

In-person
2240 E. Gonzales Road #200
Oxnard, CA

Pre-hospital Services Committee
Agenda

May 8, 2025
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Director Report – Dr. Shepherd

- A. Buprenorphine
- B. Safety Event Reports
- C. Cardiac Arrest Survival
- D. Recognition Awards

V. New Business or Policies for Review with Proposed Changes

- A. 705.19 - Pain Control (IV Acetaminophen) Dr. Shepherd and Andrew Casey

VI. Old Business

- A. None

VII. Informational/Discussion Topics or Policies Approved at Specialty Care Committees

- A. 720 - Guidelines for Limited Base Contact Andrew Casey

VIII. Policies Due for Review (*No proposed changes*)

- A. 106 – Development of Proposed Policies/Procedures; Amendments to Existing Policy
- B. 121 – Safety Event Review

IX. Agency Reports

- A. Fire Departments
- B. Ambulance Providers
- C. Base Hospitals
- D. Receiving Hospitals
- E. Law Enforcement
- F. ALS Education Program-Ventura College
- G. ALS Education Program-Moorpark College
- H. EMS Agency
- I. Other

X. Closing

Topic	Discussion	Action	Approval
I. Introductions	Kristin Shorts (Simi) Introduced Matt Mckee as interim PCC during her transition. Introduced Patty Hutchinson as new AMR regional Medical Director for SLO to Ventura. Adriane Gil-Stefansen (VCEMS) introduced Veronica Ayala as admin assistance, helping take minutes and attending these meetings moving forward. Mike Devasarian introduced himself as Operations Manager with MedTrans Ambulance, recently accredited in Ventura County.	Welcome	
II. Approve Agenda		Approved	Motion: Kyle Blum Seconded: Ira Tilles Passed: Unanimous
III. Minutes		Approved	Motion: Ira Tilles Seconded: Tom O'Connor Passed: Unanimous
IV. Recognition Awards			
V. Medical Director Report	Dr. Daniel Shepherd (VCEMS)- On April 1 st Prehospital Blood Transfusion program was launched, one unit in Camarillo off Las Posas, and second unit pending today in Santa Paula. Goal is to gradually week by week increase to a par level of roughly 4, maybe 5 per week. Program will be evaluated for the capacity of adding additional units. A lot of recognition and gratitude to VCMC and Dr. Duncan for spearheading and figuring out all the logistics of how to cycle the blood with the help of the VCMC blood bank, VCMC trauma team and County Fire to support this process. This program is not limited to trauma and postpartum hemorrhage like others, we have opened the door to hemorrhagic shock where blood is an option. We have utilized experts from regions that have been doing this for a while such as Texas, Louisiana and Florida. In both civilian and military, it's safe and there is a clinical signal that it can improve mortality and decrease things like ICU stay and other morbidity. The blood is handled, monitored, maintained the same as it would be in a blood bank. There is a lot of oversight.		

A. Buprenorphine	It was on the backburner while focus was on completing the blood program. The training has been done and we are targeting hopefully around May 1 st , will confirm with Matt at Conejo and let everyone know that tentatively 05/01/2025 everything will be distributed and available for Opioid use disorder.		
B. Whole Blood	N/A		
C. Safety Event Reports	N/A		
D. Cardiac Arrest Survival	Lucas subcommittee cardiac arrest survival review was done, still waiting for final reports. Final numbers for 2024: -Overall survival nontraumatic arrests 10.4% -Bystander witness survival 17.6% -Unwitnessed survival 4.6% -Utstein survival 35% vs national average last year at 30% -Utstein with bystander intervention 32.5% -Bystander intervention CPR 47% -Bystander intervention AED 5.8% Final 2024 report will be emailed this week.		
E. Recognition Awards	Colin Murphy AMR Angel Flores GCA Derek Hawthorne VCFD		
VI. New Business	Policies for Review with Proposed Changes		
A. 606 – Determination of Death	<p>Kyle Culkun VCEMS- This was brought to our attention by one of our trauma centers and it sounds like the had a couple of instances essentially in a row where someone was essentially obviously dead on scene but did not meet the decapitation, incineration or decomposition; however they were under the age of 18 which caused a transport that was tough on the family members and the staff for a variety of reasons. Brought to the Trauma Committee to potentially update our 606 policy and the algorithm to include something along the lines of catastrophic head injury. To basically prevent these unneeded transports to trauma centers to decrease the impact on family and medical staff. Adriane (VCEMS) and Andrew (VCEMS) worked to update the algorithm.</p> <p>Dr. Daniel Shepherd (VCEMS)- One of the requests for review came from, Doctor Dickinson, but also the chief medical examiner.</p>	Approved	Motion: Ira Tilles Seconded: Jeff Winters Passed: Unanimous

	<p>We had a couple cases where the pediatric patients were clearly deceased and traditionally, we had transported. We listened to the calls and there didn't seem to be an internal struggle on the part of the paramedics where this is clearly not survivable. They asked if we can look at that. Dr. Shepherd will look at possible changes to this policy.</p>		
B. 705.01 – Trauma Treatment Guidelines	<p>Dr. Shepperd- Advising crew to do their normal workflow and follow their protocol practices, if the blood happens to get there, great, but we are not having to wait on scene for the blood. Andrew Casey- The only change on trauma treatment guidelines is C.2 and fusion of blood products. Dr. Shepperd- The State Scope of Practice does not include transfusion, so we went to the state and requested a local optional scope. You can use whole blood or PRBC's, the max general is 2 units prehospital, if you are 14 years old or older, with informed consent. Dr. Todd Larsen- There should be an addendum on C.2.D.2.C of "EMS witnessed"</p> <p>Addendum on C.2.E.4 to "<14"</p> <p>Denise- Formatting issue two items numbered 3 under C.</p> <p>Standardizing the wording for repeat</p>	Approved	<p>Motion: Ira Tilles Seconded: Chris Sikes Passed: Unanimous</p>
C. 705.14 – Hypovolemic Shock	<p>Already adjusted, changing the language to be consistent, formatting issue, we are getting rid of spacing</p>	Approved	<p>Motion: Tom O'Connor Seconded: Dr. Ira Tilles Passed: Unanimous</p>
D. 705.29 – Traumatic Cardiac Arrest		Approved	<p>Motion: Chris Sikes Seconded: Ira Tilles Passed: Unanimous</p>
E. XXX – Transfusion of Blood Products	<p>Changing: IV.b.ii.3 to "EMS witnessed traumatic cardiac arrest" IV.c.iv to "patient <14 Y.O."</p>	Approved	<p>Motion: Chris Sikes Seconded: Jeff Shultz Passed: Unanimous</p>
F. 1131 – Continuing Education – Case Review		Approved	<p>Motion: Eric Eckels Seconded: Joey Williams Passed: Unanimous</p>

VII. Old Business			
A. 321 – MICN Authorization Criteria	<p>Adriane Gil-Stefansen- Met as a group to go through and figure out how many hours we wanted to require of our MICN's being mindful that the way the policy was originally written, required more hours than what the RN's had to actually even submit to the state. Case review hours were reduced.</p> <p>Tried to standardize some the language or what is in practice as a whole. The first part is an 8 hour ride out vs 16 hours.</p> <p>Language across all three policies of demonstrating competence to practices in MICN and by satisfactorily providing medical direction while under the supervision of the PCC and MICN or MD, and now the language is the same across all three policies.</p> <p>Dr. Duncan- My request in terms of the degree, a physician would be best.</p>	Approved	<p>Motion: Ira Tilles Seconded: Joey Williams Passed: Unanimous</p>
B. 322 - MICN Reauthorization Requirements	<p>Adriane Gil-Stefansen- I tried to cross out as much stuff as I possibly could to shrink down the size of the policy, but to really get what the core of what the education was that we want to provide.</p>	Approved	<p>Motion: Ira Tilles Seconded: Joey Williams Passed: Unanimous</p>
C. 324 – MICN Authorization Reactivation	<p>Adriane Gil-Stefansen- Went through and tried to standardize the wording again changes in policy 31 and 322 will apply to this policy. It just went through it and made reductions in what those hours were that were that are required to keep consistent with what was there before as far as the expectation.</p>	Approved	<p>Motion: Ira Tilles Seconded: Joey Williams Passed: Unanimous</p>
VIII. Informational			
A. 705.11 – Crush Injury	<p>Kyle Culkin- This was brought to us by Los Robles Dr. Dickenson. The concern was with crush injury policy, the language concerning determining potential versus actual crush injury. Essentially the concern was the notes at the bottom for field providers with essentially a 2 hour time frame is less than two hours being potential and over two hours being actual. Their concern was the limits of the field care providers to essentially, treat crush injury syndrome in less than two-hour time frame.</p> <p>They asked to remove the language for determining potential versus actual and eliminating the two-hour time frame, this was approved in TORC.</p>	Approved in TORC	<p>Motion: Dr. Ira Tilles Seconded: Chris Sikes Passed: Unanimous</p>

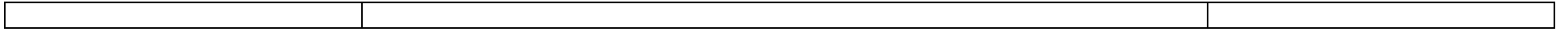
	<p>Tom O'Connor- The Crush syndrome components located on both columns on either side of protocol, becomes a repetitive item.</p> <p>Andrew Casey- I think we don't need to have it anywhere.</p> <p>Dr. Todd Larsen- Yes, it is just the name of the protocol, it will just be at the top as title.</p>		
B. 734 – TXA Administration	<p>Kyle Culkin- Crediting Tom's very keen eye, he let us know that our 734 in sections F and G previously did not state IV/IO piggyback, which is that length of that IV/IO piggyback. Those are the only changes, along with removing that a base hospital can order TXA to be administered for indications other than listed below.</p> <p>Dr. Ira Tilles- Regard to the precautions, what did you want our medics to do on scene with regard to severe kidney disease and pregnancy? To consider maybe not giving it? Consider giving it slowly? What does that mean? I think if you're bad enough to need TXA, you probably ought to do it in the injury and in pregnancy anyway.</p> <p>Adriane Gil-Stefansen- Cross it off.</p> <p>Dr. Todd Larsen- If you're bleeding out go ahead and give TXA. So it will be erased, C will be gone.</p>	Approved in TORC	<p>Motion: Joey Williams</p> <p>Seconded: John Everlove</p> <p>Passed: Unanimous</p>
IX. Policies for review			
A. None			
X. Agency Reports			
A. Fire departments	<p>VCFD –Camille Schopfer- On June 9th in the morning at headquarters, we're going to be celebrating our 52 to 55 arrest survivors from 2023 to present. Everybody will be welcome. Plus, Los Robles is going talk with their cardiac arrest survival group. If anybody has any they want to bring to the table, it'll be all who's a part of the save, our dispatchers, anybody who can make it. And then any of the survivors and their families as well. I will send the invite out to the group.</p> <p>Mark Martinez- Starting probably the last week of April, maybe first week of May, we're going to be trialing 5 Life Pack 35's. They're going to go on all the RA's, and send to stations 50 in Camarillo, 30 in Thousand Oaks 41 in Simi and Engine 43 in Simi. They're all going to be trialing the Life Pack 35 and should have them for about 2 months.</p>		

	<p>VFD – Not present.</p> <p>OFD –Alejandro Villaseñor- We have 5 independent practice paramedics finishing up. We're almost done with running the dual squad. We have a paramedic student over at VC, hopefully done in August. We're in the process of taking and working with paramedics school in LA. Oxnard Fire Department is now an NAEMT accredited training Center for PHTLS and AMLS Prehospital Trauma and Advanced Medical Life Support. We are building our instructor cadre for that. If anyone is interested in taking either of those classes, we'll start to slowly open things up to other agencies. We are in week 9 of 20 for our EMS course students. They are doing a wonderful job and their graduation is June 26th. We will be hosting a job fair/recruitment on May 28th. If anyone is interested in coming out and speaking to students, happy to have you. We'll set that up. I'll reach out individually as well. Thank you to Tom and his staff for helping support that as well..</p> <p>VFF – None</p> <p>FFD – For those of you don't know, Mike Salazar, captain with Fillmore Fire, is wife had some severe medical problems. She just went through kidney transplant surgery day before yesterday. The transplant surgery was successful. She's recovering and doing well. Mike is on a leave of absence until further notice. There is a GoFundMe account that has been set up for the Salazar family, so I'll just refer you to that. Anybody that is able to give and support them during this time would be great. We'll get the link out to the group. Fillmore Fire is finishing up an Academy, we have approximately 10 candidates that will be going out on the floor. We're implementing a single function paramedic program in order to get our ALS staffing up to where it needs to be as they complete the Academy. We've been impacted by the changes to Santa Paula Hospital. We're finding ourselves riding in a lot more and supporting our AMR partners and Gold Coast partners in inpatient care from Fillmore. We're seeing an impact operationally there, but we're managing that to the best of our ability.</p>		
B. Transport Providers	AMR/GCA/LMT-		

	<p>Jeffrey Schultz -We're continuing to hire, we're fully staffed. We're over staffed with paramedics, so we have a few holes with EMTs. We are hiring every month. We have two new ambulances that just arrived, so we'll be transitioning some of our older ones. Everybody's a mod now, so we'll get a couple new ones in the field. We're going to be transitioning Medic 474 to a 24. It's going to be stationed out of central, so that should be probably May 1st is what we're looking at and we're still looking at staffing. We have 494 that's going to Simi Valley, that's going to be nighttime coverage.</p> <p>Jeffrey Winters- Pretty much the same as far as staffing in unit wise, 2 more units coming in. We've been doing corporate games which is amazing, Joey Williams- Want to thank Ventura City specifically. Scott Parris's memorial service was last weekend. We had a huge turn out from the AMR/GC side and from Ventura City. They packed the house at Ventura Theater, big thanks shout out to their team, and it was a hard day for everybody. It was great to see everyone that came out so thanks.</p> <p>Mike Devasarian- (MedTrans) We recently added a couple of new ambulances to Ventura County and our current trainee class should all be cleared around the 17th of this month, so we'll be looking to really reinforce our operations in the county.</p> <p>-All Town – Eric Eckels – Just lost 30% EMTs going to paramedic school, hiring. New rig coming up for certification, everything else is going the same.</p>		
C. Base Hospitals	<p>AHSV – Kristen Shorts- My last day is tomorrow, Matt Mickey will be taking over interim. I'll still be around at VCMC, I'll be the clinical educator for the ER. We're right in the middle of MICN class right now. We have 15 candidates. Class is going well. They're going to start going out on their ride outs. Good group, very engaged. Thank you for everybody coming out and helping with that class.</p> <p>SJRMC – Kyle Blum- I am going to be hosting the case review on the 24th. I'll send that flyer to Martha.</p> <p>VCMC – None</p>		
D. Receiving Hospitals	<p>SJHC – We're doing a community engagement event this Saturday for Girl Scouts locally, and I want to say thank you to all the different agencies and Oxnard fire,</p>		

	<p>Ventura County fire and the ambulance companies for coming and being involved in that.</p> <p>SPH – None</p> <p>CMH / OVCH – We are transitioning over to EPIC. May 3rd is our go live date, so please bear with us. I also want to give a shout out to Conejo Health. We partnered with them a couple years ago and we built harm reduction kits and we've passed them out since about January, we've passed out about 1500 harm reduction kits to the community. We've got about another 2300 or so that were in the process of making to deploy within the next six months or so. Hopefully it's been beneficial.</p>		
E. Law Enforcement	<p>AIR RESCUE –</p> <p>VCSO – Dave Conahay- we have one more big leadership change out of the aviation unit. The VCSO heads who's been Brian Slaminski is changing roles and we are getting Captain Karl Patterson back to aviation unit. He was our Sergeant before and he's been a huge part of the aviation unit out there for years and we're super excited to have Carl as the captain.</p> <p>CSUCI PD – None</p> <p>Parks – None</p>		
F. ALS Education Programs	<p>Ventura College – Tom O'Connor- The paramedic cohort just moved out to the field. Thanks everybody for hosting for internship. We have one student up in San Luis County, a couple up in Santa Barbara, the rest are here with us. Class 30 will wrap up their didactic at the beginning of May, and then move into clinicals after a short weekend. Our next part time class will start their didactic proportion right at the end of May.</p> <p>Moorpark College – We have a graduation on April 30th. For those of you that joined us last time, it's the Moorpark Country Club, would love to have any of you that would like to join us and celebrate the graduation of our paramedic students, as all of you have supported them as a community. I'll be sending out invitations to the agencies. More information to follow about how to RSVP and all the things that go with that. We are in the process of hiring another full-time faculty member for our EMS programs. We have a new cohort joining us on the 22nd of this month. We are going to be hosting 20 students.</p>		

	<p>But this year, our third cohort, we received 85 applications for the 20 spots, which is a dramatic increase and a good expansion for us. Just throwing it out there for any of you that are accepting applications internally, for anything, when asked to provide personal essays, we scrubbed them and found that approximately 45% of them were AI generated at 100%. But it was an interesting challenge. thank you for all of your support for our graduating students, some of which have been here in the committee to receive accolades and awards, and we have 100% pass rate on our exam. 100% hire rate of all of our graduates. So really a wonderful experience. Thank you and appreciate your support.</p>		
<p>G. EMS Agency</p>	<p>Adriane Gil- Stefansen- An ask from Martha To all of our providers to please let her know when you have new folks starting or folks leaving for whatever reason and then a double ask to please send CE rosters, specifically MCI and Cam. We do have an internal library where we track all of that. Thank you, Kristen, for everything that you've done in your role as PCC. I've been fortunate enough to work with you my entire career, in one capacity or another. Also been fortunate enough to have you be a part of my mother in law's care team. Matt welcome.</p> <p>Andrew Casey- On the 35's. Ventura City's fully deployed them. You guys are trialing them soon. But the data's not pushing through to image trend quite like it should. A lot of it's getting there, but the actual files are not being attached. We're working on whether that's an image trend problem or just image trends not there yet, or if it's a configuration deal. I will echo everything Adriane said, Kristen you've been a very special and important part of the system, I appreciate everything you've done. Matt, welcome good to see you again.</p> <p>Steve Carroll- Our EMSAAC conference is last week of May. So Memorial Day week down in San Diego this last year at Lowe's in San Diego. There's also a disaster medical pre-conference, the day before the 27th. That is on the Tuesday and it's specific to our medical impacts or disaster from the medical side. There will also be a guest speaker from Maui Medical Research Corps on how they were impacted and how they responded to the wildfire. There is a Premier Ambulance that we're going to be expecting an application from soon and it will come to this committee at some point in the future if they put an application that is acceptable. It will be for a PLS since our RFP requires that the 911 contract provider is a paramedic provider. No specific update on the RFP, it's in the CEO's office going through to fine tune the language to meet the last directives from the board and then it'll go off to the State for their review, which could take a few months.</p>		
<p>H. Other</p>			
<p>XI. Closing</p>	<p>Meeting adjourned at 11:28am</p> <p>Meeting audio recording and transcript available upon request.</p>		<p>Motion: Ira Tilles Seconded: Joey williams Passed: Unanimous</p>



Pain Control	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated Assess numerical or faces pain scale Control pain using basic measures such as patient positioning, ice packs, and splinting	
ALS Standing Orders	
<p>IV/IO access Cardiac Monitor</p> <p><u>Mild to Moderate Pain</u> Acetaminophen</p> <ul style="list-style-type: none"> IV/IO – 1g in 100 mL NS over 15 minutes. <p><u>Severe Pain</u> - Utilize opiate analgesic in addition to, or in place of, acetaminophen.</p> <p>Fentanyl</p> <ul style="list-style-type: none"> IM/IN - 1 mcg/kg, Max 100 mcg <ul style="list-style-type: none"> Repeat q 10 minutes for persistent pain to a max total dose of 200 mcg. IV/IO - 1 mcg/kg over 1 minute, Max 100 mcg <ul style="list-style-type: none"> Repeat q 5 minutes for persistent pain to a max total dose of 200 mcg. Repeat doses should be administered IV/IO if vascular access obtained. Withhold for systolic < 90 mmHg. <p>If Fentanyl unavailable;</p> <p>Ondansetron - Per 705.15 Nausea/Vomiting Policy</p> <ul style="list-style-type: none"> Repeat x 1 in 10 minutes for nausea or > 2 doses of Morphine <p>Morphine</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg, Max 10 mg <ul style="list-style-type: none"> Repeat ½ initial dose q 10 minutes x 2 for persistent pain. IV/IO - 0.1 mg/kg, Max 10 mg, over 1 minute <ul style="list-style-type: none"> Repeat ½ initial dose q 5 minutes x 2 for persistent pain. 	<p>IV/IO access Cardiac Monitor</p> <p><u>Mild to Moderate Pain</u> Acetaminophen</p> <ul style="list-style-type: none"> IV/IO – 15 mg/kg in 100 mL NS over 15 minutes. <p><u>Severe Pain</u> – Utilize opiate analgesic in addition to, or in place of, acetaminophen.</p> <p>Fentanyl</p> <ul style="list-style-type: none"> IM/IN - 1 mcg/kg, Max 100 mcg <ul style="list-style-type: none"> Repeat q 10 minutes for persistent pain to a max total dose of 200 mcg. IV/IO - 1 mcg/kg over 1 minute, Max 100 mcg <ul style="list-style-type: none"> Repeat q 5 minutes for persistent pain to a max total dose of 200 mcg. Repeat doses should be administered IV/IO if vascular access obtained. Withhold for systolic less than minimum SBP in Handtevy for respective age. <p>If Fentanyl unavailable;</p> <p>Ondansetron - Per 705.15 Nausea/Vomiting Policy</p> <ul style="list-style-type: none"> Repeat x 1 in 10 minutes for nausea or > 2 doses of Morphine <p>Morphine</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg, Max 10 mg <ul style="list-style-type: none"> Repeat ½ initial dose q 10 minutes x 2 for persistent pain. IV/IO - 0.1 mg/kg, Max 10 mg, over 1 minute <ul style="list-style-type: none"> Repeat ½ initial dose q 5 minutes x 2 for persistent pain.
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Effective Date:
Next Review Date:

Date Revised:
Last Reviewed:

VCEMS Medical Director

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, Paramedic		Date: June 1, 2025	
APPROVED Medical Director: Daniel Shepherd, MD		Date: June 1, 2025	
Origination Date: June 15, 1998		Effective Date: June 1, 2025	
Date Revised: November 14, 2024			
Date Last Reviewed: November 14, 2024			
Review Date: November 30, 2026			

I. PURPOSE: To define patient conditions for which Paramedics shall make limited base contact (LBC).

II. AUTHORITY: Health and Safety Code 1797.220.

III. POLICY: Paramedics shall make LBC for uncomplicated cases, utilizing the patient criteria listed below, which respond positively to initial treatment and require no ongoing treatment or further intervention or where symptoms have resolved. Patients who meet Stroke/LVO, STEMI, or Trauma Triage Criteria are not eligible for LBC.

A. Patient criteria:

1. **Hypoglycemia:** Blood Glucose level less than 60 mg/dl.
2. **Narcotic Overdose**
3. **Chest Pain – Acute Coronary Syndrome:** No dysrhythmia, no shortness of breath.
4. **Shortness of Breath - Wheezes/Other**
5. **Seizure:** No drug ingestion, no dysrhythmia, not pregnant.
6. **Syncope or near-syncope:** Vital signs stable, no dysrhythmia.
7. **Pain:** Excluding head/neck/chest/abdominal and/or pelvic pain due to trauma.
8. **Nausea/Vomiting**
9. **BRUE**

B. Treatment may include BLS Procedures and/or ALS Standing Orders as listed below:

PATIENT CRITERIA	TREATMENT
1. Hypoglycemia	<ul style="list-style-type: none"> • treatment has resulted in blood glucose greater than 60 mg/dl
2. Narcotic Overdose	<ul style="list-style-type: none"> • naloxone
3. Chest Pain – Acute Coronary Syndrome	<ul style="list-style-type: none"> • aspirin • nitroglycerin
4. Shortness of Breath – Wheezes/Other	<ul style="list-style-type: none"> • albuterol nebulizer -OR- • MDI with spacer
5. Seizure	<ul style="list-style-type: none"> • midazolam
6. Syncope or near-syncope	<ul style="list-style-type: none"> • determine Blood Glucose Level
7. Pain	<ul style="list-style-type: none"> • fentanyl or morphine/ondansetron
8. Nausea/Vomiting	<ul style="list-style-type: none"> • ondansetron
9. BRUE	<ul style="list-style-type: none"> • determine Blood Glucose Level

C. Communication

1. The LBC communication **will be done through Pulsara or via phone call** and shall include the following information:
 - a. ALS unit number
 - b. "We have a LBC"
 - c. Age/Gender
 - d. Brief nature of call
 - e. ETA and destination

D. Documentation

1. ALS Unit
 - a. Complete a VCePCR with "ALS (Base Hospital Contact)" selected in the "Level of Service Provided."
2. MICN
 - a. Complete log entry with "LBC" noted in the treatment section.
 - b. Call will be documented on digital audio recording.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106
APPROVED: Administration	Steven L Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date:	March 7, 1990	Effective Date: December 1, 2018
Date Revised:	September 13, 2018	
Last Reviewed:	September 13, 2018	
Review Date:	September 30, 2021	

- I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies
- II. AUTHORITY: Health and Safety Code Section 1797.220
- III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below
- IV. PROCEDURE:
 - A. New Policies and/or Procedures
 1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS using the attached form. Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
 2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
 3. A first draft will be developed from the proposal by VC EMS staff for presentation at the PSC meeting.
 4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/procedure to be assessed.
 5. If special committees are assigned:
 - a. The evaluation will take place as quickly as possible. Representatives of the special committees will confer as needed.

- b. The consensus evaluation and consensus recommendations will be presented to the PSC for further action.
 6. The EMS Medical Director and EMS Administrator will receive copies of all comments to proposals and draft policies for review and comment.
 7. Proposals and policies may be distributed to potentially affected provider agencies and/or organizations, as appropriate for review and comment.
- C. Amendments/Revisions to Existing Policies
 1. Suggestions for amendment/revision to an existing policy will be submitted to VC EMS for review by the EMS Medical Director and EMS Administrator using the attached form.
 2. The item will be placed on the agenda of the next meeting of the PSC.
 3. Information regarding discussion and recommendations will be submitted to the EMS Medical Director for appropriate action.
- D. Individuals submitting a proposed policy/procedure, or an amendment to an existing policy must be present at PSC to discuss.



Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by: _____ Date: _____

Representing: _____

A. Description

Title of Agenda Item: _____

Description of Item

B. Analysis

How will this enhance the Ventura County EMS System?

Advantages

Disadvantages

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

C. EMS Agency Review

Received by VC EMS Agency: _____

Reviewed by EMS Administrator: _____

Assigned to:

_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____

EMS Staff Review Summary

D. Disposition

- Add as PSC Agenda item on: _____
- Inadequate or incomplete information - return submission
- Not to be addressed at this time, resubmit in _____.
- Adopt item
- Refer to: (for review and comment)
 - CQI Subcommittee
 - EMD Subcommittee
 - Prehospital Educators
 - MCI Subcommittee
 - Other: _____

EMS Administrator Signature: _____ Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safety Event Review		Policy Number 121	
APPROVED Administrator: Steven L. Carroll, Paramedic		Date: July 1, 2023	
APPROVED Medical Director: Daniel Shepherd, MD		Date: July 1, 2023	
Origination Date: April 13, 2023		Effective Date: July 1, 2023	
Date Revised:			
Date Last Reviewed:			
Review Date: October 31, 2023*			

- I. PURPOSE: Identify and address events which may risk the safety of patient(s), provider(s), or communities.

- II. AUTHORITY: Health and Safety Code, Division 2.5. California Code of Regulations, Title 22, Division 9. California EMS Authority Model Disciplinary Orders.

- III. DEFINITIONS:

Reportable Safety Event: Any circumstance, error, or action, which causes an actual or potential risk to the safety of provider(s), patient(s), or the community. Reportable safety events include, but are not limited to, incorrect medication administration, deviation from policies and/or procedures, vehicle accidents involving EMS personnel, and events which may delay the response to an EMS incident. Reportable safety events are not limited to incidents that have already occurred and may include any observations of potential safety risks or other concerns.

Just Culture: A system of shared accountability in which organizations are accountable for the systems they have designed and for responding to behaviors of individuals in a fair and just manner.

- IV. POLICY: Reportable safety events will be submitted and reviewed in accordance with the following procedures. VCEMS will be the coordinating agency for these reviews.

*Review of this policy will take place in 6 months in order to discuss and review this new process and any areas where additional improvement can be made as the EMS system navigates these changes.

V. PROCEDURE:

A. Reporting

1. Reporting safety events is encouraged and is considered an essential component of system development and oversight.
2. Safety events will be reported directly by the provider(s) who identified the risk or were directly engaged in the event. When a safety event is identified after the fact through base hospital or provider agency CQI programs, the safety event may be submitted by a responder agency or base hospital representative.
3. *Reportable Safety Events* will be reported to VCEMS utilizing the online tool provided.
4. *Reportable Safety Events* involving actual/potential harm to patients will be reported immediately. All other events will be reported within 24 hours of event occurrence or subsequent identification.
5. Agencies are encouraged to report any minor unexpected occurrence. This would include minor mechanical issues, equipment failures, misinterpretation of policy, etc. While seemingly innocuous, these events provide important insight into our EMS system.
6. When the incident is severe enough to warrant immediate review or communication, the reporting party should contact the EMS Agency Duty Officer.

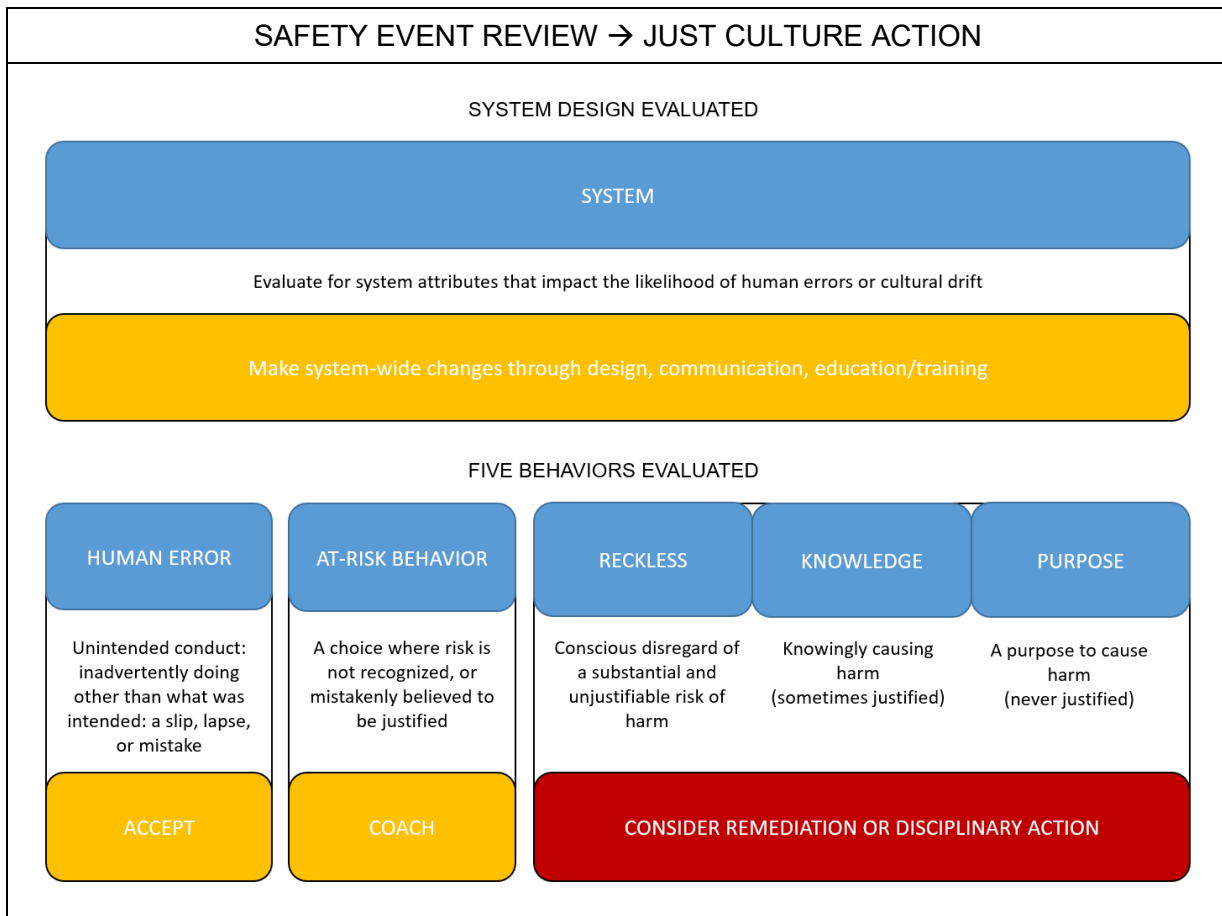
B. Event Review

1. The intent of the review is to evaluate system design and individual behaviors with a focus on learning and improving safety and is not intended to be punitive in nature.
2. When a Reportable Safety Event is submitted VCEMS will receive notification of the submission and the reporting party will receive confirmation that the submission was received.
3. Initial review will determine if additional information is needed.
4. Agencies, Pre-hospital Care Coordinator(s), and personnel involved will be notified that a reportable safety event has been received.

5. When it is determined that additional information is needed, VCEMS will collaborate with providers and clinical management teams for review and follow-up.

C. Just Culture Algorithm

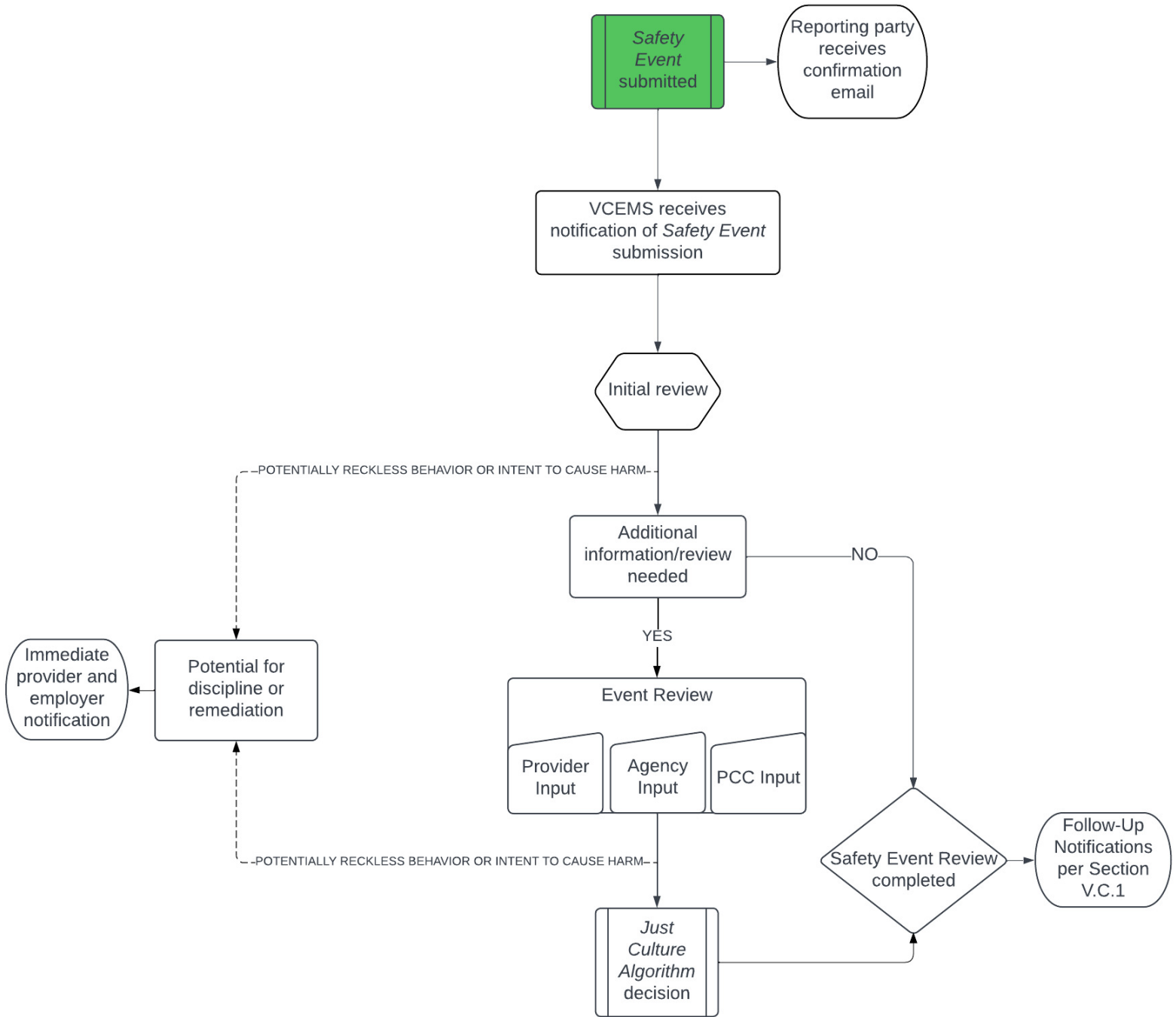
1. *The BETA Healthcare Group Just Culture Algorithm* is the accepted VCEMS framework for identifying the appropriate actions when a *Safety Event Review* is complete.
2. System design will be evaluated when reviewing a safety event for factors that impact the likelihood of the five behaviors.
3. There are 5 behaviors that will be evaluated when reviewing a safety event in order to determine which action is appropriate.



D. Safety Event Review Follow-Up

1. Once a *Safety Event Review* is considered complete the following parties will be notified:
 - a. The person who reported the safety event
 - b. The agencies involved in the safety event
 - c. The personnel involved in the safety event
 - i. Notification may be provided directly by VCEMS or via the provider's employer.
 - d. The Pre-hospital Care Coordinator(s) involved
 - e. EMS System Stakeholders
 - i. A CQI report including aggregate safety event information will be provided to the Prehospital Services Committee (PSC) on a quarterly basis.
 - ii. All events will be de-identified in order to maintain privacy for everyone involved.

SAFETY EVENT REVIEW PROCESS





Reportable Safety Event Form

To access the electronic form, use this QR Code:



-OR-

Use this link:

[REPORTABLE SAFETY EVENT FORM](#)