

I. Introductions
II. Approve Agenda
III. Minutes
IV. Medical Issues
A. Cardiac Arrest Improvement 2010
B. AHA 2010 CPR/ECC Guidelines
C. Policy 705.19: Pain Control
Other
V. New Business
A. Policy 306 EMT ALS Assist – D. Haney
B. Policy 315: Paramedic Accreditation Process (accreditation checklist) – D. Haney/S. Lara-Jenkins
C. Policy 720: Guidelines for Limited Base Contact – K. McShea
D. PSC Attendance Report for 2010 – D. Haney
Other
VI Old Business
A. Impedance Threshold Device/King Airway Study Report– D. Chase
B. Policy 420: Receiving Hospital Standards – A. Salvucci
C. Policy 612: Emergency Responder Communicable Disease Exposure Notification and Procedure – R. Shedlosky
D. Other
VII. Informational Topics
A. Policy 1404: Guidelines for Interfacility Transfer of Patients to a Trauma Center – K. Hadduck
B. Policy 1407: Emergency Trauma Transfers – K. Hadduck
C. Other
VIII. Policies for Review
A. Policy 613: Do Not Resuscitate
B. Policy 625: Physician Orders for Life-Sustaining Treatment (POLST)
C. Other
IX. Reports
TAG Report
X. Agency Reports
A. ALS Providers
B. BLS Providers
C. Base Hospitals
D. Receiving Hospitals
E. ALS Education Programs
F. Trauma System Report
G. EMS Agency
H. Other
XI. Closing



TEMPORARY PARKING PASS

Expires February 10, 2011

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.

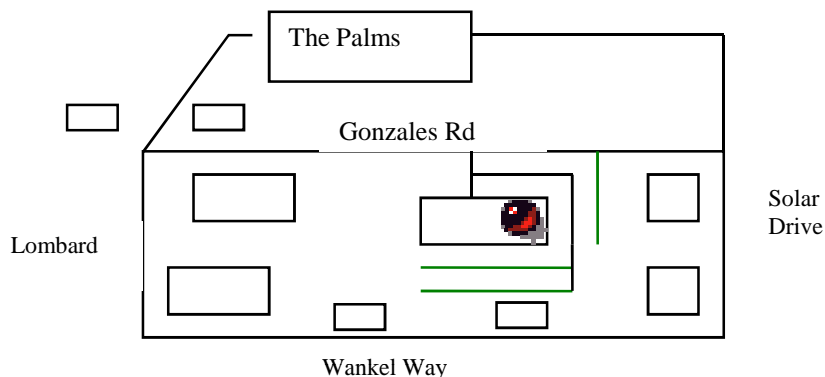
2100 Solar Drive

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.



Topic	Discussion	Decision	Assigned
I. Introductions	<ul style="list-style-type: none"> Jack Hanson reported that he has been promoted and Rod Dingman will take over as VCFD representative to PSC. Jenny Hoffman has returned to her previous position as PCC for SVH Lesley Whitehouse is the interim PCC at LRHMC Don Hadland is the new PSC representative for SAR. 		
II. Approve Agenda	Meeting called to order at 935 a.m.	It was MSC (B. Patterson/K. McShea) to approve the agenda as submitted.	
III. Minutes		<p>The meeting for January, 2011 has been canceled.</p> <p>The minutes were approved as submitted.</p>	
IV. Medical Issues			
A. Cardiac Arrest Improvement 2010	Everyone should have completed their CPR training and in the next month spotters will be sent to do random testing.		
B. AHA 2010 CPR/ECC Guidelines	<p>Guideline/summary of AHA changes distributed. Most of the changes involve CPR. There are some items we plan and look at for changes in the 705 protocols. At the end of the ITD study we will incorporate these guidelines.</p> <p>It is OK to teach to the 2010 guidelines now.</p>		
C. Policy 705.07: Cardiac Arrest – Asystole & PEA – Angelo	Simple change. STEMI committee has asked for the change to this policy. All patients who have suffered a medical (non-traumatic) cardiac arrest and convert to sustained ROSC (Return of Spontaneous Circulation for greater than 30 seconds) at any time during treatment are to be transported to a STEMI Receiving Center (SRC). Traumatic full arrest victims with sustained ROSC will be taken to a Trauma Center. If ambulance is en route to a SRH and ROSC occurs, the ambulance is to change destination and notify the base. Any questions call the base.		
D. Other			
V. New Business			
A. Policy 151:	CQI coordinator added for error reporting.	Sentinel Event – definition for SE will be added	Approved with change

Topic	Discussion	Decision	Assigned
Medication Error Reporting	C. "immediately" added if sentinel report Action report added.	per policy 150. Form: make types of error same as policy. Page 1 results typo. Wrong patient on form 2x remove one. It was M/S/C (S. Boynton/J. Winter) with changes.	
B. Policy 332: EMS Personnel Background Check Requirement		It was MSC (T. Norton/N. Clay) to approve the policy as submitted.	Approved
C. Policy 720: Guidelines for Limited Base Contact	Policy amended to be in line with policy 705. Possibly add Zofran for an LBC.	It was approved to add Zofran to LBC policy Patients with mild to moderate n/v treated with Ondansetron. B.9 NV; prior to contact procedure, including administration of O It was MSC (S. Black/J. Winter) effective June 2011.	Approved with changes
D. Other			
VI Old Business			
A. Impedance Threshold Device/King Airway Study Report– D. Chase	Study is continuing through March 1. End tidal CO2 is trending up. In a person who has a low flow state, blowing up a balloon in the carotid region is not a good idea. If you cannot intubate, King is a back-up device. No stats to report at this point. Some are not keeping the download for retrospective review.		
B. Policy 504: BLS/ALS Equipment (policy will be sent out early next week by e-mail)	Documents distributed will be sent out electronically after the meeting. Concerns related to pediatric patients. Dr. Markham made suggestions on what we may consider in adding to stock. Please respond to AS by e-mail. Dr. Markham would like BP on neonates in field. Boynton says most patient under 3 do not get BP for runny nose but in trauma would do BP. Conditions will be addressed. PALS teach to look for profusion not BP. This would delay arrival. AS will discuss with Dr. Markham.		Agenda

Topic	Discussion	Decision	Assigned
<p>C. Policy 420: Receiving Hospital Standards</p>	<p>ACLS changed to 2 years.</p> <p>There was a lengthy discussion regarding the following:</p> <p>A.3: Det Norske B (DNB). DNB makes sure you follow the CMS guidelines and this is a higher review than Joint Commission. CMS is now doing site visits.</p> <p>11.b. ATLS course – RH do they need ATLS now that we have a trauma center. Community hospitals will still see very sick patients, they need to maintain ATLS.</p> <p>11.b.1 and 2 – regular pt staff. 96 hour requirement makes it difficult to see 90 patients. Would you consider amendment to full time staff, change to 84 hours instead of 96. OVCH sees .9 patients per hour. This requested change will not be made. We need to ensure that healthcare practitioner can take care of really sick people.</p> <p>Not sure that transporting a patient 20 miles further. OVCH is faced with an aging physician population and low patient volume. 7500 – 8000 patients per year. Policy will make them not a RH.</p> <p>What about a request for revision on an individual basis.</p> <p>OVCH can ask for exemption. Possibility of adding additional requirement for those who do not meet the hour's requirement.</p> <p>The policy was tabled. Suggested changes to the policy should be submitted in writing to Debbie Haney for review by staff.</p>		<p>Tabled</p>
<p>D. Other</p>			
<p>VII. Informational Topics</p>			
<p>A. Policy 1000: Documentation of Prehospital Care</p>		<p>Policy was submitted for review only and became effective on December 1.</p>	
<p>B. Policy 1407: Inter-hospital</p>	<p>We are applying the same criteria that we use for STEMI to the Trauma Program. Differs</p>	<p>Change: Page 3 a and b: make consistent for traumatic injury make same as a and b. Next</p>	

Topic	Discussion	Decision	Assigned
Emergency Trauma Patient Transfers	<p>from Code STEMI in the fact that call continuation lands with a non trauma physician and if physician determines that the patient needs to go to trauma hospital. This is not considered an IMTALA violation. EMS will review all of this type of calls. Patient needs to meet specific medical criteria.</p> <p>Trauma transfer form will be distributed at a later date.</p>	revision, change will be made.	
C. Other			
VIII. Policies for Review			
A. Policy 335: Out of County Paramedic Internship Approval Process	Changed EMEDS to AVCDS login.		Approved
B. Policy 613: Do Not Resuscitate	Tabled	Policy was inadvertently left out of packet. Policy is tabled until next meeting.	Tabled
C. Policy 625: Physician Orders for Life-Sustaining Treatment (POLST)	Tabled	Policy was inadvertently left out of packet. Policy is tabled until next meeting.	Tabled
D. Policy 727: Transcutaneous Pacing	Very worried about hypothermia and turning a pacer on when the patient is hypothermic as you can induce VF. This is a strong contraindication.	<p>Correct () on page 1.</p> <p>Policy approved with change.</p>	Approved
E. Policy 1200: Air Unit Program		The policy was approved as submitted.	Approved
F. Other	Non		
IX. Reports			
TAG Report	Meredith thanked all of those who participated in the various CQI committee as well as the various chairs. We will define new items to review in the next year.		
X. Agency Reports			
A. ALS Providers	VNC – report completed CapR testing for 400 EMT and PM. Ty for helping with the CA study. If you can get the data to Robin timely that would be great. We have had 17 confirmed saves this		

Topic	Discussion	Decision	Assigned
	<p>year. Recurrent theme looking for is capnography and airway form.</p> <p>VEN: thanked everyone for support over the years. Announced that they are testing for entry level FF.</p> <p>It appears there is a sudden urge in the need for airway courses. VNC will do one on Tuesday afternoon and will be conducted at County Fire.</p>		
B. BLS Providers			
C. Base Hospitals	<p>SJRMC: MICN class is starting at the end of month.</p> <p>VCMC: ACS did a mock survey which included chart review and they scored a 21 which was good for an infant program. Hoping for review in fall for verification and it will be good for 3 years. No big alarms set off. They want someone from EMS available for exit interview for verification meeting.</p>		
D. Receiving Hospitals	<p>PVH – announced that the are switching to computerized charting and it starts with direct physician and then next month charting. If you see something that can be changed please let them know.</p> <p>Marie Pelkola: Announcement made that she is stepping down as clinical nurse manager and will still do disaster management and patient care.</p>		
E. ALS Education Programs	<p>Students are taking final on Monday. 13 going into the final and will start hospital rotation on Jan 13. Orientation at hospital has been completed and schedule will be sent out.</p>		
F. Trauma System Report	<p>Trauma triage exam results. They are scored but not in the database. What we are thinking of doing is a pass/fail report. We can look at the test and questions as they are specific to steps. No remedial process yet.</p> <p>What we may decide is that getting an 80 but may change. We generally get it right in the field so we don't want to kill a flea with a hammer.</p>		
G. EMS Agency	<p>AS – STEMI poster which refers to policy 440 and focuses on QI system. Policy in place and then constant review drove times from door to balloon at SRH down.</p> <p>New website on Nov. 1. Please e-mail Debbie if you find issues. As items are added, links are breaking.</p> <p>Reddinet failure on Nov 18 drill. They narrowed down the issue. Itr was a process on how Reddinet revises their pages not just the page that changed. They are working on the issues</p>		

Topic	Discussion	Decision	Assigned
	<p>with Reddinet 6. They will be doing a surge test in the future so will need participation. Hospitals need to enter data on HavBed screen only.</p> <p>EMS Update, 1 non compliant MICN. Good job for getting the word out.</p> <p>Newsletter – final draft today. We are looking at 2x per year in coordination with policy changes. We will be looking at participation from the providers.</p> <p>Mike Powers – HCA administration is now the county CEO and will take effect in March. He is an advocate to health in this county. This is a wonderful thing for us in healthcare.</p> <p>Potential labor action at hospital – just to make sure that those labor action do not affect field provider. If there is a labor action the hospital is responsible for treating patients. Cannot affect patient care.</p> <p>UO – vehicle failure – results in a delay needs to be reported as an unusual occurrence.</p>		
H. Other			
XI. Closing	Adjourned 11-30 a.m.		

Respectfully submitted
 Debora Haney

Prehospital Services Committee 2010

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2010	2/11/2010	3/11/2010	4/8/2010	5/13/2010	6/10/2010	7/8/2010	8/12/2010	9/9/2010	10/14/2010	11/1/2010	12/9/2010
AMR	Clay	Nick		NC	NC			NC		NC		NC		NC
AMR	Panke	Chad		AS	AS			AS		CP		CP		CP
CMH - ER	Canby	Neil		NC	NC			NC		NC		NC		NC
CMH - ER	Cobb	Cheryl		CC	CC			CC		CC		CC		CC
FFD	Herrera	Bill		BH						BH		BH		
FFD	Hall	Jim		JH	JH									JH
GCA	Norton	Tony		TN	TN			TN		TN		TN		TN
GCA	Stillwagon	Mike		MS	MS			MS		MS		MS		MS
Lifeline	Kuroda	Brian		BK	BK			BK		BK		BK		BK
Lifeline	Winter	Jeff		JW	JW			JW		JW		JW		JW
LRRMC - ER	David	Paul						PD		PD		PD		
LRRMC - ER	Hoffman	Jennie		JH	JH			LT		JH		JH		JH
OFD	Carroll	Scott		SC	SC			SC		sub		SC		SC
OFD	Huhn	Stephanie		SPH	SPH			SPH		SPH		SPH		SH
OVCH	Boynton	Stephanie			SB					SB		SB		SB
OVCH	Patterson	Betsy								BP		BP		BP
SJPVH	Hernandez	Sandi												SH
SJRCM	McShea	Kathy		EG	EG			EG		KM		KM		KM
SJRCM - SJPVH	Larsen	Todd		RH	RH			KM		TL		TL		
SPFD	Dowd	Andrew		AD	AD			AD				AD		AD
SVH - ER	Tilles	Ira		AY				AY		AY		IT		IT
SVH - ER	Estrada	Leticia		LE	LE			LE				LE		JH
V/College	Mundell	Meredith		MM	MM			MM		MM		MM		MM
VCFD	Merman	Nancy		NM	NM			NM		NM		JH		NM
VCFD	Hansen	Jack		JH	JH			JH		JH		NP		JH
VNC	Plott	Norm		KH	KH			NP				NP		NP
VNC	Black	Shannon		MP				SB		SB		SB		SB
VNC	Shedlosky	Robin		RS	RS			RS		RS		RS		RS
VCMC - ER	Chase	David		DC	DC			DC		DC		DC		DC
VCMC - ER	Utley	Dede		DU	DU			DU		DU				DU
VCMC-SPH	Daucett	Michelle		MD				MD		MD		MD		MD

Prehospital Services Committee 2010

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2010	2/11/2010	3/11/2010	4/8/2010	5/13/2010	6/10/2010	7/8/2010	8/12/2010	9/9/2010	10/14/2010	11/1/2010	12/9/2010
VCMC-SPH	Pelkola	Marie		MP	MP			MP		MP		MP		MP
VCSO SAR	Fuggles	Lisa		LF	LF			LF		DN				LF
VCSO SAR	White	Don		CP	CP							DW		FE
VFF	Rhoden	Crystal												
VFF	Dison	Derrick												
Eligible to Vote Date Change/cancelled - not counted against member for attendance														
Non Voting Members														
SAR	Askew	Chris			CA									
EMS	Carroll	Steve		SC	SC			SC		SC		SC		SC
AMR	Drehesen	Charles		CD	CD			CD				CD		CD
VCMC	Duncan	Thomas			TD			TD				TD		TD
EMS	Fisher	Barry												
LMT	Frank	Steve		SF	SF			SF		SF		SF		SF
REACH	Frick	Robert		RF										
EMS	Hadduck	Katy						KH		KH		KH		KH
EMS	Haney	Debora		DH	DH					DH		DH		DH
VNC	Komins	Mark		MK				MK		,L				
EMS	Lara-Jenkins	Stephanie		SLJ	SLJ			SLJ				SLJ		SLJ
VNC	Plott	Norm			NP					NP				
EMS	Rosa	Chris						CR				CR		CR
EMS	Salvucci	Angelo		AS	AS			AS				AS		AS

Pain Control	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in position of comfort Administer oxygen as indicated	Place patient in position of comfort Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
<p>IV access</p> <p>Morphine</p> <ul style="list-style-type: none"> • IV – 2-4 mg over 1-2 min <ul style="list-style-type: none"> ○ Repeat q 3 min as needed for pain relief ○ Max 10 mg • IM – 0.1 mg/kg <ul style="list-style-type: none"> ○ Max 10 mg <p>Recheck vital signs before and after each administration</p> <ul style="list-style-type: none"> • Hold if SBP < 100 mmHg <p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>	<p>IV access</p> <p>Morphine – given for burns and isolated extremity injuries only</p> <ul style="list-style-type: none"> • IV – 0.1 mg/kg over 1-2 min <ul style="list-style-type: none"> ○ May repeat x 1 after 3 min as needed for pain relief ○ Max 0.2 mg/kg or 10 mg • IM – 0.2 mg/kg <ul style="list-style-type: none"> ○ Max 10 mg <p>Recheck vital signs before and after each administration</p> <p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>
Communication Failure Protocol	
<p>If significant pain continues:</p> <ul style="list-style-type: none"> • Morphine <ul style="list-style-type: none"> ○ IV – 2-4 mg over 1-2 min <ul style="list-style-type: none"> • Max repeat dose of 10 mg • Max total dosage of 20 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max repeat dose of 10 mg 	<p>If significant pain continues:</p> <ul style="list-style-type: none"> • Morphine <ul style="list-style-type: none"> ○ IV – 0.1 mg/kg over 1-2 min <ul style="list-style-type: none"> • May repeat x 1 after 3 min as needed for pain relief • Max repeat dose of 10 mg • Max total dosage of 0.4 mg/kg or 20 mg ○ IM – 0.2 mg/kg <ul style="list-style-type: none"> • Max repeat dose of 10 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures

COUNTY OF VENTURA PUBLIC HEALTH DEPARTMENT		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT- I : Requirements To Staff An ALS Unit		Policy Number: 306	
APPROVED: Administration: Barry R. Fisher, MPPA <u>Steven L. Carroll, EMT-P</u>		Date: December 1, 2008	
APPROVED: Medical Director Angelo Salvucci, MD		Date: December 1, 2008	
Origination Date: June 1, 1997		Effective Date: December 1, 2008	
Date Revised: August 10, 2006			
Date Last Reviewed: October 9, 2008			
Next Review Date: October, 2011			

I. PURPOSE: To define the requirements for an EMT-~~I~~ to staff an ALS unit and assist a ~~an~~ Paramedic in delivering ALS care.

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1798.~~200.~~ and California Code of Regulations, Title 22, Section 100064.

III. POLICY: EMT~~s~~-~~Is~~ who are scheduled to staff an ALS unit and assist a paramedic in ALS care shall meet the criteria outlined in this policy.

A. EMT~~s~~-~~Is~~ assigned to work with Paramedics shall:

1. Successfully complete a comprehensive training module as described in Section III. B. below.
2. Assist a paramedic with a minimum of 10 ALS contacts (a maximum of 5 may be simulated).
3. Be evaluated and approved by the employer and Medical Director or designee. For agencies without a medical director, the BH PLP or PCC may evaluate and approve the EMT-~~I~~.

~~4. Meet skills demonstration requirements, as applicable, described in Section III. D. below.~~

~~5. Meet continuing education requirements described in Section III. E. below.~~

B. Training Module

This training module defines the minimum training needed for an EMT-~~I~~ to be assigned to staff an ALS unit and assist a paramedic in ALS care ~~shall~~. ~~The training module meets the requirements for EMT manual defibrillator training as specified in CCR, Title 22, and Section 100064. The module shall be taught over a minimum of 10 hours, not including testing, and shall:~~

1. Be developed in conjunction with the Base Hospital.
2. Include, at a minimum, the following topics and time intervals:

- a. Airway Management
 - 1) General Assessment
 - 2) Endotracheal Intubation equipment set up
 - 3) VC EMS approved alternate airway equipment set up
 - 4) Bag-Valve-Mask/ET/alternate airway ventilation review
 - 5) Assembly of in line nebulizer
 - 6) Airway placement confirmation devices
 - 7) O₂ delivery devices
 - 8) Suctioning
- b. Trauma Skills
 - 1) Trauma Assessment Review
 - 2) C-Spine immobilization review
 - 3) Traction Splint review (e.g., Sager/Hare)
 - 4) Needle thoracostomy equipment
- c. Medical Control
 - 1) Ventura County Policies 306 and 705
 - 2) Paramedic Scope of Practice
 - 3) EMT-I Scope of Practice
 - 4) EMT-1 Base Hospital communications

~~d. Cardiac Care~~

- ~~1) Anatomy and physiology of the heart~~
- ~~2) Basic electrophysiology~~
- ~~3) Electrocardiogram (EKG) and monitoring~~
- ~~4) Rhythm recognition of
 - ~~a) sinus rhythm~~
 - ~~b) ventricular fibrillation~~
 - ~~c) ventricular tachycardia~~
 - ~~d) pulseless electrical activity and~~
 - ~~e) asystole~~~~
- ~~5) Defibrillator operation and defibrillation. Training will be in the type of defibrillator (automated vs. manual) the EMT will be expected to operate.
 - ~~a) Monitor set up~~
 - ~~b) Electrode placement~~~~

~~e) — Defibrillation dangers~~

~~6) — Post conversion care and monitoring.~~

de. IV and Medication Setup

- 1) Aseptic Technique
- 2) Assembly of preloaded medication containers
- 3) Catheter taping
- 4) Blood drawing
- 5) Sharps precautions

ef. Testing

C. Duties and Responsibilities

1. The EMT-~~I~~ shall perform only those patient-care items described in VC EMS Policy 300: EMT-~~I~~ Scope of Practice.
2. If necessary, the EMT-~~I~~ may communicate with the Base Hospital on ALS calls as follows:
 - a. The EMT-~~I~~ will clearly identify him/herself as an EMT-~~I~~.
 - b. The EMT-~~I~~ can provide vital signs, vital sign updates, assessment information and initial scene information.
 - c. The EMT-~~I~~ shall not ask for or pass on ALS orders.

~~D. Manual Defibrillation Accreditation~~

- ~~1. EMT-Is who have successfully completed the module described in section III.B. above, including training in the use of the manual defibrillator, and skill testing described in Appendix B, shall be accredited to use the manual defibrillator.~~
- ~~2. To maintain accreditation, EMT-Is must successfully complete monthly defibrillator use skills demonstration, to be managed by the provider agency.~~
- ~~3. Attendance at twice-yearly EMS Update lectures, which may be given by the provider.~~
- ~~4. Failure to meet continuing education requirements~~
 - ~~a. If an EMT-I fails to complete monthly demonstration of skills competence, s/he cannot staff an ALS Unit until the skills demonstration is completed.~~
 - ~~b. If an EMT-I fails to complete two or more consecutive monthly demonstrations of skills competence, s/he shall attend a retraining~~

~~class that shall include all topics listed in the initial training outline.
The EMT-I will successfully complete the competency based written
and skills test required after initial training as an EMT-I.~~

- ~~5. Accreditation may be suspended or revoked by the EMS Medical Director if, in his/her judgement, the individual fails to demonstrate competency or meet any other requirements of this policy.~~
- ~~6. An EMT-I whose manual defibrillation accreditation has been suspended or rescinded may appeal that decision to the VC EMS Administrator.~~

E. EMT AED

EMTs trained to use an AED will successfully complete skills testing using the form in Appendix ~~C~~B.

F. Documentation

1. Documentation of initial training, in the form of a ~~Ventura County EMSVCEMS~~ Attendance roster, shall be submitted to VC-EMS.
2. Documentation of testing of EMT-I shall be completed using the form in Appendix A and maintained by the provider agency.
- ~~3. Documentation of testing for use of manual defibrillator shall be completed using the form in Appendix B and maintained by provider agency.~~
4. Documentation of approvals shall be done using the form in Appendix ~~B~~C, and will be submitted to VC-EMS.
- ~~5. Skills maintenance shall be documented by the provider agency and a Ventura County EMS Attendance roster shall be submitted to VC-EMS.~~
6. In the event that an EMT-I has had to attend a retraining class, a letter stating that the individual has successfully completed the retraining and testing will be submitted to VC-EMS.

APPENDIX A

Name: _____ Date: _____

EMT-4 ALS ASSIST SKILLS TESTING

TRAUMA SCENARIO	PASS	FAIL
Assess airway patency		
Administers high flow O ₂ via non-rebreather mask		
Completes spinal immobilization		
Demonstrates head-to-toe assessment		
Assembles IV bag and tubing		
Maintains sterility of IV		
Correctly immobilizes upper extremity		
Successful completion of this station _____		
Evaluators Signature		

Cardiac Arrest Scenario	PASS	FAIL
Assesses ABC's		
Ensures compressions are being done		
Chooses correct size of oral airway		
Correctly inserts oral airway		
Adequately ventilates using bag-valve-mask		
Assembles intubation equipment		
Adequately ventilates using bag-valve-ET		
Verbalizes safety concerns for defibrillation		
Correctly places monitor patches and leads		
Assembles IV bag and tubing		
Assembles preload medications		
Verbalizes that paramedic must administer medications		
Verbalizes safety considerations for needles		
Successful completion of this station _____		
Evaluators Signature		

LEGAL ISSUES STATION	PASS	FAIL
Identifies proper radio responsibilities		
Identifies limits of EMT scope of practice		
Discusses briefly prior to contact protocols		
Discusses briefly communication failure protocols		

APPENDIX B

EMT-1 ALS ASSIST
 SKILLS EXAM
 MANUAL DEFIBRILLATOR

NAME: _____
 EMT# _____
 DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Defibrillator Operation (must pass)	1. Turns on machine to pads or paddles mode 2. Gels paddles or attaches pads 3. Places paddles or pads in correct position 4. Charges to 360J or manufacturer recommended energy level for biphasic units		
VF and Pulseless V Tach Recognition and Treatment (must pass)	1. Recognizes and shocks VF or pulseless V Tach. If collapse before calling 9-1-1, 2 minutes of CPR before defibrillation. 2. Does not shock non-VF rhythms 3. Persistent VF treated with one shock at 360J, or manufacturer recommended energy level for biphasic units. 4. Restarts CPR immediately after shock without pulse check.		
Asystole Recognition and Treatment	1. Recognizes Asystole in multiple leads		
Patient Support/Assessment	1. In non-VF rhythms, checks pulse, if none continues CPR. 2. If pulse, monitors respiration and ventilates PRN 3. If pulse, takes BP		
Safety/Artifact (must pass)	1. Clears prior to EVERY shock 2. Recognizes artifact & checks for causes 3. Recognizes 60 cycle & checks for causes		
Speed (must pass)	1. Can hook up, assess, charge & deliver 1st shock for VF in no more than 90 seconds.	Actual time (seconds) <u> </u> <u> </u>	

 Evaluator's Signature

Appendix ~~G~~B (2 pages)

EMT-1 ALS ASSIST
 SKILLS EXAM
 AUTOMATIC EXTERNAL DEFIBRILLATOR

NAME: _____
 EMT# _____
 DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Patient Assessment	1. Confirms cardiopulmonary arrest. Unconscious, no breathing or agonal breathing, no pulse. 2. Patient 1 years or older and not a victim of major trauma.		
Defibrillator Operation (must pass)	A. If collapse before dispatch , begins 2 minutes of CPR (1.5 to 3 minutes CPR may be considered) 1. For defibrillators that analyze automatically when turned on: a. Attaches pads in correct position (may be done during CPR if there are more than 2 rescuers) b. Turns on machine c. Clears patient and presses to analyze 2. For defibrillators that require the operator to press "Analyze" for first analysis: a. Turns on machine b. Attaches pads in correct position. (may be done during CPR if there are 2 or more rescuers) c. Clears patient and presses analyze B. If collapse after call to 9-1-1, turns on AED and analyzes immediately.		
Shockable Rhythms	1. Delivers shock when prompted 2. Restarts CPR after shock for two minutes. 3. Delivers additional shocks as needed.		
No Shock Advised Rhythms.	1. Checks pulse after analysis reveals "no shock advised". 2. If no pulse, restarts CPR for 2 minutes. 3. After 2 minutes, analyzes. 4. Checks pulse after analysis reveals "no shock advised". 5. If no pulse, restarts CPR for 2-3 minutes.		
Patient Support/Assessment	1. If pulse returns, monitors respiration and ventilates as needed. 2. If pulse, takes BP. 3. Continues to monitor for presence of pulse. 4. If pulse is less than 30, continues CPR.		
Safety	1. Clears prior to EVERY shock. 2. Checks for causes		
Speed (must pass)	1. Can hook up, assess, charge and deliver 1 st shock for VF in no more than 90 seconds once AED sequence is initiated.	Actual time (seconds) _____	

 Evaluator's Signature

APPENDIX DC

Employer: Please instruct the EMT-I to complete the requirements in the order listed.

_____, EMT-I has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

EMT-I ALS-Assist

- _____ Employer Approval
- _____ Completed appropriate EMT-I Training Module
- _____ BH or Provider Medical Director or Designee Evaluation
- _____ Notification to VC EMS

Reference Policy 306

Please sign and date below for approval.

Employer Signature	Date:
MD, PLP Provider MD or designee (EMT-I ALS-Assist authorization Only)	Date:

EMERGENCY MEDICAL SERVICES

ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

2220 E. Gonzales Rd., Suite 130, Oxnard, CA 93036-0619
www.vchca.org/ph/ems
Phone: 805-981-5301
Fax: 805-981-5300

ACCREDITATION APPLICATION PROCESS CHECKLIST

INITIAL ACCREDITATION MUST BE COMPLETED WITHIN 45 DAYS OF HIRE/START DATE

DUE DATE:

If accreditation is not completed by first due date, EMS Agency must be notified immediately for a 45-day extension. A maximum of two extensions will be granted per accreditation attempt.

EMT-P Name: _____ CA License No.: _____

Action	Date	Signature
1. Application submitted		
a. VC Application Form		
b. CA EMSA License		
c. CA Drivers License		
d. ACLS Card		
e. PALS/PEPP Card		
2. Background check		
3. Orientation at EMS Office completed - Policies 315 and 318 distributed.		
4. Accreditation fee received		
Accreditation extension fee		
Accreditation extension fee		
5. Orientation packet distributed		
THE ABOVE MUST BE COMPLETED PRIOR TO WORKING AS A PARAMEDIC IN VENTURA COUNTY		
6. Read and reviewed EMS Policy and Procedure Sections 6 & 7 (signed by provider).		
7. Orientation at EMS Provider Completed.		
8. Local Optional Scope Orientation – ALS Provider		
a. I.O.		
b. Mag sulfate		
c. Ondansetron		
d. Pacing		
e. IV Heparin		
f. IV Nitro		
g. KCL <40		
OVER FOR ADDITIONAL DOCUMENTATION		

When all sections except for section 11 are complete, you can either call the EMS Office for an appointment or mail this completed form and copies of your work up to the EMS Office and your accreditation card will be issued/mailed.

9. PCC orientation			
ED Tour	<input type="checkbox"/> Radio Room <input type="checkbox"/> Location of Forms <input type="checkbox"/> PCC Office, contact info <input type="checkbox"/> Patient care rooms <input type="checkbox"/> Bathroom <input type="checkbox"/> Decontamination Showers	<input type="checkbox"/> Phones <input type="checkbox"/> Hazardous Mat. Trash <input type="checkbox"/> ED Admissions <input type="checkbox"/> FAX machines <input type="checkbox"/> Xerox machines <input type="checkbox"/> Linens showers	Date:
			Signature:
Hospital Tour	<input type="checkbox"/> X ray <input type="checkbox"/> Admissions <input type="checkbox"/> Elevators <input type="checkbox"/> Labor and Delivery	<input type="checkbox"/> Cath lab <input type="checkbox"/> Bathrooms <input type="checkbox"/> Door codes <input type="checkbox"/> Classrooms	Date:
			Signature:
EMS Providers	<input type="checkbox"/> First responders <input type="checkbox"/> ALS providers	<input type="checkbox"/> Air transport <input type="checkbox"/> BLS providers	Date:
			Signature:
EMS Hospitals	<input type="checkbox"/> Base hospitals <input type="checkbox"/> STEMI Receiving Centers	<input type="checkbox"/> Receiving hospitals <input type="checkbox"/> Trauma Centers	Date:
			Signature:
CQI Forms	<input type="checkbox"/> Advanced Airway <input type="checkbox"/> Intraosseous <input type="checkbox"/> Transcutaneous Pacing <input type="checkbox"/> Rhythm strips, ECGs	<input type="checkbox"/> ResQPod <input type="checkbox"/> Unusual Occurrence <input type="checkbox"/> Communication Failure <input type="checkbox"/> Code Summaries	Date:
			Signature:
Documentation	<input type="checkbox"/> Policy 1000 <input type="checkbox"/> Narrative	<input type="checkbox"/> Abbreviations <input type="checkbox"/> Correct base	Date:
			Signature:
12 Lead ECGs	<input type="checkbox"/> Criteria <input type="checkbox"/> Transport in 3 lead	<input type="checkbox"/> Number allowed <input type="checkbox"/> Criteria for repeating	Date:
			Signature:
Full Arrest	<input type="checkbox"/> Destination <input type="checkbox"/> ROSC	<input type="checkbox"/> Policy 606 DOD	Date:
			Signature:
STEMI	<input type="checkbox"/> Wandering baseline <input type="checkbox"/> Base call-in <input type="checkbox"/> Transfers from SRHs	<input type="checkbox"/> Underlying Rhythms <input type="checkbox"/> False Positive ECGs	Date:
			Signature:
Airway Mgmt	<input type="checkbox"/> Policy 710 <input type="checkbox"/> Airway Attempt Form <input type="checkbox"/> BVM documentation	<input type="checkbox"/> ResQPOD <input type="checkbox"/> Capnography <input type="checkbox"/> Confirmation	Date:
			Signature:
Unusual Occurrences	<input type="checkbox"/> Definition <input type="checkbox"/> QI Implication <input type="checkbox"/> Reporting Responsibility	<input type="checkbox"/> Time line <input type="checkbox"/> Root Cause Analysis <input type="checkbox"/> Duty Officer Contact Info	Date:
			Signature:
Trauma	<input type="checkbox"/> Purpose of Trauma Center <input type="checkbox"/> Decision Scheme	<input type="checkbox"/> Air transport destination <input type="checkbox"/> Call In on trauma cases	Date:
			Signature:
705 Clarification	Open discussion		Date:
Current Issues	Open discussion		Signature:
10. Field Evaluation completed (at least 5 ALS contacts to determine familiarity with VC Policies/Procedures). The work-ups need to be brought to the EMS Office when completing the accreditation process.			Date:
			Signature:
11. Accreditation card issued.			Date:
			Signature:

When all sections except for section 11 are complete, you can either call the EMS Office for an appointment or mail this completed form and copies of your work up to the EMS Office and your accreditation card will be issued/mailed.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Limited Base Contact		Policy Number 720	
APPROVED Administrator: Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED Medical Director: Angelo Salvucci, MD		Date: June 1, 2014	
Origination Date: June 15, 1998		Effective Date: June 1, 2014	
Date Revised: December 11, 2008			
Date Last Reviewed: December 9, 2010			
Review Date: December 31, 2012			

- I. PURPOSE: To define patient conditions for which Paramedics shall establish LIMITED BH contact.
- II. AUTHORITY: Health and Safety Code 1797.220.
- III. POLICY: Paramedics shall make Limited BH contact for ~~simple~~, uncomplicated cases, which respond positively to initial treatment and require no further intervention or where symptoms have resolved.
 - A. Patient criteria:
 1. Hypoglycemia
 2. Narcotic Overdose.
 3. Chest pain – Acute Coronary Syndrome no arrhythmia, or associated shortness of breath.
 4. Shortness of Breath - Wheezes/Other
 5. Altered Neurological Function - ~~suspected TIA or CVA~~, Chemstick > 60 (no need for Narcan)
 6. Seizure: No drug ingestion, no dysrhythmias, Chemstick > 60 (new onset, no longer seizing, not status epilepticus, not pregnant).
 7. Syncope or near-syncope (stable vs. no dysrhythmia, Chemstick > 60.)
 8. ~~Pain Patients with severe pain who meet requirements of Policy 705 Pain Control~~
 9. Nausea and vomiting
 - B. Treatment to include:
 1. Hypoglycemia: Prior to Contact procedure up to Dextrose
 2. Narcotic Overdose: Prior to Contact procedure up to Narcan
 3. Chest Pain: Prior to Contact procedure up to three sublingual nitroglycerin or nitroglycerin spray (administered by paramedic) and Aspirin 324 mg po.
 4. Shortness of Breath – Wheezes/Other: Prior to Contact procedure up to one nebulized breathing treatment only (administered by paramedic).

5. Altered Neurological Function: Prior to Contact procedure up to administration of Dextrose.
6. Seizure: Prior to contact procedure up to administration of Dextrose and/or Versed.
7. Syncope or near-syncope: Prior to Contact procedure up to IV Chemstick check.
8. Pain: Prior to Contact procedure, including administration of Mmorphine.
9. Nausea/Vomiting: Prior to Contact procedure, up to including administration of Ondansetron.Zofran.

C. Communication

1. The limited BH contact call-in shall include the following information:
 - a. ALS unit number
 - b. "We have ~~have a completed~~ Limited Base Contact (LBC) ~~call~~"
 - c. Age/Sex
 - d. Brief nature of call
 - e. ETA and destination

D. Documentation

1. ALS Unit
 - a. Complete the Approved Ventura County Documentation System with "LBC" noted in the "Base Hospital Contact" box.
2. MICN
 - a. Complete log entry with "LBC" noted in the treatment section.
 - b. EMT-P/BH Communication form is NOT required.
 - c. Call will be documented on tape.

Prehospital Services Committee 2010

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2010	2/11/2010	3/11/2010	4/8/2010	5/13/2010	6/10/2010	7/8/2010	8/12/2010	9/9/2010	10/14/2010	11/1/2010	12/9/2010	%
AMR	Clay	Nick		NC	NC			NC		NC		NC		NC	100
AMR	Panke	Chad		AS	AS			AS		CP		CP		CP	100
CMH - ER	Canby	Neil		NC	NC			NC		NC		NC		NC	100
CMH - ER	Cobb	Cheryl		CC	CC			CC		CC		CC		CC	100
FFD	Herrera	Bill		BH						BH		BH			75
FFD	Hall	Jim		JH	JH									JH	17
GCA	Norton	Tony		TN	TN			TN		TN		TN		TN	100
GCA	Stillwagon	Mike		MS	MS			MS		MS		MS		MS	100
Lifeline	Kuroda	Brian		BK	BK			BK		BK		BK		BK	100
Lifeline	Winter	Jeff		JW	JW			JW		JW		JW		JW	100
LRRMC - ER	David	Paul						PD		PD		PD			75
LRRMC - ER	Hoffman	Jennie		JH	JH			LT		JH		JH		JH	100
OFD	Carroll	Scott		SC	SC			SC		sub		SC		SC	100
OFD	Huhn	Stephanie		SPH	SPH			SPH		SPH		SPH		SH	100
OVCH	Boynton	Stephanie			SB					SB		SB		SB	83
OVCH	Patterson	Betsy								BP		BP		BP	75
SJPVH	Hernandez	Sandi												SH	58
SJRCM	McShea	Kathy		EG	EG			EG		KM		KM		KM	100
SJRCM - SJPVH	Larsen	Todd		RH	RH			KM		TL		TL			92
SPFD	Dowd	Andrew		AD	AD			AD				AD		AD	92
SVH - ER	Tilles	Ira		AY				AY		AY		IT		IT	92
SVH - ER	Estrada	Leticia		LE	LE			LE				LE		JH	92
V/College	Mundell	Meredith		MM	MM			MM		MM		MM		MM	100
VCFD	Merman	Nancy		NM	NM			NM		NM		JH		NM	100
VCFD	Hansen	Jack		JH	JH			JH		JH		NP		JH	100
VNC	Plott	Norm		KH	KH			NP				NP		NP	92
VNC	Black	Shannon		MP				SB		SB		SB		SB	92
VNC	Shedlosky	Robin		RS	RS			RS		RS		RS		RS	100
VCMC - ER	Chase	David		DC	DC			DC		DC		DC		DC	100
VCMC - ER	Utley	Dede		DU	DU			DU		DU				DU	92
VCMC-SPH	Daucett	Michelle		MD				MD		MD		MD		MD	92

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED: Administration: Barry R. Fisher, MPPA <u>Steven L. Carroll, EMT-P</u>		Date: 12/01/07
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 12/01/07
Origination Date: April 1, 1984	Date Revised: September 13, 2007 <u>January 27, 2011</u>	Effective Date: December 1, 2007
Review Date: September, 2007		

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- II. POLICY:
 - A. A Receiving Hospital, approved and designated by the Ventura County, shall:
 - 1. Be licensed by the State California as an acute care hospital.
 - 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 - 3. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations.
 - 4. Operate an Intensive Care Unit.
 - 5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department ~~M.D~~Physician. and consultant ~~M.D~~Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics
 - 6. Have operating room services available within 30 minutes.
 - 7. Have the following services available within 15 minutes.

X-Ray	Laboratory	Respiratory Therapy
-------	------------	---------------------
 - 8. Evaluate all ambulance transported patients promptly, either by RH ~~MD~~Physician, ~~PMD~~Private Physician or other qualified medical personnel designated by hospital policy.

9. Have the capability at all times to communicate with the ambulances and the Base Hospital.
10. Designate a Receiving Hospital Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
 - a. Be regularly assigned to the Emergency Department.
 - b. Have knowledge of VC EMS policies and procedures.
 - c. Coordinate Receiving Hospital activities with Base Hospital, Prehospital Services Committee (PSC), and VC EMS policies and procedures.
 - d. Attend, or have designee attend, Base Hospital Paramedic Committee and Prehospital Services Subcommittee PSC meetings.
 - e. Provide Emergency Department staff education.
 - f. Schedule medical staffing for the Emergency Department on a 24-hour basis.
11. Agree to provide, at a minimum, on a 24-hour basis, a physician specializing in Emergency Medicine and a Registered Nurse that meets the following criteria:
 - a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) ~~Be certified by the American Board of Emergency Medicine or have all of the following:~~ Be certified by the American Board of Emergency Medicine or be board eligible or have all of the following:
 - a) Have and maintain current Advanced Cardiac Life Support certification.
 - b. Have and maintain current Advanced Trauma Life Support certification.
 - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - 3) Full-time resident physicians working in their own institution's Emergency Departments whose function as backup to Advanced Life Support personnel shall fulfill Section 11.a and shall be senior (second and third year) residents.
 - b. Receiving Hospital Emergency Departments shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or
 - 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.

- a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED ~~MD~~Physician.
 - d) During period of double coverage, the whole shall be met if one of the ~~MD's~~ physician's meets the above standards.
- c. All Receiving Hospitals Registered Nurses shall:
- 1) Be regular hospital staff assigned solely to the Emergency Department for that shift.
 - 2) Maintain current Advanced Cardiac Life Support certification.
- d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
- e. Sufficient licensed personnel shall be utilized to support the services offered.
12. Cooperate with and assist the PSC and ~~V~~GEMS Medical Director in the collection of statistics for program evaluation.
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Prehospital Care Record, Paramedic Base Hospital communication form (from the Base Hospital), and documentation of a Base Hospital telephone communication with the Receiving Hospital.
14. Participate with the Base Hospital in evaluation of paramedics for reaccreditation.
15. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the Receiving Hospital and ~~V~~GEMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for Advanced Life Support program participation as specified by ~~V~~GEMS policies and procedures.
- C. ~~V~~GEMS shall review its agreement with each Receiving Hospital at least every two years.

- D. ~~VC~~EMS may deny, suspend, or revoke the approval of a Receiving Hospital for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The ~~VC~~EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a Receiving Hospital in Ventura County must meet Ventura County Receiving Hospital Criteria and agree to comply with Ventura County regulation.
1. Application:
Eligible hospital shall submit a written request for Receiving Hospital approval to the VC EMS, documenting the compliance of the hospital with the Ventura County Receiving Hospital
 2. Approval:
Program approval or denial shall be made in writing by ~~VC~~EMS to the requesting Receiving Hospital within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. Advanced Life Support Receiving Hospitals shall be reviewed on an annual basis.
1. All Receiving Hospitals shall receive notification of evaluation from the ~~VC~~EMS.
 2. All Receiving Hospitals shall respond in writing regarding program compliance.
 3. On-site visits for evaluative purposes may occur.
 4. Any Receiving Hospital shall notify the ~~VC~~EMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

	YES	NO
A Receiving Hospital, approved and designated by the Ventura County , shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations.		
4. Operate an Intensive Care Unit.		
5. Have the following specialty services available at the Receiving Hospital or appropriate referral hospital (at the discretion of the Receiving Hospital M.D. and consultant M.D.) within 30 minutes:		
• Cardiology		
• Anesthesiology		
• Neurosurgery		
• Orthopedic Surgery		
• General Surgery		
• General Medicine		
• Thoracic Surgery		
• Pediatrics		
• Obstetrics		
6. Have operating room services available within 30 minutes.		
7. Have the following services available within 15 minutes.		
• X-Ray		
• Laboratory		
• Respiratory Therapy		
8. Evaluate all ambulance transported patients promptly, either by RH MD Physician, PMD Private Physician or other qualified medical personnel designated by hospital policy.		
9. Have the capability at all times to communicate with the ambulances and the Base Hospital.		
10. Designate a Receiving Hospital Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of local V CEMS Advanced life Support policies and procedures.		
c. Coordinate Receiving Hospital activities with Base Hospital, PSC and V CEMS policies and procedures.		
d. Attend or have designee attend Base Hospital Paramedic Committee and PSC meetings.		

	YES	NO
e. Provide Emergency Department staff education.		
f. Schedule medical staffing for the Emergency Department on a 24-hour basis.		
11. Agree to provide, at a minimum, on a 24-hour basis, a physician specializing in Emergency Medicine and a Registered Nurse. A physician who is Board certified or fulfills the criteria in item 13b shall be considered a specialist in Emergency Medicine.		
a. All Emergency Department physicians shall:		
1). Be immediately available to Emergency Department at all times.		
2). <u>Be certified by the American Board of Emergency Medicine or be board eligible or have all of the following:</u> Be certified by the American Board of Emergency Medicine or have all of the following:		
a). Have and maintain current Advanced Cardiac Life Support certification.		
b). Have and maintain current Advanced Trauma Life Support certification.		
c). Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
3). Full-time resident physician working in their own Institution's Emergency Departments. Resident physicians who function, as backup to Advanced Life Support personnel shall fulfill Section 11.a and shall be senior (second and third year) residents.		
b. Receiving Hospital Emergency Departments shall be staffed by:		
1). Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
2). Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
a). Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
b). Physicians working in more than one hospital may total their hours		
c). Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED MD Physician		
d). During period of double coverage, the whole shall be met if one of the MD's <u>physicians</u> meets the above standards.)		
c. All Receiving Hospitals Registered Nurses shall:		

	YES	NO
1) Be regular hospital staff assigned solely to the Emergency Department for that shift.		
2) Maintain current Advanced Cardiac Life Support certification.		
d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.		
e. Sufficient licensed personnel shall be utilized to support the services offered.		
12. Cooperate with and assist the PSC and V CEMS Medical Director in the collection of statistics for program evaluation.		
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Prehospital Care Record paramedicBase Hospital communication form (from the Base Hospital), and documentation of a Base Hospital telephone communication with the Receiving Hospital.		
14. Participate with the Base Hospital in evaluation of paramedics for reaccreditation.		
<u>15. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.</u>		
15. There shall be a written agreement between the Receiving Hospital and V CEMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by V CEMS policies and procedures.		

Physician Name: _____

Date: _____

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the Receiving Hospital Emergency Department at all times.		
2.	Be certified by the American Board of Emergency Medicine or have the following:		
a.	Have and maintain current Advanced Cardiac Life Support certification.		
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c.	It is recommended that Receiving Hospital physicians be ATLS certified.		
3.	Full-time resident physician working in their own Institution's Emergency Departments. Resident physicians who function, as backup to Advanced Life Support personnel shall fulfill Section 14.a and shall be senior (second and third year) residents.		

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED MD Physician)		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Notification of Exposure to a Communicable Disease		Policy Number 612	
APPROVED: Administration: Barry R. Fisher Steven L. Carroll, EMT-P		Date	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date	
Origination Date: April 27, 1990		Effective Date: June 1, 2007	
Date Revised: December 21, 2006			
Review Date: June, 2009			

- I. PURPOSE: ~~To implement Section 1797.188 of the Health and Safety Code which requires local Health Officers or his/her designee to notify emergency medical technicians and Paramedic, lifeguards, firefighters and peace officers when any of them have been exposed to a person with a reportable disease which can, as determined by the Health Officer, be transmitted through oral contact, secretions of the body and blood.~~
To provide a protocol for communication between health facility and prehospital providers in the event an emergency responder has been exposed to bloodborne pathogens, aerosol transmissible pathogens or other reportable diseases or conditions mandated by Ventura County Public Health.
- II. AUTHORITY:
- Health and Safety Code, Division 2.5, Section 1797.188
 - CA Code of Regulations, Title 17, Section 2500
 - Public Health and Safety Act, Title 26, Section 1793
 - CA CFR 1910.1030
 - CCR, Title 8, Section 5199, Aerosol Transmissible Diseases
 - CCR, Title 8, Section 5193, Bloodborne Pathogens
- III. DEFINITIONS:
- A. ~~“Prehospital Care Personnel”—emergency medical technicians, paramedics, lifeguards, firefighters and peace officers, whether volunteers, partly paid or fully paid.~~
- A. Aerosol Transmissible Exposure Incident – an event in which all of the following have occurred:
1. An employee who has been exposed to an individual who is a case or suspected case of a reportable ATD,
 2. The exposure occurred without the benefit of applicable exposure controls

3. It reasonable appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation

B. Bloodborne Exposure Incident – a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral (needle-stick) contact with blood or other potentially infectious materials that result from the performance of an employee's duties

C. Communicable Disease - an illness due to a specific infectious agent which arises through transmission of that agent from an infected person, animal or objects to a susceptible host, either directly or indirectly

D. Designated Officer – an official, or their designee, designated to evaluate and respond to possible infectious disease exposures of their employees

E. Emergency Responder - paramedic, EMT, firefighter, peace officer, lifeguard and other public safety personnel

F. Health Care Facility – any hospital which provides emergency medical care and which receives patients following care by emergency responders

G. Infection Control Nurse – a registered nurse who is assigned responsibility for surveillance and infection prevention, education and control activities

H. Reportable Disease – an infectious disease required to be reported to the Ventura County Communicable Disease Division pursuant to CCR, Title 17, Section 2500

~~B. "Exposure" – any contact that is likely to transmit a communicable disease from one person to another; for instance, being stuck by a needle that is contaminated with the blood of another person, having blood splashed into the eye, mouth or onto skin that has a fresh wound, a weeping rash, skin that is not intact or giving mouth-to-mouth resuscitation to a person with an infection of the mouth, throat or lungs.~~

~~C. "Health Facility" – any facility which provides in-patient medical care and which receives patients following care by emergency prehospital personnel.~~

IV. POLICY: ~~It shall be the policy of the Health Officer of Ventura County to notify any person who renders emergency care or rescue services to another individual if through the emergency care services to another individual if through the emergency care that individual might have been exposed to a reportable communicable disease in a manner which could transmit the disease. This notification shall follow the procedure outlined below. The name of the person infected with the communicable disease will not be released by the Health Officer. If the person~~

~~infected with the communicable disease dies, the health facility in which the death occurred should notify whoever removes the body, either the funeral home director or the coroner of the pertinent diagnosis.~~

~~As an alternative and at the request of the health facility, the Health Officer or his/her designee shall notify the coroner or funeral director of a communicable disease diagnosis. This notification should occur either before or at the time of removal of the body.~~

~~It shall be the policy of all emergency responders to wear appropriate personal protective equipment during patient care~~

~~It shall be the policy of the Emergency Medical Services Agency to insure that emergency responders are notified if they have been exposed to a reportable communicable disease in a manner which could transmit the disease. This notification shall follow the procedures outlined below. The name of the patient infected with the communicable disease will be not released during this notification process.~~

~~In the event the patient dies and the county medical examiner determines the presence of a communicable disease, they will notify the County EMS Agency Duty Officer. The Duty Officer will determine which, if any, emergency responders were involved and will notify the Designated Officer at those departments.~~

V. PROCEDURE:

~~NOTIFICATION OF PREHOSPITAL PERSONNEL~~

~~A. Responsibilities of Emergency Workers:~~

~~The emergency or rescue person who believes he/she has been exposed to a person infected with a communicable disease must provide the ambulance crew transporting the patient or the hospital personnel receiving the patient with the following information:~~

- ~~• Name of person exposed~~
- ~~• Locating information such as occupation, employer, work phone or employer message phone~~
- ~~• The nature of the exposure (i.e., needle stick, mouth-to-mouth resuscitation, blood splatters, etc.).~~

~~B. Responsibilities of Health Facilities:~~

~~Each health facility is responsible for developing internal procedures to document instances where emergency or rescue personnel have been exposed to reportable~~

~~communicable diseases by patients brought to their facility. Each health facility must also ensure follow-up reports are sent/faxed in a timely manner to the Public Health Communicable Disease Office at 2240 E. Gonzales Rd. #220, Oxnard CA, 93036, or fax number ed to 805-981-5200.~~

~~All cases which fit the criterion for reporting as stated above shall also be reported by phone to Public Health Services at 805-981-5201 Monday through Friday from 8:00 a.m. to 5:00 p.m. If this occurs on holidays, weekends or evenings, Public Health Services shall be notified at 8:00 a.m. on the first business day following exposure or for emergent reporting (e.g. meningococcal disease) the general Public Health number 805-981-5201 should be called to reach the Public Health Manager on-call. The information required to be reported shall include:~~

- ~~•All the information presently required on the Confidential Morbidity Report (CMR) of the State of California (see attachment).~~
- ~~•The name, locating information and nature of the exposure of the emergency or rescue person thought to be exposed~~

~~This information will need to be kept by the health facility so that the patient can be tracked until it is determined that they were or were not infected with a communicable disease.~~

~~C. Responsibilities of the Health Officer:~~

~~The Health Officer or his/her designee will notify the prehospital emergency or rescue worker of any pertinent communicable disease exposure and make recommendations for needed prophylaxis or follow-up health care.~~

~~A. Field Exposure to a Reportable Disease~~

~~When an emergency responder has a **known or suspected** bloodborne, airborne transmissible disease or infectious disease exposure the following procedure shall be initiated (Appendix B):~~

- ~~1. All emergency responders who know or suspect they have had a bloodborne exposure should immediately:~~
 - ~~a. Initiate first aid procedures (wash, irrigate, flush) to diminish exposure potential~~
 - ~~b. Notify their supervisor~~
- ~~2. Report the exposure by contacting their department's Designated Officer (DO).~~
- ~~3. The DO shall determine if an exposure has occurred and completes appropriate documentation.~~

4. If it is determined that an exposure occurred, the DO shall initiate a Prehospital Exposure Tracking/Request Form (Appendix A) and obtain the information regarding the source patient and their location.
5. The DO will make contact with the appropriate person (e.g. ED charge nurse, Prehospital Care Coordinator, infection control nurse or coroner) at the source patient's location to confirm the presence of a communicable disease and/or request any needed source patient testing.
6. The DO will fax a request for source patient information utilizing the Prehospital Exposure Tracking/Request Form (Appendix A) to their contact at the patient's location.
7. The source patient shall be tested as soon as feasible based on the type of exposure:
 - a. Bloodborne Exposure – Hepatitis B, Hepatitis C, Rapid HIV, Syphilis.
 - b. Airborne Exposure – appropriate testing as indicated
8. Results of the source patient's testing shall be released to the DO, who will notify the exposed emergency responder(s) and facilitate any required medical treatment or follow-up.
9. The DO will arrange for the exposed emergency responder(s) to receive appropriate follow-up which may include a confidential medical examination, including vaccination history and baseline blood collection. (CA CFR 1910.1030)

B. Hospital Notification of a Reportable Disease

When a health care facility diagnoses an airborne transmissible disease or infectious disease the following procedure will be initiated (Appendix C):

1. The Infection Control Nurse or Emergency Department Personnel will notify Ventura County Public Health Officer or designee.
2. The Ventura County Public Health Officer will notify the Emergency Medical Services Agency (EMSA) Duty Officer.
3. The EMSA Duty Officer will determine if emergency responders were involved in the patient's care. If emergency responders were possibly exposed to the recently diagnosed patient, the Duty Officer will contact the involved department's DO with the date, time and location of the incident and the nature of the exposure
4. The DO will investigate the circumstances of the possible exposure and arrange for the exposed emergency responder(s) to receive appropriate follow-up which

[may include a confidential medical examination, including vaccination history and baseline blood collection. \(CA CFR 1910.1030\)](#)

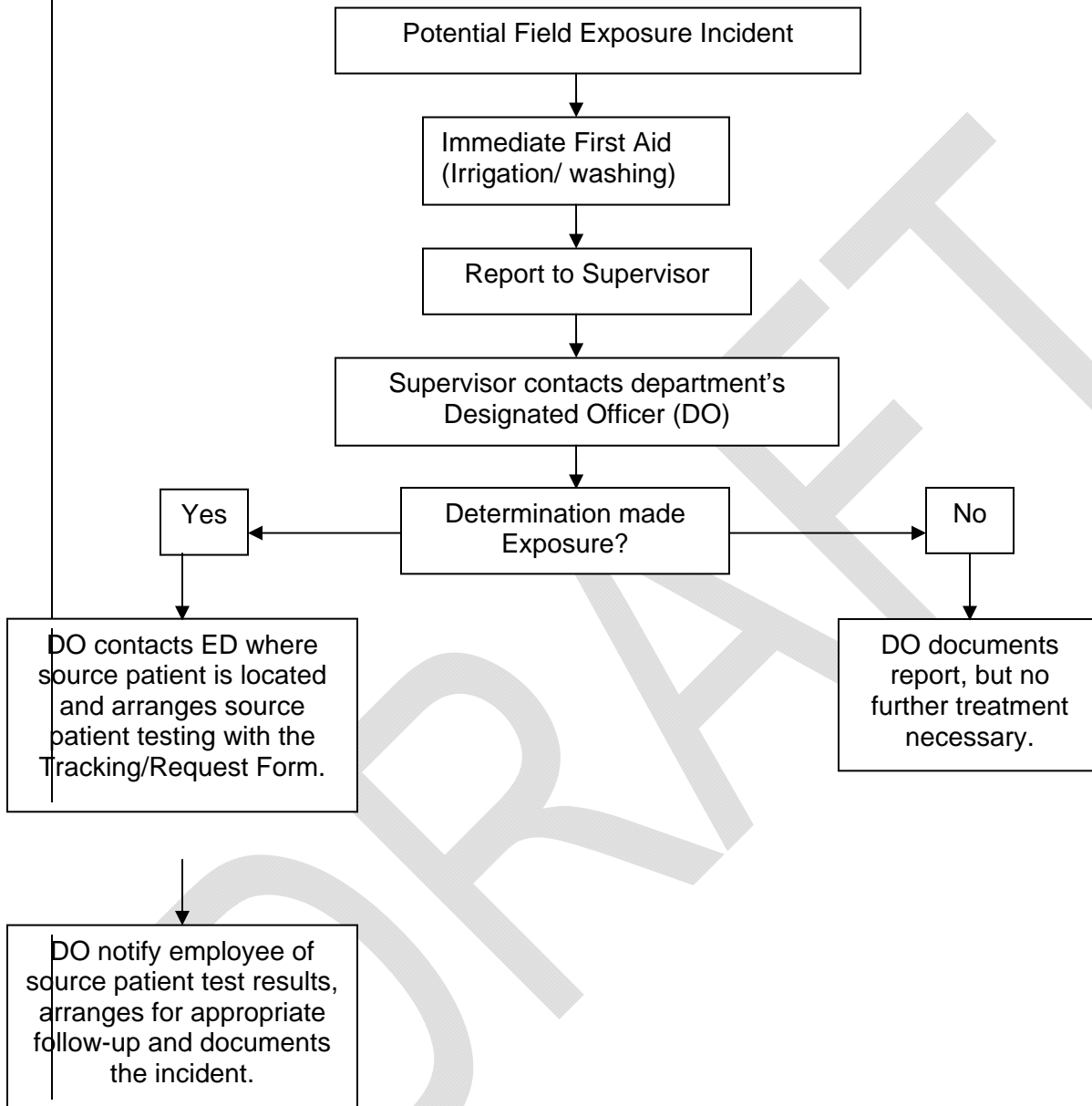
DRAFT

Pre Hospital Exposure Tracking/ Request Form

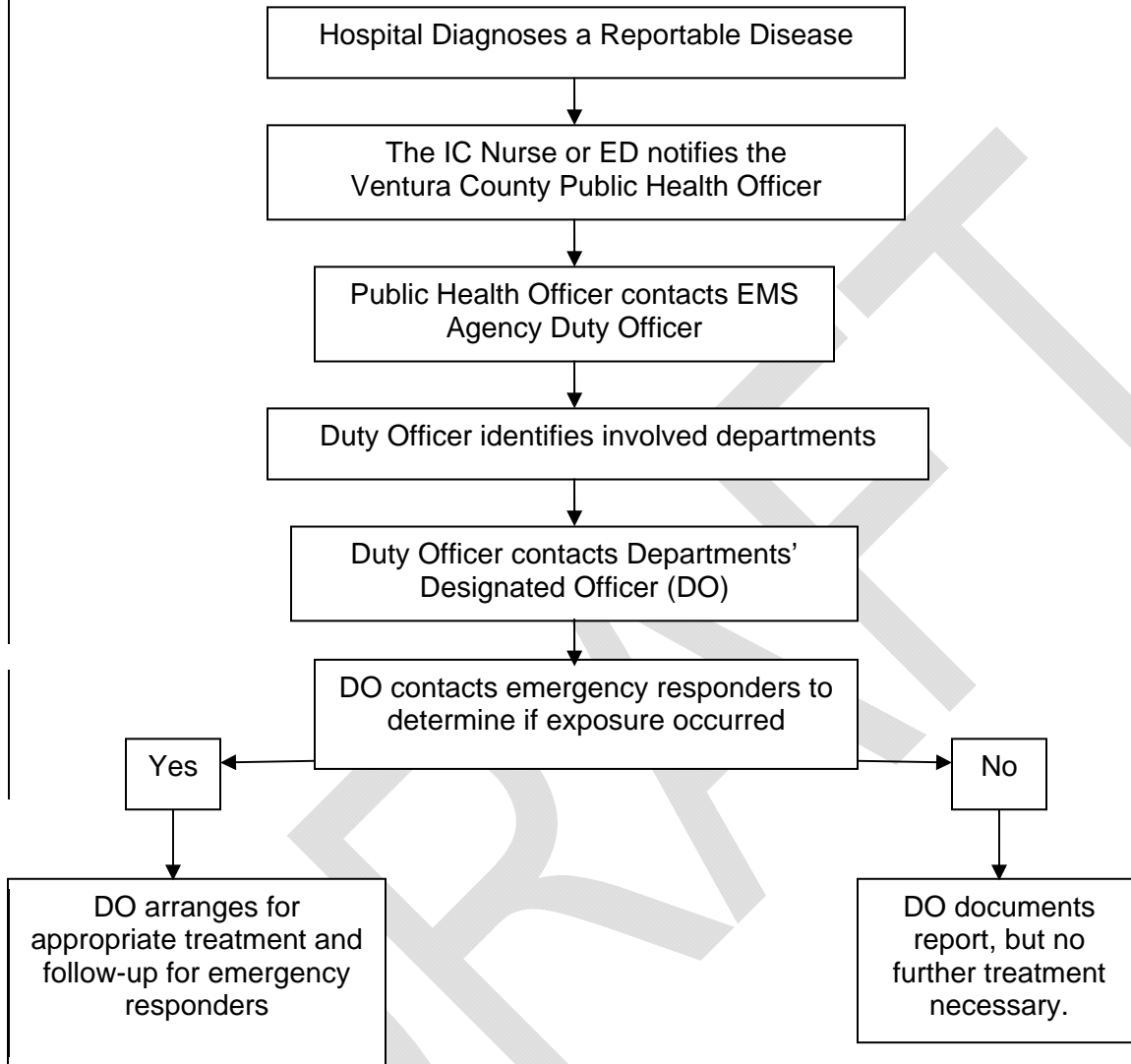
Hospital Receiving Request					
<input type="checkbox"/>	CMH	<input type="checkbox"/>	LRHMC	<input type="checkbox"/>	OVCH
<input type="checkbox"/>	SPH	<input type="checkbox"/>	SVH	<input type="checkbox"/>	VCMC
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SJPHV
					SJPMC
Name of Person Receiving Request					
Requestor Information					
Date/Time of Request:			Fire Incident #:		
Name of Requestor:		Title:		Contact Number:	
Signature of Requestor:					
Agency Making Request					
<u>AMR</u>		<u>GCA</u>		<u>FLM</u>	
<u>LMT</u>		<u>OXD</u>		<u>SAR</u>	
<u>SPA</u>		<u>SAR</u>		<u>VEN</u>	
<u>VFF</u>		<u>VNC</u>		<u>Other:</u>	
Source Patient Information					
Source Patient:		DOB:		MR#	
Description of Bloodborne Exposure					
<u>Description of Exposure:</u>					
Description of Airborne Exposure					
<u>Description of Exposure</u>					
<u>Aerosol Transmissible</u>		<u>Blood borne</u>		<u>Disease</u>	
<u>Hollow needle Stick</u>		<u>Splash</u>		<u>TB</u>	
Recommended Source Patient Blood Work					
<u>Hepatitis B Antigen</u>		<u>Hepatitis C Antibody</u>		<u>Rapid HIV</u>	
<u>RPR</u>					
<u>Other:</u>					
Diagnosis: Bloodborne Pathogen Exposure: V15.85					
<u>Exposed Employee's Name:</u>					
DOB:			Date of Injury/Exposure:		
Billing Information					
<u>Workers Compensation Carrier:</u>					
<u>Name of Employer:</u>					
<u>Name:</u>					
<u>Address:</u>					
<u>Phone Number:</u>					
<u>FAX number:</u>					
Release of Source Patient Results					
Release Results To:		Phone #:		FAX #:	
Date/Time Results Released:					

Appendix B

Policy 612 Algorithm: Field Exposure to a Reportable Disease



Policy 612 Algorithm: Hospital Notification of a Reportable Disease



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Interfacility Transfer of Patients to a Trauma Center		Policy Number 1404	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 07-01-2010	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 07-01-2010	
Origination Date: July 1, 2010		Effective Date: July 1, 2010	
Date Revised:			
Date Last Reviewed:			
Review Date: July 1, 2012			

- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY: The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.
 - A. Life-threatening injuries to trauma center
 1. Carotid or vertebral arterial injury
 2. Torn thoracic aorta or great vessel
 3. Cardiac rupture
 4. Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
 5. Major abdominal vascular injury
 6. Grade IV or V liver injuries requiring >6 U RBC transfusion in 6 hours
 7. Unstable pelvic fracture requiring >6 U RBC transfusion in 6 hours
 8. Fracture or dislocation with loss of distal pulses
 9. Penetrating injury or open fracture of the skull
 10. Glasgow Coma Scale score <14 or lateralizing neurologic signs
 11. Spinal fracture or spinal cord deficit
 12. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
 13. Open long bone fracture
 14. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)

15. Any traumatic injury that meets criteria as a life-or-limb threatening injury as listed in VCEMSA Policy 1407, "Emergency Trauma Transfers"

B. Ventura County Level II Trauma Centers:



1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above.
3. Will establish a written interfacility transfer agreement with every hospital in Ventura County, which references the community hospital's specific clinical criteria for transfer of a trauma patient to the trauma center. Written agreements will be submitted to VCEMS; subsequent changes to the agreements will be submitted to VCEMS within thirty (30) days of the change.

C. Community Hospitals:

1. Required to Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.
3. Will establish their own written clinical criteria that are valid **seven days a week/24 hours a day**, for either admitting trauma patients who require inpatient care to their down facility or transferring them to a trauma center. The written transfer criteria will be referenced by the interfacility transfer agreements with trauma centers.

D. A transfer from a community hospital to a trauma center for a patient with a condition NOT included in the guidelines above shall be arranged per VCEMS Policy 605: "Interfacility Transfer of Patients."

E. An emergent transfer will be arranged as a Code Trauma-, per see-VCEMS Policy 1407: "Code Trauma" Emergent Transfer of Patients with Critical Trauma to Trauma Center)Emergency Trauma Transfers."

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Trauma Transfers		Policy Number 1407	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: January 18, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: January 18, 2011	
Origination Date:	January 18, 2011		
Date Revised:		Effective Date:	January 18, 2011
Last Reviewed:			
Review Date:	January 18, 2013		

- I. PURPOSE: To define the “Code Trauma” and “Trauma Call Continuation” process by which patients at a community hospital that emergently require the specialty services of a designated trauma center are transferred.
- II. AUTHORITY: Health and Safety Code, §1797.220 and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
 - A. Code Trauma: A process by which a patient with potential life-or-limb threatening traumatic injuries who require an immediate procedure at a designated trauma center and a delay in transfer will result in deterioration of the patient's condition, and the treating physician requests immediate transport to a designated trauma center.
 - B. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance requires an immediate procedure at a designated trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
 - C. Life-or-limb threatening injuries in need of emergency procedures are patients with at least one of the following:
 1. Indications for an immediate neurosurgical procedure.
 2. Penetrating gunshot wounds to head or torso.
 3. Penetrating or blunt injury with shock.
 4. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
- IV. POLICY: Responsibilities of each of the trauma system participants are listed below.
 - A. Community hospitals will:

1. Assemble and maintain a “Code Trauma Pack” in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County trauma centers.
 - b. Patient consent/transfer forms.
 - c. Treatment summary sheet.
 - d. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.”
 2. Have policies, procedures, and a quality improvement system in place to track and review all Code Trauma activations, Trauma Call Continuations, and minimize emergency department (ED)-arrival-to-departure time.
 3. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center. These policies will include patient criteria for requiring healthcare personnel beyond the paramedic scope of practice to accompany a trauma patient in transport.
- B. Ventura County Fire Communications Center (FCC) will:
1. Respond to a “Code Trauma” transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
 2. Consider “Trauma Call Continuation” transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
- C. Ambulance Companies
1. Ambulance companies will respond immediately upon request for “Code Trauma” transfer.
 2. For patients who are re-triaged on arrival at a community hospital and are determined by the referring physician to require “Trauma Call Continuation,” ambulance companies will immediately transport the patient to a designated trauma center, with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
 3. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.
- D. Trauma Centers will:
1. Publish a single phone number, that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section III.B of this policy.
 2. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section III.[B-C](#) of this policy.
 3. Immediately post on ReddiNet when there is no capacity to accept trauma patients.

V. PROCEDURE:

A. Code Trauma:

1. Upon determination of Code Trauma, and after discussion with the patient, the transferring hospital will:
 - a. Determine the most appropriate means for the patient transfer, either paramedic ambulance, critical care transport (CCT), or paramedic ambulance accompanied by healthcare staff from the transferring hospital.
 - (1) For patients appropriate for paramedic ambulance transport:
 - (a) Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
 - (b) Identify their facility to the dispatcher and advise they have a "Code Trauma" transfer and the destination trauma center.
 - (2) For patients appropriate for CCT transport (the patient requires accompaniment of healthcare staff beyond paramedic scope of practice):
 - (a) Immediately contact the appropriate CCT provider agency, advise they have a "Code Trauma" and are requesting emergency CCT response.
 - (3) For patients appropriate for CCT transport and CCT response is delayed:
 - (a) Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the trauma center.
 - (b) Immediately call Ventura County Fire Communications Center to request an ambulance as described in paragraph A.1.a.1. above.
 - b. After requesting the transport vehicle, the transferring physician will notify the trauma center emergency physician of the transfer.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form.
 - e. Contact the trauma center for nurse report at the time of, or immediately after, the ambulance departs.
 2. Upon request for "Code Trauma" transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize "MEDxxx Code Trauma from [transferring hospital]". The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.

3. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the "Code Trauma" transfer.
 4. Ambulance units will remain attached to the incident and FCC will track their dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
 5. The patient shall be emergently transferred without delay. Every effort will be made to minimize ambulance on-scene time in the transferring hospital ED.
 - a. All forms should be completed prior to ambulance arrival.
 - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 - c. Intravenous drips may be discontinued or remain on the ED pump.
- B. Trauma Call Continuation
1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital ~~will~~:
 - a. Will Do direct the ambulance personnel to prepare to continue the transport to the trauma center.
 - b. May Not notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient's apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
 2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking en-route hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
 3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.
- C. For all Code Trauma and Trauma Call Continuation transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.



Emergency Trauma Transfer QI Form
Form: Ventura County EMS Agency Policy 1407

Date: _____

Sending Hospital:

- SVH SJPVH SJRMC OVCH CMH SPH

Treating Physician: _____

Patient Arrived ED:

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

Destination Trauma Center:

- LRHMC
 VCMC
 Other: _____

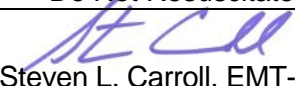

Patient Transfer Process:

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

Describe the condition that required an immediate procedure at a trauma center:

Comments:

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Do Not Resuscitate		Policy Number 613	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: January 12, 2009	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: January 12, 2009	
Origination Date:	October 1, 1993	Effective Date:	January 12, 2009
Date Revised:	January 12, 2009		
Date Last Reviewed:	January 12, 2009		
Review Date:	January 31, 2011		

- I. PURPOSE: To establish criteria for a Do Not Resuscitate (DNR) Order, and to permit Emergency Medical Services personnel to withhold resuscitative measures from patients in accordance with their wishes.
- II. AUTHORITY: California Health and Safety Code, Sections 1798 and 7186. California Probate Code, Division 4.7 (Health Care Decisions Law). California Code of Regulations, Title 22, Sections 70707(6), & 72527(a),(4).
- III. DEFINITIONS:
 - A. "EMS Personnel": All EMT-1s, paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
 - B. "Resuscitation": Medical interventions whose purpose is to restore cardiac or respiratory activity, and which are listed below:
 1. External cardiac compression (chest compressions).
 2. Defibrillation.*
 3. Tracheal Intubation or other advanced airway.*
 4. Assisted Ventilation for apneic patient.*
 5. Administration of cardiotoxic medications.*
 - C. "DNR Medallion": A permanently imprinted insignia, worn by a patient that has been manufactured and distributed by an organization approved by the California Emergency Medical Services Authority.
 - D. "DNR Order": An order to withhold resuscitation. A DNR Order shall be considered operative under any of the following circumstances. If there is a conflict between two DNR orders the one with the most recent date will be honored.
 1. A fully executed original or photocopy of the "Emergency Medical Services Prehospital DNR Form" has been read and reviewed on scene;
 2. The patient is wearing a DNR Medallion;

* - Defibrillation, advanced airway, assisted ventilation, and cardiotoxic medications may be permitted in certain patients using a POLST form. Refer to VCEMS Policy 625.

3. A fully executed California Durable Power of Attorney For Health Care (DPAHC) form is seen, a health care agent designated therein is present, and that agent requests that resuscitation not be done;
 4. A fully executed Natural Death Act Declaration has been read and reviewed on scene;
 5. A fully executed California Advance Health Care Directive (AHCD) has been read and reviewed on scene and:
 - a. a health care agent designated therein is present, and that agent requests that resuscitation not be done, or
 - b. there are written instructions in the AHCD stating that the patient does not wish resuscitation to be attempted;
 6. A completed and signed Physician Orders for Life-Sustaining Treatment (POLST) form has been read and reviewed on scene, and in Section A, "Do Not Attempt Resuscitation/DNR" is selected, or;
 7. For patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities, a written document in the patient's permanent medical record containing the statement "Do Not Resuscitate", "No Code", or "No CPR," has been seen. A witness from the health care facility must verbally document the authenticity of this document.
- E. "California Advance Health Care Directive (AHCD)". As defined in California Probate Code, Sections 4600-4805.
- F. "California Durable Power of Attorney for Health Care (DPAHC)": As defined in California Civil Code, Sections 2410-2444.
- G. "Natural Death Act Declaration": As defined in the Natural Death Act of California, Health and Safety Code, Sections 7185-7195.
- H. "Physician Orders for Life-Sustaining Treatment (POLST)". As defined in California Probate Code, Division 4.7 (Health Care Decisions Law).
- IV. PROCEDURE:
- A. All patients require an immediate medical evaluation.
 - B. Correct identification of the patient is crucial in this process. If not wearing a DNR Medallion, the patient must be positively identified as the person named in the

DNR Order. This will normally require either the presence of a witness or an identification band.

- C. When a DNR Order is operative:
1. If the patient has no palpable pulse and is apneic, resuscitation shall be withheld or discontinued.
 2. The patient is to receive full treatment other than resuscitation (e.g., for airway obstruction, pain, dyspnea, hemorrhage, etc.).
 3. If the patient is taking high doses of opioid medication has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes.
- D. A DNR Order shall be considered null and void under any of the following circumstances:
1. The patient is conscious and states that he or she wishes resuscitation.
 2. In unusual cases where the validity of the request has been questioned (e.g., a family member disputes the DNR, the identity of the patient is in question, etc.), EMS prehospital personnel may temporarily disregard the DNR request and institute resuscitative measures while consulting the BH for assistance. Discussion with the family member, with explanation, reassurance, and emotional support may clarify any questions leading to validity of a DNR form.
The underlying principle is that the patient's wishes should be respected.
 3. There is question as to the validity of the DNR Order.
Should any of these circumstances occur, appropriate treatment should continue or immediately commence, including resuscitation if necessary. Base Hospital contact should be made when appropriate.
- E. Other advanced directives, such as informal "living wills" or written instructions without an agent in the California Durable Power of Attorney for Health Care, may be encountered. Should any of these occur, appropriate treatment will continue or immediately commence, including resuscitation if necessary. Base Hospital contact will be made as soon as practical.

- F. In case of cardiac arrest, if a DNR Order is operative, Base Hospital contact is not required and resuscitation should not be done. Immediate base hospital contact is strongly encouraged should there be any questions regarding any aspect of the care of the patient.
 - G. If a DPAHC or AHCD agent requests that resuscitation not be done, the EMT shall inform the agent of the consequences of the request.
 - H. DNR in a Public Place
Persons in cardiac arrest with an operative DNR Order should not be transported. The Medical Examiner's office should be notified by law enforcement or EMS personnel. If possible, an EMS representative should remain on scene until a representative from law enforcement or the Medical Examiner's office arrives.
- V. DOCUMENTATION:
- For all cases in which a patient has been treated under a DNR Order, the following documentation is required in the AVCDS report:
- A. Name of patient's physician signing the DNR Order.
 - B. Type of DNR Order (DNR Medallion, Prehospital DNR Form, POLST Form, written order in a licensed health care facility, DPAHC, Natural Death Act Declaration).
 - C. If the decision to withhold or terminate resuscitative measures was made by an EMT-1, his/her name and certificate number.
 - D. For all cases which occur within a licensed health care facility, in addition to above, if the DNR Order was established by a written order in the patient's medical record, the name of the physician signing and the witness to that order.
 - E. If resuscitation is not done because of the request of a healthcare agent designated in a DPACH or AHCD, the agent's name.

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, EMT-P		Date: January 8, 2009	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: January 8, 2009	
Origination Date: January 7, 2009			
Date Revised:		Effective Date: January 9, 2009	
Date Last Reviewed:			
Review Date: January, 2011			

- 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 EMT-1s, EMT-Ps 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 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.
- C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.
1. If “**Comfort Measures Only**” is selected, the following treatments may be done as indicated to relieve pain and suffering:
 - a. Patient positioning
 - b. Oxygen
 - c. Airway suctioning
 - d. Relief of airway obstruction (including Magill Forceps)
 - e. Pain control per VC EMS Policy 705
 2. If “**Limited Additional Interventions**” is selected, in addition to the above “Comfort Measures Only” items, the following treatments may be done as indicated:
 - a. IV fluids
 - b. bag-mask ventilation
 - c. CPAP
 - d. DO NOT INTUBATE

If the “Do Not Transfer to hospital for medical interventions” option is selected, contact the base hospital. Generally the patient will be transported.
 3. If “**Full Treatment**” is selected the patient will be treated with all medically indicated medications and/or procedures. If a patient has selected both “Do Not Attempt Resuscitation/DNR” in Section A and “Full Treatment” in Section B, if the patient is witnessed to go into a shockable rhythm and still has agonal respirations, defibrillate once and begin bag-mask ventilations, but do not begin chest compressions.

- 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 AVCDS.:

- A. A statement that the orders on a POLST form were followed..
- B. The section of the POLST form that was applicable.