

Public Health Administration Large Conference Room 2240 E. Gonzales, 2 nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	July 11, 2019 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
A. Special ReddiNet Presentation		
B. Special PRESTO Presentation		
IV. Medical Issues		
A. Other		
V. New Business		
A. 705.04 – Behavioral Emergencies (IN Versed)		Dr. Shepherd
B. 705.20 – Seizures (IN Versed)		Dr. Shepherd
VI. Old Business		
A. 705.05 – Bites and Stings		Karen Beatty
VII. Informational/Discussion Topics		
A. Other		
VIII. Policies for Review		
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	Motion: Ira Tilles Seconded: Tom O'Connor Passed unanimous
III. Minutes		Approved	Motion: Jaime Villa Seconded: Tom O'Connor Passed unanimous
IV. Medical Issues			
A. Epi	Dr. Shepherd asked the committee how the Epi shortage should be handled in the field. Following a lengthy discussion, it was decided that Jaime and Alejandro will work on language for policy update.	Mark Komins suggested we increase the 504 Epi inventory. Jaime and Alejandro will work on the statement and send to Chris. When finalized, VCEMS will send out a training bulletin.	
V. New Business			
A. Emergency Services Unit	Steve Carroll presented a brief PowerPoint on the new ESU (Bus). The cost to refurbish was \$150,000.00		
VI. Old Business			
A. Other			
VII. Informational/Discussion Topics			
A. 451 -Stroke System Triage and Destination	Karen discussed changes made in the Stroke committee.	Approved	
B. 607 – Hazardous Material Incident	Karen presented changes that were made to this policy with the assistance of Ventura County Fire Hazmat representative Pete Jensen and EMS Section Chief Barry Parker.	Approved	
C. 614 -Spinal Immobilization		Page 2-C: Add “Isolated” to the first sentence “ <i>isolated</i> penetrating torso or neck injury”.	

		Approved with changes	
D. 705.01 – Trauma Assessment/Treatment Guidelines		Approved with changes	
E. 725 – Patients After TASER Use		This policy was previously approved and finalized. Committee members have suggested additional changes to this policy. These requests will be discussed at a future PSC meeting.	
F. 1401 – Trauma Center Designation		Approved	
G. 1403 – Trauma Registry and Data		Approved	
VIII. Policies for Review			
A. 600 – Scene Control at Medical Emergency		Approved	Motion: Kathy McShea Seconded: Tom O’Conner Passed unanimous
B. 619 – Safely Surrendered Babies		Approved	Motion: Kathy McShea Seconded: Tom O’Conner Passed unanimous
C. 705.05 – Bites and Stings		Bring back to PSC after researching current treatment recommendations.	
D. 716 – Use of Pre-existing Vascular Device (PVAD)		Approved with changes.	
X. Agency Reports			
A. Fire departments	VCFPD – Mark Komins is leaving Ventura County Fire. We wish him all the best. VCFD - none OFD –There may be a “brown out” soon. Fed. Fire – none SPFD – none FFD – none		
B. Transport Providers	LMT – Dr. Tilles is the new Medical Director at Lifeline. Congratulations! AMR/GCA – David Lombardi has been promoted to Supervisor at GCA. AIR RESCUE – none		
C. Base Hospitals	SAH –		

		<p>LRRMC – Neuro lunch is scheduled for May 14th. The EMS Week BBQ lunch is on May 21st.</p> <p>SJRMCC – none</p> <p>VCMC – none</p>	
D.	Receiving Hospitals	<p>PVH – none</p> <p>SPH – none</p> <p>CMH – none</p> <p>OVCH – none</p>	
E.	Law Enforcement	<p>VCSO –none</p> <p>CSUCI PD – none</p>	
F.	ALS Education Programs	<p>Ventura – Full time instructor has been approved for the paramedic program.</p>	
G.	EMS Agency	<p>Steve – none</p> <p>Dr. Shepherd – none</p> <p>Chris – There are 3 Post ROSC classes planned for May 13, 15 and 30.</p> <p>Katy –none</p> <p>Karen – Thank you to the PCC's for all their hard work during EMS Update!</p> <p>Julie –none</p> <p>Randy – 1st week of June is CPR Awareness week. Please let Randy know if you have a CPR event planned that week.</p>	
H.	Other		
XI.	Closing	<p>Meeting adjourned at 11:30</p>	



**TEMPORARY
PARKING PASS
Expires July 11, 2019**

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

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

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

2240 Gonzales Rd. location

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

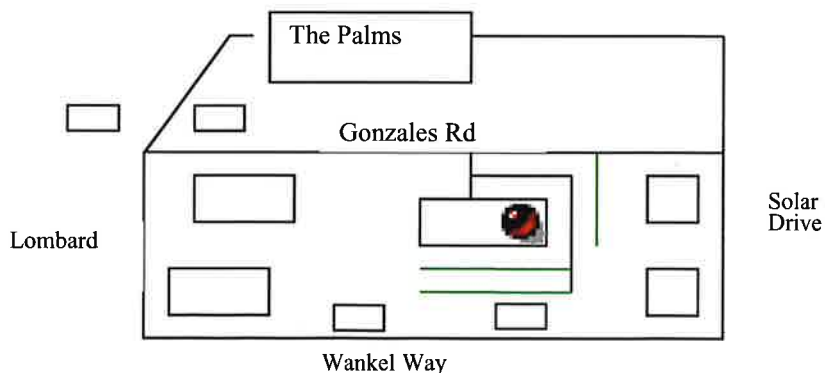
2100 Solar Drive

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

The Palms - shopping mall

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

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



Behavioral Emergencies	
ADULT	PEDIATRIC
ALS Prior to Base Hospital Contact	
<p>IV/IO Access</p> <p>For Extreme Agitation</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 5mg or 10 mg (5mg/ml) ○ IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg <p>FOR IV USE: Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL</p> <p>When safe to perform, determine blood glucose level</p>	<p>For Extreme Agitation</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg • <u>○ IN – 2mg/kg x1</u> <p>When safe to perform, determine blood glucose level</p>
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • If patient refuses care and transport, and that refusal is because of "mental disorder", consider having patient taken into custody according to Welfare and Institutions Code Section 5150 or 5585 "Mental disorders" do not generally include alcohol or drug intoxication, brain injury, hypoxemia, hypoglycemia, or similar causes. • Refer to VC EMS pre-hospital provider fact sheet for suspected excited delirium patients. Be sure to consider and rule out other possible causes or behavior (traumatic or medical). • Use of restraints (physical or chemical) shall be documented and monitored in accordance with VCEMS policy 732 • Welfare and Institutions Code Section 5585: <ul style="list-style-type: none"> ○ Known as the Children's Civil Commitment and Mental Health Treatment Act of 1988, a minor patient may be taken into custody if, as a result of a mental disorder, there is a danger to self and others or is gravely disabled. A California peace officer, a California licensed psychiatrist in an approved facility, Ventura County Health Officer or other County-designated individuals, can take the individual into custody, but it must be enforced by the police in the field. • Welfare and Institutions Code Section 5150: <ul style="list-style-type: none"> ○ A patient may be taken into custody if, as a result of a mental disorder, there is a danger to self and others or is gravely disabled. A California peace officer, a California licensed psychiatrist in an approved facility, Ventura County Health Officer or other County-designated individuals, can take the individual into custody, but it must be enforced by the police in the field. • All patients shall be transported to the most accessible Emergency Department for medical clearance prior to admission to a psychiatric facility <p>Ventura County Mental Health Crisis Team: (866) 998-2243</p>	

Formatted: Indent: Left: 0.49", Bulleted + Level: 1 +
Aligned at: 0.75" + Indent at: 1"

Seizures	
ADULT	PEDIATRIC
BLS Procedures	
<p>Protect from injury</p> <p>Maintain/manage airway as indicated</p> <p>Administer oxygen as indicated</p> <p>For suspected febrile seizures, begin passive cooling measures. If seizure activity persists, see below:</p> <p>Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function</p>	
ALS Prior to Base Hospital Contact	
<p>IV/IO access</p> <p>If not already performed by BLS personnel, determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function</p> <p>Persistent Seizure Activity</p> <ul style="list-style-type: none"> • Midazolam (Give to <i>actively seizing</i> pregnant patients prior to magnesium) <ul style="list-style-type: none"> • IM – 0.1 mg/kg Max 5 mg • IV/IO – 2 mg Repeat 1 mg q 2 min as needed Max 5 mg <p>FOR IV/IO USE: Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL</p> <p><u>20 weeks gestation to one week postpartum & No Known Seizure History</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV/IO PB – 2 g in 50 mL D₅W infused over -5 min <ul style="list-style-type: none"> • MUST Repeat x 1 • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur 	<p>Consider IV/IO access</p> <p>If not already performed by BLS personnel, determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function</p> <p>Persistent Seizure Activity</p> <ul style="list-style-type: none"> ○ Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg Max 5 mg ○ <u>IN - 0.2mg/kg x1</u>
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may be treated as a BLS call. 	

Formatted: Indent: Left: 0.49"

Bites and Stings	
BLS Procedures	
<u>Animal/insect bites:</u>	
<ul style="list-style-type: none">• Flush site with sterile water• Control bleeding• Apply bandage	
<u>Snake bites/envenomations:</u>	
<ul style="list-style-type: none">• <u>Mark the edge of the wound ASAP and then every 10-15 minutes</u>• Remove rings and constrictions• Immobilize the affected part in an <i>elevated</i> dependent position• Avoid excessive activity	
<u>Bee stings:</u>	
<ul style="list-style-type: none">• If present, <u>quickly</u> remove stinger• Apply ice pack	
<u>Jellyfish stings:</u>	
<ul style="list-style-type: none">• Rinse thoroughly with normal saline<ul style="list-style-type: none">○ <i>DO NOT:</i><ul style="list-style-type: none">• Rinse with fresh water• Rub with wet sand• Apply heat	
<u>All other marine animal stings:</u>	
<ul style="list-style-type: none">• If present, remove barb• Immerse in hot water if available	
Administer oxygen as indicated	
All bites other than snake bites may be treated as a BLS call	
ALS Standing Orders	
IV access for snake bites	
Monitor for allergic reaction or anaphylaxis	
Morphine – per Policy 705 - Pain Control	
Base Hospital Orders only	
Consult with ED Physician for further treatment measure	

Formatted: No underline

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Font: Bold, Italic

Formatted: Font: Bold, Italic

Effective Date: December 1, -2019~~9~~
Next Review Date: ~~June 30, 2021~~ March 31, 2017

Date Revised: ~~June 13, 2019~~ August, 2010
Last Reviewed: ~~June 13, 2019~~ March 12, 2015

VCEMS Medical Director

Snakebite Medicine With Dr Abo: Times Have Changed

Michael T. Hilton, MD, MPH; Benjamin N. Abo, DO, EMT-P

DISCLOSURES | March 26, 2019

8 Read Comments

Abo: Recently, we had a hypotensive patient in the intensive care unit (ICU), in shock, on three vasopressors, tachycardic to the 160s, with gross hematuria. He was very sick, and we treated him aggressively with antivenom, which is what you need to do with these patients. He returned to work full-time 1.5 weeks later, with no permanent effects. It's impressive, because his job requires a lot of physical labor.

Medical Advice for Physicians and Paramedics

Hilton: How should EMS medical directors direct EMTs and paramedics to handle snakebites?

Abo: Here are my recommendations:

- Make sure EMS protocols are up to date and not based on myth.
- Immobilize the injured body part in a nonconstricting way in a position as elevated as possible. For example, if it's a leg injury, raise the foot like you would raise your arm to ask a question in class.
- Provide adequate analgesia—these are very painful injuries!
- Providers should mark the leading edge of the wound as soon as possible and then every 10-15 minutes. This refers to the leading edge not of redness or of swelling, but of pain and tenderness.
- Providers should absolutely stay away from nonsteroidal anti-inflammatory drugs (NSAIDs), tourniquets, and constricting bands. There should be no cutting, sucking, or excising; no use of venom extractor kits or electrical therapy; and no ice. All of these, except NSAIDs, have been proven to cause more damage that is irreversible.
- No fasciotomies! This is a medical toxin emergency, not a surgical emergency. Between Dr Spencer Green, another snakebite expert, and me, we have treated over 1000 snakebite wounds. We have never needed a fasciotomy when snakebite wounds are treated appropriately.
- Do not bring the snake, dead or alive, to the hospital! We do not need the snake for identification. Providers can take a picture of the snake, or they can provide a description. It's important that providers remember that even a decapitated head can still envenomate a person.

A brochure published by Miami-Dade Fire Rescue can be helpful when identifying venomous snakes and offers first aid and prevention tips. ^[8] *JAMA Surgery* also recently published a clinical review on identifying patients with severe snake envenomation. ^[9]