

Public Health Administration
Large Conference Room
2240 E. Gonzales, 2nd Floor
Oxnard, CA 93036

Pre-hospital Services Committee
Agenda

August 8, 2019
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Issues

A. Other

V. New Business

A. Limiting epi dosing in cardiac arrest

Dr. Shepherd

B. 708 – Patient Transfer from One Prehospital Team to Another

Proposed to delete

VI. Old Business

A. 725 – Patients After TASER Use

Karen Beatty

VII. Informational/Discussion Topics

A. Consideration - Eliminate ACLS/PALS

Dr. Shepherd

B. Working group formation: Management of Traumatic Cardiac Arrest

Dr. Shepherd

VIII. Policies for Review

A. 705.00 - VCEMS General Patient Guidelines

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

Health Administration
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Pre-hospital Services Committee
 Minutes

July 11, 2019
 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
III. Minutes		Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
*Special Presentation on PRESTO	Dr. Chough asked that we continue to draw blood on Full Arrest victims for the PRESTO study.		
*Update from ReddiNet	Spaceway will be going away and will be replaced by Jupiter. Jupiter has faster connections and is more reliable.		
IV. Medical Issues			
A. 705.18	Remove Ondansetron from "ED Physician Order".	Approved	Motion: Kathy McShea Seconded: Barry Parker Passed unanimous
B. 705.09	Call base within 10 minutes of identifying a Stemi.	Approved	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
C. 726	Call base within 10 minutes of identifying a Stemi.	Approved	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
V. New Business			
A. 705.04 - Behavioral Emergencies		Bring back to future meeting after additional research.	
B. 705.20 - Seizures		Bring back to future meeting after additional research.	
VI. Old Business			
A. 705.05	Change from "elevate" to "dependent" position.	Approved	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
VII. Informational/Discussion Topics			

A. Other			
VIII. Policies for Review			
A. None			
X. Agency Reports			
A. Fire departments	<p>VCFPD – Squad 26 is in service. It is a very busy 2 medic squad. The department will be working on upgrades for some of their medics.</p> <p>VCFD- There were 4 graduates from the recent academy.</p> <p>OFD – none</p> <p>Fed. Fire – none</p> <p>SPFD – none</p> <p>FFD – none</p>		
B. Transport Providers	<p>LMT – none</p> <p>AMR/GCA –</p> <p>AIR RESCUE – none</p>		
C. Base Hospitals	<p>SAH – Dr. Tilles shared that he recently found out that Hillmont will not accept patients that are over .1% Blood Alcohol.</p> <p>LRRMC – Their landing pad will be under construction for approximately 6 months. They are looking for an alternate landing site.</p> <p>SJRM – Construction continues.</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 – Paramedic school starts in August and has received 50 applicants.</p>		
G. EMS Agency	<p>Steve – Karen is working on the Stemi contracts. Thank you to all our stakeholders for assisting our contractors with the evaluation of our EMS System. The Community Paramedic Hospice program will be ending and the EMS Agency will be developing a brief training program and policy for all paramedics on how calls involving hospice patients should be run.</p> <p>Dr. Shepherd – none</p> <p>Chris – none</p> <p>Karen –none</p> <p>Julie – none</p> <p>Randy – none</p>		

	Andrew - none	
H. Other		
XI. Closing	Meeting adjourned at 11:30	



**TEMPORARY
PARKING PASS
Expires August 8, 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.

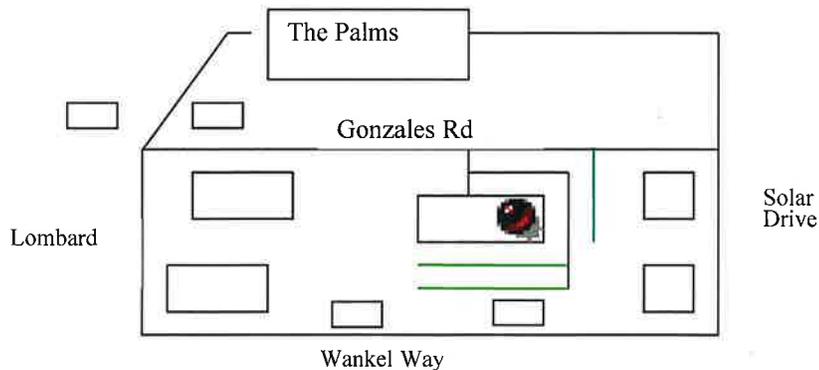
2100 Solar Drive

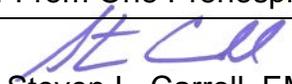
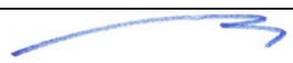
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). Place this flyer on your dash. If all of those stalls are occupied, overflow parking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



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patient Transfer From One Prehospital Team To Another		Policy Number: 708	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2009	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2009	
Origination Date:	October 31, 1992	Effective Date: June 1, 2009	
Date Revised:	December 11, 2008		
Date Last Reviewed:	December 11, 2008		
Review Date	June 30, 2012		

- I. PURPOSE: To provide guidelines for transfer of patient care from one prehospital team to another prehospital team, if necessary.
- II. POLICY: Care of a patient may be transferred from one prehospital team to another according to the following procedures.
- III. PROCEDURE:
 - A. Ground Unit to Ground Unit
 1. ALS level response
 - a. Attempt to inform the Base Hospital (BH) and inform the patient of the necessity of a transfer.
 - b. Obtain agreement from the receiving team to accept responsibility for the patient.
 - c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.
 - d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).
 - e. The receiving team is responsible for documentation.
 2. BLS level response
 - a. Inform the patient of the necessity for a transfer.
 - b. Obtain agreement from the receiving team to accept responsibility for the patient.
 - c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.

- d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).
 - e. The receiving team is responsible for documentation.
- B. Ground Unit to Air Unit
 - 1. ALS capable personnel, if on scene, shall accompany a critical patient on the air unit.
 - 2. Transfer from ground to air may be to a crew with lesser certificate level. If ALS procedures have been started (other than an IV in a stable patient), ALS personnel shall accompany the patient.
 - 3. If the ground crew is unable to make BH contact, the ALS personnel may operate under Communication Failure Protocols.
- C. Multi Casualty Incident (MCI) (Greater than 3 patients)
 - 1. Patients should be identified by START triage number, and this number shall be used during the remainder of the call.
 - 2. Care for a stable patient with a prophylactic IV (no meds) may be transferred to an EMT-I crew.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patients After TASER Use		Policy Number: 725	
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: June 1, 2019	
Origination Date:	August 10, 2006	Effective Date: June 1, 2019	
Date Revised:	March 14, 2019		
Date Last Reviewed:	March 14, 2019		
Next Review Date:	March 31, 2021		

I. PURPOSE: To provide a framework for the pre-hospital treatment and transport of patients after TASER deployment.

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, California Code of Regulations, Title 22, Section 100169.

III. POLICY: Law enforcement officers may remove the TASER probes and may choose to transport individuals in custody to an emergency department. On occasion, EMS personnel may be called to evaluate, treat and/or transport patients with or without the TASER probes in place.

A. When requested by law enforcement and absent any contraindications as outlined in policy, TASER probes may be removed by EMS personnel.

B. If EMS transport is indicated or requested by law enforcement EMS personnel should transport to the closest receiving facility, appropriate specialty care facility, or the hospital requested by law enforcement.

IV. PROCEDURE:

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

A-B. Before touching any patient where the Taser has been deployed, ensure law enforcement has disconnected wires from the handheld unit. ~~When safe to do so, patients should be immediately evaluated.~~

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

C-D. If the transporting paramedic determines that the patient is a risk to him/herself and/or the ambulance personnel, law enforcement officer(s) may be requested to accompany the patient.

D.E. TASER Probe Removal:

If one or both of the TASER probes requires removal for safe transportation or if removal requested by law enforcement:

1. Procedure must be witnessed by the arresting law enforcement officer. Identify the appropriate officer and confirm they are ready to witness the procedure.
2. Verify the wires to the probes have been severed.
3. Used taser darts shall be considered a sharp biohazard, similar to used hypodermic needle. Standard safety precautions should be taken. Use routine biohazard precautions.
4. Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site between two fingers. Keep your hand several inches away from the probe. With your other hand, in one fluid motion pull the probe straight out from the puncture site.
5. Reinsert TASER probes, point down, into the discharged air cartridge and hand it to the law enforcement officer.
- 5-6. Use appropriate antiseptic wipe to cleanse the skin surrounding the puncture site.
7. Apply direct pressure for ~~bleeding, and~~ bleeding and apply a sterile dressing to the wound site.
- 6-8. Assess for any injuries that may need medical attention and seek appropriate level of care.

E.F. Contraindications:

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

F.G. Documentation:

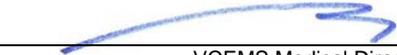
1. Any EMS incidents resulting from TASER deployment or probe removal will be documented in the Ventura County Electronic Patient Care Reporting System Refer to policy 1000: Documentation of Prehospital Care.
2. Incidents that do not result in EMS transport will be documented as outlined in VCEMS policy 603: Refusal of EMS Services.
3. If TASER probes are removed by EMS personnel documentation will include that procedure as well as the requesting law enforcement officer and/or agency.

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 precautions (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)
 5. Exposure

Effective Date: December 1, 2015
Next Review Date: June, 2017

Date Revised: June 11, 2015
Last Reviewed: June 11, 2015


VCEMS Medical Director

- 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. 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)

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 VCEMS Medical Director

5. Trauma Triage and Destination Criteria – Policy 1405
 6. Hospital Diversion – Policy 402
- VII. Continuously monitor vital signs and document all findings. Continue appropriate treatments and reassess throughout transport to assess for changes in patient status
- 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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VCEMS Medical Director