Virtual	Pre-hospital Services Committee Agenda	September 9, 2021 9:30 a.m.
I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Coronavirus Update	Dr. Shepherd/Steve Carroll
V.	**New Business**	
	A. Other	
VI.	**Old Business**	
	A. 132 - EMS Coverage for Special Event Mass Gathering	Chris Rosa
	B. 335 – Out of County Paramedic Internship Approval Process	Chris Rosa
VII.	**Informational/Discussion Topics**	
	A. 150 – UO Reportable Events/Sentinel Events	Adriane Gil-Stefansen
	B. 151 - Medication Error Reporting	Adriane Gil-Stefansen
	C. 705.02 – Allergic Reaction and Anaphylaxis	Andrew Casey
VIII.	**Policies for Review**	
	A. 625 - POLST	
	B. 722 – Interfacility Transport of Patients with IV Heparin & Nitro	
	C. 724 – Brief Resolved Unexplained Event (BRUE)	
	D. 734 – Tranexamic Acid Administration (TXA)	
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**	

Virtual	Pre-hospital Services Committee Minutes	May 13, 2021 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Kathy McShea Seconded: Heather Ellis Passed unanimous
III. Minutes		Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
IV. **Medical Issues**			
A. Coronavirus Update			
V. New Business			
A. 319 – Paramedic Preceptor	Chris has been working on this policy to update state regulation changes as well as terminology changes/updates.	Add "Approved" to page 4 of 4. An approval letter will be issued to programs that have met the requirements.	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
B. 736 - Leave at home Naloxone	There have been 53 cases that meet the criteria for Leave at Home Naloxone. Field personnel have left 8 kits at qualifying homes. Dr Shepherd is concerned by the growing number of OD deaths and strongly encourages leaving Naloxone Kits when appropriate. Jaime Villa asked if BLS can leave the kits and Dr. Shepherd replied "No".	Approved	Motion: Kathy McShea Seconded: Jaime Villa Passed unanimous
C. 1135 Paramedic Program Approval	Chris presented this policy to the committee. He added new regulations and cleaned it up.	Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
D. 1601 – PSFA/TCC Training Approval	Minor changes, updated regs and formatting issues.	Approved	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
E. 1603 – Nerve Agent Antidote Administration by PSFA Personnel		Approved	Motion: Kathy McShea Seconded: Heather Ellis Passed unanimous

F. 1604 – Oxygen Administration and Basic Airway Adjunct Use by PSFA Personnel	Updated with new regs	Approved	Motion: Kathy McShea Seconded: Kyle Brooks Passed unanimous
G. 1605 – Naloxone Administration by PSFA Personnel	Page 3 of 3, Number 9 should say Naloxone, not Epi.	Approved	Motion: Kathy McShea Seconded: Kristen Shorts Passed unanimous
H. 1606 – Epi Administration by PSFA Personnel		Chris will send Policy 1606 out to the committee for approval.	
VI. Old Business			Motion: Ira Tilles Seconded: John Gillett Passed unanimous
A. PSC Chairman Vote	The committee held a vote and nominated Heather Ellis as the new PSC Chair.	Thank you to Dr. Larsen for all your time as PSC Chair. Welcome Heather!	
VII. Informational			
A.			
VIII. Policies for review			
A. 323 – MICN Authorization Challenge	Tom Gallegos asked that we add "Nurse" to the page header.	Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
B. 333 - Denial of Prehospital Care Certification or Accreditation		Approved	Motion: Kathy McShea Seconded: Jaime Villa Passed unanimous
X. Agency Reports			
A. Fire departments	**VCFPD** – New Squad 30 starts May 30th in Thousand Oaks. They will be stationed at 30's. **VCFD- none** **OFD** – Paramedic interns are finishing up their internships. **Fed. Fire** – none **SPFD** – none **FFD** – none		Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
B. Transport Providers	**LMT –** Steve Frank is retiring at the end of May**.** **AMR/GCA** – none **AIR RESCUE – none**		

C.	Base Hospitals	**AHSV** – Code Triage closed due to Covid. Solar Panel project in parking area may interfere with traffic flow. **LRRMC** – Working on Helipad. ER residency program is being pushed back to 2022. **SJRMC –** Kathy McShea is retiring, and Jenny Brock will replace her as PCC. All the best to Kathy and welcome Jenny. Construction is complete! **VCMC** – none		
D.	Receiving Hospitals	**PVH –** none **SPH** – none **CMH** –. Looking for new ER Director. **OVCH** – none		
E.	Law Enforcement	**VCSO –**none **CSUCI PD –** Graduation is next week.		
F.	ALS Education Programs	**Ventura College** – Paramedic internships are completed. The paramedic program is looking for additional faculty to teach a second paramedic class.		
G.	EMS Agency	**Steve –** Steve shared his appreciation for Kathy McShea, Steve Frank and Dr. Drehsen for all they have contributed to our EMS system. You will all be missed. **Dr. Shepherd –** none **Chris** – none **Katy** –none **Karen** – none **Julie** –none **Randy** – none		
H.	Other			
XI.	**Closing**	**Meeting adjourned at 11:30**		

Prehospital Services Committee 2021

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/7/2021	2/11/2021	3/11/2020	4/8/2021	5/13/2021	6/10/2021	7/8/2021	8/12/2021	9/9/2021	10/14/2021	11/11/2021	12/9/2021	%
AMR	Williams	Joey			DG		JW								
AMR	Riggs	Cassie					CR								
CMH - ER	Levin	Ross		RL	RL	RL	RL								
CMH - ER	Querol	Amy			AQ		AQ								
OVCH - ER	Pulido	Ed			EP		EP								
OVCH - ER	Ferguson	Catherine			CF	CF	CF								
CSUCI PD				CD		CD									
CSUCI PD	Deboni	Curtis					CD								
FFD	Herrera	Bill				BH	BH								
FFD															
GCA	TBD														
GCA	Sanders	Mike		MS		MS									
Lifeline	Rosolek	James													
Lifeline	Winter	Jeff				JW	JW								
LRRMC - ER	Brooks	Kyle		KB			KB								
LRRMC - ER	Moore	Bethany		BM	BM	BM	BM								
OFD	Strong	Adam			AS		AS								
OFD	Villa	Jaime		JV	JV	JV	JV								
SJPVH - ER	Hutchison	Stacy													
SJPVH - ER	Sikes	Chris			CS	CS	CS								
SJRMC - ER	Larsen	Todd		TL	TL	TL	TL								
SJRMC - ER	Brock	Jenny		KM	KM	KM	JB								
SVH - ER	Tilles	Ira		IT	IT	IT	IT								
SVH - ER	Shorts	Kristen			KS	KS	KS								
V/College	O'Connor	Tom		TO	TO	TO	TO								
VCFD	Tapking	Aaron		AT	AT	AT	AT								
VCFD	Ellis	Heather		HE	HE	HE	HE								
VNC	Williams	Joseph		JW	JW	JW	JW								
VNC	Miner	Robert				RM	RM								
VNC - Dispatch	Gregson	Erica			EG		EG								
VCMC - ER	Gillett	John		JG	JG	JG	JG								
VCMC - ER	Gallegos	Tom		TG	TG	TG	TG								

Agency	LastName	FirstName	1/7/2021	2/11/2021	3/11/2020	4/8/2021	5/13/2021	6/10/2021	7/8/2021	8/12/2021	9/9/2021	10/14/2021	11/11/2021	12/9/2021	%
VCMC-SPH	Vicencio	Angela													
VCSO SAR	Conahey	Dave		DC	DC	DC	DC								
VCSO SAR	Whitebread	Ryan					RW								
VFF	Lane	Mike													
VFF	Vilaseca	James		JV	JV										
Below names a	**Date Change/cancelled - not counted against member for attendance**														
EMS	Carroll	Steve		SC	SC	SC	SC								
EMS	Frey	Julie		JF		JF	JF								
EMS	Perez	Randy		RP	RP	RP	RP								
EMS	Shepherd	Daniel		DS	DS	DS	DS								
EMS	Rosa	Chris		CR	CR	CR	CR								
EMS	Salvucci	Angelo													
EMS	Hansen	Erik					EH								
EMS	Beatty	Karen			KB	KB	KB								
EMS	Gil-Stefansen	Adriane		AS	AS	AS	AS								
EMS	Garcia	Martha		MG	MG	MG									
EMS	Casey	Andrew		AC	AC	AC	AC								
LMT	Winter	Jeff		JW	JW	JW	JW								
AMR/GCA	Gonzales	Nicole													
State Parks	Futoran	Jack		JF											
VCMC	King	Katie													
VCMC	Duncan	Thomas		TD	TD	TD	TD								
Hospital Assoc.	Strickland	Audra			AS										
CMH	Hall	Elaina													
VNC	Chase	David		DC	DC	DC	DC								
VCSO SAR	Hadland	Don													

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMS Coverage for Special Events or Mass Gatherings	Policy Number 132
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: **DRAFT**
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: **DRAFT**
Origination Date: Date Revised: Date Last Reviewed: Review Date:	Effective Date: **DRAFT**

I. PURPOSE: To establish recommendations for adequate EMS coverage at special events and/or mass gatherings occurring within the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, and 1798; California Code of Regulations, Title 22, Sections 100063, 100146, 100253

III. DEFINITIONS:

Special Event: Any event associated with some level of planning leading up to the actual event taking place. For the purposes of this policy, EMS coverage for a special event will be recommended when daily attendance is expected to exceed 2,500 people. This threshold may be reduced in the event that planned activities include a greater potential for illness or injury.

Mass Gathering: An event, whether spontaneous or planned, that is associated with an increased risk of strain on the EMS resources and/or the EMS system within the County of Ventura. Examples of mass gatherings may include public demonstrations, protests, and/or civil unrest.

IV. POLICY:

A. A special event requiring review prior to the issuance of a permit by a local jurisdiction and/or fire district or department should be reviewed for medical coverage and should meet the minimum coverage recommendations for the size and type of event, as outlined in this policy. These minimum coverage recommendations are included in Attachment A of this policy.

B. For special events or mass gatherings where daily attendance is expected to exceed 10,000 people or in any event where there is a significantly heightened risk for the health and well-being of special event/mass gathering participants and/or the surrounding community(ies), the Ventura County EMS Agency Medical Director, or his designee, should review and approve the proposed medical coverage plan.

V. PROCEDURE:

A. Special event and/or mass gathering medical plans should include the following:

1. Event description, including the event name, location and expected attendance.
2. Participant safety (the safety plan for the event participants and spectators)
3. Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and onlookers)
4. Description of the following medical resources:
    a. Personnel trained in CPR and in the use of an Automated External Defibrillator (AED), and in how to activate the 911 system;
    b. Aid Station(s), as indicated in Attachment A;
    c. Ambulances (ALS and/or BLS), as indicated in Attachment A;
    d. Advanced licensed medical practitioners, as indicated in Attachment A
5. A communications plan, including the names and contact information for the event organizers and lead personnel, as well as an on-site primary point of contact for the duration of the event. This plan will include method of communications (e.g. cell phone, two-way radios, etc.).
    a. If the special event / mass gathering is being coordinated through a government entity, or a public safety agency, the communications plan should be completed on an Incident Radio Communications Plan (ICS 205) form.
6. A multi-casualty contingency plan describing the ability to care for multiple casualties, and activate additional medical resources, should the need arise.

B. Minimum Requirements for Medical Personnel

1. Basic Life Support (BLS)
    a. On-site medical personnel will be minimally certified as an Emergency Medical Technician in the State of California.
    b. If a Paramedic is equipped and utilized only to provide care at a BLS level, that Paramedic will be currently licensed in the State of California.
2. Advanced Life Support (ALS)
    a. Any Paramedic utilized for the purposes of ALS medical coverage at a special event or mass gathering shall be employed by a VCEMS approved ALS service provider, and shall meet all requirements outlined in VCEMS Policies and Procedures.

1) ALS Ambulance Services utilized for the purposes of special event or mass gathering coverage shall license to operate within the County of Ventura, and shall be authorized by VCEMS, in accordance with VCEMS Policies and Procedures.

2) ALS Ambulance(s) should be co-located with an aid station, when applicable

b. Medical plans outlining the use of advanced level practitioners (RN, PA, DO, MD) will be reviewed and approved by the VCEMS Medical Director or his designee.

C. Submitting Special Event Medical Plans

1. Medical plans for special events where daily attendance is greater than or equal to 2,500 but less than 15,000:

a. Permitting fire district / department should review medical coverage plan to ensure it meets minimum recommendations outlined in this policy.

2. Medical plans for special events where daily attendance equals or exceeds 15,000:

a. Medical coverage plan should be submitted to VCEMS for review and approval.

1) Upon receipt, VCEMS will review and return approval form (Attachment B) or request for additional information within five (5) working days.

D. Unplanned Mass Gatherings

1. Spontaneously occurring mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel should be met with an increased index of suspicion, as it relates to medical standby coverage, regardless of incident size.

a. VCEMS Duty Officer will be notified in all instances of unplanned mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel.

b. Personnel on scene will coordinate with law enforcement agencies to ensure that plans are in place and contingencies have been discussed in terms of tactical operations and forward-deployment of tactical medical personnel (TEMS-Specialist and/or TEMS-FRO), if applicable.

E. Documentation of Patient Care

1. Agencies operating within the formal VCEMS system will document patient care in accordance with VCEMS Policies and Procedures.

a. Depending on the type of event, and number of event participants, these requirements may be altered or reduced at the discretion of VCEMS.

2. Organizations not operating within the formal VCEMS system will document patient care in a manner that is appropriate for the level of care provided to the patient.

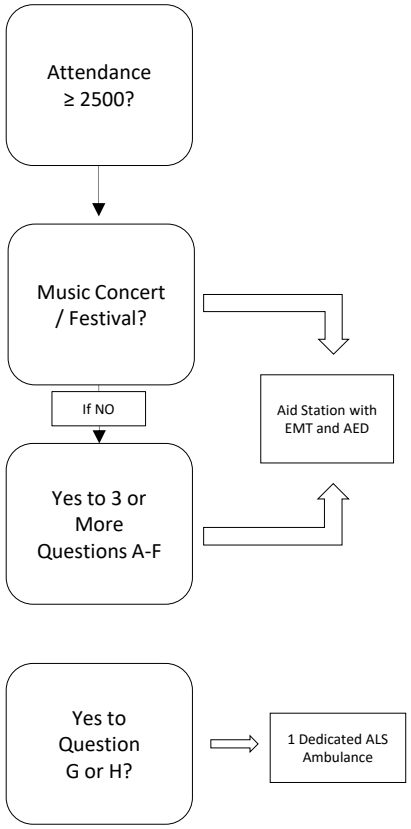
a. For the purposes of QA/QI and medical system oversight, this documentation of patient care may be requested by VCEMS for further review and/or after-action reporting.

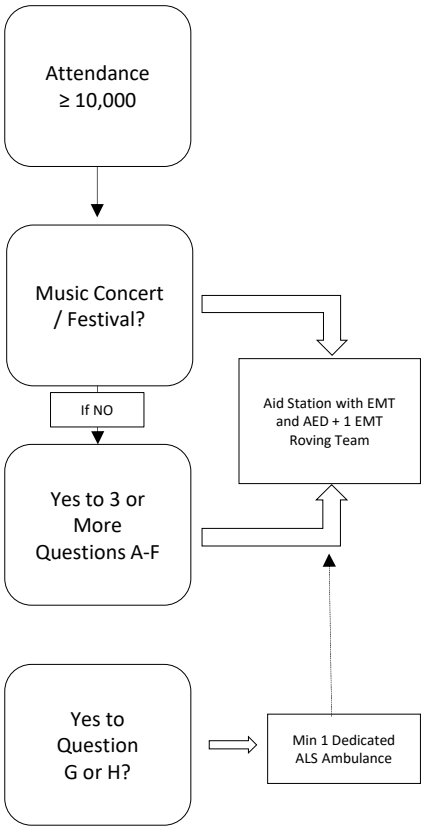
F. VCEMS Duty Officer Notification

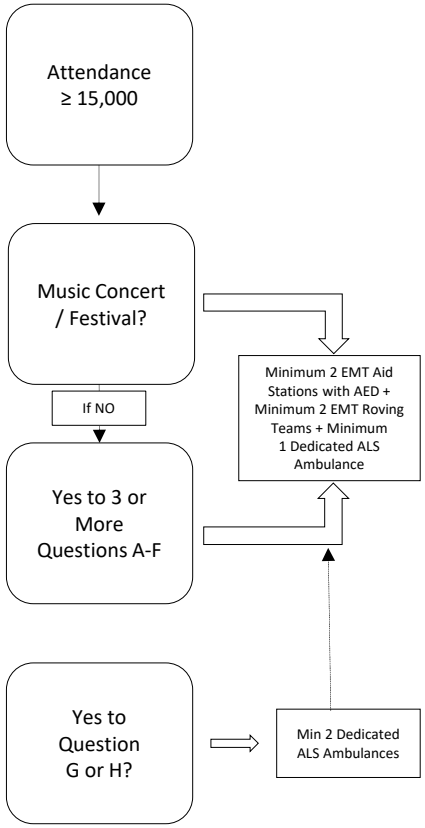
1. VCEMS Duty Officer should be notified of any special event or mass gathering that has an expected attendance greater than or equal to ten thousand (10,000).

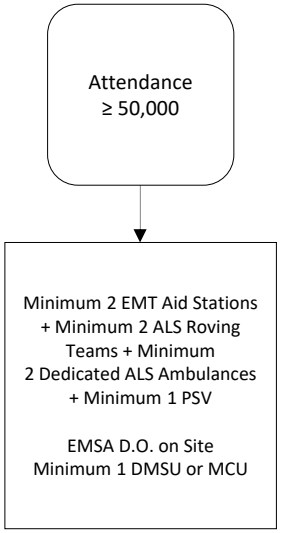
~~1.~~2. VCEMS Duty Officer will be on site for any event or mass gathering that has an attendance greater than or equal to fifty thousand (50,000).

DRAFT Appendix A: Minimum EMS Coverage Recommendations for Special Events/Mass Gatherings **DRAFT**









Questions

A. High-risk activities such as sports, racing, etc.?
B. Environmental extremes of heat or cold?
C. Average age of crowd less than 25 or greater than 50?
D. Crowd includes large numbers of persons with acute or chronic illnesses?
E. Crowd density presents challenges for patient access or transfer to medical transport resources?
F. Alcohol to be sold at the event, or a history of alcohol or drug use by the crowd at prior events?
G. Past history of *significant* number of patient contacts at the event or patients transported to area hospitals?
H. Event is greater than 15 minute ground transport time to closest receiving hospital?

Definitions

Aid Station: Fixed location on site staffed by at least one (1) certified Emergency Medical Technician or higher, capable of providing emergency medical care within their defined scope of practice.

Roving Team: A team of two or more personnel at the EMT (BLS) or Paramedic (ALS) level with supplies and equipment for delivery of emergency medical care.

Dedicated ALS Ambulance: A ground ambulance staffed with at least one (1) authorized Level II Paramedic and one authorized EMT ALS Assist, capable of providing advanced prehospital care and transport to a receiving hospital. In the event the dedicated ambulance transports a patient from the event, an additional ALS ambulance will be moved in to cover the event until the original dedicated ambulance can return.

VENTURA COUNTY PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, EMT-P
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

Attachment B
Special Event / Mass Gathering Medical Plan Authorization Form

In accordance with VCEMS Policy 132 – EMS Coverage for Special Events or Mass Gatherings, the Ventura County EMS Agency has reviewed the applicable medical plan for the events below and has determined that the plan meets minimum coverage recommendations, based on anticipated number of participants.

Event Name: _____

Applicant Name: _____

Applicant Point of Contact: _____

Event Date(s): _____

Event Location(s): _____

Planned Level of Coverage: _____

_____

VCEMS Use Only	
Plan Reviewed By:	
Plan Reviewed Date	
Additional Info Requested Date:	
Final Approval Issue Date:	
Approval Name/Title:	

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Out of County Paramedic Internship Approval Process	Policy Number 335
APPROVED: Administrator: Steven L. Carroll, EMT-P	Date: December 1, 2017
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2017
Origination Date: October 13, 2005 Date Revised: April 19, 2013 Date Last Reviewed: October 12, 2017 Next Review Date: October 31, 2020	Effective Date: December 1, 2017

I. PURPOSE: To establish a mechanism for notifying the EMS Agency of out of county paramedic student placement within the local EMS system and ensure appropriate medical control and oversight of Paramedic Interns prior to practicing within the local jurisdiction.

II. AUTHORITY: Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulation, Title 22, Sections 100147 and 100153.

III. DEFINITIONS: This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the paramedic training program approving authority, and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County.

A paramedic intern is a person trained by a VCEMS approved training program who while under the supervision of an approved preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.

IV. POLICY: The following requirements must be completed prior to internship commencement.

A. Paramedic Training Program Responsibilities:

1. Letter requesting approval for out of county paramedic student placement within the local EMS system
2. Copy of Paramedic Training Program's CAAHEP accreditation.
3. Evidence of a contract to provide field training between the ALS training program and the ALS provider agency where the intern will be training.
4. Copies of forms used to document student's progress, continuum of care and the training program's collaboration with the field preceptor.

5. Confirmation that the intern successfully completed didactic and clinical training at the same institution that is requesting internship placement. This requirement may be reduced at the discretion of the VCEMS Medical Director.

B. Paramedic Intern Responsibilities:
   1. Completed VCEMS application
   2. Copy of intern's valid government issued photo identification.
   3. Copy of intern's professional rescuer level CPR card.
   4. Completion of a California Department of Justice (CA DOJ Live Scan) background check through VCEMS. A copy of the Request for Live Scan Services form must be submitted to VCEMS at time of application.
   5. Letter from training program confirming intern's good standing and current affiliation with a VCEMS approved training program including dates of hospital clinical completion and contact name and phone number for the instructor responsible for the intern.
   6. Letter from training program confirming that the intern has performed five (5) successful live patient endotracheal intubations during primary ALS training.
   7. Upon completion of above requirements, intern shall contact VCEMS to schedule appointment to complete internship process.

C. ALS Provider Responsibilities:
   1 Notify VCEMS of intention to provide field internship for a specific intern.
   2. Provider agency shall submit a completed Appendix A to VCEMS for each intern who is placed for internship prior to the start date.
   3. Ensure that the student has been oriented to the Ventura County EMS System including local policies, procedures and treatment protocols.

D. Paramedic Intern Photo Identification:
   1. Upon VCEMS verification of all above requirements including background check results, intern will be issued a Paramedic Intern photo identification badge that must be worn visible at all times while providing pre-hospital care in Ventura County. Internship shall not start until the Paramedic Intern photo identification badge is issued.

E. In order to ensure an adequate number of internship placements for in county paramedic students, no internships involving out of county students will be permitted from February 1st through May 31st of each year. Placement for internships for out of county interns must be initiated prior to November 1st in order to allow adequate time for completion before January 31st.

ATTACHMENT A

Out of County Paramedic Internship Authorization
(To be completed by ALS provider agency and submitted to VCEMS)

Intern Name	
Start date of internship	
Agency sponsoring intern	
Preceptor name	
Training Institute	

Information below is to be completed by the EMS Agency

Authorization approved:	Date
Authorization is not approved because:	
ALS Provider notified on:	Date
Training Program notified on:	Date
EMS Representative	Signature

AVCDS LOGIN

LOGIN	PASSWORD

The password issued is a default password. You must change it upon successful login.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Unusual Occurrence Reportable Events/Sentinel Event	Policy Number 150
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2013
Origination Date: June, 1990 Date Revised: July 11, 2013 Date Last Reviewed: August 11, 2016 Review Date: July, 2019	Effective Date: December 1, 2013

I. PURPOSE: To define Unusual Occurrences and differentiate reportable events from Sentinel Events. To give direction for investigating and reporting occurrences. To define the role of VCEMS in relation to these events.

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204 and 1798. California Code of Regulations, Title 22, Section 100167, 100168, 100169, 100402, 100403 and 100404.

III. DEFINITIONS:

A. Unusual Occurrence: Any event or occurrence deemed to have impact or potential impact on patient care, and/or any practices felt to be outside the norm of acceptable patient care, as defined by the Ventura County EMS (VCEMS) Policies & Procedures manual. Unusual occurrences also cover events outside the "normal" flow of operations surrounding dispatch, response, rescue and disposition of all ALS and BLS calls. Unusual occurrences may or may not have life threatening impacts.

1. Sentinel Event: The Joint Commission defines Sentinel Events as "…an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome An Unusual Occurrence is considered a Sentinel Event if it could reasonably be considered to be the direct cause of a death or serious injury. Sentinel Events warrant immediate investigation, and reporting to VCEMS.

2. Reportable Event: A reportable event is an unexpected occurrence during the dispatch, rescue, care and transportation of a victim requiring emergency medical care that *is not the direct cause of* serious physical, psychological injury, or the risk thereof,

but does require investigation for the purposes of quality improvement.

IV. POLICY: Unusual Occurrences will be reported, investigated, and followed up according to the following procedures. VCEMS will participate in the review, tracking and resolution of all Unusual Occurrences.

V. PROCEDURE:

A. Reporting

1. The discovering party will report the event to VCEMS by fax, phone or e-mail. Sentinel Events shall be reported immediately. Reportable Events shall be reported within 24 hours.
2. If the event occurs after business hours, or on the weekends, reporting will be to VCEMS Duty Officer through Ventura County Fire Communications Center (805-388-4279). Information can also be sent via email to emsagencydutyofficer@ventura.org. If fax or email is used, and protected health information is being transmitted, place “CONFIDENTIAL” in the subject section.

B. Investigation:

1. Following notification of an Unusual Occurrence, VCEMS will assign the case to an appropriate entity for investigation. VCEMS will notify all parties when and to whom the case has been assigned.
2. When documents containing protected health information are being transmitted by written or electronic mail, they must be marked “CONFIDENTIAL”.
3. VCEMS retains the authority to become the primary Investigator of any Sentinel or Reportable Event.
4. The investigating party will be responsible for completing the process by collecting all required elements described in this policy and formulating an initial Plan of Action.
5. The following are ***required elements*** in investigating sentinel events and must be submitted to VCEMS:
   a. Policies
   b. Written statement by involved personnel
   c. Pre-Hospital Care Record
   d. Patient Care Record-ED if applicable

e. CAD sheets if applicable
f. VCEMS Unusual Occurrence Form
g. Patient Care Records (VCePCR and ED)
h. Rhythm Strips when applicable
i. Diversion status print out (Reddinet) if applicable

6. Complete report of the investigation will be submitted to VCEMS within **5 working days.**
7. If the investigating party is unable to comply with this time frame, VCEMS will be notified and every reasonable attempt will be made to adjust this requirement according to VCEMS, hospital and provider needs.
8. Upon completion, the report will be submitted to VCEMS, where a final conclusion and or recommendation will be made on the case.

C. Follow Up

1. PROVIDER AGENCY: Agencies will track all Sentinel events and Reportable Events for the purpose of quality assurance. If there has been no recurrence, tracking may end after a two year period. When follow-up reevaluation is part of the plan of action, an updated report will be forwarded to VCEMS.
2. VCEMS
   a. The Quality Improvement Coordinator will be responsible for receiving Unusual Occurrence investigations and assuring they are complete.
   b. All Unusual Occurrences will be reviewed by the EMS Deputy Administrator, EMS Medical Director and the CQI Coordinator
   c. Unusual Occurrences will be tracked and analyzed for quality improvement purposes
   d. The EMS Medical Director will issue a recommendation including, but not limited to, disciplinary action when indicated.
   e. Once the event is reviewed by VCEMS, a letter of acknowledgement, conclusion, and/or recommendation will be sent to all involved agencies and the case will be

tracked for a period of two years. If no further incidence, the case will be considered closed.

f. Education

All prospective investigating personnel from provider agencies and base hospitals will attend and complete a mandatory education seminar provided by VCEMS on Unusual Occurrence Investigation and Reporting.

VENTURA COUNTY EMS AGENCY
UNUSUAL OCCURRENCE
Reporting Form

Person Reporting	Agency	Date of Report	Date to EMS

Date of Event:	Fire Incident #:	PCR:
Time of Event:	Dispatch #:	Person Reported To:

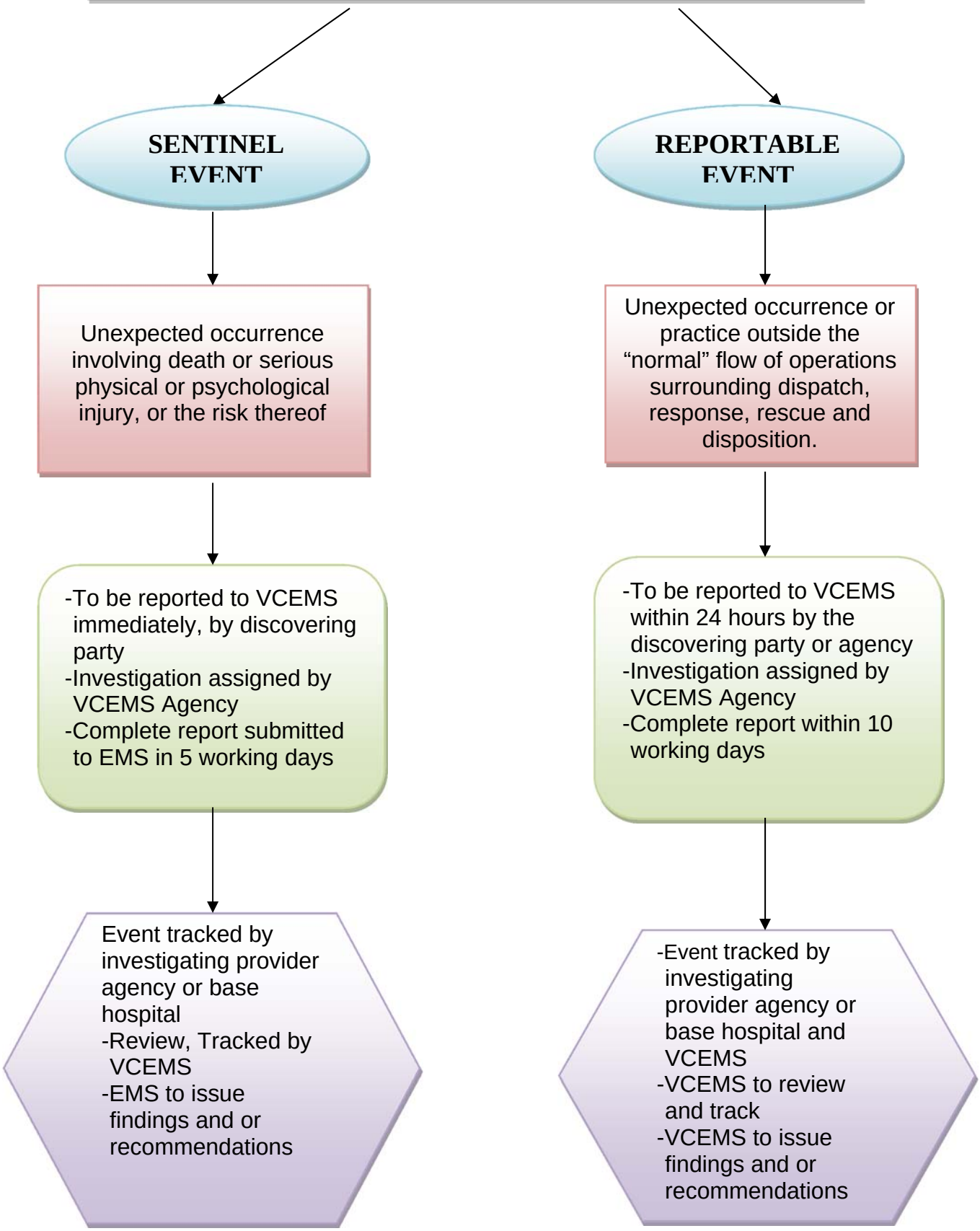
Personnel Involved	Agency

Description of Unusual Occurrence

Identified Issues

Please email report to the VC EMS Agency Duty Officer emsagencydutyofficer@ventura.org
Or Fax to VC EMS Agency (805)981-5300 Attn: EMS Agency Duty Officer

UNUSUAL OCCURRENCE



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Medication Error Reporting		Policy Number 151
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Last Reviewed: Date Revised: Review Date:	November 1, 2003 September 13, 2018 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To provide a mechanism for prehospital care providers to report medication errors. The information obtained may be used for education and continuous quality improvement to promote a medication error-free environment.

II. AUTHORITY: Health and Safety Code 1797.220

III. POLICY: Medication Errors are reported to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer in accordance with the following procedure. Persons reporting the error are immune from any disciplinary action by VC EMS Agency under the following conditions:

A. The event was unintentional
B. There were no major adverse outcomes
C. The law has not been broken
D. An action plan is developed and carried out

IV. DEFINITIONS: Medication Errors include:

A. Wrong dosage
B. Variation from VC EMS 705 Policies
C. Calculation error
D. Exceeding maximum dose
E. Wrong route
F. Wrong medication
G. Medication omitted
H. Incorrect time
I. Wrong person

V. STATEMENT: If a medication error is made whether or not it resulted in an adverse patient outcome, it is an Unusual Occurrence and must be reported as such per Policy 150.

VI. PROCEDURE:

A. Upon discovering a medication error, immediately notify treating physician.

B. Discovering party will complete Medication Error Reporting Form and submit it to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer through Ventura County Fire Communications Center (805-388-4279). Information can also be sent via email to emsagencydutyofficer@ventura.org.

C. The VC EMS Agency will be notified per VC EMS Policy 150: Unusual Occurrences.

D. The appropriate PCC will conduct and complete the investigation within 10 working days after being assigned the case by VC EMS Agency and shall submit a report and action plan to VC EMS Agency where it will be evaluated and tracked.

VII. IMMUNITY: VC EMS will grant immunity from disciplinary action to personnel who report medication errors within the guidelines of this policy *and* if there is no adverse patient outcome, no criminal intent and the event was unintentional. No immunity will be granted in cases where knowledge of a medication error is intentionally omitted or not reported. If a person is unaware that they have committed a medication error until notification by VC EMS, they are still eligible for immunity as long as it is found that they did not intentionally withhold reporting.

ATTACHMENT: Medication Error Reporting

VENTURA COUNTY EMS AGENCY
Medication Error Reporting Form

Person Reporting	Agency	Date of Report	Date to EMS

Date of Event:	Fire Incident #:
Time of Event:	Person Reporting To:

AGENCY/IES INVOLVED:		Personnel Involved:
☐ AMR ☐ GCA ☐ VEN ☐ VCSAR	☐ FLM ☐ LMT ☐ VNC	
☐ SVH ☐ SJRMC	☐ LRRMC ☐ VCMC	
Medication Name(s):		
TYPE OF ERROR:		
☐ WRONG DOSAGE ☐ VARIATION FROM 705 POLICIES ☐ CALCULATON ERROR ☐ EXCEEDING MAX DOSE	☐ WRONG ROUTE ☐ WRONG MEDICATION ☐ MEDICATION OMMITED ☐ INCORRECT TIME ☐ WRONG PERSON	
EXPLANATION: (include any patient signs/symptoms/outcomes)		

Please email report to the VC EMS Agency Duty Officer emsagencydutyofficer@ventura.org
Or Fax to VC EMS Agency (805)981-5300 Attn: EMS Agency Duty Officer

Allergic Reaction and Anaphylaxis

BLS Procedures

Administer oxygen as indicated
Anaphylaxis: Assist patient with prescribed epinephrine auto-injector, or

- If under 30 kg – Epinephrine 1 mg/mL
  - IM - 0.15 mg via auto-injector, pre-filled syringe, or syringe/vial draw
  - May repeat x 1 in 5 minutes if patient remains in distress

- If 30 kg and over – Epinephrine 1mg/mL
  - IM - 0.3mg via auto-injector, pre-filled syringe, or syringe/vial draw
  - May Repeat x 1 in 5 minutes if patient remains in distress

ALS Standing Orders

ADULT	PEDIATRIC
IV/IO access Allergic Reaction: **Benadryl** ○ IV/IO/IM – 50 mg	IV/IO Access Allergic Reaction: For patients ≥ 6 months of age **Benadryl** ○ IV/IO/IM – 1 mg/kg ○ Max 50 mg
Anaphylaxis without shock: **Epinephrine 1 mg/mL**, if not already administered by BLS personnel ○ IM - 0.3 mg ○ May repeat q ~~in~~ 5 minutes, if patient remains in distress **Albuterol (if wheezing is present)** ○ Nebulizer – 5 mg/6 mL ○ May repeat as needed Anaphylaxis with Shock: **Epinephrine 10mcg/mL** ○ 1mL (10mcg) every 2 minutes, slow IV/IO push ○ Titrate to SBP of greater than or equal to 90mm/Hg • Initiate 2nd IV/IO **Normal Saline** ○ IV/IO bolus – 1 Liter ○ May repeat x 1 as indicated	Anaphylaxis without Shock: **Epinephrine 1 mg/mL,** if not already administered by BLS personnel ○ IM – 0.01 mg/kg up to 0.3mg ○ May repeat q 5 minutes, if patient remains in distress **Albuterol (if wheezing is present)** • Patient ≤ 30 kg ○ Nebulizer – 2.5 mg/3 mL ○ Repeat as needed • Patient > 30kg ○ Nebulizer – 5 mg/6 Ml ○ Repeat as needed Anaphylaxis with Shock: **Epinephrine 10mcg/mL** ○ 0.1mL/kg (1mcg/kg) every 2 minutes, slow IV/IO push ○ Max single dose of 1mL or 10mcg ○ Titrate to SBP of greater than or equal to 80 mm/Hg • Initiate 2nd IV if possible or establish IO **Normal Saline** ○ IV/IO bolus – 20 mL/kg ○ May repeat x 1 as indicated

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- In cases of anaphylaxis or anaphylactic shock do not delay epinephrine administration. Utilize IM Epinephrine prior to other medications or prior to IV/IO epinephrine. Epinephrine is the priority in patients with anaphylaxis.
- Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.

Effective Date: December 1, 2020
Next Review Date: October 31, 2022

Date Revised: October 26, 2020
Last Reviewed: October 26, 2020

DZ S, MD
VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Physician Orders for Life-Sustaining Treatment (POLST)	Policy Number 625
APPROVED Administrator: Steven L. Carroll, Paramedic	Date: June 1, 2019
APPROVED: Medical Director: Daniel Shepherd, MD	Date: June 1, 2019
Origination Date: January 7, 2009 Date Revised: January 10, 2019 Date Last Reviewed: January 10, 2019 Review Date: January 31, 2021	Effective Date: June 1, 2019

I. PURPOSE: To permit Ventura County Emergency Medical Services personnel to honor valid POLST forms and provide end-of-life care in accordance with a patient's wishes.

II. AUTHORITY: California Health and Safety Code, Sections 1798 and 7186. California Probate Code, Division 4.7 (Health Care Decisions Law).

III. DEFINITIONS:

A. "EMS Personnel": All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.

B. Valid Physician Orders for Life-Sustaining Treatment (POLST). A completed and signed physician order form, according to California Probate Code, Division 4.7 and approved by the California Emergency Medical Services Authority.

IV. POLICY:

A. A POLST form must be signed by the patient or surrogate and physician to be valid.

B. Although an original POLST form is preferred, a copy or FAX is valid.

C. When a valid POLST form is presented, EMS personnel will follow the instructions according to the procedures below.

D. The POLST form is intended to supplement, not replace, an existing Advance Health Care Directive. If the POLST form conflicts with the Advance Health Care Directive, the most recent order or instruction of the patient's wishes governs.

V. PROCEDURE:

A. Confirm that:

1. The patient is the person named in the POLST.

2. The POLST form, Section D, is signed by the patient or surrogate and physician. The form is not valid if not signed by both.

B. POLST form - Section A:

1. If the patient has no pulse and is not breathing AND "Do Not Attempt Resuscitation/DNR" is selected, refer to VC EMS Policy 613 – Do Not Resuscitate.
2. If the patient has no pulse and is not breathing AND EITHER "Attempt Resuscitation/CPR" is selected OR neither option is selected then begin resuscitation. (Selecting CPR in Section A requires selecting Full Treatment in Section B)

C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.

1. If **"Full Treatment**" is selected, the following treatments may be done as indicated:
    a. All items included in Selective and Comfort-Focused Treatment
    b. Intubation and other advanced airway interventions
    c. Mechanical Ventilation
    d. Cardioversion / Defibrillation

2. If **"Selective Treatment"** is selected, the following treatments may be done as indicated:
    a. All items included in Comfort-Focused Treatment
    b. General Medical Treatment
    c. IV Antibiotics
    d. IV Fluids
    e. Non-Invasive positive airway pressure

3. If **"Comfort-Focused Treatment"** is selected, the following treatments may be done as indicated:
    a. Relieve pain and suffering with medication by any route as needed
    b. Oxygen
    c. Suctioning
    d. Manual treatment of airway obstruction

Do not use treatments listed in Full and/or Selective Treatment unless consistent with comfort goal. Request transfer to hospital **only** if comfort needs cannot be met in current location.

D. If there is any conflict between the written POLST orders and on-scene individuals, contact the base hospital.

E. Take the POLST form with the patient.

VI. DOCUMENTATION:

For all cases in which a patient has been treated according to a POLST form, the following documentation is required in the narrative section of the Ventura County Electronic Patient Care Report (VCePCR):

A. A statement that the orders on a POLST form were followed.

B. The section of the POLST form that was applicable.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport of Patients with IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: June 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: June 1, 2018
Origination Date: June 15, 1998 Date Revised: January 11, 2018 Date Last Reviewed: January 11, 2018 Review Date: January 31, 2021	Effective Date: June 1, 2018

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:
   1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250 mL or 50 mg/250mL.
   2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
   3. In cases of severe hypotension, defined as a systolic blood pressure < 90 mmHg, the medication drip will be discontinued and the receiving hospital notified.
   4. Drip rates will not exceed 50 mcg/minute.
   5. Vital signs will be monitored and documented every 10 minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:
   1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/mL of IV fluid (25,000 units/250 mL, 25,000 units/500 mL or 50,000 units/500 mL).
   2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
   3. The medication drip will be discontinued and the base hospital notified if the patient develops new, rapidly worsening, or uncontrolled bleeding.
   4. Drip rates will not exceed 1600 units/hour.
   5. Vital signs will be monitored and documented every 10 minutes.

D. All cases of IV Heparin and IV Nitroglycerin administration will be documented in the VCePCR, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.

E. All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: June 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: June 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	March, 2005 March 8, 2018 March 8, 2018 March 31, 2021	Effective Date: June 1, 2018

I. PURPOSE: To define and provide guidelines for the identification and management of pediatric patients with a Brief Resolved Unexplained Event (BRUE).

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.

III. POLICY: All EMS personnel should be knowledgeable with BRUE and follow the guidelines listed below.

IV. PROCEDURE:

A. Recognition:

1. Chief Complaint.
   a. BRUEs (or "ALTEs" as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered an BRUE.
   b. A Brief Resolved Unexplained Event (BRUE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:
      1) Marked change or loss in muscle tone
      2) Color change (cyanosis, pallor, erythrism, plethora)
      3) Absent, decreased, or irregular breathing
      4) Loss of consciousness or altered level responsiveness
2. History:
   a. Hx of any of the following:
      1) Absent, decreased, or irregular breathing
      2) Loss of consciousness or other altered level of responsiveness
      3) Color change
      4) Loss in muscle tone
      5) Episode of choking or gagging

b. Determine the severity, nature and duration of the episode.
   1) Was child awake or sleeping at time of episode?
   2) What resuscitative measures were taken?

c. Obtain a complete medical history to include:
   1) Known chronic diseases?
   2) Evidence of seizure activity?
   3) Current or recent infections?
   4) Recent trauma?
   5) Medication history?
   6) Known gastro esophageal reflux or feeding difficulties?
   7) Unusual sleeping or feeding patterns?

3. Treatment
   a. **Assume the history given is accurate**.
   b. Perform a comprehensive physical assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma. **Note: Exam May Be Normal**
   c. Treat any identifiable causes as indicated.
   d. Transport. **Note:** Base Hospital contact required.

4. Precautions and Comments
   a. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel. The parent/caregiver's perception that "something is or was wrong" must be taken seriously.
   b. Approximately 40-50% of BRUE cases can be attributed to an identifiable cause(s) such as child abuse, , swallowing dysfunction, gastro esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.
   c. Keep in mind, especially if the parent/guardian declines transportation, that child abuse is one cause of BRUE.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Tranexamic Acid (TXA) Administration	Policy Number 734
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: June 1, 2019
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: June 1, 2019
Origination Date: January 10, 2019 Date Revised: Date Last Reviewed: Review Date: January 31, 2020	Effective Date: June 1, 2019

I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and100169.

III. POLICY: Paramedics may administer TXA to patients presenting with hypovolemic shock secondary to trauma in accordance with this policy.

IV. PROCEDURE:

A. Indications

1. Blunt or penetrating traumatic injury with SBP less than or equal to 90mmHg
2. Significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application **AND** SBP less than or equal to 90 mmHg

B. Contraindications

1. Greater than 3 hours post injury
2. Isolated neurogenic shock
3. Isolated head injury
4. Isolated extremity injury when bleeding has been controlled
5. Patient less than 15 years of age
6. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism or DVT
7. History of hypersensitivity or anaphylactic reaction to TXA
8. Traumatic arrest without ROSC
9. Drowning or hanging victims

C. Precautions

1. Severe kidney disease
2. Pregnancy

D. Adverse Effects
   1. Chest Tightness
   2. Difficulty Breathing
   3. Facial flushing
   4. Swelling in hands and feet
   5. Blurred vision
   6. Hypotension with rapid IV infusion

E. Preparation
   1. Supplies Needed:
      i. 1gm Tranexamic Acid (TXA) (1)
      ii. 100mL bag of 0.9% normal saline (1)
      iii. 10mL syringe (1)
   2. Mixing Instructions
      i. Inject 1gm (10mL) of TXA into 100mL NS bag
   3. Maintain sterile technique
   4. Label bag with the drug name and final concentration
      i. Example: (TXA 1gm in 100mL NS)

F. Dosing
   1. IV/IO - 1gm in 100mL Normal Saline over 10 minutes

G. Communication and Documentation
   1. Communicate the use of TXA to the base hospital
   2. Administration of TXA and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)