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| Virtual | Pre-hospital Services Committee Agenda | August 13, 2020 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. 2020 Mission Lifeline Awards-Virtual | | Karen Beatty |
| B. IFT Training Bulletin | | Karen Beatty |
| C. Handtevy | | Dr. Shepherd |
| D. I-gel | | Dr. Shepherd |
| E. 1404 w/QI Form | | Adriane Gil-Stefansen |
| F. 504 – BLS and ALS Unit Equipment and Supplies | | Andrew Casey |
| VI. Old Business | | |
| A. Education Committee Update | | Andrew Casey |
| B. 626 – Chempack | | |
| VII. Informational/Discussion Topics | | |
| A. Stroke – 450, 451 and 460 | | Karen Beatty |
| B. Stemi – 440 | | Karen Beatty |
| C. Trauma – 1400, 1402 and 1406 | | Karen Beatty |
| VIII. Policies for Review | | |
| A. 605 – Interfacility Transfer of Patients | | |
| B. 705.00 – VCEMS General Patient Guidelines | | |
| C. 705.23 – Supraventricular Tachycardia | | |
| D. 729 – Supraglottic Airway Devices | | |
| IX. Agency Reports | | |
| A. Fire Departments | | |
| B. Ambulance Providers | | |
| C. Base Hospitals | | |
| D. Receiving Hospitals | | |
| E. Law Enforcement | | |
| F. ALS Education Program | | |
| G. EMS Agency | | |
| H. Other | | |
| X. Closing | | |
| | | |

| Topic | Discussion | Action | Approval |
|---|---|----------|----------|
| II. Approve Agenda | | Approved | |
| III. Minutes | | Approved | |
| IV. Medical Issues | | | |
| A. Coronavirus | <p>There has been an increase in COVID 19 patients. The guideline to loosen restrictions includes no death in 14 days. As some restrictions loosen, the Health Officer will evaluate numbers and could increase restrictions as needed.</p> <p>Looking at changing response levels during the pandemic.</p> <p>The county has applied for Local Optional Approval to allow paramedics to assist with COVID testing.</p> <p>There is also a discussion going on to apply for other mitigation efforts. If you have any thoughts on this, please contact Dr. Shepherd or Steve.</p> | | |
| V. New Business | | | |
| A. Other | | | |
| VI. Old Business | | | |
| A. Other | | | |
| VII. Informational/Discussion Topics | | | |
| A. EMS Update | The EMS Update PowerPoint and packet will be sent out the first week of June. | | |
| B. MICN Class | MICN class will be in June. MICN's will need to fill in their hours with online CE. | | |
| C. Paramedic License | Chris will check with the state to see if there will be a delay with PM | | |

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| | Licensure. Right now the state computer says there is an automatic extension to July. | | |
| D. Education Committee | Andrew will send out policies in the next 2 weeks with all the new changes. There will be a virtual meeting announced in 3 weeks. | | |
| E. Handtevy | Dr. Shepherd announced we will be looking closely at Handtevy for Pediatric patients. This system works for pediatric patients as well as adult. We will plan training for trainers at the end of July or early August. | | |
| VIII. Policies for Review | | | |
| A. 350 – PCC Job Duties | | Approved, no changes | Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous |
| B. 626 – Chempack Policy | | Tabled | Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous |
| C. 705.10 - Childbirth | | Approved, no changes | Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous |
| D. 727 – Transcutaneous Cardiac Pacing | | Approved with change. Remove D – 8, page 2 of 2 | Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous |
| X. Agency Reports | | | |
| A. Fire departments | VCFPD – Paramedic trainees start on May 29 th . VCFD- none OFD – Conducted Antibody testing for the dept., 849 first responders, 7 positive. Fed. Fire – none SPFD – none FFD – none | | |
| B. Transport Providers | LMT – none AMR/GCA – Transport volume is trending up. Mike Sanders is still in NY. AIR RESCUE – A lot more people are out hiking, keeping us busy. | | |
| C. Base Hospitals | SAH – Helipad will be opening soon. LRRMC – none SJRM – Construction is continuing. | | |

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|------------|------------------------|--|--|
| | | VCMC – none | |
| D. | Receiving Hospitals | PVH – none SPH – none CMH – none OVCH – none | |
| E. | Law Enforcement | VCSO –none CSUCI PD – none | |
| F. | ALS Education Programs | Ventura – Paramedic students will begin clinical hours in January. | |
| G. | EMS Agency | Steve – There is a reduction in exposures by all providers. Good job everyone! Due to children being home and not at schools, etc. there is a huge concern over child abuse issues, please keep a close eye on all children you come in contact with on calls. National Guard is doing a fly over today to recognize hospitals.....Simi – 1420, PV – 1430 and CMH – 1440. Dr. Shepherd – none Chris – none Katy –none Karen – none Julie –none Randy – none | |
| H. | Other | | |
| XI. | Closing | Meeting adjourned at 11:30 | |
| | | | |



VCEMS Training Bulletin

Bulletin 055
Date: August 1, 2020

Emergency Interfacility Transfer:

(Time Sensitive Conditions Requiring Emergency Evaluation and/or Treatment)

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:

For transfers which need an
IMMEDIATE transport: (Example: GI Bleed, AAA, etc.)
(and no RN is required, or the hospital is providing RN)

Please call Ventura County Fire Regional Dispatch Center (VCFRDC) and **request an “ambulance only, Code 3”**. They will send the closest ALS ambulance to your hospital. They 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 hospital is NOT providing RN)

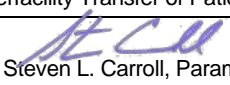

Please call your facility designated ambulance provider and **request a CCT**. They will then arrange for a RN and an ambulance, which could take between 30-60 minutes or longer, so please call ASAP to start the process.

Ambulance Providers

AMR: 805-517-2028 Gold Coast: 805-485-1231 Lifeline Medical Transport: 805-653-9111

VCFRDC 805-384-1500 (Request: “Ambulance Only, Code 3”) (You must state only this language when calling dispatch for a patient that **DOES NOT fall into the Trauma, STEMI, Stroke or ELVO category.**

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: Guidelines for Interfacility Transfer of Patients to a Trauma Center | | Policy Number 1404 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: June 1, 2015 | |
| APPROVED: Medical Director: |  Angelo Salvucci , M.D. | Date: June 1, 2015 | |
| Origination Date: | July 1, 2010 | Effective Date: June 1, 2015 | |
| Date Revised: | March 3, 2015 | | |
| Date Last Reviewed: | July 8, 2020 March 29, 2017 | | |
| Review Date: | July 31, 2022 March, 2020 | | |

- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
 - A. **EMERGENT** Transfer: A process by which a patient with potential life-or-limb threatening traumatic injuries is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, and a delay in transfer will result in deterioration of the patient's condition, and the treating physician requests immediate transport to a trauma center.
 1. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
 - B. **URGENT** Transfer: A process by which a patient with time-critical traumatic injuries is transferred to a trauma center. The patient requires a timely procedure at a trauma center, and a lengthy delay will result in deterioration of the patient's condition, and the treating physician requests prompt transport to a trauma center.
- IV. POLICY: The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.

- A. For patients who are in the emergency department at a community hospital and have one or more of the following injuries, if the referring physician requests transfer to a trauma center, the trauma center will immediately accept the patient.
1. Carotid or vertebral arterial injury
 2. Torn thoracic aorta or great vessel
 3. Cardiac rupture
 4. Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
 5. Major abdominal vascular injury
 6. Grade IV, V or VI liver injuries
 7. Grade III, IV or V spleen injuries
 8. Unstable pelvic fracture
 9. Fracture or dislocation with neurovascular compromise
 10. Penetrating injury or open fracture of the skull
 11. Glasgow Coma Scale score <14 or lateralizing neurologic signs
 12. Unstable spinal fracture or spinal cord deficit
 13. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
 14. Open long bone fracture
 15. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
 16. Amputations or partial amputations of any portion of the hand¹
 17. Injury to the globe at risk for vision loss²
- B. Ventura County Level II Trauma Centers:
1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
 2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above, or to request consultation with a trauma surgeon.
 3. Will establish a written interfacility transfer agreement with every hospital in Ventura County.
 4. Immediately post on ReddiNet and notify EMS Administrator on-call when there is no capacity to accept trauma patients due to:
 - a. Diversion for internal disaster
 - b. CT scanner(s) non-operational

- c. Primary and back-up trauma surgeons in operating rooms with trauma patients
- C. Community Hospitals:
 - 1. Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
 - 2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.
- D. **EMERGENT** Transfers
 - 1. **EMERGENT** transfers are indicated for patients with life-or-limb threatening injuries in need of emergency procedures at a trauma center. Criteria **MUST** include at least one of the following:
 - a. Indications for an immediate neurosurgical procedure.
 - b. Penetrating gunshot wounds to head or torso.
 - c. Penetrating or blunt injury with shock.
 - d. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
 - e. Pregnancy with indications for an immediate Cesarean section.
 - 2. For **EMERGENT** transfers, trauma centers will:
 - a. Publish a single phone number ("hotline"), that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section D.1 of this policy.
 - b. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section D.1 of this policy.
 - 3. For **EMERGENT** transfers, community hospitals will:
 - a. Assemble and maintain a "Emergency Transfer Pack" in the emergency department to contain all of the following:
 - 1. Checklist with phone numbers of Ventura County trauma centers.
 - 2. Patient consent/transfer forms.
 - 3. Treatment summary sheet.
 - 4. Ventura County EMS "Emergency Trauma Patient Transfer QI Form."

- b. Have policies, procedures, and a quality improvement system in place to track and review all **EMERGENT** transfers and Trauma Call Continuations.
 - c. Maintain an ambulance arrival to emergency department (ED) departure time of no longer than ten minutes.
 - d. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center.
 - 4. For **EMERGENT** transfers, Ventura County Fire Communications Center (FCC) will:
 - a. Respond to an **EMERGENT** transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
 - b. Consider Trauma Call Continuation transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
 - 5. For **EMERGENT** transfers, ambulance companies will:
 - a. Respond immediately upon request.
 - b. For "Trauma Call Continuation" requests, immediately transport the patient to a trauma center with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
 - c. Not be required to consider **EMERGENT** transports as an "interfacility transport" as it pertains to ambulance contract compliance.
- E. **URGENT** Transfers
- 1. **URGENT** transfers are indicated for patients with time-critical injuries in need of timely procedures at a trauma center.
 - 2. For **URGENT** transfers, trauma centers will:
 - a. Publish a single phone number, that is answered 24/7, for a community hospital to request an urgent trauma transfer. Additionally, this line may be used to request additional consultation with a trauma surgeon if needed
 - 3. For **URGENT** transfers, community hospitals will:
 - a. Maintain an ambulance arrival to emergency department (ED) departure time of no longer than twenty minutes.

4. For **URGENT** transfers, ambulance companies will:
 - a. Arrive at the requesting ED no later than thirty minutes from the time the request was received.

V. PROCEDURE:

A. **EMERGENT** Transfers

1. After discussion with the patient, the transferring hospital will:
 - a. Call the trauma hotline of the closest trauma center to notify of the transfer.
 - b. Call FCC, advise they have an **EMERGENT** transfer, and request an ambulance. If the patient's clinical condition warrants, the transferring hospital will call FCC *before* calling the trauma center's hotline.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form.
2. Upon request for an **EMERGENT** transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize "MEDxxx E MERGENCY Trauma Transfer from [transferring hospital]". The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.
3. Upon notification, the ambulance will respond Code (lights and siren).
4. FCC will track ambulance dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
5. The patient shall be emergently transferred without delay. Every effort will be made to limit ambulance on-scene time in the transferring hospital ED to ten minutes.
 - a. All forms should be completed prior to ambulance arrival.
 - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 - c. Intravenous drips may be discontinued or remain on the ED pump.
 - d. The transport provider will make contact with the receiving facility and advise of ETA and patient condition.~~The transporting~~

~~paramedic will contact the trauma base hospital enroute and provide updated patient information~~

B. Trauma Call Continuation

1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital will:
 - a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
 - b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient's apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking enroute hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.

C. **URGENT** Transfers

1. After discussion with the patient, the transferring hospital will:
 - a. Call the trauma hotline for the closest trauma center to request an urgent trauma transfer. This call may be used to request additional consultation with the trauma surgeon if needed.
 - b. Call the transport provider to request an ambulance.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form.
 - e. Limit ambulance on-scene time in the transferring hospital ED to twenty minutes.
2. Upon request for an Urgent transfer, the transport provider will dispatch an ambulance to arrive no later than thirty minutes after the request.
 - a. The transport provider will make contact with the receiving facility and advise of ETA and patient condition.

- D. For all **EMERGENT** transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.

¹For patients with isolated traumatic amputations or partial amputations of any portion of the hand, a community hospital may elect to transfer the patient to a Ventura County trauma center for potential replantation surgery. In these circumstances, the community hospital shall contact Los Robles Hospital and Medical Center (LRHMC) to determine the availability of a hand surgeon trained in microvascular replantation surgery. If a specialty hand surgeon is available the patient shall be preferentially transferred to LRHMC.

²Patients with isolated eye injuries needing transfer to a trauma center for potential ophthalmologic surgery shall be preferentially transferred to Ventura County Medical Center.



**EMERGENT Trauma Transfer
QI Form**
Form: Ventura County EMS Agency Policy 1404

(ALL FIELDS MUST BE COMPLETED)

Date of Incident: _____

Sending Hospital:

- SVH SJPVH SJRMC OVCH CMH SPH

Treating Physician: _____

Patient arrived at sending ED at _____ **(time of ED arrival)**

- Brought by EMS: Fire Incident Number _____
 Brought by POV or Walk-In

Destination Trauma Center:

- LRHMC
 VCMC
 Other: _____

Patient Transfer Process:

- Ambulance with paramedic ONLY
 Ambulance with accompanying healthcare personnel
 Trauma Call Continuation

Which of the following Policy 1404 criteria applies?

- Indications for an immediate neurosurgical procedure
 Penetrating gunshot wound to head or torso
 Penetrating wound by any mechanism and presents with or develops shock.
 Blunt injury and shock
 Vascular injury that cannot be stabilized and is at risk of hemorrhagic shock or loss of limb acutely
 Pregnancy with indications for immediate Cesarean section

Comments:

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Within 72 hours of transfer, fax or scan/email to VCEMS: Fax--(805) 981-5300 Email--katy.hadduck@ventura.org



Emergent and Urgent Trauma Transfer QI Form VCEMS Policy 1404

Submit form within 72 hours of transfer

* Required

1. Date of Incident *

Please input date in format of MM/YYYY

2. Sending Hospital *

- AHSV
- SJPH
- SJRMC
- OVCH
- CMH
- SPH

3. Time of arrival at sending ED *

Enter your answer

4. Brought in by *

- EMS
- POV or Walk-in

4. Brought in by *

- EMS
- POV or Walk-in

5. Fire Incident Number *

(Enter as 20-XXXXXX Format)

Enter your answer

6. Destination (Trauma Center) *

- LRHMC
- VCMC
- Other

7. Patient Transfer Process *

- EMERGENT (911 ambulance)
- Urgent (prompt interfacility transfer, not by 911)

4. Brought in by *

- EMS
- POV or Walk-in

5. Destination (Trauma Center) *

- LRHMC
- VCMC
- Other

6. Patient Transfer Process *

- EMERGENT (911 ambulance)
- Urgent (prompt interfacility transfer, not by 911)

7. Comments: *

Enter your answer

Submit

8. EMERGENT *

- Ambulance with paramedic ONLY
- Ambulance with accompanying healthcare personnel
- Trauma Call continuation

9. EMERGENT, which of the following Policy 1404 criteria applies? *

- Indications for immediate neurosurgical procedure
- Penetrating gunshot wound to head or torso
- Penetrating wound by any mechanism and presents with or develops shock
- Blunt injury and shock
- Vascular injury that cannot be stabilized and is at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes)
- Pregnancy with indications for immediate Cesarean section

10. Comments: *

Enter your answer

Submit



Emergent and Urgent Trauma Transfer QI Form

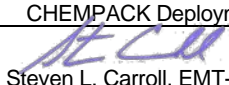
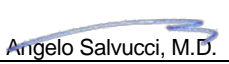
Click Link:

[Emergent and Urgent trauma Transfer QI form](#)

Or

Scan QR Code:



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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: CHEMPACK Deployment | | Policy Number 626 | |
| APPROVED: Administration: |  Steven L. Carroll, EMT-P | Date: 06/01/2010 | |
| APPROVED: Medical Director: |  Angelo Salvucci, M.D. | Date: 06/01/2010 | |
| Origination Date: | February 2, 2010 | Effective Date: June 1, 2010 | |
| Date Revised: | | | |
| Date Last Reviewed: | November 12, 2009 | | |
| Review Date: | June, 2013 | | |

- I. PURPOSE: This policy establishes guidelines for the deployment and use of the CHEMPACK by pre-hospital care providers in response to incidents involving suspected nerve agent exposure.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1798.
- III. DEFINITION: The ~~Centers for Disease Control and Prevention (CDC)~~ has established the "CHEMPACK" project for the forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of exposed and affected persons.
There are two types of CHEMPACKs available. The "Hospital CHEMPACK" is designed for hospital and healthcare provider use, consisting mostly of single dose vials and a small quantity of auto-injectors. The "EMS CHEMPACK" is designed for field use and contains mostly auto-injectors. Ventura County has elected to only host EMS CHEMPACKs.

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| Content of CHEMPACKs | | | |
|----------------------------------|--------------------|----------|------------------|
| Unit Pack | Units | Cases | Quantity |
| Mark 1 auto-injector | 240 | 5 | 1200 |
| Atropine Sulfate 0.4 mg/ml 20 ml | 100 | 1 | 100 |
| Pralidoxime 1 Gm inj. 20 ml | 276 279 | 1 | 276 4 |
| Atropen 0.5 mg | 144 | 1 | 144 |
| Atropen 1.0 mg | 144 | 1 | 144 |
| Atropen 2 mg | 136 | 5 | 680 |
| Diazepam 5 mg/ml auto-injector | 150 | 2 | 300 |

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| Diazepam 5 mg/ml vial, 10 ml | 5025 | 21 | 50 |
| Sterile water for inj (SWFI) 20cc vials | 100 | 2 | 200 |
| Sensaphone®2050 | 1 | 1 | 1 |
| Satco B DEA Container | 1 | 1 | 1 |

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- IV. POLICY: Actual location of the CHEMPACK will be maintained as confidential. This policy outlines the responsibilities and the operational requirements to pre-position or utilize a cache within the Ventura County Operational Area.
- In the case of an accidental or deliberate release of a nerve agent or potent organophosphate compound, time will be of the essence to minimize morbidity and mortality. This is a key consideration in cache placement, notification, transportation and administration.
- V. PROCEDURE: CHEMPACK Deployment and Movement
- A. Authorization to Open or Forward Deploy a CHEMPACK Container – Emergency Incident Based:
1. The Ventura County EMS Agency shall be contacted for authorization to open or forward deploy any CHEMPACK within the Ventura County Operational Area. The EMS Agency Duty Officer can be accessed on a 24-hour basis by calling the Ventura County Fire Department Fire Communications Center at 805-388-4279.
 2. In the event that return contact by the EMS Agency Duty Officer is delayed and the situation clearly warrants immediate action, the CHEMPACK provider may elect to open or forward deploy the CHEMPACK for an emergency incident. Attempts to contact the EMS Agency Duty Officer shall be made in all cases through the Fire Communications Center.
 3. The EMS Agency may request deployment of a CHEMPACK to a location within the Ventura County Operational Area or outside the operational area under a medical-health mutual aid request. The CHEMPACK provider shall make CHEMPACK resources immediately available upon request by the EMS Agency.
 4. The EMS Agency shall immediately notify the Region 1 Regional Disaster Medical Health Specialist (RDMHS) of any CHEMPACK movement from fixed locations or opening of a CHEMPACK container. The RDMHS will

ensure that California Department of Health Services / Emergency Preparedness Office (DHS/EPO) is notified promptly of any movement or deployment of CHEMPACK material. DHS/EPO will in turn notify ~~EBC~~.

5. Qualifying Events – Emergency Deployment: CHEMPACK material may be accessed, deployed or used only when it is determined that an accidental or intentional nerve agent or other organophosphate release has threatened the public health security of a community. A seal will be broken and material used only when it is determined that other means to save human life will not be sufficient. Authorization to deploy, break the seal on, or move a CHEMPACK container from its specified location will be limited to any of the following events:
 - a. Release of a nerve agent or potent organophosphate with human effects or immediate threats too great to adequately manage with other pharmaceutical supplies available.
 - b. Large or unusual occurrence of patients presenting with signs and/or symptoms consistent with nerve agent or organophosphate exposure or intoxication.
 - c. A credible threat of an imminent event of a magnitude likely to require the assets of the CHEMPACK.
 - d. An event with potential to create a nerve agent or organophosphate release with human exposure (e.g. a transportation accident with fire or loss of container integrity).
 - e. Any mutual aid request from another region or neighboring state in which CHEMPACK assets are being deployed or staged.
 - f. Any event which, in the judgment of the County Health Officer, EMS Agency Medical Director, or Medical & Health Operational Area Coordinator (MHOAC), justifies the deployment of CHEMPACK supplies.
 - g. A physical threat to the CHEMPACK at the fixed location (i.e. fire, theft, flood).
- B. Authorization to Forward Deploy a CHEMPACK Container – Event or Threat Planning:
 1. The EMS Agency may authorize movement of a CHEMPACK container and contents to any location within the Ventura County Operational Area,

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or outside the area under a medical-health mutual aid request. The EMS Agency will notify the Region 1 RDMHS in advance of any pre-planned CHEMPACK container movement for a particular event or threat.

2. Qualifying Events – Pre-Emptive Deployment: Pre-emptive movement is the relocation of a sealed CHEMPACK container and its contents to a site providing for levels of environmental and security controls generally identical to those required for its regular placement site. Breaking the seal, removing any contents, or moving the cache to a location without those controls constitutes deployment, not pre-emptive movement, and must meet deployment conditions.
 - a. Pre-emptive movements may be requested to the EMS Agency by any emergency medical, public health, emergency management, hazardous materials or other related agency in preparation for, or response to, a planned or occurring event deemed appropriate for forward CHEMPACK placement.
 - b. Any such request must be made to the RDMHS for approval. Unless an imminent or ongoing emergency, each request must be made at least 48 hours before the movement. The RDMHS will refer any request to the RDMHC and to DHS/EPO for consideration. If an RDMHS is unavailable to take timely action on a movement request, that request may be made to DHS/EPO via the State Warning Center.



C. Post Event Actions:

1. Incident documentation should begin as soon as possible following any emergency operation involving CHEMPACK assets by the EMS Agency. The documentation must include the following:
 - a. A thorough description of the incident or event involving CHEMPACK resources.
 - b. A list of the approving officials.
 - c. An inventory of used and unused CHEMPACK contents.
 - d. An after-action critique of CHEMPACK deployment effectiveness.
2. The CHEMPACK container and any unused contents will be returned to the CHEMPACK Provider and will be resealed. The EMS Agency will coordinate resupply with the Region 1 RDMHS, DHS/EPO and the ~~EDC~~

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as appropriate. Currently the CHEMPACK Project is not funded to replace CHEMPACK supplies used for an emergency event. However, requests for replenishment of CHEMPACK supplies should be made to the SNS Program as soon as possible after their use. The SNS Program will attempt to secure federal funding to replace and restock supplies used in response to an emergency event

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Acute Stroke Center (ASC) Standards | | Policy Number 450 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: August 1, 2020 | |
| APPROVED: Medical Director: |  Daniel Shepherd, MD | Date: August 1, 2020 | |
| Origination Date: | October 11, 2012 | | |
| Date Revised: | June 24, 2020 | Effective Date: August 1, 2020 | |
| Last Review: | June 24, 2020 | | |
| Review Date: | June 30, 2022 | | |

- I. PURPOSE: To define the criteria for designation as an Acute Stroke Center in Ventura County.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100170.
- III. DEFINITIONS:
 - Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center by the Ventura County EMS Agency that maintains certification as an ASRH, PSC, or CSC.
 - Acute Stroke Ready Hospital: (ASRH)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as an Acute Stroke Ready Hospital.
 - 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.
 - Primary Stroke Center: (PSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
 - Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ACS) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.
- IV. POLICY:
 - A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VC EMS) shall meet the following requirements:
 1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
 2. Certification as an Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), Thrombectomy Stroke Center, or a Comprehensive Stroke

Center (CSC) by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.

3. Participate in the Ventura County Stroke Registry.
 - a. All data must be documented in the registry no later than 60 days after the end of the month of hospital admission.
4. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
5. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician.

B. Designation Process:

1. Application:

Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Approval:
 - a. Upon receiving a written request for ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, **Thrombectomy Stroke Center**, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VC EMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the

regulation would not be in the best interests of the persons served within the affected area.

5. ASCs shall be reviewed on a biannual basis.
 - a. ASCs shall receive notification of evaluation from the VCEMS.
 - b. ASCs shall respond in writing regarding program compliance.
 - c. On-site ASC visits for evaluative purposes may occur.
 - d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Provisional Designation Process

VC EMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification by an approving body. Only when the following requirements are satisfied will VC EMS grant a provisional designation:

1. Application:

Eligible hospitals shall submit a written request for provisional ASC designation to VC EMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Provisional Approval:
 - a. Upon receiving a written request for provisional ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. Provisional ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, **Thrombectomy Stroke Center**, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VC EMS.
3. VC EMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations.

Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.

Policy Title:
Stroke System Triage and Destination

Policy Number
451

APPROVED:
Administration: Steven L. Carroll, Paramedic

Date: August 1, 2020

APPROVED:
Medical Director: Daniel Shepherd, M.D.

Date: August 1, 2020

Origination Date: October 11, 2012

Date Revised: June 24, 2020

Effective Date: August 1, 2020

Date Last Reviewed: June 24, 2020

Review Date: June 30, 2022

- 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) or a Thrombectomy Capable Acute Stroke Center (TCASC).
- 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

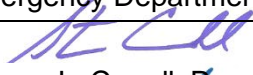

(If patient can feel both sides individually but only feels one side on simultaneous stimulation, this is neglect)

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. **Stroke Alert** = TLKW is within 24 hrs, & includes any combination of CSS and VES other than CSS +3 & VES \geq 1
1. For a **Stroke Alert**, Base Hospital Contact (BHC) will be established with regular catchment Base Hospital and a Stroke Alert will be activated.
 2. The Base Hospital will notify the appropriate ASC of the *Stroke Alert*
- D. **ELVO Alert** = TLKW is within 24 hours, & CSS +3, VES \geq 1
1. 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.
 - a. The base hospital will determine the nearest ASC or TCASC using the following criteria:
 - i. Patients condition
 - ii. TCASC or ASC availability on ReddiNet
 - iii. Transport time
 - iv. Patient request
- E. 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.
- F. 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.
- G. 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.

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES |
| Policy Title: | Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients | Policy Number 460 |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: October 2, 2017 |
| APPROVED: Medical Director: |  Daniel Shepherd, M.D. | Date: October 2, 2017 |
| Origination Date: July 13, 2017 Date Revised: Last Reviewed: June 24, 2020 Review Date: June 30, 2022 | | Effective Date: October 2, 2017 |

- I. **PURPOSE:** To define the interfacility transfer process by which emergency department patients with an acute stroke are transferred to: 1) an Acute Stroke Center (ASC) or 2) a Thrombectomy Capable Acute Stroke Center (TCASC).
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, 100170.
- III. **DEFINITIONS:**
Acute Stroke Center (ASC): Hospital designated as an Acute Stroke Center, as defined in VC EMS Policy 450.
Primary Stroke Center (PSC): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
Thrombectomy Capable Acute Stroke Center (TCASC): ASC Hospital that has the capability to perform neuroendovascular procedures for acute stroke including mechanical thrombectomy and intra-arterial thrombolysis. (as defined in VC EMS Policy 452)
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.
Emergent large vessel occlusion (ELVO): An acute ischemic stroke caused by a large vessel occlusion.
Acute Stroke: A stroke as it pertains to this policy, a cerebral vascular accident (CVA) which needs immediate neurointervention, a neurosurgical procedure, specialty consultation, or a higher level of care.
- IV. **POLICY:**
A. Hospitals will:
1. Assemble and maintain a "Stroke Transfer Pack" in the emergency department to contain all of the following:
a. Phone numbers of all Ventura County ASCs and TCASCs.
b. Phone numbers of the closest PSC or CSC outside the County.
c. Preprinted template order sheet with recommended prior-to-transfer treatments.
Treatment guidelines will be developed with input from the ED, Neurologists and the ASCs/TCASCs.
d. Patient Consent/Transfer Forms.
e. Treatment summary sheet.

2. Have policies, procedures, and a quality improvement system in place to minimize door in-to-door out, door-to-brain imaging interpretation, door to thrombolytic initiation and ischemic stroke diagnosis-to-transfer times.
3. Establish policies and procedures to make the appropriate personnel available to accompany the patient during the transfer to the ASC or TCASC. These policies will include patient criteria for requiring appropriate personnel to accompany patient when medications or procedures outside of the paramedic scope of practice are being used.

B. Ventura County Fire Communications Center (FCC) will:

1. Respond to a stroke transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.

C. Ambulance Companies:

1. Will respond an ALS ambulance immediately upon request for a “stroke transfer”.
2. Transfers performed according to this policy are not considered an interfacility transport as it pertains to ambulance contract compliance.
3. The transport provider will make contact with the receiving facility and advise of ETA and patient condition.

D. ASC or TCASC will:

1. Maintain accurate status information on ReddiNet regarding the availability of neuroendovascular capability or status availability for ASC.
2. Publish a single phone number, that is answered 24/7, to receive notification of a stroke transfer.
3. Immediately upon initial notification by a transferring physician at the hospital, accept transfer of all patients who have been diagnosed with an acute stroke and who, in the judgment of the transferring physician, require either 1) an urgent endovascular procedure, or 2) a higher level of care.
4. Establish an internal communications plan that assures the immediate notification of all necessary individuals.
5. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for inpatient care.

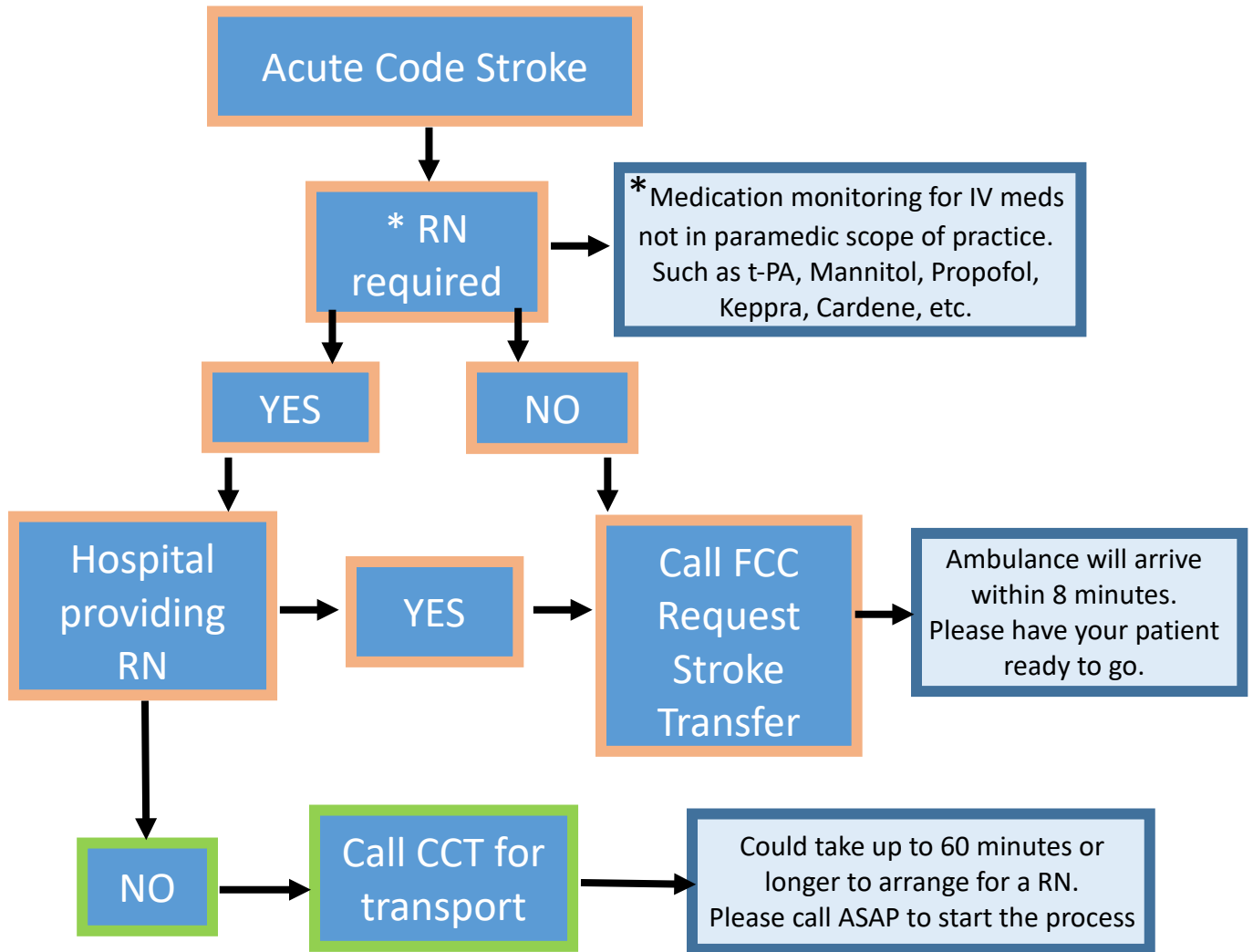
V. PROCEDURE:

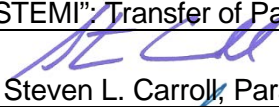

A. Upon diagnosis of an ELVO, or an acute stroke needing a higher level of care; and after discussion with the patient or patient’s family/caregiver, the hospital will:

1. Determine availability by checking ReddiNet, and transfer patient to the closest ASC or TCASC. The destination will depend on the clinical context.
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2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for a Stroke transfer.
 3. Identify their facility to the dispatcher and advise they have a “stroke transfer”.
 4. After calling for ambulance, the ED transferring physician will notify the ASC or TCASC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and stroke data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Have available if needed, one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the ASC or TCASC
 - a. If, because of unusual and unanticipated circumstances, healthcare staff is unavailable for transfer, a Critical Care Transport (CCT) transfer may be requested by calling the CCT provider ambulance dispatch center. Please initiate the CCT transfer process ASAP to minimize delay.
- B. Upon request for “stroke transfer”, the FCC will dispatch the closest ALS ambulance and verbalize “MEDxxx “stroke transfer” from [hospital]”. The destination hospital will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination hospital.
- C. Upon notification, the ambulance will respond Code 3 (lights & sirens) to the transferring facility.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
 2. Diagnostic test results may be relayed to the ASC or TCASC at a later time.
 3. Intravenous drip t-PA will continue infusing on the ED pump, accompanied by an RN or physician, if t-PA has not been completed upon ambulance arrival.
 4. Nurse report will be given to the receiving hospital at the time of, or immediately after, ambulance departure.
- F. Upon notification, the ASC or TCASC will notify appropriate staff to prepare for the patient.
- G. The hospital and the ASC or TCASC shall review all stroke transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Stroke CQI Committee.
- H. e-PCR documentation will be completed by ambulance personnel.
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Emergency Department Only



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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: "Code STEMI" Transfer of Patients with STEMI for PCI | | Policy Number 440 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: July 1, 2020 | |
| APPROVED: Medical Director: |  Daniel Shepherd, MD | Date: July 1, 2020 | |
| Origination Date: | July 1, 2007 | Effective Date: July 1, 2020 | |
| Date Revised: | February 5, 2020 | | |
| Last Reviewed: | February 5, 2020 | | |
| Review Date: | February 28, 2022 | | |

- I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100147, 100169, 100270.124 and 100270.125
- III. DEFINITIONS:
 - A. STEMI: ST Segment Elevation Myocardial Infarction.
 - B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.
 - C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and has been designated according to VC EMS Policy 430.
 - D. PCI: Percutaneous Coronary Intervention.
- IV. POLICY:
 - A. STEMI Referral Hospitals will:
 1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County SRCs.
 - b. Preprinted template order sheet with recommended prior-to-transfer treatments. Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
 - c. Patient Consent/Transfer Forms.
 - d. Treatment summary sheet.
 - e. Ventura County EMS Code STEMI data entry form.
 2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

3. Establish policies and procedures to make personnel available to accompany the patient during the transfer to the SRC. These policies will include patient criteria for requiring an RN to accompany patient.

B. Ambulance Dispatch Center will:

1. Respond to a "Code STEMI" transfer request by immediately dispatching the closest available ALS ambulance to the requesting SRH.

C. Ambulance Companies

1. Ambulance Companies will:

- a. Respond immediately upon request for "Code STEMI" transfer.
 - b. Staff all ambulances with a minimum of one paramedic who has been trained in the use of intravenous heparin and nitroglycerin drips, and the pump being used, according to VC EMS Policy 722.
2. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.

3. The transport provider will make contact with the receiving facility and advise of ETA and patient condition.

D. STEMI Receiving Centers will:

1. Maintain accurate status information on ReddiNet regarding the availability of a cardiac catheterization lab.
2. Publish a single phone number, that is answered 24/7, to receive notification of a STEMI transfer.
3. Immediately upon initial notification by a transferring physician at an SRH, accept in transfer all patients who have been diagnosed with a STEMI and who, in the judgment of the transferring physician, require urgent PCI.
4. Authorize the emergency physician on duty to confirm the acceptance in transfer of any patient with a STEMI.
5. Establish an internal communications plan that assures the immediate notification of all necessary individuals, including the cardiac catheterization services staff and on-call interventional cardiologist, of the transfer.
6. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for post-PCI care.



V. PROCEDURE:

A. Upon diagnosis of STEMI, and after discussion with the patient, the SRH will:

1. Determine availability of the SRC by checking ReddiNet.
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2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
 3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].
 4. After calling for ambulance, the SRH transferring physician will notify the SRC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and Code STEMI data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the SRC.
 - a. If, because of unusual and unanticipated circumstances, no healthcare staff is available for transfer, the SRH may contact the responding ambulance company to make a paramedic or EMT available.
 - b. If neither the SRH or ambulance company has available personnel, a CCT transfer may be requested.
 9. Contact SRC for nurse report at the time of, or immediately after, the ambulance departs.
- B. Upon request for "Code STEMI" transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize "MEDxxx Code STEMI from [SRH]". The SRC will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the SRH will advise the responding ambulance personnel of the SRC.
- C. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the "Code STEMI" transfer.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
 1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test results may be relayed to the SRC at a later time.
 3. Intravenous drips may be discontinued or remain on the ED pump.
 4. Ambulance personnel will place defibrillation pads on the patient.
- F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.
-

- G. The SRH and SRC shall review all STEMI transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS STEMI CQI Committee.

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Trauma Care System – General Provisions | | Policy Number 1400 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic EMT-P | Date: | June 1, 2014 <u>August 1, 2020</u> |
| APPROVED: Medical Director: |  Angele Salvucci , M.D. Daniel Shepherd | Date: | June 1, 2014 <u>August 1, 2020</u> |
| Origination Date: | July 1, 2010 | Effective Date: | June 1, 2014 <u>August 1, 2020</u> |
| Date Revised: | April, 2012 <u>July 8, 2020</u> | | |
| Date Last Reviewed: | March 29, 2017 <u>July 8, 2020</u> | | |
| Review Date: | March, 2020 <u>July 31, 2022</u> | | |

- I. PURPOSE: To provide standards and guidelines for the Ventura County Trauma Care System. To provide all injured patients the accessibility to an organized, multi-disciplinary and inclusive system of trauma care. To ensure that all injured patients are taken to the time-closest and most appropriate medical facility.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY:
 - A. Multi-disciplinary Nature of Systematized Trauma Care

The Ventura County EMS Agency (VCEMS) recognizes the multi-disciplinary nature of a systemized approach to trauma care. VCEMS has adopted policies, guidelines and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all injured patients.
 - B. Public Information and Education
 1. VCEMS is committed to the establishment of trauma system support and the promotion of injury prevention and safety education.
 2. VCEMS facilitates speakers to address public groups, and serves as a resource for trauma information/education.
 3. VCEMS assists community and professional groups in the development and dissemination of education to the public on such topics as injury prevention, safety education programs and access to the Trauma Care System.

4. Each designated facility must participate in the development of public awareness and education campaigns for their service area.

C. Marketing and Advertising

1. In accordance with the Health and Safety Code, Division 2.5, no healthcare provider shall use the term "trauma facility," "trauma hospital," "trauma center," "trauma care provider," "trauma care vehicle," or similar terminology in its signs or advertisements or in printed materials and information it furnishes to the general public unless its use has been authorized by VCEMS.
2. All marketing and promotional plans, with respect to trauma center designation shall be submitted to VCEMS for review and approval, prior to implementation. Such plans will be reviewed by VCEMS, with approval or denial issued within 10 days, based on the following guidelines:
 - a. Shall provide accurate information
 - b. Shall not include false claims
 - c. Shall not be critical of other providers
 - d. Shall not include financial inducements to any providers or third parties

D. Service Areas for Hospitals

Service areas for local trauma hospitals are determined by the VCEMS policy of transporting patients to the time-closest and appropriate facility.

E. EMS Dispatching

EMS dispatching for Ventura County is provided for and coordinated through the Ventura County Fire/EMS Communications Center, ~~and, for Oxnard Fire, through the Oxnard PD center.~~ The closest ALS transporting unit to an incident is dispatched, as well as BLS, and in some cases ALS, first responders.

F. Training of EMS Personnel

1. Designated facilities will provide training to hospital staff on trauma system policies and procedures.
2. Base Hospitals conduct periodic classes to orient prehospital providers to the local EMS system. Representatives from a designated trauma center may present the orientation to the Ventura County trauma system.

- G. Coordination and Mutual Aid between neighboring jurisdictions
 - 1. VCEMS will establish and maintain reciprocity agreements with neighboring EMS jurisdictions that provide for the coordination of mutual aid within those jurisdictions.
 - 2. VCEMS works cooperatively and executes agreements, as necessary, in order to ensure that patients are transported to the time-closest and appropriate facility.
 - 3. VCEMS maintains contact with neighboring EMS agencies in order to monitor the status of trauma care systems in surrounding jurisdictions.
- H. Interfacility Transfers
 - 1. As an inclusive trauma system, all hospitals have a role in providing trauma care to injured patients.
 - 2. Designated trauma centers are required to establish and maintain a transfer agreement with other trauma center(s) of higher designation for the transfer of patients that require a higher level of care.
 - 3. Transferring facilities, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of transportation when transferring trauma patients.
- I. Pediatric Trauma Care.

Integration of pediatric hospital (s), when applicable, into the overall trauma care system to ensure that all trauma patients receive appropriate trauma care in the most expeditious manner possible

 - 1. Designated trauma centers are required to maintain a transfer agreement with a pediatric trauma center.
 - 2. As with all specialties, pediatric consultation should be promptly available
 - 3. The transferring facility, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of care during transport.
- J. Coordinating and Integration of Trauma Care with Non-Medical Emergency Services
 - 1. VCEMS ensures that all non-medical emergency service providers are apprised of trauma system activities, as it relates to their agency/organization.
 - 2. Non-medical emergency service providers are included in the VCEMS committee memberships, as appropriate.

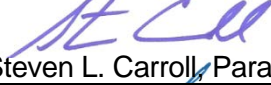

3. VCEMS disseminates information to non-medical emergency service agencies through written communication, as necessary.

K. Trauma Center Fees

VCEMS has developed a fee structure that covers the direct cost of the designation process and to effectively monitor and evaluate the trauma care system. Fees are based on the direct VCEMS cost of administering the trauma care system.

L. Medical Control and Accountability

1. Each designated trauma center shall:
 - a. Provide base hospital medical control for field prehospital care providers.
 - b. Provide base hospital service in accordance with California Code of Regulations, Title 22, as outlined in the VCEMS Base Hospital Agreements.
 - c. Participate in the VCEMS data collection system as defined by VCEMS, CEMSIS-Trauma and the National Trauma Database.
 - d. Participate in the VCEMS continuous quality improvement program.

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Trauma Committees | | Policy Number 1402 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: June 1, 2017 | |
| APPROVED: Medical Director: |  Daniel Shepherd, MD | Date: June 1, 2017 | |
| Origination Date: | June 9, 2011 | | |
| Date Revised: | March 29, 2017 | | |
| Date Last Reviewed: | July 8, 2020 | Effective Date: June 1, 2017 | |
| Review Date: | July 31, 2022 | | |

- I. PURPOSE: To advise the EMS Medical Director on the establishment of trauma related policies, procedures, and treatment protocols. To advise the EMS Medical Director on trauma related education, training, quality improvement, and data collection issues. To review and improve trauma care in a collaborative manner among the trauma centers in Ventura County as well as trauma centers in neighboring counties.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY: The Ventura County Emergency Medical Services Agency (VC EMS) Medical Director shall appoint a Trauma Operational Review Committee (TORC) and Trauma Audit Committee (TAC). TORC is an advisory committee to VC EMS on issues related to trauma care. TAC is a peer review committee that conducts a process of interfacility case sharing, evaluation, and recommendations for improvement for trauma care administered to patients of the Ventura County Trauma System as well as trauma systems in neighboring counties.
- IV. TRAUMA OPERATIONAL REVIEW COMMITTEE (TORC): TORC conducts systems and case review toward the goal of ensuring optimal and ongoing improvement of trauma care for patients in Ventura County. This committee strives to uphold and advance the values of an integrated, inclusive and mutually supportive trauma system.
 - A. TORC TASKS
 1. Reviews, analyzes and proposes corrective actions for operational issues that occur within Ventura County's inclusive trauma system. Identifies problems and problem resolutions (loop closure).

2. Based on trauma system maturation and needs, recommend development and/or revisions of policies that impact trauma care.
3. Reviews interfacility transport issues, particularly problematic or recurring themes, and occasionally, specific cases. Recommends improvement measures.
4. Reviews criteria for IFT for ongoing appropriateness and recommends policy revisions when needed.
5. Reviews prehospital trauma transport statistics for appropriateness of patient destinations, system trends and educational or other needs.
6. Reviews trauma registry reports.
7. Evaluates system needs and recommends trauma education or certification courses for emergency department personnel.
8. Recommends and collaborates with other Ventura County agencies and organizations on injury prevention projects.
9. Recommends and collaborates on research efforts.
10. Recommends and conducts educational programs toward the goal of enhancing an inclusive trauma system approach in Ventura County.

B. TORC MEMBERSHIP

The membership of TORC shall be broad based regionally and represent the participants in the Trauma Care System and the regional medical community. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TORC meeting. TORC shall be chaired by the Ventura County EMS Agency Trauma System Manager. The membership of TORC includes the following:

1. Ventura County EMS Agency
 - a. Medical Director
 - b. Administrator
 - c. Deputy Administrator
 - d. Trauma System Manager
 - e. Ventura County Medical Examiner
2. Ventura County Trauma Centers
 - a. Hospital Administrator

- b. Trauma Medical Director
 - c. Trauma Manager
 - d. Emergency Department Medical Director
 - e. Emergency Department Nurse Manager
 - f. Prehospital Liaison Physician
 - g. Prehospital Care Coordinator
3. Ventura County Non-Trauma Base Hospitals
 - a. Hospital Administrator
 - b. Emergency Department Medical Director
 - c. Emergency Department Nurse Manager
 - d. Prehospital Liaison Physician
 - e. Prehospital Care Coordinator
 4. Ventura County Receiving Hospitals
 - a. Hospital Administrator
 - b. Emergency Department Medical Director
 - c. Emergency Department Nurse manager
 5. Transport Providers
One representative, to be selected by individual agency
 6. First Responders
One representative, to be selected by individual agency
 7. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

V. TRAUMA AUDIT COMMITTEE (TAC)

TAC is a multi-trauma center, multi-disciplinary peer review committee designed to improve trauma care by reviewing selected cases that involve exceptional saves, deaths, complications, sentinel events and other issues, with the goal of identifying issues and ensuring appropriate loop closure.

A. TAC TASKS

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.
2. Conducts review of cases that involve system issues or are regarded as having exceptional educational or scientific benefit.

3. For each case reviewed, provides finding of lessons learned, and when appropriate, makes recommendations regarding changes in the system to improve the process of trauma care.
4. Presents and reviews individual trauma center-specific issues with the goal of awareness, education and collaboration.
5. Identifies county and intra-county problems, issues and trends. Identifies and implements, or recommends implementation, of resolutions (loop closure).

B. TAC MEMBERSHIP

The membership shall be limited to representatives of the Ventura County Trauma Centers and trauma centers located in neighboring counties, as determined by an EMS Medical Director. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TAC meeting. TAC shall be chaired by an EMS Medical Director. The membership of TAC includes the following:

1. Ventura County EMS Agency
 - a. Medical Director
 - b. Administrator
 - c. Deputy Administrator
 - d. Trauma System Manager
 - e. Administrative Assistant
2. Neighboring County EMS Agency
 - a. Medical Director
 - b. Administrator
 - c. Trauma System Manager
3. Trauma Centers
 - a. Trauma Medical Director
 - b. Trauma Manager
 - c. Prehospital Care Coordinator
4. Medical examiner, pathologist or physician designee from each represented county
5. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

VI. TRAUMA COMMITTEES ATTENDANCE

Stated policy shall apply to both TORC and TAC.

- A. Members of a trauma committee will notify VC EMS staff in advance of any scheduled meeting they will be unable to attend.
- B. After two (2) absences in a calendar year, a member may be terminated from a trauma committee.
- C. Resignation from the committee must be submitted, in writing, to the VC EMS Agency, and is effective upon receipt, unless otherwise specified.
- D. The EMS Medical Director may grant special permission for other invitees to participate in the medical audit review of cases where their expertise or involvement in a specific case is essential to make appropriate determinations. Such invitees may only be present for the portions of meetings for which they have been requested to provide input.
- E. The EMS Medical Director may grant special permission for guests to attend a TAC meeting for educational purposes.
- F. Trauma committee meetings are closed to non-members without the pre-arranged permission of the EMS Medical Director.

VII. VOTING

Stated policy shall apply to both TORC and TAC. Due to the advisory nature of the trauma committees, most issues will require input rather than a vote process. Vote process issues will be identified as such by the TORC or TAC Chairperson. When voting is required, the majority of a committee's membership must be present.

VIII. MEETINGS

Stated policy shall apply to both TORC and TAC. The trauma committees shall be scheduled to meet as determined by committee, according to the needs of the trauma systems.

IX. MINUTES

Stated policy shall apply to both TORC and TAC.

- A. Minutes regarding operational and systems issue discussions that do not include references to case presentations or protected health information shall be distributed to committees' memberships within ten business days following a meeting.
- B. Due to the confidential nature of case presentations, minutes referencing specific cases and/or confidential patient information shall be distributed at the beginning

of the meeting and collected and destroyed at the close of each meeting. No copies may be made or possessed by members of the committee outside of the meeting.

X AGENDA ACTION ITEMS

- A. Action items shall be assigned to one individual per hospital or agency. Each hospital or agency may determine, on a case-by-case basis, whom among their committee membership is the most appropriate to be assigned a particular action item.
- B. Individuals who have been assigned action items shall submit documentation of work performed relating to the action item prior to the next scheduled meeting. Action item progress will be included in the next scheduled meeting's agenda packet.

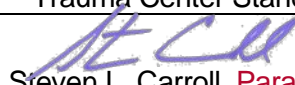

XI. CONFIDENTIALITY

Stated policy shall apply to both TORC and TAC.

- A. All proceedings, documents, and discussions of the Trauma Operational Review Committee and the Trauma Audit Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the trauma committees will be applicable to all proceedings and records of these committees, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.
- B. Trauma committee members agree to not divulge or discuss confidential patient information that would have been obtained solely through committee membership.
 - 1. All meeting attendees will sign a meeting roster that, in addition to documenting meeting attendance, serves to affirm their agreement to uphold the trauma committee's standard of confidentiality. Rosters for TORC and TAC meetings shall include the following heading: "With certain exceptions, the proceedings and records of the Ventura County

EMS Agency (Trauma Operational Review Committee) (Trauma Audit Committee) are privileged and not subject to discovery. Records of the Committee are not subject to disclosure under the California Public Records Act, and Committee meetings are not subject to the Ralph M. Brown Act. (Cal. Evidence Code, sec. 1157.7.) Redisclosure of confidential patient information discussed in Committee proceedings is prohibited by law. (Cal. Civil Code, sec. 56.13.)"

2. A visitor, guest, or invitee who has been granted permission to attend any part of a trauma committee meeting shall sign the meeting roster that documents his/her attendance and affirms his/her agreement to uphold the committee's standard of confidentiality. The committee chairperson is responsible for assuring compliance with this requirement.

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Trauma Center Standards | | Policy Number 1406 | |
| APPROVED: Administration: |  Steven L. Carroll, <u>Paramedic EMT-P</u> | Date: June 1, 2014 | |
| APPROVED: Medical Director: |  Angelo Salvucci , M.D. Daniel Shepherd | Date: June 1, 2014 | |
| Origination Date: | July 1, 2010 | | |
| Date Revised: | February 9, 2012 | | |
| Date Last Reviewed: | <u>July 8, 2020</u> March 29, 2017 | Effective Date: June 1, 2014 | |
| Review Date: | <u>July 31, 2022</u> March, 2020 | | |

- I. PURPOSE: To establish Ventura County Trauma Center facility and personnel standards for trauma patient care. To obtain and maintain designation as a Level II Trauma Center, the Trauma Center shall be in compliance with the standards contained in this policy.
- II. AUTHORITY: Health and Safety Code, § 1798, 1798.165 and 1798.170, California Code of Regulations, Title 22, Division 9, Chapter 7.
- III. DEFINITIONS:
 - A. "On-site" means being physically present within the patient treatment area at all times.
 - B. "In-house" means being physically present in the trauma center and responding immediately upon trauma team activation. Arrive to the patient treatment area within ten (10) minutes of placement of call with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than fifteen (15) minutes from time call is placed.
 - C. "Immediately available" means: a) dedicated to the trauma center while on duty, b) unencumbered by conflicting duties or responsibilities; c) responding without delay when notified; and d) being physically present within the patient treatment area when the patient arrives or within fifteen (15) minutes of placement of call, whichever is later, and not to exceed fifteen (15) minutes from patient arrival, with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than thirty (30) minutes from time call is placed.
 - D. "Promptly available" means arrival to the patient treatment area within thirty (30) minutes with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than forty-five (45) minutes, from time

call is placed.

- E. “On-call” requires the specified healthcare professional to be available to respond for trauma care in a defined manner and time period (i.e., immediately available, promptly available).

IV. POLICY:

A. General Provisions

1. California Statutes and Regulations: Trauma Centers will meet all applicable requirements set forth in California Health and Safety Code, Division 2.5, Chapter 6, Article 2.5 and California Code of Regulations, Title 22, Division 9, Chapter 7.
2. American College of Surgeons Committee on Trauma (ACS-COT) standards:
 - a. Trauma Centers will obtain within three (3) years of designation by VCEMS, and continuously maintain, ACS-COT Level II Trauma Center verification.
 - b. Trauma Centers are required to continuously comply with ACS-COT trauma center verification standards, as determined by VCEMS through the QI program and other oversight activities.
3. VCEMS may establish standards that exceed the requirements above.

B. Trauma System Activation

Trauma centers will accept all patients that meet trauma triage criteria, as described in VCEMS Policy 1405, except when on diversion per VCEMS Policy 402.

C Interfacility Transfers

1. As an inclusive trauma system, all hospitals will have a role in providing trauma care to injured patients. All Ventura County trauma centers are required to establish and maintain transfer agreements with each of the Ventura County hospitals.
2. The trauma center is obligated to immediately accept all patients who meet trauma transfer criteria from hospitals in Ventura County per VCEMS Policy 1404.
3. To initiate a transfer, a call shall be placed by the transferring hospital emergency physician or surgeon to the trauma center on-call trauma surgeon or designee. The verbal report for transfer shall be physician to

physician.

4. The transferring hospital, in consultation with the trauma center, will be responsible for obtaining the appropriate level of transportation. Consideration of transport modality (e.g., ground vs. air) should be a collaborative decision between transferring hospital and the trauma center.

D. Response Requirements:

Staff response times will be documented in the patient care record and trauma registry for VCEMS review.

1. Surgical Service:

Availability: an operating suite is continuously available or being utilized for trauma patients and has operating staff who are on-call and promptly available unless operating on trauma patients.

2. General Surgeon:

- a. Availability: On-call and immediately available for highest level of trauma team activation, and available within one (1) hour of the time of call for other trauma team activations or consultation when requested by the emergency physician.
- b. Advised of all trauma patient admissions;
- c. Participate in major therapeutic decisions;
- d. Present in the emergency department for all major trauma resuscitations; and
- e. Present in the operating room for all procedures.

3. Emergency Medicine:

Availability: On-Site

4. Respiratory Therapist:

Availability: In House

5. Radiology Technician:

Availability: In House

6. CT Technician:

Availability: On call and immediately available

7. Radiologist:

Availability: On-call and promptly available

8. Interventional Radiology Service and Interventional Radiologist

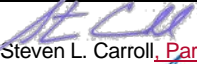

- a. Includes diagnostic and therapeutic procedures
- b. Availability: On-call and promptly available
9. Ultrasound Service
Availability: On-call and promptly available
10. Anesthesiology:
Availability: On call and promptly available
11. Clinical Laboratory:
Availability: On-Site (within the lab)
12. Neurosurgery:
Availability: On-call and promptly available
13. OB/GYN Service:
Availability: On-call and promptly available
14. Orthopedics:
Availability: On-call and promptly available
15. Ophthalmologist:
Availability: On-call and promptly available
16. Oral or Maxillofacial, or Head and Neck Service:
Availability: On-call and promptly available
17. Plastic Surgery:
Availability: On-call and promptly available
18. Reimplantation/Microsurgery:
 - a. Availability: On-call and promptly available
 - b. If reimplantation/microsurgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed the reason(s) must be documented in the patient's chart.
19. Urologist
Availability: On-call and promptly available
20. Thoracic Surgery:
Availability: On-call and promptly available
21. Critical Care Services:
Availability: On-site within the critical care area

22. Critical Care Physician
Availability: On-call and promptly available
23. Cardiac Surgery:
 - a. Availability: On-call and promptly available if cardiac surgery is available at the trauma center
 - b. If cardiac surgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed, the reason(s) must be documented in the patient's chart.
24. Additional Specialty Services:
 - a. Burn Center. These services may be provided through a written transfer agreement with a burn center.
 - b. Acute hemodialysis capability.
 - c. Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a rehabilitation center.
 - d. A pediatric intensive care unit approved by the California State Department of Health Services' California Children Services (CCS); or a written transfer agreement with an approved pediatric intensive care unit. Hospitals without pediatric intensive care units shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care
25. Available Consultations:

The following specialist(s) or specialty service(s) will be available for consultation and respond by phone to a call within thirty (30) minutes.

 - a. Cardiology
 - b. Gastroenterology
 - c. Hand Surgery
 - d. Hematology
 - e. Infectious Diseases
 - f. Internal Medicine
 - g. Nephrology
 - h. Neurology

- i. Pathology
 - j. Pulmonary Medicine
- E. Heliport
Trauma Centers are required to operate and maintain a State-permitted heliport, on or immediately adjacent to the hospital, as described in California Code of Regulations Title 21, § 3554.
- F. Prehospital Personnel
 1. Trauma centers will have a written agreement with the Ventura College School of Prehospital and Emergency Medicine that allows paramedic students to schedule and experience their clinical rotations at the trauma center, as well as perform clinical procedures (e.g., endotracheal intubation, intravenous access) on patients.
 2. Trauma centers will allow EMT and paramedic personnel to perform clinical skills for continuing education and remediation purposes as directed by the VCEMS CQI program.
- G. Base Hospital
 1. Trauma Centers must be designated by VCEMS as a Base Hospital and comply with all requirements in VCEMS Policy 410.
 2. Trauma Centers must employ a minimum of one FTE Prehospital Care Coordinator.

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Interfacility Transfer of Patients | | Policy Number 605 | |
| APPROVED: Administration: |  Steven L. Carroll, <u>Paramedic</u> | Date: | December 1, <u>2020</u> 2018 |
| APPROVED: Medical Director: |  Daniel Shepherd, M.D. | Date: | December 1, <u>2020</u> 2018 |
| Origination Date: | July 26, 1991 | | |
| Date Revised: | <u>August 13, 2020</u> August 9, 2018 | | |
| Date Last Reviewed: | <u>August 13, 2020</u> August 9, 2018 | Effective Date: | December 1, <u>2022</u> 2018 |
| Next Review Date: | August 31, <u>2022</u> 2024 | | |

- I. PURPOSE: To define levels of interfacility transfer and to assure that patients requiring interfacility transfer are accompanied by personnel capable and authorized to provide care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.218, 1797.220, and 1798.
- III. POLICY: A patient shall be transferred according to his/her medical condition and accompanied by EMS personnel whose training meets the medical needs of the patient during interfacility transfer. The transferring physician shall be responsible for determining the medical need for transfer and for arranging the transfer. The patient shall not be transferred to another facility until the receiving hospital and physician consent to accept the patient. The transferring physician retains responsibility for the patient until care is assumed at the receiving hospital.
If a patient requires care during an interfacility transfer which is beyond the scope of practice of an EMT or paramedic or requires specialized equipment for which an EMT or paramedic is untrained or unauthorized to operate, and it is medically necessary to transfer the patient, a registered nurse or physician shall accompany the patient. If a registered nurse accompanies the patient, appropriate orders for care during the transfer shall be written by the transferring physician.
- IV. TRANSFER RESPONSIBILITIES
 - A. All Hospitals shall:
 1. Establish their own written transfer policy clearly defining administrative and professional responsibilities.
 2. Have written transfer agreements with hospitals with specialty services, and county hospitals.
 - B. Transferring Hospital

1. Maintains responsibility for patient until patient care is assumed at receiving facility.
2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

C. Transferring Physician

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

D. Receiving Physician

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

E. Transportation Provider

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

IV. PROCEDURE:

A. Non-Emergency Transfers

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

B. Emergency Transfers

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

a. Upon transport, for patients with time sensitive conditions requiring transfer for emergency evaluation and/or treatment (ie. STEMI, Stroke, Trauma, AAA, GI Bleed, etc) the transport provider will make contact with the receiving facility and advise of ETA and patient condition.

i. The intent is to provide the receiving facility with the updated ETA and patient information for appropriate resources to be initiated.

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C. Transferring process

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

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

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

- a. Patient's name
 - b. Diagnosis/level of acuity
 - c. Destination
 - d. Transfer date and time
 - e. Unit/Department transferring the patient
 - f. Special equipment with patient
 - g. Hospital personnel attending patient
 - h. Patient medications
3. The transferring physician and nurse will complete documentation of the medical record. All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.
 4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).
 5. The Transferring Facility will provide:
 - a. A verbal report appropriate for patient condition
 - b. Review of written orders, including DNAR status.
 - c. A completed transfer form from Transferring Facility.

V. DOCUMENTATION

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

VCEMS General Patient Guidelines 705.00

- I. Purpose: To establish a consistent approach to patient care
 - A. Initial response
 1. Review dispatch information with crew members and dispatch center as needed
 2. Consider other potential issues (location, time of day, weather, etc.)
 - B. Scene arrival and Size-up
 1. Address Body Substance Isolation/Personal Protection Equipment (BSI/PPE)
 2. Evaluate scene safety
 3. Determine the mechanism of injury (if applicable) or nature of illness
 4. Determine the number of patients
 5. Request additional help if necessary (refer to VCEMS Policy 131)
 6. Consider spinal motion restrictions (refer to VCEMS Policy 614)
 - C. Initial assessment
 1. Airway
 - a. Open airway as needed, maintaining inline cervical stabilization if trauma is suspected
 - b. Insert appropriate airway adjunct if indicated
 - c. Suction airway if indicated
 - d. If a partial or complete Foreign Body Airway Obstruction (FBAO) is present, utilize appropriate interventions
 2. Breathing
 - a. Assess rate, depth, and quality of respirations
 - b. Assess lung sounds
 - c. If respiratory effort inadequate, assist ventilations with BVM
 - d. Initiate airway management and oxygen therapy as indicated
 3. Circulation
 - a. Assess skin color, temperature, and condition
 - b. Check distal/central pulses, including capillary refill time
 - c. Control major bleeding
 - d. Initiate shock management as indicated
 4. Disability
 - a. Determine level of consciousness
 - b. Assess pupils
 - c. Assess Circulation, Sensory, Motor (CSM)

Effective Date: December 1, 202019
Next Review Date: August 31, 20224

Date Revised: August13-8,
20202019
Last Reviewed: August13-8,
20202019



VCEMS Medical Director

5. Exposure
 - a. If indicated, remove clothing for proper assessment/treatment of injury location. Attempt to maintain patient dignity
 - b. Maintain patient body temperature at all times
- D. Determine chief complaint. Initiate treatment per VCEMS policies/protocols
- II. History of Present Illness – including pertinent negatives and additional signs/symptoms
 1. Onset of current illness or chief complaint
 2. Provoking factors
 3. Quality
 4. Radiation
 5. Severity – 1 to 10 on pain scale
 6. Time
- III. Vital Signs
 1. Blood Pressure and/or Capillary Refill
 2. Heart Rate
 3. Respirations
 4. ALS assessments are primary survey and secondary assessment performed by a Paramedic and may include:
 - a. Cardiac rhythm
 - b. 12-lead ECG as indicated per VCEMS Policy 726
 - c. Pulse Oximetry
 - d. Capnography
- IV. Obtain history, including pertinent negatives
 1. Signs/Symptoms leading up to the event
 2. Allergies
 3. Medications taken
 4. Past medical history
 5. Last oral intake (as indicated)
 6. Events leading up to present illness
- V. Perform Detailed Physical Examination per Trauma Assessment/Treatment Guidelines
- VI. Base Hospital contact shall be made for all ALS patients in accordance with VCEMS Policy 704

VII. Emergency transfers: Upon transport, for patients with time sensitive conditions requiring transfer for emergency evaluation and/or treatment (ie. STEMI, Stroke, Trauma, AAA, GI

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Bleed, etc) the transport provider will make contact with the receiving facility and advise of ETA and patient condition.

VIII~~VII~~. Transport to appropriate facility per VCEMS guidelines

1. Transport and Destination Guidelines – Policy 604
2. STEMI Receiving Center Standards – Policy 430
3. Stroke System Triage and Destination – Policy 451
4. Post cardiac arrest with ROSC – Policy 705 (Cardiac Arrest)
5. Trauma Triage and Destination Criteria – Policy 1405
6. Hospital Diversion – Policy 402

IX~~VIII~~. Regularly assess vital signs and document all findings. Continue appropriate treatments and reassess throughout transport to assess for changes in patient status

X~~IX~~. Documentation

1. Completion of patient care documentation per VCEMS Policy 1000
2. Document all assessment findings, pertinent negatives, vital signs, interventions/treatments (both initial and ongoing), responses to treatments, and all changes in patient status
3. Submit ECG strips for all ALS patients
4. Maintain patient confidentiality at all times

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20~~20~~19



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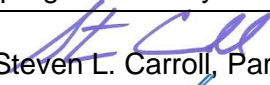

| Supraventricular Tachycardia | |
|--|---|
| ADULT | PEDIATRIC |
| BLS Procedures | |
| Administer oxygen as indicated | |
| ALS Prior to Base Hospital Contact | |
| Valsalva maneuver IV/IO access <u>Stable</u> – Mild to moderate chest pain/SOB <u>Unstable</u> – ALOC, signs of shock or CHF Place on backboard and prepare for synchronized cardioversion | Valsalva maneuver IV/IO access <u>Stable</u> – Mild to moderate chest pain/SOB <u>Unstable</u> – ALOC, signs of shock or CHF Place on backboard and prepare for synchronized cardioversion |
| Communication Failure Protocol | |
| <u>Stable</u> <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush No conversion or rate control <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 12 mg rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control <u>Unstable</u> <ul style="list-style-type: none"> Synchronized Cardioversion <ul style="list-style-type: none"> Use the biphasic energy settings that have been approved by service provider medical director. Consider BHC for sedation (midazolam IV/IO 2mg) prior to cardioversion for special circumstances <u>Special Circumstances*</u> <ul style="list-style-type: none"> Fentanyl <ul style="list-style-type: none"> 1 mcg/kg IV/ IO / IN prior to electrical therapy. | <u>Stable</u> <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 0.1 mg/kg (max dose 6 mg) rapid push immediately followed by 10-20 mL NS flush No conversion or rate control <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 0.2 mg/kg (max dose 12 mg) rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control <u>Unstable</u> <ul style="list-style-type: none"> Synchronized Cardioversion <ul style="list-style-type: none"> Use the biphasic energy settings that have been approved by service provider medical director. Consider sedation prior to cardioversion for special circumstances. <u>Special Circumstances*</u> <ul style="list-style-type: none"> Fentanyl <ul style="list-style-type: none"> 1 mcg/kg IV/ IO / IN prior to electrical therapy. |
| Base Hospital Orders only | |
| Consult with ED Physician for further treatment measure | |
| Additional Information: <ul style="list-style-type: none"> *Special circumstances for sedation prior to cardioversion include Fully awake and alert, patients with unstable vital signs. Adenosine is contraindicated in patients with history of 2° or 3rd° AV Block, Sick Sinus Syndrome (except in patient with functioning pacemaker), or known hypersensitivity to adenosine. Unless the patient is in moderate or severe distress, consider IV access and transport only. Consider withholding adenosine administration if patient is stable until ED Physician evaluation. Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.) Document all ECG strips during adenosine administration and/or synchronized cardioversion. Special circumstances for sedation prior to cardioversion includes, but is not limited to: Fully awake and alert, but with unstable vital signs | |

Effective Date: July 20, 2020
Next Review Date: August 31, 2020

Date Revised: July 20, 2020
Last Reviewed: July 20, 2020



VCEMS Medical Director

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Supraglottic Airway Devices | | Policy Number: 729 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: July 1, 2020 | |
| APPROVED: Medical Director: |  Daniel Shepherd, MD | Date: July 1, 2020 | |
| Origination Date: | November 13, 2014 | Effective Date: July 1, 2020 | |
| Date Revised: | January 16, 2020 | | |
| Date Last Reviewed: | January 16, 2020 | | |
| Review Date: | January 31, 2020 | | |

- I. Purpose: To define the indications and use of supraglottic airway devices.
- II. 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: Paramedics may utilize the VCEMSA approved supraglottic airway device (SAD) for adult and pediatric patients according to this policy and Policies 705 and 710. The VCEMSA approved SAD may be used as the primary advanced airway device by paramedics who opt to use it during the care of patients for whom they believe it would be the most appropriate airway management device. Alternately, the VCEMSA approved SAD shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.
- IV. Procedure:
 - A. Indications:
 1. Cardiac arrest.
 2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.
 - B. Contraindications:
 1. Intact gag reflex.
 2. Caustic ingestion
 3. Unresolved complete airway obstruction
 4. Trismus or limited ability to open the mouth such that the device cannot be Inserted
 5. Oral trauma
 6. Distorted anatomy that prohibits proper placement (e.g. oropharyngeal mass or abscess)

- C. Preparation:
 - 1. Sizing:
 - A. Choose correct size based on patient's weight and manufacturer's recommendations.
 - 2. There will be no more than 2 attempts, each no longer than 40 seconds.
 - 3. For patients in cardiac arrest, chest compressions will not be interrupted.
 - 5. Generously lubricate the cuff with a water-based lubricant.
- D. Placement:
 - 1. Remove dentures if present
 - 2. Tilt the patient's head back - unless there is a suspected cervical spine injury.
 - 3. Open the patient's mouth and insert the SAD per the manufacturer's recommendations. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
 - 4. Gently advance the SAD into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw
 - 5. Return head to neutral position.
 - 6. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
 - 9. If 2 attempts at SAD placement are unsuccessful, attempt again to ventilate the patient with BVM.
 - 10. Secure the SAD with appropriate strap.
 - 11. If patient vomits, do not remove SAD. May turn patient on side, suction both SAD and oropharynx.
- E. Documentation:
 - 1. Documentation per Policy 1000.