP will include:
 - a. Introduction and background information about Ventura County's trauma system.
 - b. General information and instructions about trauma center designation including eligibility for application, primary service areas, fees and EMS's no guarantee policy of the minimum number of trauma patients
 - c. Level of designation desired
 - d. Reference to Title 22 and the American College of Surgeons "Resource for Optimal Care of the Injured Patient 2006" as the criteria for designation. Applicants will be required to describe their current compliance with these criteria or to indicate plans to achieve compliance within 6 months of the nomination for designation.
 - e. List of the minimal requirements for designation that

includes: hospital organization, medical staff support, the trauma program, the trauma medical director, the trauma resuscitation team, the trauma service, the trauma program manager, the trauma registrar and interventional radiology services on site. (Please see page 31- 35 of the "Resource for Optimal Care of the Injured Patient 2006" for full description of the above).

- f. A list of trauma center conditions and requirements commensurate with the level of designation desired, which the applicant will be required to accept.
 - g. A contract between the applicant hospital and Ventura County Emergency Medical Services Agency to be completed when the hospital's application has been approved. Applicants will be required to indicate their acceptance of the contract or to submit alternative language for any clause which they are unwilling to accept.
 - h. A schedule of fees for trauma center applications and ongoing designation/contracts.
2. The RFP will be sent by registered, return-receipt-requested mail to those hospitals in Ventura County who submitted the required letter of interest. Any hospital wishing to respond to the RFP will be required to complete the RFP as outlined in the RFP and submit the application fee by a specified date and time. Thereafter, all communication regarding the process will be sent only to hospitals that have indicated their interest.
 3. EMS will host a mandatory pre-proposal conference
 4. Hospitals will have up to 60 days to submit an original and six copies of the proposal to ACS. Other submission requirements will be outlined in the RFP.
 5. The independent review panel (IRP) will include experts as appropriate for the level of designation such as a trauma surgeon(s), emergency physician(s), trauma program manager(s), hospital administrator(s), EMS Agency administrator(s) and/or individuals with similar qualifications. The IRP shall be composed of individuals who work outside of the County of Ventura and have no affiliation or allegiance to any hospital within the

County, and who are selected and approved by the Trauma Working Group.



6. The proposal review process will be contracted to American College of Surgeons which will include a site visit for the purpose of confirming the information submitted as well as an evaluation of the hospital's capability and commitment to serve as a trauma center at the level of designation defined in the RFP. The IRP will evaluate proposals according to but not limited to:
 - a. Compliance with minimum standards
 - b. Quality and scope of service
 - c. Applicant's demonstrated commitment to the care of major trauma patients
 - d. Comprehensiveness
 - e. Cost effectiveness of the proposed service
 - f. Actuality of the demonstrated ability to provide Level II trauma services versus a stated plan to provide the service
 7. The nominated designated hospital must agree to obtain verification by the American College of Surgeons as a Level II trauma center within 3 years of designation at cost to the hospital.
- B. Designation
1. Following the site visits, the IRP will report on its findings and decision on designation of trauma hospitals. This will include any recommended corrective action plan that would be required to meet trauma center requirements.
 2. IRP recommendations will be forwarded to the Ventura County Board of Supervisors for final designation.
 3. Reports of the IRP will be made available upon request.
- C. Appeals
1. Notices of findings and copies of reports specific to each applicant will be sent to the appropriate applicant. Applicants will have 10 working days to appeal from the day of receipt of the preliminary recommendations of IRP. Grounds for appeals are limited to alleged failure to follow the RFP or proposal review process. Expert judgments or analyses of the survey team are not subject to appeal.

2. A three-member appeal panel whose members have expertise in proposal reviews, and have no allegiance or affiliation with any hospital within the County or to any member of the IRP, and who are selected and approved by the Trauma Working Group, will review the appeal and make a decision. All decisions are final and cannot be appealed further.
3. A fee of \$5,000 will be required to request an appeal. These funds shall be used by the County to recover costs of resources used to reply to the appeal.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Registry and Data		Policy Number 1403	
APPROVED: Administration:	<i>SLC</i> Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director:	<i>Dr. S. M. D.</i> Daniel Shepherd, M.D.	Date: June 1, 2019	
Origination Date:	July 14, 2015		
Date Revised:	March 12, 2019	Effective Date: June 1, 2019	
Date Last Reviewed:	March 12, 2019		
Review Date:	March 31, 2022		

- I. PURPOSE: To standardize data elements collected from trauma care facilities to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital trauma care services.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY: The following information shall be collected by Ventura County designated Trauma Centers and Community Hospitals and reported to the Ventura County EMS Agency.
- IV. INCLUSION CRITERIA
 - A. Diagnostic code for any injury included in the following range:
ICD-10-CM: S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9
AND
At least one injury with a diagnostic code outside the following range:
S00, S10, S20, S30, S40, S50, S60, S70, S80, S90
 - B. Meets at least ONE of the following criteria
 - a. Death
 - b. Hospital admission as either observation or inpatient status
 - c. Interfacility transfer to provide a higher level of trauma care (in or out)
 - d. Meets prehospital trauma triage criteria for Step 1-4
 - e. Trauma centers ONLY: full or limited trauma team activation

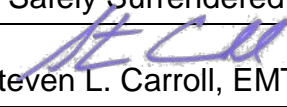

- C. Data element description
 - 1. Trauma Centers
 - a. Current data components for NTDS® (National Trauma Data Standard)
 - b. Ventura County specific data
 - 1. Hospital account number for ED visit
 - 2. If transported to trauma center by ambulance
 - A. ImageTrend ePCR number
 - B. Trauma Step assigned by EMS
 - 2. Community hospitals
 - a. Date of birth
 - b. Date of ED arrival
 - c. Date of admission
 - d. Hospital account number
 - e. ICD-9 or ICD-10 codes
 - f. Hospital outcome
- D. Reporting
 - 1. Trauma Centers
 - a. Complete spreadsheets as requested by EMS each quarter
 - b. Fax or email to EMS any transfer of trauma patients for a higher level of care
 - c. Comply with data collection as needed by EMS
 - 2. Community hospitals
 - a. Fax or email to EMS any Emergent/Urgent trauma transfer
 - b. Comply with data collection as needed by EMS

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: SCENE CONTROL AT A MEDICAL EMERGENCY		Policy Number 600	
APPROVED: Administration:	 Steven L Carroll, Paramedic	Date: December 1, 2015	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2015	
Origination Date:	January 1985	Effective Date:	December 1, 2015
Date Revised:	June 11, 2015		
Date Reviewed:	June 11, 2015		
Review Date:	June, 2018		

- I. PURPOSE: To establish authority for scene control at a medical emergency.

- II. AUTHORITY: California Health and Safety Code, Section 1797.6(c)

- III. 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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safely Surrendered Babies		Policy Number: 619	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	February 2003	Effective Date: June 1, 2008	
Revised Date:	November 8, 2007		
Last Reviewed:	May 14, 2015		
Review Date:	May 31, 2018		

- I. **PURPOSE:** This policy outlines the procedures whereby prehospital care providers accept a newborn under the California Safe Haven Law. This law as amended allows a person to surrender a minor child, less than 72 hours old to a person at any *designated* fire station, or emergency room without fear of arrest or prosecution, provided that the infant has not been abused or neglected. According to the law, “no person or entity that accepts a surrendered child shall be subject to civil, criminal, or administrative liability for accepting the child and caring for the child in the good faith belief that action is required or authorized by the bill, including but not limited to instances where the child is older than 72 hours or the person surrendering the child did not have lawful physical custody of the child”.
- II. **AUTHORITY:** 1797.220, 1798 Health & Safety Code; CCR Division 9 Chapter 4, 100175; Senate Bill 1368, Chapter 824, and Statutes of 2000; and Ventura County Board of Supervisor Resolution dated May 6, 2003.
- III. **POLICY:** Emergency Medical Services (EMS) personnel shall follow the procedures outlined in this document to ensure the surrendered infant is protected and medically cared for until delivered to the closest hospital emergency department.
- IV. **PROCEDURE:**
 - A. When an infant is surrendered to a fire station, the personnel shall notify their dispatch center of the situation.
 - B. The dispatch center will dispatch the closest paramedic transport unit.
 - C. Fire station personnel will assess the newborn and treat as needed.
 - D. Initiate first responder form.
 - E. Open the Newborn Safe Surrender Kit, (available at the fire station).
 - F. Place a confidential coded bracelet on the infant’s ankle and wrist. (Record this number on the first responder form)

- G. Provide the surrendering party the inner business reply mail envelope. This contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet and a matching coded, confidential bracelet. Advise the surrendering party that provided that there has been no abuse or neglect, the parent may reclaim the infant within **14 days**, by taking the bracelet back to the hospital. Hospital personnel will provide information about the baby.
- H. Upon arrival of the transport paramedic unit, the fire station personnel will provide a copy of the written report and a verbal report of the infants' care and status.
- I. If the infant appears to be greater than 72 hours old, abused or neglected, accept the infant and provide medical treatment as necessary.
- J. The paramedic transport unit will initiate base station contact and begin transport to the closest appropriate hospital emergency department.
- K. The paramedic transport unit will initiate care and treat the infant as needed.
- L. The paramedic transport unit will complete a PCR via approved Ventura County Documentation System and will record the confidential coded ankle bracelet number.
- M. Upon arrival at the receiving emergency department, the transporting paramedic will provide a verbal and written report.
- N. Receiving hospital personnel will make verbal and written notification to the Ventura County HSA Department of Children and Family Services (DCFS).



Bites and Stings	
BLS Procedures	
<p><u>Animal/insect bites:</u></p> <ul style="list-style-type: none">• Flush site with sterile water• Control bleeding• Apply bandage <p><u>Snake bites/envenomations:</u></p> <ul style="list-style-type: none">• Remove rings and constrictions• Immobilize the affected part in dependent position• Avoid excessive activity <p><u>Bee stings:</u></p> <ul style="list-style-type: none">• If present, remove stinger• Apply ice pack <p><u>Jellyfish stings:</u></p> <ul style="list-style-type: none">• Rinse thoroughly with normal saline<ul style="list-style-type: none">○ DO NOT:<ul style="list-style-type: none">• Rinse with fresh water• Rub with wet sand• Apply heat <p><u>All other marine animal stings:</u></p> <ul style="list-style-type: none">• If present, remove barb• Immerse in hot water if available <p>Administer oxygen as indicated</p> <p>All bites other than snake bites may be treated as a BLS call</p>	
ALS Prior to Base Hospital Contact	
<p>IV access for snake bites</p> <p>Monitor for allergic reaction or anaphylaxis</p> <p>Morphine – per Policy 705 - Pain Control</p>	
Base Hospital Orders only	
Consult with ED Physician for further treatment measure	

Effective Date: December 1, 2010
Next Review Date: March 31, 2017

Date Revised: August, 2010
Last Reviewed: March 12, 2015



VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number: 716	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2015	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2015	
Origination Date:	March 2, 1992	Effective Date:	December 1, 2015
Date Revised:	August 13, 2015		
Last Reviewed:	August 13, 2015		
Review Date:	August, 2017		

- I. PURPOSE: To define the use of pre-existing vascular access devices (PVAD) by Paramedics in the prehospital setting.
- II. AUTHORITY: 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: PVADs may be used in the prehospital setting as set forth by this document.
- IV. Definition: A PVAD is a heparin/saline lock or an indwelling catheter/device placed into a vein, to provide vascular access for those patients requiring long term intravenous therapy or hemodialysis. Internal subcutaneous indwelling devices are not to be accessed by prehospital field personnel.
- V. Procedure: After successful completion of an approved Ventura County training module, a Paramedic may access a PVAD and administer normal saline and medications, for a patient with the following conditions:
 - A. Peripheral Vein Heparin/Saline Lock
 1. Any conditions requiring intravenous fluids and/or medications
 - B. Central Vein Indwelling Catheter/Device

Urgent need to administer fluids and/or medications which can only be given by the IV route and a peripheral IV site is not readily/immediately available.
 - C. Hemodialysis Fistula (to be used only in the absence of peripheral or central IV access):

Urgent need to administer fluids and/or medications which can only be given by the IV route and an alternate IV site is not readily/immediately available.