

Public Health Administration Virtual	Pre-hospital Services Committee Agenda	May 14, 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. Other		
VI. Old Business		
A. Other		
VII. Informational/Discussion Topics		
A. Training, certification and accreditation		
B. Handtevy introduction and roll-out		
VIII. Policies for Review		
A. 350 – PCC Job Duties		
B. 626 – Chempack Policy		
C. 705.10 - Childbirth		
D. 727 – Transcutaneous Cardiac Pacing		
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		

Ventura County Fire Dept.
 Classroom A and B
 165 Durley Avenue
 Camarillo, CA 93010



Pre-hospital Services Committee
 Minutes

March 12, 2020
 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous
III. Minutes		Approved	Motion: Tom O'Connor Seconded: Kathy McShea Passed unanimous
IV. Medical Issues			
A. Coronavirus	Dr. Shepherd and Steve discussed the general issues surrounding COVID 19.	Provider exposures will be evaluated on a case by case basis. Depending on the exposure, some providers may be cleared to continue working.	
V. New Business			
A. Education	The Education Committee will be working on Policies 306, 318, 334 and 1133. When they are completed, Andrew will send them out to PSC committee.	Approved with Education Committee changes.	
B. Fentanyl Atomizer		Approved Add language to 504	Motion: Heather Ellis Seconded: Kathy McShea Passed unanimous
VI. Old Business			
A. 736 – Naloxone Policy	Dr. Shepherd discussed the Naloxone policy. Each agency will receive nasal Naloxone for the leave at home program. The Naloxone will be replaced as it is dispensed. The committee had a lengthy discussion on what the home education and instruction should be. Robin Shedlosky pointed out that the dispatchers are walking the callers through how to administer the		

	Naloxone and CPR instructions when needed.		
VII. Informational/Discussion Topics			
A. 402 – Patient Diversion	2 of 5 added		
B. 430 - STEMI	Add language about referral hospitals.		
C. 440 – Code STEMI Interfacility Transfer	One line added about STEMI referral hospitals.		
VIII. Policies for Review			
A. 604 – Transport and Destination	Update the language to match the 705 language.	Approved with changes	Motion: Tom O’Connor Seconded: Kathy McShea Passed unanimous
B. 613 - DNR		Approved No changes	Motion: Tom O’Connor Seconded: Kathy McShea Passed unanimous
X. Agency Reports			
A. Fire departments	VCFPD – none VCFD - The St. Patrick’s day parade has been cancelled. OFD – none Fed. Fire – none SPFD – none FFD – none		
B. Transport Providers	LMT – none AMR/GCA – none AIR RESCUE – none		
C. Base Hospitals	SAH –.none LRRMC – none SJRM C – Construction continues. All MICN students passed the class. VCMC – none		
D. Receiving Hospitals	PVH – none SPH – The hospital has a separate entrance for suspected COVID 19 patients. CMH –.none OVCH – none		
E. Law Enforcement	VCSO –none CSUCI PD – none		
F. ALS Education Programs	Ventura – Clinical is almost complete. The college may close due to the COVID 19 issues. There are currently 50 applicants for next years program.		

G.	EMS Agency	Steve – none Dr. Shepherd – none Chris – none Katy –none Karen – none Julie –none Randy – none	
H.	Other		
XI.	Closing	Meeting adjourned at 11:30	

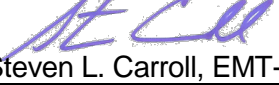

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Prehospital Care Coordinator Job Duties		Policy Number 350	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: June 1, 2017	
Origination Date:	June 15, 1998	Effective Date: June 1, 2017	
Revised Date:	December 5, 2016		
Date Last Reviewed:	December 5, 2016		
Review Date:	December, 2019		

- I. PURPOSE: To provide guidelines for the role of the Prehospital Care Coordinator (PCC) in Ventura County.
- II. POLICY: A PCC will perform his/her role according to the following.
- III. DEFINITION: A PCC is a Registered Nurse designated by each BH (BH) to coordinate all prehospital and Mobile Intensive Care Nurse (MICN) activities sponsored by that BH in compliance with Ventura County Emergency Medical Services (VC EMS) policies, procedure and protocols and in accordance with the Health and Safety Code, Sections 1797-1799 et al, and in accordance with Title 22 of the California Code of Regulations. The PCC evaluates prehospital care, prehospital personnel and MICNs and collaborates with the BH Paramedic Liaison Physician (PLP) in medical direction.
- IV. PROFESSIONAL QUALIFICATIONS:
 - A. Licensed as a Registered Nurse in the State of California.
 - B. Current authorization as a Ventura County Mobile Intensive Care Nurse (MICN).
 - C. One year experience as an MICN in Ventura County. For those nurses with one year work experience as an MICN within the last 18 months, this may be reduced to 6 months.
 - D. Have at least three years emergency department experience.
- V. SPECIFIC RESPONSIBILITIES:
 - A. The PCC is a full-time or full-time equivalency employee whose responsibility is dedicated to the oversight and management of the prehospital / EMS duties of the BH.
 - A. Serve as Liaison by maintaining effective lines of communication with BH personnel, VCEMS, prehospital care providers and local receiving facilities.
 - B. In compliance with VCEMS Policies and Procedures the PCC will:
 1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital

personnel. Programs shall include, but not be limited to, specific issues identified by the VCEMS Continuous Quality Improvement Plan.

- a. Provide continuing education per policy requirements
 - b. Coordinate clinical experience as requested, for purposes of provider plan of action.
 - c. Provide special mandatory programs such as EMS Update classes, Paramedic Skills Labs and Paramedic Orientation.
 - d. Participate in process improvement teams as designated by VC EMS
2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.
 3. Evaluate the performance of MICNs and submit recommendations for authorization and reauthorization to VC EMS. Such evaluation shall include, but not be limited to:
 - a. Direct observation of BH communications.
 - b. Audit of recorded communications
 - c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department Nursing Supervisor).
 - d. Review of written documentation.
 - e. Provide written evaluation of the MICNs for hospital performance review.
 4. Provide ongoing evaluation of assessment, reporting, communication and technical skills of assigned paramedics. Such evaluation shall include, but not be limited to:
 - a. Audit of written and recorded communications
 - b. Review of EMS report forms
 - c. Direct field observation during the ride-along, including observation of the transfer of patient care upon arrival at the receiving facility.
 - d. Assess performance during scheduled clinical hours in the Emergency Department.
 - e. Evaluation of paramedic personnel for level advancement, through direct observation, recorded communication and paperwork audit, according to VC EMS Policy 318.

- f. Provide written evaluation of the paramedics, and MICNs
 - g. Facilitate support services for prehospital and hospital EMS Staff, (i.e. Critical Incident Staff Management)
 - h. Participate in Root Cause Analysis as indicated.
5. Report and investigate, and participate in prehospital care unusual occurrences as directed by VC EMS Policy 150.
 6. Ensure the operation of the BH communication equipment.
 - a. In conjunction with the BH PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VC EMS.
 - b. Ensure that the radio equipment is operational.
 - c. Ensure that ReddiNet System is operational and up to date.
 7. Comply with data collection requirements as directed by VC EMS.
 8. Ensure compliance with requirements for retention of recordings, MICN and prehospital care forms, logs and information sheets and maintaining retrieval systems in collaboration with hospital's Medical Records Department.
 9. Develop and maintain education records as required by EMS.
 - a. Records must be kept for a period of four years
 10. In conjunction with the BH PLP, report to the EMS agency any action of certified/licensed paramedics which results in an apparent deficiency in medical care or constitutes a violation under Section 1798.200 of the Health and Safety Code.
 11. Represent the BH at the Prehospital Care Committee, PCC meeting and other associated task forces and special interest committees as directed by the EMS Agency.
 12. Actively participate in the development, review and revision of Ventura County Policies and Procedures.

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: June 1, 2010	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2010	
Origination Date:	February 2, 2010		
Date Revised:		Effective Date: June 1, 2010	
Date Last Reviewed:	August 13, 2015		
Review Date:	August, 2018		

- 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.

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	279	1	1
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5 mg/ml auto-injector	150	2	300
Diazepam 5 mg/ml vial, 10 ml	25	2	50

Sterile water for inj (SWFI) 20cc vials	100	2	200
Sensaphone®2050	1	1	1
Satco B DEA Container	1	1	1

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 CDC.

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, 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.

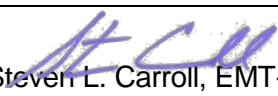

2. Qualifying Events – Pre-Emptive Deployment: Pre-emptive movement is the relocation of a sealed CHEMPACK container and its contents to a site providing for levels of environmental and security controls generally identical to those required for its regular placement site. Breaking the seal, removing 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 CDC 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

Childbirth			
BLS Procedures			
<p>Determine</p> <ul style="list-style-type: none"> • Number of pregnancies (gravida) • Number of deliveries (para) • Due date (weeks of gestation) • Onset/duration/frequency/intensity of contractions • If a rupture of membranes has occurred (including color/date/time) • If any expected complications during pregnancy are present • Presence of crowning or any abnormal presenting part at perineum 			
PROLAPSED CORD		OTHER PRESENTING PART	
Cover cord with wet saline dressing Place mother in left-lateral Trendelenberg position Provide constant manual pressure on presenting part to avoid cord compression Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes	DELIVERING		NOT DELIVERING
	Elevate hips Assist delivery while initiating Code-3 transport Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)		Place mother in left-lateral Trendelenberg position Initiate Code-3 transport
<p>If the HEAD is crowning, prepare to assist mother with delivery – Guide baby out ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION: suction mouth, then nose Dry and stimulate (rub gently, but briskly with warm towel, provide stocking cap if available) While drying infant, assess for prematurity, poor respiratory effort, or lack of muscle tone. If any exist, double clamp and cut cord, and begin resuscitation according to VC EMS Policy 705.16, "Neonatal Resuscitation" Place infant skin-to-skin with mother, cover both with dry linen, and observe for breathing, activity, and color Double clamp cord and cut with sterile scissors between clamps Note time of birth Begin transport. To help prevent heat loss from infant, turn up the heat in the treatment area of the ambulance</p> <ul style="list-style-type: none"> • Do not wait for placenta to deliver <p>If placenta delivers, assist and package, then gently massage fundus</p> <ul style="list-style-type: none"> • Do not massage fundus until the placenta has delivered <p>Newborn assessment – at 1 minute and 5 minutes post-delivery (Note: if infant requires resuscitation at birth, defer APGAR scoring to a later time. Resuscitation should not be delayed to assess for APGAR score.</p>			
APGAR score	0	1	2
A - Appearance	Blue/Pale	Pink w/ blue extremities	Pink
P - Pulse	Absent	< 100 bpm	> 100 bpm
G - Grimace (reflex irritability)	Absent	Grimace	Cough/Cry/Sneeze
A - Activity (muscle tone)	Limp	Some flexion	Active
R - Respirations	Absent	Slow	Good cry
ALS Prior to Base Hospital Contact			
IV/IO Access			
Base Hospital Orders only			
Consult with ED Physician for further treatment measures			
Additional Information <ul style="list-style-type: none"> • If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination. 			

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transcutaneous Cardiac Pacing		Policy Number: 727	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2017	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2017	
Origination Date:	December 1, 2008	Effective Date: December 1, 2017	
Date Revised:	October 12, 2017		
Date Last Reviewed:	October 12, 2017		
Next Review Date:	October 31, 2019		

- I. PURPOSE: To define the indications, procedure and documentation for the use of transcutaneous cardiac pacing by paramedics
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. POLICY: Paramedics may utilize transcutaneous cardiac pacing (TCP) on adult patients (age > 12) in accordance with Ventura County Policy 705 – Symptomatic Bradycardia, Adult.
- IV. PROCEDURE:
 - A. Training: Prior to using TCP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.
 - B. Indications: Symptomatic bradycardia (heart rate <45 with one or more of the following signs or symptoms):
 1. Altered level of consciousness
 2. Chest pain
 3. Abnormal skin signs
 4. Profound weakness
 5. Shortness of breath
 6. Hypotensive (Systolic BP < 90mm Hg)
 - C. Contraindications:
 1. Absolute
 - a. Asystole
 2. Relative:
 - a. Hypothermia – patient warming measures have precedence. (Base Hospital contact required).
 - D. Patient Treatment

1. Patient assessment and treatment per 705: Bradycardia treatment protocol. If IV/IO access not promptly available, proceed to pacing.
2. Explain procedure to the patient.
3. Place pacing electrodes and attach pacing cable to pacing device per manufacturer's recommendations.
4. Set pacing mode to demand mode, pacing rate to 70 BPM, and current at 40 milliamps (mA), or manufacturer recommendation.
5. If required, provide patient pain relief. Patients with profound shock and markedly altered level of consciousness may not require pain relief
6. Activate pacing device and increase the current in 10 mA increments until capture is achieved (i.e., pacemaker produces pulse with each paced QRS complex).
7. Assess patient for mechanical capture and clinical improvement (BP, pulses, skin signs, LOC).
8. Continue monitoring. Contact base for further orders if patient symptoms are not resolving (consideration for dopamine, further alteration of pacer settings) or if further pain control needed, orders are required.

NOTE: Patients with high grade AV block (second degree type II or third degree block) who do not have symptoms do not require pacing. However, equipment should be immediately available if symptoms arise. Patients with symptoms who respond initially to atropine should have pacing equipment immediately available.

E. Documentation

1. The use of TCP must be documented.
 2. Vital signs must be documented every 5 minutes.
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