



Prehospital Care Department

UPDATES

August 2017

08/20/2017 VVMC PHC Treatment Guidelines & Policies and Procedures 2017

The 2017 VVMC PHC Treatment Guidelines and Policy & Procedures are out and ready for training. They are located here on the website under Protocols.

08/20/2017 Ketamine Training

The Ketamine Training is out and ready. The training documents and exam are located under Training. Ketamine will be delivered to your agency on August 24, 2017 by David Guth.

May 2017

05/04/2017 VVMC Ambulance Entrance Doors

Recently I have found the automatic door (ambulance entrance) disabled and left open. Please remind crews that this door should never be disabled and left in the open position. This is a security issue for a couple of reasons. This entrance limits access to only EMS providers and not the general public who should be accessing through the waiting room entrance. Second, we often have psychiatric patients within the department that cannot have the ability to just saunter off.

If there is an access issue, please let me know. We have outfitted all ambulances within the Verde Valley with Fob access (2 per ambulance). If these fobs are lost or broken, I need to know about it in order to replace them. Thanks, David Guth

05/03/2017 Biohazard Bags

All, Recently there was a red bag with biohazard materials placed in a regular trash bin in the breezeway where crews restock ambulances. (VVMC) Please remind crews to dispose of biohazard materials in the appropriate bins. Thank you. David Guth Pre-hospital Coordinator Assistant Verde Valley Medical Center Ph. 928.639.6178 ext 36178 Fax 928.639.5064

April 2017

04/25/2017 Prehospital Care Committee Meeting

Minutes of Pre- Hospital Meeting April 25th, 2017

In Attendance: Debbie Verkyk, Ed Mezulis, Ivan Anderson, Bill Boler, Troy Hoke, Schelly Lindsey, Dr. Jacob Shank, Bill Ashland, David Guth (remotely).

- Dr Shank: Addressed the Low Acuity patient refusals – We are going to do a Protocol for Low acuity refusals when addressing the protocol changes for 2017/18.
- Ivan: Asked about adding Ketamine to our protocols. Dr Shank will get ED physicians input. He also questioned the rationale behind Valium for seizures, Dr Shank will investigate.
- Debbie: It was decided by the committee that Nitro will be discarded after opening. Ivan will get back with dates for VVMC hosting a community training on Narcan administration, presented by **Senoran Prevention Works**
- Dave: Wild Land Fire documentation. It was decided by the committee that; Let the pre-hospital know when agencies go out on wild land fires, crews swap and when they return. Please send all patient care reports to the pre-hospital office
- Ed : Sedona fire will be offering documentation training – Dates to follow

March 2017

03/10/2017 VVMC Skills Labs 2017:

Please don't forget to remind your providers to sign up for skills labs. EMT's are welcome to attend.

April 13th @ SFD
June 22nd @ VVAC
Sep 19th @ CWFD

Debbie

03/03/2017 EMS Room Snacks

From: David Guth <David.Guth@nahealth.com>
Sent: Friday, March 3, 2017 11:25 AM
To: Bill Boler; Schelly Lindsey; emezulis@sedonafire.org; ssarkesian@campverdefire.org; Troy Hoke
Cc: Deborah Verkyk
Subject: EMS room snacks

Hello all,

Once again I have found one of the locked cabinets where the ems snacks are stored forced open. This has been a continual issue. Please advise all providers that if this occurs again, the complimentary provision of snacks will cease to exist. It would be unfortunate for one persons' inability to control themselves to ruin it for the masses.

Thanks,

David Guth
Pre-hospital Coordinator Assistant
Verde Valley Medical Center
Ph. 928.639.6178 ext 36178

Fax 928.639.5064

February 2017

02/17/2017 Pharmacy Shortages:

From: Matt Gilliam
Sent: Friday, February 17, 2017 2:06 PM
To: David Guth <David.Guth@nahealth.com>; Deborah Verkyk <Deborah.Verkyk@nahealth.com>
Cc: Cheryl Chase <Cheryl.Chase@nahealth.com>; Renita Stipes <Renita.Stipes@nahealth.com>
Subject: FW: Sodium Bicarb vials and syringes, Enoxaparin 40 mg, shortage
Importance: High

Hello,

There is currently a manufacture outage of the Sodium bicarb Abbojects and vials with no release date yet confirmed for these products.

We ask that the medics please keep all Sodium bicarb until it expires

The Abbojects will stay on the Pyxis for now but we may need to take them off if this continues.

We will keep updated on this outage as new information becomes available.

Thank you

January 2017

01/19/2017 Pharmacy Fentanyl:

From: Matt Gilliam
Sent: Thursday, January 19, 2017 8:32 AM
To: Deborah Verkyk <Deborah.Verkyk@nahealth.com>
Subject: Fentanyl 100mcg/2ml vials

Hello,

I wanted to inform you that the Fentanyl 100mcg/2ml carpject are currently manufacture out with no specified release date.

The product that will be used in its place is a Fentanyl 100mcg/2ml single dose vial until the carpject come back.

Thank you

01/12/2017 Prehospital Medical Care Directives (DNR) Forms:

Morning,

There seems to be a bit of confusion as to whether there should be a photo or not, on the Orange DNR form. Please share the information in the attached document with you EMS providers, hopefully this will help to alleviate some of their concerns. Thank you, Debbie

36-3251. Prehospital medical care directives; form; effect; immunity; definitions

A. Notwithstanding any law or a health care directive to the contrary, a person may execute a prehospital medical care directive that, in the event of cardiac or respiratory arrest, directs the withholding of cardiopulmonary resuscitation by emergency medical system personnel, hospital emergency department personnel and, as provided in subsection L of this section, direct care staff persons. For the purposes of this article, "cardiopulmonary resuscitation" includes cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures. Authorization for the withholding of cardiopulmonary resuscitation does not include the withholding of other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or to alleviate pain.

B. A prehospital medical care directive shall be printed on an orange background and may be used in either letter or wallet size. The directive shall be in the following form:

Prehospital Medical Care Directive

(side one)

In the event of cardiac or respiratory arrest, I refuse any resuscitation measures, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures.

Patient: _____ date: _____

(Signature or mark)

Attach recent photograph here **or** provide all of the following information below:

Date of birth _____ sex _____

Eye color _____ hair color _____ race _____

Hospice program (if any) _____

Name and telephone number of patient's physician

(side two)

I have explained this form and its consequences to the signer and obtained assurance that the signer understands that death may result from any refused care listed above.

_____ date _____

(Licensed health care provider)

I was present when this was signed (or marked). The patient then appeared to be of sound mind and free from duress.

_____ date _____

(Witness)

C. A person who has a valid prehospital medical care directive pursuant to this section may wear an identifying bracelet on either the wrist or the ankle. The bracelet shall be substantially similar to identification bracelets worn in hospitals. The bracelet shall be on an orange background and state the following in bold type:

Do Not Resuscitate

Patient: _____

Patient's physician: _____

D. If the person has designated an agent to make health care decisions under section 36-3221 or has been appointed a guardian for health care decisions pursuant to title 14, that agent or guardian shall sign if the person is no longer competent to do so.

E. A prehospital medical care directive is effective until it is revoked or superseded by a new document.

F. Emergency medical system personnel, hospital emergency department personnel and direct care staff persons who make a good faith effort to identify the patient and who rely on an apparently genuine directive or a photocopy of a directive on orange paper are immune from liability to the same extent and under the same conditions as prescribed in section 36-3205. If a person has any doubt as to the validity of a directive or the medical situation, that person shall proceed with resuscitative efforts as otherwise required by law. Emergency medical system personnel and direct care staff persons are not required to accept or interpret medical care directives that do not meet the requirements of this section.

G. In the absence of a physician, a person without vital signs who is not resuscitated pursuant to a prehospital medical care directive may be pronounced dead by any peace officer of this state, a professional nurse licensed pursuant to title 32, chapter 15 or an emergency medical technician certified pursuant to this title.

H. This section does not apply to situations involving mass casualties or to medical emergencies involving children and adults with disabilities in public or private schools that are not licensed health care institutions as defined in section 36-401.

I. After being notified of a death by emergency medical system personnel, the person's physician or the county medical examiner is then responsible for signing the death certificate.

J. The office of emergency medical services in the department of health services shall print prehospital medical care directive forms and make them available to the public. The department may charge a fee that covers the department's costs to prepare the form. The department and its employees are immune from civil liability for issuing prehospital medical care directive forms that meet the requirements of

this section. A person may use a form that is not prepared by the department of health services if that form meets the requirements of this section. If an organization distributes a prehospital medical care directive form that meets the requirements of this section, that organization and its employees are also immune from civil liability.

K. Any prehospital medical care directive prepared before April 24, 1994 is valid if it was valid at the time it was prepared.

L. A direct care staff person may comply with a prehospital medical care directive pursuant to this section if the physician of the person who has the valid prehospital medical care directive has ordered a hospice plan of care.

M. The department of economic security or the Arizona health care cost containment system administration may prescribe guidance for training and education of direct care staff persons regarding the requirements of this section.

N. For the purposes of this section:

1. "Direct care staff person" means a person who is employed or contracted to provide direct services pursuant to title 36, chapter 5.1.

2. "Emergency medical system personnel" includes emergency medical technicians at all levels who are certified by the department of health services and medical personnel who are licensed by this state and who are operating outside of an acute care hospital under the direction of an emergency medical system agency recognized by the department of health services.

01/01/2017 VVMC Required Skills Labs for 2017

Please don't forget to remind your providers to sign up for skills labs. EMT's are welcome to attend.

Feb 8th @ VVAC

April 13th @ SFD

June 22nd @ VVAC

Sep 19th @ CWFD

Debbie

BASE STATION POLICY ON CONTINUING EDUCATION

POLICY:

Verde Valley Medical Center Pre-Hospital Care Department will provide pre-hospital education in the form of skill labs, didactic and practical education, and scheduled individual crew training. These opportunities will be provided within a calendar year. VVMC will provide training for any new ADHS approved treatment, protocol, skill or drug at the approval of Medical Direction.

PURPOSE:

To outline continuing education requirements for base station medical direction.

PROCEDURE:

1. Continuing education will be held on a scheduled and posted basis. Changes from this schedule will be announced in advance.
2. Continuing education will be provided annually in the following format:
 - Four Skills labs (4 to 6 hours sessions hosted at various locations throughout the Verde Valley)
 - Base station run reviews may be offered throughout the year for additional CE opportunities.
 - Special training requirements (STR) as outlined by ADHS (such as RSI) will be additional requirements for those agencies that participate in these programs and will not count toward the annual continuing education requirements.
3. Continuing education requirements:
 - All providers that receive medical direction through Verde Valley Medical Center are required to attend one skill lab per calendar year.
 - All providers that receive medical direction through Verde Valley Medical Center may be required to attend additional training as deemed necessary through Medical Direction.
4. Individuals must comply with the above guidelines in order to maintain medical direction through Verde Valley Medical Center. Continuing education is encouraged at other facilities but run review credit will not be granted. Individuals must attend the entire skills lab to receive credit; no credit will be granted for partial attendance. Providers attending on shift that must leave for emergency response will be required to reschedule those portions of the skills lab missed. CE's for education will be handed out after the session. It is the provider's responsibility to sign in and out on the attendance roster and maintain their own paperwork. No exceptions to this policy
5. Individuals that do not meet the above referenced requirements will be placed on administrative probation and have a formal letter outlining the deficiency forwarded to them and the agencies chief or official representative. Extenuating circumstances that arise will be addressed on a case by case basis through medical direction. If a provider has circumstances that prevent completion of these requirements, he/she must have their agencies chief or designated official representative provide in writing an explanation as to why these requirements were not met. This letter must be provided to the prehospital office no later than December 1st.
6. Individuals that do not meet the above referenced requirements at the end of each calendar year must schedule a meeting with the Pre-hospital Coordinator and Medical Director by December 15th. The purpose of this meeting will be to determine any additional requirements, education, training or performance improvement methods required to be in compliance to this policy. These additional requirements will be determined by the Medical Director on a case by case basis. Individuals that fail to schedule this meeting or do not comply with the formulated plan will have medical direction suspended until which time these requirements are met.