



County of Orange Health Care Agency
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301-A
Santa Ana, CA 92701
Phone: (714) 834-3500 FAX: (714) 834-3125

TRANSPORTATION ADVISORY COMMITTEE
Wednesday, October 22, 2014 – 9:00 a.m.

Location: 405 W. Fifth Street
Santa Ana, CA 92701
Conference Room 433

Mission Statement: *"To advise and endorse efforts to implement a quality transportation system in the prehospital care area for the citizens of Orange County."*

A G E N D A

- I. **CALL TO ORDER**
- II. **INTRODUCTIONS / ANNOUNCEMENTS**
 - OCEMS Staffing Changes – BLS Coordinator
- III. **APPROVAL OF MINUTES**
 - 1/22/2014 & 4/23/14 Minutes Attachment 1
- IV. **SPECIAL PUBLIC PRESENTATION**
 - Ebola-Emergency Medical Services Response Plan Attachment 2
- V. **OTHER BUSINESS**
- VI. **NEXT MEETING** – January 28, 2015 at 10:00 am
- VII. **ADJOURNMENT**



Transportation Advisory Subcommittee

Wednesday, January 22, 2014
9:00 a.m.

MINUTES

MEMBERSHIP / ATTENDANCE

MEMBERS

Jim Karras
Aaron Oshima
Kathy Kelly, RN
Cathy Ord, RN

REPRESENTING

Ambulance Association of O.C.
Mercy Air Service, Inc.
Base Hospital Coordinators
Fire EMS Coordinators

STAFF PRESENT

Samuel J. Stratton, MD
Mike Noone, EMT-P
Vicki Sweet, RN,
Melissa Murphy

REPRESENTING

EMS Medical Director
BLS Program Coordinator
CQI Nurse Liaison
EMS Specialist

OTHERS PRESENT

Patrick Powers, EMT-P
Rob Viera
Bill Weston
Robert Williams

REPRESENTING

Lynch Ambulance Service
Care Ambulance Service
Care Ambulance Service
Mercy Ambulance Service

I. CALL TO ORDER

The meeting was called to order by the chair, Jim Karras.

II. INTRODUCTIONS / ANNOUNCEMENTS

III. APPROVAL OF MINUTES

Minutes from the August 26, 2013 meeting are not available due to a recorder malfunction.

IV. OCEMS Report

- **Review of April 1, 2014 Policy Updates:** Public comments were received on the ambulance policies out for public comment. Orange County EMS intends to respond and share the comments at future meetings. Most policies will be released while others may be sent out for an additional public comment period.
- **OCEMS Policy/Procedure: Mass Gathering:** Mike Noone reported on the RFP process for the 19 jurisdictional areas currently being served by the Orange County Fire Authority and the City of Garden Grove. Currently Orange County EMS is in discussion with the State Authority to determine if changes to the RFP process are required. Orange County EMS staff is expected to meet with the State Authority in the next week or two.
- **50-Day Public Comment Period: OCEMS Policies and Procedures (Public Comment Period: April 1, 2014 to May 20, 2014):** Mr. Noone reported that all but five ambulance service providers licensed to operate in Orange County are compliant with the new ReddiNet requirements. Those who are currently not compliant are working with ReddiNet to meet the requirements.

V. UNFINISHED BUSINESS

- **Pediatric Transportation Presentation** – *Amy Waunch of Children's Hospital of Orange County*

Today's presentation by Amy Waunch of Children's Hospital of Orange County has been cancelled. Committee members discussed methods to safely transport pediatric patients and methods to restrain these patients in an ambulance. Often times, pediatric patients are being held by his/her parent in the back of the ambulance and are not restrained in a safe manner. There are no requirements for ambulance units to have built-in car seats.

VI. NEW BUSINESS

• **OCEMS Policy/Procedure #330.57, Application of Restraint by EMS Personnel**

Due to the receipt of reports of patient and provider injuries, Orange County EMS is proposing that all patients under a legal hold be restrained. Committee discussion included the need for an exception for those patients who have a history of sexual assault; the need to education facilities; and the necessity to review current policies in surrounding counties. Orange County EMS staff will prepare a draft of the revised policy and release it for public comment.

• **Multi-Jurisdictional Minimum Requirement List for Ambulance Vehicles**

Committee members discussed a suggestion that Southern California local EMS agencies maintain a multi-jurisdictional minimum equipment list to standardize the equipment that ambulance service providers maintain on their units. They also recommended that a meeting between Orange and Los Angeles Counties representatives and ambulance service providers take place to determine the types of equipment necessary.

VII. OTHER BUSINESS

VIII. NEXT MEETING

The next meeting is scheduled for Wednesday, April 23, 2014 at 9:00 a.m. in Conference Room 433.

IX. ADJOURNMENT

With no further business, the meeting was adjourned.



Transportation Advisory Subcommittee

Wednesday, April 23, 2014
9:00 a.m.

MINUTES

MEMBERSHIP / ATTENDANCE

MEMBERS

Jim Karras
Bill Baker

REPRESENTING

Ambulance Association of O.C.
Mercy Air Service, Inc.

STAFF PRESENT

Laurent Repass, NREMT-P
Vicki Sweet, RN,
Eileen Endo

REPRESENTING

OC-MEDS Program Manager
ALS/CQI Coordinator
Office Specialist

OTHERS PRESENT

Jim Ignacio
Patrick Powers, EMT-P
Trevor Stonum
Amy Waunch
Bill Weston
Robert Williams

REPRESENTING

JVI Consulting, LLC
Lynch Ambulance Service
MedCoast Ambulance Service
Children's Hospital of Orange County
Care Ambulance Service
Mercy Ambulance Service

I. CALL TO ORDER

The meeting was called to order by the chair, Jim Karras.

II. INTRODUCTIONS / ANNOUNCEMENTS

Patrick Powers announced the next Education and Training Advisory Committee will meet on Wednesday, May 7, 2014 at 9:00 am in Conference Room 433.

III. APPROVAL OF MINUTES

Minutes from the January 22, 2014 meeting were not approved due to lack of quorum.

IV. OCEMS REPORT

- **Review of April 1, 2014 Policy Updates:** Public comments were received on a number of policies and procedures. Attached to today's agenda packet is a memorandum from Dr. Stratton on the policies implemented effective April 1, 2014.
- **OCEMS Policy/Procedure: Mass Gathering:** This is a new policy that was released in October for a 50-day public comment period. Due to the large number of public comments, it was revised and released for a 15-day public comment period. These comments will be reviewed and changes to the policy will be made.
- **50-Day Public Comment Period: OCEMS Policies and Procedures (Public Comment Period: April 1, 2014 to May 20, 2014):** Vicki Sweet reported that Orange County EMS has released five policies for a 50-day public comment period. Committee members suggested a meeting between Los Angeles and Orange County Emergency Medical Services take place so that the same education materials may be presented for EMTs who may work in both counties.

V. **UNFINISHED BUSINESS**

- **Pediatric Transportation Presentation**

Amy Waunch of Children's Hospital of Orange County attended today's meeting to express CHOC's concerns when pediatric patients arrive at the hospital. Often times, pediatric patients are being held by his/her parent in the back of the ambulance and are not restrained in a safe manner. There are no requirements for ambulance units to have built-in car seats.

- **Report on Huntington Beach Fire Department Ambulance Design Specifications for Transport of Children in Ambulances**

This report was tabled until a future meeting due to the absence of the representative from the Fire EMS Coordinators.

- **Use of Child Restraint Systems/Seats in Ambulances**

Currently, there are no federal regulations that require child restraints in ambulances. Ambulance gurneys are not equipped to hold car seats in a safe manner, this makes restraining of pediatric patients difficult.

VI. **NEW BUSINESS**

- **Review of Patient Restraint Policy Considerations**

Vicki Sweet shared the changes made to OCEMS Policy/Procedure #330.57 (Application of Restraints by EMS Personnel) which became effective April 1, 2014.

- **Ambulance Ordinance**

Orange County EMS is soliciting volunteers from the Transportation Advisory Committee to form a task force to revise the Ambulance Ordinance which has not been revised since April, 1985. Committee members discussed the establishment of maximum ambulance rates throughout various counties.

VII. **OTHER BUSINESS**

- **"NO FEAR" Pediatric Conference:** The Orange County Base Hospital Coordinators will be hosting a "NO FEAR" Pediatric Conference on May 15, 2014 which has been sold out and has a lengthy wait list.
- **Ambulance Strike Team Memorandum of Understanding:** Committee members discussed the signing of Ambulance Strike Team MOUs with the State of California.

VIII. **NEXT MEETING**

The next meeting is scheduled for Wednesday, July 23, 2014 at 9:00 a.m. in Conference Room 433.

IX. **ADJOURNMENT**

With no further business, the meeting was adjourned.

ATTACHMENT #2

Ebola – Emergency Medical Services Response Plan



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COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

MARK REFOWITZ
DIRECTOR

RICHARD SANCHEZ
ASSISTANT DIRECTOR

HOLLY A. VEALE
DEPUTY AGENCY DIRECTOR
MEDICAL SERVICES

LYDIA MIKHAIL, MBA
DIVISION MANAGER
HEALTH DISASTER MANAGEMENT


TAMMI McCONNELL RN, MSN
EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714-834-3500
FAX: 714-834-3125

DATE: September 30, 2014

TO: ORANGE COUNTY EMS BASE HOSPITALS
ORANGE COUNTY EMS ALS PROVIDERS
ORANGE COUNTY AMBULANCE PROVIDERS

FROM: SAM J. STRATTON, MD, MPH
ORANGE COUNTY EMS MEDICAL DIRECTOR 

SUBJECT: EBOLA DIAGNOSED IN THE U.S. (TEXAS)

There have been a number of questions and concerns received by Orange County EMS this afternoon following the announcement by the U.S. Centers for Disease Control and Prevention (CDC) that a traveler from Africa visiting in Texas has been diagnosed with Ebola.

The CDC recommends that individuals protect themselves by avoiding contact with the blood and body fluids of anyone that is ill. They also encourage health care providers to ask patients about recent travel and consider Ebola in patients with fever and a history of travel to Sierra Leone, Guinea, Liberia, and Nigeria within 21 days of the onset of symptoms. As always, personal protective equipment and universal precautions are the health care provider's best defense against contagious diseases of any type.

CC: HCA HDM Program Manager
OCEMS Program Administrator
OCEMS ALS Coordinator
OCEMS QI/PI Coordinator

SJS/sjs/#2112



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EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714- 834-3500
FAX: 714- 834-3125

DATE: October 15, 2014

TO: ORANGE COUNTY EMS BASE HOSPITALS
ORANGE COUNTY EMS ALS PROVIDERS
ORANGE COUNTY AMBULANCE PROVIDERS

FROM: SAM J. STRATTON, MD, MPH
ORANGE COUNTY EMS MEDICAL DIRECTOR

SUBJECT: EMS RELATED EBOLA UPDATE #2

OCEMS will be taking provider input and discussing EMS response plans for possible Ebola cases at the next regularly scheduled meeting of the EMCC Transportation Subcommittee. This meeting will be open to all OCEMS EMS providers and is scheduled for Weds, October 22 at 9:00 a.m. in room 433 of the Health Care Agency.

With the identification this morning of a second healthcare worker testing positive for Ebola in Dallas, it is important to emphasize the current Centers for Disease Control (CDC) recommendations for EMS management of potential Ebola exposure.

Recognition of potential Ebola infection is essential for control of the disease. EMS providers must be particularly careful to adhere to good universal precautions with the current threat of Ebola and upcoming influenza season.

Persons with the following symptoms and exposure risk factors should be considered at risk for having Ebola infection:

1. Having the symptoms of fever, severe headache, muscle aches, vomiting, diarrhea, abdominal pain, or unexplained bleeding.

2. Travel exposure within 21 days or contact with someone who has recently traveled to the African countries of Liberia, Sierra Leon, or Guinea.

Persons with the above symptoms and exposure history should be isolated from others and managed using personal protective equipment that allows avoidance of exposure to body fluids

EMS providers must document the travel history of any patient with the above mentioned symptoms on their prehospital care report (PCR) and submit via OC-MEDS. OCEMS is issuing revised PCR templates and technical guidance to assist with implementing this change.

Current CDC minimum personal protection recommendations are for use of surgical gloves, fluid or impermeable gown, eye protection, and a facemask. In situations where body fluid (blood or otherwise) are visibly present and the patient meets the criteria for suspected Ebola as outlined above, additional protection is recommended including shoe and leg covering (Level C protective equipment).

At the present time, patients being transported from the field should be routed to the most appropriate receiving facility with notification of the facility of the possibility of an infected patient made prior to arrival.

All suspected Ebola patients in Orange County must be reported to the Orange County Health Care Agency at (714) 834-8180.

CC: HCA HDM Program Manager
OCEMS Program Administrator
OCEMS ALS Coordinator
OCEMS QI/PI Coordinator



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SANTA ANA, CALIFORNIA 92701

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FAX: 714-834-3125

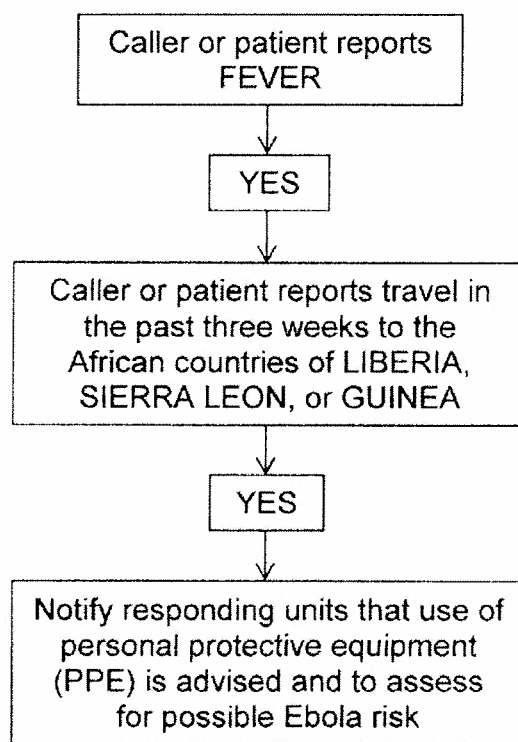
DATE: October 17, 2014

TO: ORANGE COUNTY EMS BASE HOSPITALS
ORANGE COUNTY EMS ALS PROVIDERS
ORANGE COUNTY AMBULANCE PROVIDERS

FROM: SAM J. STRATTON, MD, MPH
ORANGE COUNTY EMS MEDICAL DIRECTOR

SUBJECT: EMS RELATED EBOLA UPDATE # 3

Orange County Emergency Medical Services (OCEMS) is authorizing medical dispatch call screening for potential Ebola victims. 9-1-1 EMS dispatch centers and OCEMS licensed ambulance dispatch centers are to incorporate, at a minimum, the following medical call screening:



Ebola Update # 3
Page 2
October 17, 2014

Dispatchers must document a positive travel history to any of the three African nations listed above for any call received with a complaint of fever. Calls for which there is a fever and positive travel history to Liberia, Sierra Leon, or Guinea should be reported to OCEMS at (714) 415-8980.

When patients with fever and positive travel history from an Ebola country are being transported, the receiving facility must be notified prior to arrival of the possibility of an Ebola infected patient.

CC: HCA HDM Program Manager
OCEMS Program Administrator
OCEMS ALS Coordinator
OCEMS QI/PI Coordinator

SJS/sjs/#2160



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DIRECTOR

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DEPUTY AGENCY DIRECTOR
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LYDIA MIKHAIL, MBA
DIVISION MANAGER
HEALTH DISASTER MANAGEMENT

TAMMI McCONNELL RN, MSN
EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714- 834-3500
FAX: 714- 834-3125

DATE: October 17, 2014

TO: ORANGE COUNTY EMS BASE HOSPITALS
ORANGE COUNTY EMS ALS PROVIDERS
ORANGE COUNTY AMBULANCE PROVIDERS

FROM: SAM J. STRATTON, MD, MPH
ORANGE COUNTY EMS MEDICAL DIRECTOR

SUBJECT: EMS RELATED EBOLA UPDATE # 4

Orange County Emergency Medical Services (OCEMS) has received a number of questions relative to EMS and the potential for a Ebola infected patient. The following are replies to questions recently received by OCEMS:

1. Will OCEMS start using dispatch center call screening for potential Ebola?

OCEMS has issued instructions to 9-1-1 emergency dispatch and ambulance dispatch centers to begin call screening for potential Ebola victims (OCEMS Ebola Update # 3).

2. What are the appropriate on-scene actions for a potential Ebola victim?

Recognition of an Ebola risk is the most important aspect of field management. When responding to a call for which there is a complaint of fever and abdominal pain, vomiting, diarrhea, headache, or muscle aches it is important to next ask if there has been travel within the past three weeks to the African countries of Liberia, Sierra Leon, or Guinea. If there are positive symptoms and travel history, the patient should be considered to possibly be infected with Ebola until laboratory testing prove otherwise.

On-scene safety for an Ebola risk includes:

- Limit the number of personnel who come in contact or into the same structure housing the potential victim. If during call screening, it is determined there is a potential Ebola victim, only one to two personnel should enter the scene area (room, house, or clinic) with other response personnel remaining outside until the level of risk is determined from initial history taking.

- If the risk of potential Ebola is identified, all public safety personnel in contact with the patient should use personal protective equipment (PPE). The following PPE is recommended for field personnel by OCEMS:
 - Water impermeable coverall suit with hood
 - Water impermeable shoe/boot covers and leg covering (if not part of coverall suit)
 - Goggles
 - Face shield (use in combination with goggles)
 - N-95 or P-100 respirator
 - Two sets of medical gloves (for double gloving)
 - Second person to act as buddy to don and remove PPE safely
- Potential Ebola victims should be transported in ambulances prepared with plastic sheeting that encloses the inside of the patient compartment.
- Contaminated waste should be double bagged in red plastic medical waste bags and held by the EMS provider agency until further direction is provided by the Orange County Health Care Agency. Waste may need to be held until final testing is completed to determine if the patient is positive for Ebola (up to six days).
- Personnel with exposure to body fluids of potential Ebola patients should follow OCEMS policy number 330.96 (ERC Communicable Disease Exposure Guidelines for Prehospital Care Personnel) for post-exposure instructions and follow-up.
- Response equipment (including ambulance) should be decontaminated by a HCA approved procedure or bio-waste decontamination contractor prior to being placed back into service.

3. What are the reporting requirements for suspected Ebola victims?

After assessment on scene, if there is a suspected Ebola case, the Orange County Health Care Agency is to be notified at (714) 834-8180.

CC: HCA HDM Program Manager
OCEMS Program Administrator
OCEMS ALS Coordinator

Ebola Virus Disease (Ebola)

1. What is Ebola?

Ebola is a virus that has caused disease outbreaks in West Africa. Right now, there is a large Ebola outbreak in the countries of Guinea, Sierra Leone, and Liberia. The number of affected countries may increase. See a map of affected countries on the Centers for Disease Control and Prevention's (CDC) website: <http://tinyurl.com/CDCEbolaMap>

2. How does Ebola spread?

Ebola spreads from person-to-person by direct contact with a patient's body fluids, like sweat, saliva, mucus, blood, vomit, urine, feces, breast milk, and semen. Infected objects, like needles, can also spread it. Ebola can also spread after death, especially if handling an infected person's corpse, linens, mattresses, and other infected objects. Patients can spread the virus while they have a fever or other symptoms. The virus gets into the body through broken skin or mucous membranes. People who do not show any symptoms do not spread Ebola. Ebola does not spread through air, food, water, mosquitos, or other insects. Only mammals, like humans, bats, apes, or monkeys, have been infected with Ebola.

3. What are the symptoms of Ebola?

It takes 8-10 days for most people to show symptoms, but it can range from 2-21 days. Ebola can cause these signs of disease:

- Severe Headache
- Stomach or muscle pain
- Fever (101.5°F or higher)
- Unexplained blood loss or bleeding
- Weakness or muscle pain
- Diarrhea
- Vomiting

4. How is Ebola treated?

There is no specific medicine or vaccine for Ebola. Instead, treatment focuses on keeping the patient alive by giving fluids and managing the serious health problems that can happen.

5. What can you do to prevent Ebola?

Recognition of potential Ebola infection is essential for control of the disease. EMS providers must be particularly careful to adhere to good universal precautions. The risk of Ebola is very low unless a person has direct unprotected contact with an Ebola patient's body fluids which may be on the patient or objects the patient has contaminated.



Key Points:

- The risk of getting sick with Ebola is very low in Orange County, unless a person has direct, unprotected contact with an Ebola patient's body fluids or handles bats, apes, or monkeys from Ebola outbreak areas.
- Asking about recent travel history and using PPE when needed keeps first responders safe.

Where can the public go for more information?

Orange County Health Care Agency
www.ochealthinfo.com/ebola

California Department of Public Health (CDPH)
 (916) 558-1781 / www.cdph.ca.gov

Centers for Disease Control and Prevention (CDC)
 (800)-CDC-INFO / www.cdc.gov

Ebola Reference for First Responders

6. What is recommended for Personal Protective Equipment (PPE)?

Standard, contact, and droplet precautions, such as:

- Gloves
- Facemask
- Eye protection (goggles and face shield)
- Gown (fluid resistant or impermeable)
- Other items including double gloving, disposable shoe covers, and leg coverings in certain situations (e.g., large amounts of blood and body fluids present)

7. What are the risk factors for Ebola infection?

Persons with the following symptoms and exposure risk factors should be considered at risk for having Ebola infection:

- A. Symptoms of fever along with severe headache, muscle aches, vomiting, diarrhea, abdominal pain, or unexplained bleeding.
- B. Travel exposure within 21 days or contact with someone who has recently traveled to the African countries of Liberia, Sierra Leon or Guinea.

8. How will persons at risk for Ebola infection be managed and transported in the prehospital setting?

- Orange County Dispatchers are beginning call screening of specified cases and will notify EMS responders of a possible Ebola case. If the dispatcher alerts you of a possible Ebola case, prepare by donning of PPE prior to patient contact.
- EMS provider must document the travel history of any patient with the above mentioned symptoms (#7A) on their prehospital care report (PCR) and submit via OC-MEDS. Revised PCR templates and technical guidance are in place to assist with implementing this change.
- First responders involved in initial contact and or air/ground transfer of Ebola patients should wear recommended PPE and manage patients at risk for Ebola infection taking special care to protect mucous membranes from splashes of blood, body fluids, or soiled gloves by limiting activities that increase the risk of exposure (e.g., airway management, CPR, use of needles).
- At the present time, patients being transported from the field should be routed to the most appropriate receiving facility with notification to the facility of the possibility of an infected patient made prior to arrival. After patient handoff at receiving facility, report suspected Ebola cases to Orange County Health Care Agency at (714) 834-8180.

9. What should first responders do if they're exposed to body fluids from a patient with suspected or confirmed Ebola?

- Stop working right away and wash the affected skin surfaces with soap and water. Mucous membranes should be irrigated with a large amount of water or eyewash solution.
- Contact your designated officer for direction on evaluation and treatment. Get medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the exposure.
- Refer to OCEMS Policy #330.96 for reporting guidelines. You may need to be removed from work while Ebola tests are completed on the source patient.

10. Will first responders be contacted if a prehospital Ebola case is confirmed in Orange County?

Yes. The Orange County Health Care Agency will notify first responders who had contact with a confirmed Ebola case.

**Emergency Response Employee/1st Responders
Report Prehospital Exposures to:
Orange County Health Care Agency
Employee Health Services
at (714) 565-3780**