Virtual	Pre-hospital Services Committee Agenda	June 9, 2022 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. 504 – BLS and ALS Equipment and Supplies	Steve Carroll
	B. 607 – Hazmat Incident Response	Chris Rosa
	C. 705.27 – Sepsis Alert	Andrew Casey
VI.	**Old Business**	
	A. Other	
VII.	**Informational/Discussion Topics**	
	A. Training Bulletin – Emergency Interfacility Transfer	Karen Beatty
VIII.	**Policies for Review**	
	A. 0615 – Organ Donor	
	B. 0618 – Unaccompanied Minors	
	C. 0619 – Safely Surrendered Baby	
	D. 0624 – Patient Medications	
	E. 0716 - Use of Pre-existing Vascular Access Device	
	F. 0725 - TASER	
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.	**Closed Session**	
	A. All Town Ambulance application review (representatives from current ambulance providers shall be excused during the review process)	
XI.	**Closing**	

Virtual	Pre-hospital Services Committee Minutes	April 14, 2022 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda			Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
III. Minutes			Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
IV. **Medical Issues**			
A. Coronavirus Update	Steve Carroll / Dr. Shepherd: COVID-19 cases are continuing to decline. LA County is seeing a slight increase in COVID-19 patients due to the new BA.2 variant. Another surge is being discussed, CDPH is monitoring and will provide guidance. 2nd COVID-19 booster has been approved for 50+. 76.8% VC residents are fully vaccinated, 83.3% have had at least one dose.	COVID-19 calls to first responders and hospitals have been canceled for the time being.	
V. New Business			
A. 1301 – Lay Rescuer AED Provider Standards	Randy Perez: Updates Policy 1301 to meet the new health and safety guidelines. Updated AED Use Form and added a Notice of New AED Program Form to the end of the policy.		Motion: Jaime Villa Seconded: Mike Sanders Passed: unanimous
B. PSC Committee Chair	The committee voted to change the one-year term of the chairperson to a two-year term and may serve for a total of four years (two terms).	Heather Ellis agreed to stay on for an additional year to complete a two-year term.	
C. 105 – PSC Guidelines	Changes will be made as requested (see above).	Policy will be updated and emailed to the committee.	Motion: Jaime Villa Seconded: Tom O'Connor Passed: unanimous
D. 627 – Fireline Medic w/VNC FireScope		Approved with changes. Page two/IV/A3: Remove "communication failure protocol" language. Also, delete complete	Motion: Tom O'Connor Seconded: Joey Williams Passed: unanimous

		entire second sentence starting with “paramedic”.	
E. 705.14 – Hypovolemic Shock	Language updated to match 705.01 that was approved at last meeting.	Changed gram to G (not gm). Combined BLS and ALS procedures. Add Handtevy to pediatric procedures. Policy will be updated and sent to the committee, along with Needle T Policy.	Motion: Dr. Tilles Seconded: Kyle Blum Passed: unanimous
VI. Old Business			
A. Other	None reported.		
VII. Informational			
A. 318 – ALS Response Unit Staffing		This policy will go live immediately. Updated to meet current standards and match changes to other policies. Remove page 5/C/d4.	
B. 351 – EMS Update Procedure (Retiring Policy)		This policy is being retired effective immediately.	
C. 614 – Spinal Motion Restriction		The committee pointed out several formatting issues, these will be corrected.	
VIII. Policies for review			
A. 731 – Tourniquet Use		Approved, no changes. Dr. Duncan is going to speak in Sacramento regarding AB2260, that would provide Stop The Bleed kits to all public buildings.	Motion: Tom O’Connor Seconded: Dr. Tilles Passed: unanimous
B. 732 - Restraints		Approved with changes. Dr. Shepherd requested to change “chemical restraint” to “therapeutic sedation”.	Motion: Dr. Gillett Seconded: Dr. Tilles Passed unanimous
IX. Agency Reports			
A. Fire departments	**VCFPD** – Dustin Lazenby is the new Training Chief, one employee out with COVID-19, academy graduates at the end of May. **VCFD** – Large recruit class this summer, upcoming promotional announcements, one employee out with COVID-19.		

	OFD – Adding a new BC. City will be split into two battalions with target date of July 9th. **Fed. Fire** – none **FFD** – none		
B. Transport Providers	**AMR/GCA/LMT** – Jeremy Shumaker transferred to Riverside as Director, Mike Sanders took over as Regional Director for Ventura and Santa Barbara Counties, Jeff Schultz was recently named Operations Manager, Mark Martinez will be the new CES. Congratulations to all. **AIR RESCUE –** none		
C. Base Hospitals	**AHSV** – none **LRRMC** – The ER is still under construction, going through LA County STEMI Survey. **SJRMC –** none **VCMC** – none		
D. Receiving Hospitals	**PVH** – none **SPH** – none **CMH** / **OVCH** – Dr. Levin stated there is no ophthalmology coverage after hours in Ventura County.		
E. Law Enforcement	**VCSO –**none **CSUCI PD –** none **Parks –** none		
F. ALS Education Programs	**Ventura College** – Paramedic student interns are finishing next week, second week of May paramedic students start clinical rotations, June 10th 1500-1600 graduation ceremony. Dr. Larsen thanked all the ERs for helping the paramedic interns/students.		
G. EMS Agency	**Chris –** none **Dr. Shepherd –** none **Steve** – New ambulance company wanting a non-emergency license, going through the process and will bring to PSC for approval.		
H. Other			
XI. Closing	**Meeting adjourned at 11:30**		Motion: Dr. Larsen Seconded: Dr. Gillett Passed unanimous

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: BLS And ALS Unit Equipment And Supplies	Policy Number: 504
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director Daniel Shepherd, MD	Date: DRAFT
Origination Date: May 24, 1987 Date Revised: ~~October 14, 2021~~ Last Reviewed: ~~October 14, 2021~~ Review Date: ~~October 31, 2022~~	Effective Date: DRAFT

I. PURPOSE: To provide a standardized list of equipment and supplies for response and/or transport units in Ventura County.

II. POLICY: Each response and/or transport unit in Ventura County shall be equipped and supplied according to the requirements of this policy.

III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218, 1797.221 and California Code of Regulations Sections 100148, 100306, 100404

IV. DEFINITIONS:

BLS – Basic Life Support Unit

ALS – Advanced Life Support Unit

PSV – Paramedic Support Vehicle or Paramedic Supervisor Vehicle

CCT – Critical Care Transport Unit

BLS Command – Basic Life Support Staffed Command Vehicle

FR/ALS – First Responder Advanced Life Support Unit

Search and Rescue – Sheriff's SAR Helicopter Unit

V. PROCEDURE:

The following equipment and supplies shall be maintained on each response and/or transport unit in Ventura County.

Deviation from the standards outlined in this policy shall only be authorized with written approval (see attached Equipment/Medication Waiver Request form) from the VCEMS Medical Director. Mitigation attempts should be documented in the comment section on the waiver request form, such as what vendors were contacted, etc.

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS ~~/ BLS~~ Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS						
~~Clear masks in the following sizes:~~ ~~Adult~~ ~~Child~~ ~~Infant~~ ~~Neonate~~			~~1 each~~	~~1 each~~	~~1 each~~	~~1 adult~~ ~~1 infant~~
Bag valve units with appropriate masks Adult (1,000 mL) Child (500 mL) Infant (240 mL)	1 each	1 eacn	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3	3	3
Nasopharyngeal airway 14 French 18 French 20 French 22 French 24 French 26 French 28 French 32 French 34 French 36 French ~~(adult and child or equivalent)~~	1 each	1 each	1 each	1 each	1 each	1 each
Continuous positive airway pressure (CPAP) device	1 per size	Optional	1 per size	1 per size	1 per size	1 per size
Nerve Agent Antidote Kit	Optional	Optional	9	9	9	~~0~~Optional
Blood glucose determination devices ~~*(optional for non-911 BLS units)*~~	1	Optional	2	1	1	1
Occlusive Dressing	5	5	5	5	5	5
Oral glucose 15gm unit dose	1	1	1	1	1	1
Oropharyngeal Airways 40 mm (Size 00) 50 mm (Size 0) 60mm (Size 1) 70 mm (Size 2) 80 mm (Size 3) 90 mm (Size 4) 100 mm (Size 5) 110 mm (Size 6) ~~Adult~~ ~~Child~~ ~~Infant~~ ~~Newborn~~	1 each size	1 each size	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	15 L/min for 20 minutes (40 minutes for transport units)	15 L/min for 20 minutes	15~~0~~ L/min for 20 minutes (40 minutes for transport units)	15~~0~~ L/min for 20 mins.	15~~0~~ L/min for 20 mins.	15~~0~~ L/min for 20 mins.
Portable suction equipment	1	1	1	1	1	1
~~Transparent~~ Nonrebreather oxygen masks Adult ~~nonrebreather~~ Child Infant	3 3 2	2 2 2	3 3 2	2 2 2	2 2 2	2 2 2

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS ~~/ BLS~~ Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
Bandage scissors	1	1	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	 12 6 2	 12 2 0	 12 6 2	 12 2 0	 12 6 2	 5 4 2
Blood pressure cuffs Thigh Adult Child Infant	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
Emesis basin/bag	1	1	1	1	1	1
Flashlight	1	1	1	1	1	1
Traction splint or equivalent device	1	N/A	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	N/A	4	4	4	4
Potable water or saline solution	4 liters	N/A	4 liters	4 liters	4 liters	4 liters
Cervical ~~spine immobilization device~~collar	2	N/A	2	2	2	2
Spinal immobilization ~~devices~~backboard ~~KED or equivalent~~ 60" minimum with at least 3 sets of straps	1	N/A	1	~~0~~N/A	1	1
Sterile obstetrical kit	1	1	1	1	1	1
Tongue depressor	4	Optional	4	Optional~~4~~	Optional~~4~~	Optional~~4~~
Cold packs	4	2	4	4	4	4
Tourniquet	2	2	~~1~~2	~~1~~2	~~1~~2	~~1~~2
1 mL,5 mL, and 10 mL syringes with IM needles	N/A	N/A	4	4	4	4
Automated External Defibrillator ~~(if not equipped with ALS monitor/defibrillator)~~	**1**	**1**	**~~1~~N/A**	**~~1~~N/A**	**~~1~~N/A**	**~~1~~N/A**
Manual Defibrillator	N/A	**N/A**	1	1	1	1
Defibrillator pads	2 adult 2 peds	2 adult 2 peds	2 adult 2 peds	2 adult 2 peds	2 adult 2 peds	2 adult 2 peds.
Stethoscope	1	1	1	1	1	1
Cellular telephone	1	1	1	1	1	1
CO_2 monitor Infant (<0.5 mL sidestream or <1 mL mainstream adaptor) Pediatric / Adult (6.6 mL sidestream or < 5 mL mainstream adaptor)	Optional	Optional	2 of each	2 of each	2 of each	2 of each
CO_2 Monitor Adult size EtCO2 sampling nasal cannula Pediatric size EtCO2 sampling nasal cannula	Optional	Optional	1 of each	1 of each	1 of each	1 of each
Pediatric length and weight tape	1	1	1	1	1	1
Intranasal mucosal atomization device	Optional	Optional	2	2	2	2
SpO_2 Monitor (If not attached to cardiac monitor)	1	1	1	1	1	1
SpO2 Adhesive Sensor (Adult, Pediatric, Infant)	Optional	Optional	1 of each	1 of each	1 of each	1 of each
Thermometer	1	Optional	1	1	1	Optional
Personal Protective Equipment per State Guideline #216 Rescue helmet EMS jacket	 2 2	 N/A N/A	 2 2	 1 1	 ~~0~~N/A ~~0~~N/A	 ~~0~~N/A ~~0~~N/A

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS ~~/ BLS~~ Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
Work goggles	2	N/A	2	1	~~0~~N/A	~~0~~N/A
Tyvek suit	2 L / 2 XXL	N/A	2 L / 2 XXL	1 L / 1 XXL	~~0~~N/A	~~0~~N/A
Tychem hooded suit	2 L / 2 XXL	N/A	2 L / 2 XXL	1 L / 1 XXL	~~0~~N/A	~~0~~N/A
Nitrile gloves	1 Med / 1 XL	N/A	1 Med / 1 XL	1 Med / 1 XL	~~0~~N/A	~~0~~N/A
Disposable footwear covers	1 Box	N/A	1 Box	1 Box	~~0~~N/A	~~0~~N/A
Leather work gloves	3 L Sets	N/A	3 L Sets	1 L Set	~~0~~N/A	~~0~~N/A
Field operations guide	1	N/A	1	1	~~0~~N/A	~~0~~N/A
OPTIONAL EQUIPMENT (No minimums apply)						
~~Occlusive dressing or chest~~ Chest seal						
Hemostatic gauze per EMSA guidelines						

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
B. TRANSPORT UNIT REQUIREMENTS						
Ambulance cot gurney and collapsible stretcher; or two stretchers, one of which is collapsible.	1	N/A	1	N/A0	N/A0	1N/A
Collapsible stretcher or flat	1	N/A	1	N/A	N/A	2
KED or equivalent (One required for transport units)	1	N/A	1	N/A	N/A	N/A
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1 set	N/A	1 Set	N/A0	N/A0	1 Set
Powered portable suction unit	1	N/A	1	N/A	N/A	N/A
Soft aAnkle and wrist restraints.	1 set of each	N/A	1 set of each	N/A0	N/A0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	N/A	1	N/A0	N/A0	0
Bedpan	1	1	N/A	N/A	N/A	N/A
Urinal	1	1	N/A	N/A	N/A	N/A

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS ~~/ BLS~~ Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS UNIT REQUIREMENTS						
~~Cellular telephone~~			~~1~~	~~1~~	~~1~~	~~1~~
Supraglottic Airway Devices: I-Gel with passive oxygenation port Sizes 1, 1.5, 2, 2.5, 3, 4, 5	N/A	N/A	2 of each	1 of each	1 of each	1 of each
I-Gel Airway Support Straps	N/A	N/A	2	2	2	2
Arm Boards 9” 18”	N/A	N/A	3 3	0 0	1 1	0 0
~~CO_2 monitor~~ ~~Infant (<0.5 mL sidestream or <1 mL mainstream adaptor)~~ ~~Pediatric / Adult (6.6 mL sidestream or < 5 mL mainstream adaptor)~~			~~2 of each~~	~~2 of each~~	~~2 of each~~	~~2 of each~~
~~CO_2 Monitor~~ ~~Adult size EtCO2 sampling nasal cannula~~ ~~Pediatric size EtCO2 sampling nasal cannula~~			~~1 of each~~	~~1 of each~~	~~1 of each~~	~~1 of each~~
Colorimetric CO2 Detector Device	N/A	N/A	1	1	1	1
~~Defibrillator pads or gel~~			~~3~~	~~3~~	~~3~~	~~1 adult – No Peds.~~
~~Defibrillator w/adult and pediatric paddles/pads~~			~~1~~	~~1~~	~~1~~	~~1~~
EKG Electrodes	N/A	N/A	10 sets	3 sets	3 sets	6 sets
Endotracheal ~~intubation~~ tubes, sizes 6.0, 6.5, 7.0, 7.5, 8.0 with stylets	N/A	N/A	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
EZ-IO intraosseous infusion system	N/A	N/A	1 Each Size	1 Each Size	1 Each Size	1 Each Size
~~Intravenous Fluids (in flexible containers)~~ ~~• Normal saline solution, 100 ml~~ ~~• Normal saline solution, 500 ml~~ ~~Normal saline solution, 1000 ml~~			~~2~~ ~~2~~ ~~6~~	~~1~~ ~~1~~ ~~2~~	~~1~~ ~~1~~ ~~4~~	~~1~~ ~~1~~ ~~3~~
IV admin set - macrodrip	N/A	N/A	~~4~~8	~~1~~4	4	~~3~~4
IV catheter, Sizes 14, 16, 18, 20, 22, 24	N/A	N/A	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries Curved blade #2, 3, 4 Straight blade #1, 2, 3	N/A	N/A	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each
Magill forceps Adult Pediatric	N/A	N/A	1 1	1 1	1 1	1 1
~~Intranasal mucosal atomization device~~			~~2~~	~~2~~	~~2~~	~~2~~
Nebulizer	N/A	N/A	2	2	2	2
Nebulizer with in-line adapter	N/A	N/A	1	1	1	1
Needle Thoracostomy kit	N/A	N/A	2	2	2	2
~~Pediatric length and weight tape~~			~~1~~	~~1~~	~~1~~	~~1~~

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
SpO_2 Monitor (If not attached to cardiac monitor)			1	1	1	1
SpO2 Adhesive Sensor (Adult, Pediatric, Infant)			1 of each	1 of each	1 of each	1 of each
Flexible intubation stylet	N/A	N/A	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)						
Cyanide Antidote Kit						

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
D. ALS MEDICATION, MINIMUM AMOUNT						
Adenosine, 6 mg	N/A	N/A	~~3~~5	~~3~~5	~~3~~5	~~3~~5
Albuterol 2.5mg/3ml	N/A	N/A	6	2	~~3~~2	~~1~~2
Aspirin, 81mg	N/A	N/A	4 ea 81 mg	4 ea 81 mg	4 ea 81 mg	4 ea 81 mg
Amiodarone, 50mg/ml 3ml	N/A	N/A	6	3	6	3
Atropine sulfate, 1 mg/10 ml	N/A	N/A	2	2	2	2
Diphenhydramine (Benadryl), 50 mg/ml	N/A	N/A	2	1	1	2
Calcium chloride, 1000 mg/10 ml	N/A	N/A	2	1	1	1
Dextrose						
• 5% 50ml, AND	N/A	N/A	2	1	2	1
• 10% 250 ml	N/A	N/A	~~5~~2	2	2	2
Epinephrine						
• Epinephrine , 1mg/ml						
• 1 mL ampule / vial, OR	N/A~~2~~	N/A	5	5	5	5
• Adult auto-injector (0.3 mg), ~~AND~~	N/A~~2~~	N/A	~~4~~Optional	~~2~~Optional	~~2~~Optional	~~2~~Optional
Peds auto-injector (0.15 mg)	N/A~~2~~	N/A	~~4~~Optional	~~2~~Optional	~~2~~Optional	~~2~~Optional
• Epinephrine 0.1mg/ml (1 mg/10ml preparation)	N/A	N/A	6	3	6	4
Fentanyl, 50 mcg/mL	N/A	N/A	200 mcg~~2~~	200 mcg~~2~~	200 mcg~~2~~	200 mcg~~2~~
Glucagon, 1 mg/ml	N/A	N/A	2	1	2	1
Intravenous Fluids (in flexible containers)	N/A	N/A				
• Normal saline solution, 100 ml			2	1	1	1
• Normal saline solution, 500 ml			2	1	1	1
• Normal saline solution, 1000 ml			6	2	4	3
Lidocaine, 100 mg/5ml	N/A	N/A	2	2	2	2
Magnesium sulfate, 1 gm per 2 ml	N/A	N/A	4	4	4	4
Midazolam Hydrochloride (Versed)	N/A	N/A	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials
Morphine sulfate, 10 mg/ml (Only required during a Fentanyl shortage)	N/A	N/A	2	2	2	2
Naloxone Hydrochloride (Narcan)						
• IN concentration - 4 mg in 0.1 mL (with atomizer) ~~(optional for ALS and non-911 BLS units), OR~~	~~2~~N/A	N/A	~~5~~Optional	~~5~~Optional	~~5~~Optional	~~5~~Optional
• IM / IV concentration – 2 mg in 2 mL preload ~~(optional for non-911 BLS units)~~	~~2~~N/A	N/A	5	5	5	5
Nitroglycerine preparations, 0.4 mg	N/A	N/A	1 bottle	1 bottle	1 bottle	1 bottle
Normal saline flush, 5 or 10 ml	N/A	N/A	~~2~~5	~~2~~5	~~2~~5	~~2~~5
Ondansetron (Zofran)						
• 4 mg IV single use vial	N/A	N/A	4	4	4	4
• 4 mg oral	N/A	N/A	4	4	4	4
Sodium Bicarbonate 8.4%, 1 mEq/mL (50 mL)	N/A	N/A	~~2~~4	~~1~~2	~~1~~2	~~1~~2
Tranexamic Acid (TXA) 1 gm/10 mL	N/A	N/A	2	1	1	1

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
E. BLS MEDICATION, MINIMUM AMOUNT						
Epinephrine						
• Epinephrine , 1mg/ml						
• 1 mL ampule / vial (with syringe and needle), OR	2	2	N/A	N/A	N/A	N/A
• Adult auto-injector (0.3 mg), AND	2	2	N/A	N/A	N/A	N/A
Peds auto-injector (0.15 mg)	2	2	N/A	N/A	N/A	N/A
Naloxone Hydrochloride (Narcan)						
• IN concentration - 4 mg in 0.1 mL (with atomizer) OR	2	2	N/A	N/A	N/A	N/A
• IM / IV concentration – 2 mg in 2 mL preload	2	2	N/A	N/A	N/A	N/A

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: DRAFT
APPROVED: Medical Director	Daniel Shepherd, MD	Date: DRAFT
Origination Date: Date Revised: Date Last Reviewed: Review Date:	February 12, 1987 ~~March 14, 2019~~June 9, 2022 ~~March 14, 2019~~June 9, 2022 ~~March 31, 2021~~June 30, 2025	Effective Date: DRAFT

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"~~ all zones and control of any contamination.

The responding Emergency Medical Services personnel assume responsibility for patient care and transportation after release and/or decontamination by the ~~VCRHT~~Hazard Incident Response Team (HIRT). The EMS personnel and/or treatment team shall coordinate treatment/transport efforts with ~~VCRHT~~ HIRT 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~~ best access 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.~~

1. 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, actions performed related to victim decontamination, and any other pertinent information relative to hospital needs. (Note: the IC or ~~VCRHT~~HIRT should provide this information upon request).

~~3~~2. If the scene has been secured, the first-in ambulance unit should enter the staging area and report to the Incident Commander, or designee, for direction.

C. PATIENT DECONTAMINATION

1. Patients contaminated by a hazardous substance or radiation shall be appropriately decontaminated by ~~VCRHT~~ HIRT or fire resources, despite the urgency of their medical condition, prior to being moved to the triage area for transportation.

2. ~~VCRHT~~ The HIRT shall determine the disposition of all contaminated clothing and personal articles.
3. The transfer of the patient from the contaminated zone to the ~~safe~~ support 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~~HIRT.
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~~the Incident Commander.
3. Prior to transportation of patients to the hospital, the ambulance unit shall notify the hospital of the following:
   a. number of patients
   b. materials causing contamination (if known)
   ~~b.~~a. ~~confirmation that patients being transported have been field decontaminated~~
   c. ~~extent each patient was contaminated~~extent of patient contamination
   c. d. ~~materials causing contamination (if known)~~ ~~confirmation that patients being transported have been field decontaminated~~decontamination actions taken
   e. ~~extent of injuries~~patient assessment, including injuries

f. patient assessment pertinent information related to scene or incident

g. ETA

h. any other pertinent information

4. Deceased victims shall be left undisturbed at the scene

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) Transport of contaminated patients is prohibited. Patients who have been transported should be considered exposed and treated in accordingly.

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 HIRT decontamination equipment and personnel may be requested through dispatchthe Ventura County Regional Dispatch Center.

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. Emergency medical responders who are accidentally contaminated at the hazmat incident scene shall not board the ambulance until they have been thoroughly decontaminated at the scene. Responders presenting with symptoms secondary to exposure to a contaminant should be considered patients.

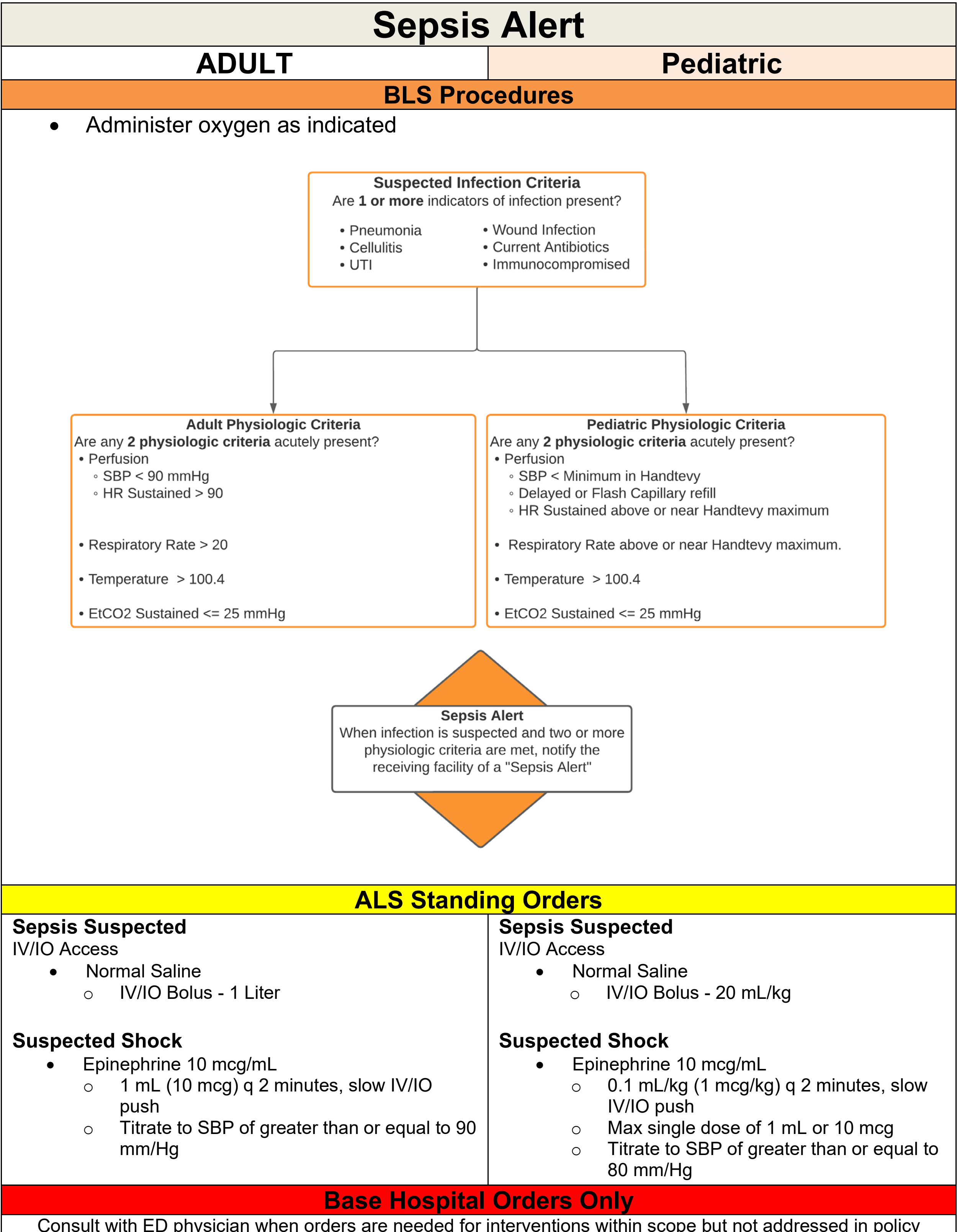
4. If medical responders identify that they are contaminated during any transport, they shall immediately stop at the closest safe location, notify FCC that they are contaminated and request a hazardous materials response. Responders presenting with symptoms secondary to exposure to a contaminant should be considered patients.
5. Follow-up monitoring of all personnel shall be conducted as deemed necessary by the Medical Director.

Sepsis Alert

ADULT	Pediatric

BLS Procedures

- Administer oxygen as indicated



ALS Standing Orders

ADULT

Sepsis Suspected
IV/IO Access
- Normal Saline
  - IV/IO Bolus - 1 Liter

Suspected Shock
- Epinephrine 10 mcg/mL
  - 1 mL (10 mcg) q 2 minutes, slow IV/IO push
  - Titrate to SBP of greater than or equal to 90 mm/Hg

Pediatric

Sepsis Suspected
IV/IO Access
- Normal Saline
  - IV/IO Bolus - 20 mL/kg

Suspected Shock
- Epinephrine 10 mcg/mL
  - 0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push
  - Max single dose of 1 mL or 10 mcg
  - Titrate to SBP of greater than or equal to 80 mm/Hg

Base Hospital Orders Only

Consult with ED physician when orders are needed for interventions within scope but not addressed in policy

VCEMS TRAINING BULLETIN

Bulletin 055
Date: August 1, 2020 (revised 6/1/2022)

Emergency Interfacility Transfer for Immediate Time-Sensitive Treatment or Procedure

For immediate interfacility transfers of patients that DO NOT fall in the current process of the Trauma, STEMI, Stroke, or ELVO patient, please see below:

If you need IMMEDIATE transport for a time-sensitive treatment or procedure:
(Example: GI Bleed, AAA, complicated pregnancy, urgent surgery, etc.)
(and no RN is required, or the hospital is providing RN)

Please call Ventura County Fire Regional Dispatch Center (VCFRDC) at **805-384-1500** and ***request an "ambulance only, Code 3".*** **You must only use this language to get the appropriate response. Code 3 means "lights and sirens", and an ambulance is taken out of our 911 system to respond. Only use this request for immediate, time-sensitive transport conditions.** VCFRDC will send the closest ALS ambulance to your hospital. An ambulance will likely arrive within 8 minutes, so be sure your patient is ready to go.

If you need a Critical Care Transport (CCT)

(RN is required for medication monitoring and the hospital is NOT providing RN)

Please call your facility's designated ambulance provider and ***request a CCT.*** They will then arrange for an RN and an ambulance, which could take between 30-60 minutes or longer, so please call ASAP to start the process.

If a patient needs to be transferred and is **NOT** requiring a time-sensitive treatment or procedure, lights and siren use is **NOT** appropriate, and transport should be requested through the regular ambulance provider below.

Ambulance Providers
AMR: 805-517-2028 **Gold Coast:** 805-485-1231 **Lifeline Medical Transport:** 805-653-5578

Ventura County EMS Agency
805-981-5301 – Phone
805-981-5300 – Fax
http://vchca.org/ems

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Organ Donor Information Search		Policy Number 615
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	October 1, 1993 June 14, 2018 June 14, 2018 June 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To establish guidelines for Emergency Medical Services (EMS) field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears to be imminent.

II. AUTHORITY: Health and Safety Code Section 7152.5(b)

III. POLICY: EMS field personnel shall make a brief reasonable search to determine the presence or absence of an organ donor card on adult patients for whom death appears to be imminent. This brief search shall not interfere with patient care and must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible.

IV. DEFINITIONS:

A. "Reasonable Search": A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet, purse or other personal belongings on or near the individual likely to contain a driver's license or other identification card with this information. A REASONABLE SEARCH SHALL NOT TAKE PRECEDENCE OVER PATIENT CARE/TREATMENT.

B. "Imminent Death": A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at a hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

C. "Receiving Hospital": The hospital to which the patient is being transported.

IV. PROCEDURE:

A. When EMS field personnel encounter an unconscious adult patient for whom it appears that death is imminent (that is, death prior to arrival at a hospital), they shall attempt a "reasonable search" as defined in Section III. A. This search must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible. If a family member or patient representative is the only witness available, EMS field personnel should clearly and carefully explain the intent of the brief search. The identity of the witness to the brief search will be documented on the approved Ventura County Documentation System.

B. Treatment and transport of the patient remains the highest priority for EMS field personnel. This search shall not interfere with patient care or transport.

C. EMS field personnel shall notify the receiving hospital if organ donor information is discovered. Advanced Life Support (ALS) units shall notify the base hospital in addition to the receiving hospital.

D. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless it is requested by the investigating law enforcement officer. If the investigating law enforcement officer retains the organ donor card, the presence of the card will be documented on the approved Ventura County documentation system. In the event that the patient is not transported, any document will remain with the patient.

E. Field personnel should briefly note the results of the search, notification of hospital, and witness name(s) in the narrative section of the VCePCR.

F. No search is to be made by EMS field personnel after patient death occurs.

G. If a member of the patient's immediate family or other patient representative objects to the search for an organ donor document at the scene, no search shall be made, and their response to a question about the patient's organ donor wishes may be considered to satisfy the requirement of this policy. This information shall be documented on the approved Ventura County Documentation System.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Unaccompanied Minors		Policy Number 618
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 1, 1995 June 14, 2018 June 14, 2018 June 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To describe the process to be followed when EMS personnel determine that an unaccompanied minor does not need ambulance transport.

II. AUTHORITY: Sections 1797.200 and 1798, California Health & Safety Code; Section 100148, Title 22, Division 9 California Code of Regulations.

III. POLICY: The following procedure will be followed when field personnel assess a minor patient who is unaccompanied by a responsible adult and who is determined not to have an illness or injury requiring ambulance transport.

IV. PROCEDURE:

A. The patient is assessed according to Policy 603. Field personnel should attempt to contact the parent(s) of the patient.

B. The currently approved ePCR will be completed per Policy 1000 and 603.

C. The field personnel will document the name/badge# of an officer who will assume responsibility for the child until his/her parent(s) arrive.

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, Paramedic	Date: 12/1/2019
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: 12/1/2019
Origination Date: Revised Date: Last Reviewed: Review Date:	February 2003 May 9, 2019 May 9, 2019 May 31, 2021	Effective Date: December 1, 2019

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 envelope contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet, and a matching coded, confidential bracelet. Advise the surrendering party, providing 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 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).

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Patient Medications		Policy Number 624
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2019
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2019
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	December 6, 2006 October 10, 2019 October 10, 2019 October 31, 2021	Effective Date: December 1, 2019

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

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

III. POLICY:

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

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

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

IV. PROCEDURE:

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

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

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

D. For cases involving a deceased individual with no resuscitation attempted, leave medication bottles or other drugs where they are so that the medical examiner's

investigator and/or law enforcement personnel can effectively assess and document the scene.

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

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

G. EMS personnel must document all actions in the Ventura County Electronic Patient Care Reporting (VCePCR) system, including discussing medications, taking them to the hospital, the person to whom they were turned over, and explain if unable to obtain essential information or medications.

Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number: 716
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2019
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2019
Origination Date: March 2, 1992 Date Revised: May 9, 2019 Last Reviewed: May 9, 2019 Review Date: May 31, 2021		Effective Date: December 1, 2019

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 Line devices with externally visible access ports –PICC, tunneled catheters, or temporary dialysis catheters
   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 IO, 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. Attempt to aspirate at least 5 ml of blood prior to administering any medications.

<table>
<tr><td colspan="2">COUNTY OF VENTURA
HEALTH CARE AGENCY</td><td>EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES</td></tr>
<tr><td colspan="2">Policy Title:
Patients After Conducted Electrical Weapon (TASER) Use</td><td>Policy Number:
725</td></tr>
<tr><td>APPROVED:
Administration:</td><td>Steven L. Carroll, Paramedic</td><td>Date: December 1, 2019</td></tr>
<tr><td>APPROVED:
Medical Director</td><td>Daniel Shepherd, M.D.</td><td>Date: December 1, 2019</td></tr>
<tr><td>Origination Date:
Date Revised:
Date Last Reviewed:
Next Review Date:</td><td>August 10, 2006
August 8, 2019
August 8, 2019
August 31, 2021</td><td>Effective Date: December 1, 2019</td></tr>
</table>

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. Be sure the scene has been deemed safe and secured by law enforcement before evaluating and treating the patient.

B. Before touching any patient where the Taser has been deployed, ensure law enforcement has disconnected cartridge from the handheld unit.

C. Any injuries or medical conditions will be treated according to the appropriate treatment protocol.

D. 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.

E. 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 cartridge has been removed from the handle or has been cut.
3. Used taser probes shall be considered a sharp biohazard, similar to used hypodermic needle. Standard safety precautions should be taken.
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. 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. Use appropriate antiseptic wipe to cleanse the skin surrounding the puncture site.
7. Apply direct pressure for bleeding and apply a sterile dressing to the wound site.
8. Assess for any injuries that may need medical attention and seek appropriate level of care.

F. Contraindications:

1. If the Taser has penetrated a sensitive area (e.g. head, face, neck, hand bone, axilla, groin, female breast), Do NOT remove the probe as injury may occur to bone, nerves, blood vessels, or an eye. Transport the patient to the ED in an appropriate position.

G. 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.