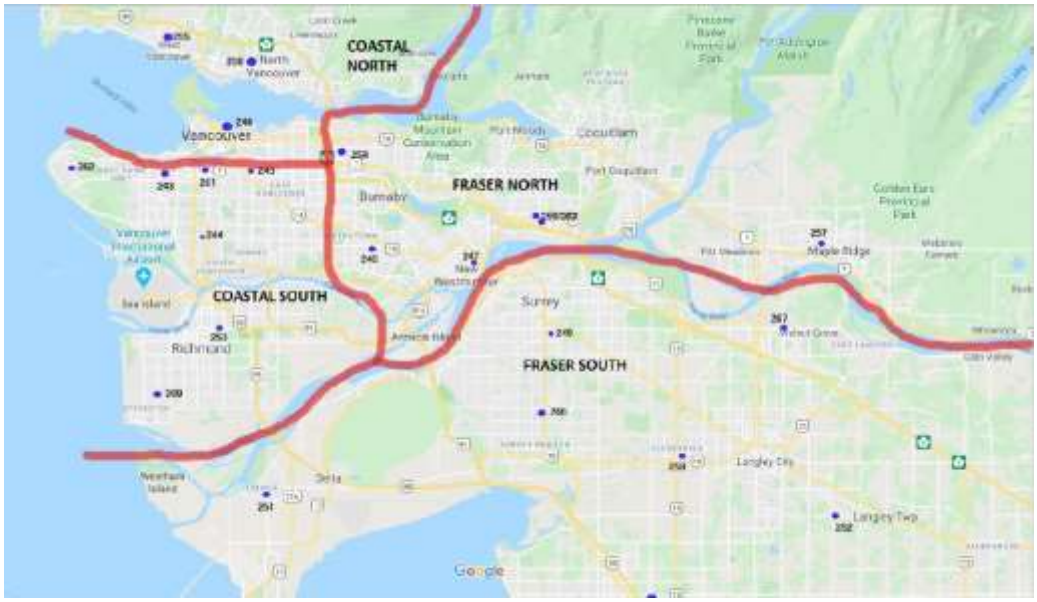
March 2, 2020 Issue 18

In This Issue

More supervisory support in Metro Vancouver

Starting March 3, 2020, if you're a paramedic working in the Vancouver Coastal and/or Fraser Districts you will have more supervisory support. Both areas will be offering a supervisor dedicated to the northern and southern parts of both Vancouver Coastal and Fraser districts, as illustrated here:



This change is designed to improve accessibility of supervisors for all on-shift paramedics.

Please note the new numbers below and update your contacts accordingly.

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OpsUpdate@bcehs.ca

Supervisor Contact Numbers - Vancouver Post

- Coastal North Supervisor: **1-604-837-5330** (West of Boundary Rd and north of Broadway - includes the North Shore: 248, 255, 256 the Sunshine coast, and Sea to Sky Corridor)
- Coastal South Supervisor: **1-604-230-9135** (West of Boundary Rd and south of Broadway. Up to and including Richmond. Stations 262, 243, 261, 245, 244, 250, 269)
- Fraser North Supervisor: **1-604-230-5994** (East of Boundary Rd and north of the Fraser River. Stations 258, 240, 247, 259, 263, 257)
- Fraser South Supervisor: **1-604-230-4294** (East of Boundary Rd and south of the Fraser River. Stations 251, 249, 266, 253, 252, 267, 254)

The following numbers have not changed for these areas:

- Fraser Valley – 1-604-928-1877
- Interior – 1-833-296-0803
- Northern – 1-778-349-0206
- Vancouver Island – 1-250-480-8493

COVID-19 update

BCEHS recently issued this all-staff update on COVID-19.

Please note this change, specifically:

- Discourage family members from accompanying the patient in the ambulance. If unavoidable, offer hand hygiene and a surgical mask to family member(s).

Please refer to this latest update for complete information.

Ambulance headlights and drive lights investigation results and recommendations

BCEHS and our Occupational Safety and Health representatives have completed an investigation into ambulance headlights and drive lights and specifically vehicle incidents involving animal impacts or where lighting was a factor in the incident.

You are reading the March 2020 issue of the BCEHS Ops Update

In This Issue

The investigation team reviewed three years of incidents which included information from Workplace Health and Safety and BCEHS Fleet incident records. The review resulted in field sampling of ambulances and their lighting.

The investigation determined that the primary cause of inadequate lighting was the lens cover on the round Hella 500FF – 6" defusing the light intensity in pattern and range.

As a solution, effective immediately, BCEHS is removing the lens covers on all ambulance driving lamps to improve the forward-facing lighting in pattern and range. More on this, below.

Additional factors were also identified through the review as contributing:

1. Equipment in poor condition – specifically, driving lens covers that are discoloured, cracked or excessively pitted further defused the light intensity in pattern and range.

2. Alignment - proper alignment of the lights is critical to ensure the vehicle operator is receiving the best forward-facing lighting.

Light alignment can be moved out of position due to vibration and/or during vehicle washing. Re-alignment by paramedic crews is not practical therefore any issues should be reported in the vehicle log book for correction by the vehicle service center.

You are reading the March 2020 issue of the BCEHS Ops Update

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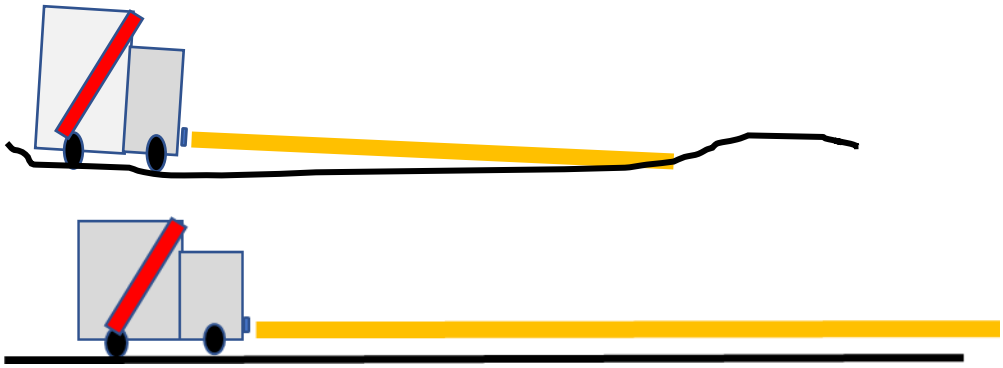

3. Poor quality of investigations - Procedure and training required to improve the quality of incident investigations and resulting recommendations. The historic incident review over the three years did not identify the driving lens covers and other factors, the individual investigations documentation did not contain adequate details that could assist with identifying incident factors.

The investigation team has made the following recommendations to address the primary cause and contributing factors:

- The removal of the drive light lens covers
- Development of a procedure for service centres to perform headlight and drive light alignment checks
- Publishing the alignment check procedure for paramedics to reference during the shift vehicle inspection
- Remind paramedics to document issues in the vehicle log book and be aware that drive lamp damage may increase with the removal of the lens covers
- Ensure procedures and any supporting policies are reviewed and updated
- Provide copies of the investigation report to supervisors and DOSH committees to create awareness of issues identified and look for ways to prevent.
- Ensure optimal forward-facing lighting is provided
- Ensure paramedics are aware of the hazards and risks they may be encounter during a response and not overdrive the vehicle headlights and drive lights
- Provide procedures to aid paramedics in ensuring their safety when driving and performing vehicle safety checks
- Improve the quality of incident investigations

How does this affect my practice?

Effective immediately, BCEHS is removing the lens covers on the ambulance driving lamps to improve the forward-facing lighting in pattern and range. The removal of the covers will likely increase the damage to the driving lights and require the vehicle operator to be more diligent in the vehicle safety checks and documentation in the vehicle log book.

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Implementing these changes will improve forward-facing lighting and should reduce some of the risks associated with night time driving. Drivers should note an improvement and be cautious not to overdrive the headlights.

Is there any more information?

There is a new document for your reference and information, on removing lens covers and aligning headlights, here: Driving light alignment bulletin.

Other resources:

BCAS Policy – 8.3.1 Ambulance Safety and Readiness Inspections
BCAS Policy – 8.3.6 Motor Vehicle Accidents
BCEHS Fundamentals of Emergency Vehicle Operations – Driving Manual
BCEHS Driving in Adverse Weather 2017
BCEHS – 2015 Using the Vehicle Visual, Safety and Operational Readiness Checklist

Standard Operating Guidelines can be found on the BCEHS intranet at: https://intranet.bcas.ca/policy/manuals-guidelines-sops/index.html

For questions please contact your supervisor, safety consultant or your local Occupational Health and Safety Committee.

Clinical and professional practice update

1. Practice updates

1.1 Assess, See, Treat and Refer (ASTAR) Palliative Clinical Pathway

BCEHS is pleased to implement the first Assess, See, Treat and Refer (ASTAR) clinical pathway in collaboration with our regional health authority partners. This new pathway is specific to palliative patients.

This innovation in paramedic practice is a significant change intended to improve patient care and better meet our patient's wishes. In situations where palliative patients do not require transport to hospital after treatment, the patient can safely remain at home. An automatic referral (with patient consent) will be sent to their home and community care teams. This function will happen automatically within Siren when the paramedic selects the palliative clinical pathway.

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There are three phases to the rollout of this clinical pathway. Phase One was completed in June 2019, with changes in dispatch operations, updates to clinical practice guidelines and the support of CliniCall for 9-1-1 palliative calls.

Phase Two saw palliative education delivered, transport to alternative destinations procedure introduced and the building of communications strategies with health authority care teams.

Phase Two concludes with the introduction of the Assess, See, Treat and Refer - Palliative Clinical Pathway practice into these five prototype communities:

1. Prince George
2. Nanaimo
3. Kamloops
4. North Vancouver & West Vancouver
5. Abbotsford

The prototype communities will officially launch the use of this clinical pathway in March 2020. The Palliative Clinical Pathway can be found in the Clinical Pathways (destination guidelines) section of the BCEHS Handbook.

For all non-prototype communities, please continue to document patient non-transports with the patient refusal pathway.

Phase Three will be expanding this pathway into additional communities later this year.

1.2 Stroke clinical pathways - Sea to Sky

BCEHS and Vancouver Coastal Health (VCH) are pleased to announce changes to the care of patients in the Sea to Sky corridor who may be having a stroke. New stroke clinical pathways have been created in partnership with VCH for Pemberton, Whistler and Squamish. These pathways will see suspected hot stroke patients who have symptom onset of less than six (<6) hours, or wake up with symptoms, transported directly to Lions Gate Hospital for rapid assessment and treatment. The new pathways come into effect on **March 15, 2020.** Please make sure to familiarize yourself with these pathways located in the BCEHS Handbook:

Operations > Destination Guidelines > Vancouver Coastal Health & Providence > Medical (VCH) > Lions Gate Hot Stroke – Clinical Pathway

1.3 Infection Prevention and Control (IPAC) practice updates and revisions

IPAC is now on the BCEHS Handbook App!

Please look under the clinical section for up to date IPAC information on cleaning and disinfection, PPE, hand hygiene and IPAC factsheets. In the cleaning and disinfection section, the updated standard operating procedures for routine post transport, post transportation of an airborne patient and daily shift cleans are available for easier

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access. If you require more in-depth information, please refer to the BCEHS Intranet link where the cleaning and disinfection toolkit is posted.

The PPE section contains the new updated PPE poster with the donning and doffing steps to ensure you are safely donning and doffing your PPE to avoid self-contamination. The poster also reflects the importance of eye protection (full face shield) when caring for a patient on droplet precautions. The hand hygiene section includes the *four moments* poster and information on alcohol-based hand rub (ABHR). The factsheet section includes leaflets on bed bugs and updated information on bleach and carbapenemase-producing organisms (CPO).

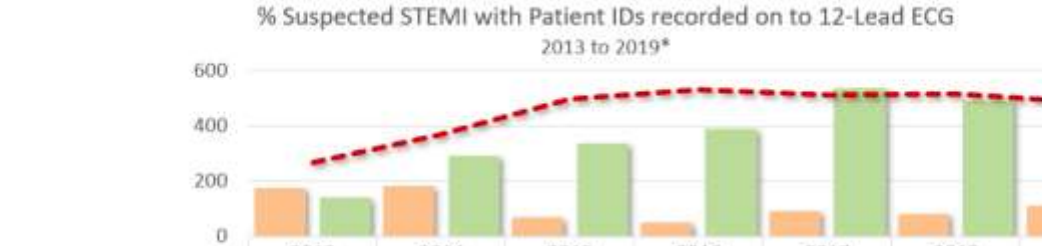
If you would like to suggest more content, please contact Janie.Nichols@BCEHS.ca

2. Practice reminders

2.1 STEMI Transmissions – Patient Identification

BCEHS paramedics are consistently meeting or exceeding the international standards for prehospital STEMI care. That being said, we are always looking for ways to improve, and one area is STEMI transmission and patient identification to help streamline care at the receiving centre.

As you can see from the table below, **81 per cent of transmitted STEMIs (2019) contained appropriate patient identifiers**, worse than the previous four years.



	2013	2014	2015	2016	2017	2018
No patient ID Recorded	177	181	72	52	92	81
Patient ID recorded	142	291	338	389	534	489
# Suspected STEMI Events	319	472	410	441	626	570
% COMPLIANCE	45%	62%	82%	88%	85%	86%

We are aiming for 100%. Ensure to include the following patient information in the LP15 *prior* to transmission:

- Name: First and last
- Record ID: (auto entered)
- Patient ID: Date of birth
- Incident: Onset
- Age: (auto entered)
- To further assist the receiving facility, use the "Incident ID" field to enter the onset of pain (i.e. "Onset 14:00" or "CP 14:00")

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If patient identification is not included on the ECG transmission, a subsequent 12 lead must be performed in ER prior to PCI. This potentially creates an unnecessary delay to time-sensitive care. As well, there have been several cases where two or three STEMI patients have arrived within a very short time creating confusion on which 12-lead belongs to which patient in the absence of unique identifiers. We recognize that these are busy calls, but this is an important step to improving patient care.

2.2 Surrey Mental Health and Substance Use Urgent Care Response Centre - Alternative destination clinical pathway

Paramedics are reminded that they are now able to transport patients to the Surrey Mental Health and Substance Use Urgent Care Response Centre (UCRC) instead of the Surrey Memorial emergency department if their patient meets specific criteria and has been accepted ahead of time. For a patient to be accepted in advance, paramedics must call a designated number prior to transporting.

This clinical pathway aims to ensure patients who would otherwise have been taken to the Surrey Memorial Hospital emergency department, can now be assessed and cared for by the specialists at the urgent care response centre.

The clinical pathway information can be found in the BCEHS Handbook:

Operations > Destination Guidelines > Fraser Health > Alternate Transport Destinations (FH) > Surrey Mental Health Urgent Care Response Centre

The centre's employees and SMH emergency department staff will also have a copy of the inclusion and exclusion information to ensure consistency.

2.3 Intra-nasal administration of medications

Intranasal (IN) drug delivery offers a non-invasive, safe and efficacious route for medication administration in the pre-hospital environment. The Mucosal Atomization Device (MAD®) delivers a fine mist of soluble medication particles to achieve rapid and effective drug levels by direct absorption across the nasal mucosal membranes into the bloodstream. This medication route is currently available to PCP Flight / ACP / CCP / ITT (PCPs are not yet permitted to use IN MAD devices)

Indications

Consider using IN medication delivery in the following settings:

- Pediatric seizure management with midazolam
- Pediatric pain management with fentanyl where an IV is otherwise not indicated or available
- Analgesia with ketamine
- Narcotic overdose with naloxone

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Jump to…

Administration - Video

- Use the highest concentration per volume of the drug available
- Ideal volume for IN administration is 0.2-0.3 mL per nostril with the maximum being 1 mL per nostril
- The MAD® atomizer requires 0.1 mL additional volume to accommodate for the device's dead space, include this dead space consideration in your calculations
- Splitting the dose in half and administering it into both nostrils increases the available surface area for absorption
- If the required volume per nostril exceeds 0.5 mL the dose should be administered in two separate applications 5-10 minutes apart
- Consider suctioning the nasal passage prior to medication administration if a significant amount of discharge is present
- Direct the tip of the MAD® slightly up and outward (towards the top of the outer ear) and briskly administer
- MAD® device is re-useable on the patient requiring repeat doses
- In neonates or small children removal of the foam tip may provide a better fit

Thanks to ACP Shauna Speers who created this practice reminder.

2.4 ACP Practice reminders – Morphine and Ketamine

Morphine Update: With the addition of both fentanyl and ketamine for analgesia, ACPs are reminded that the only indication for morphine sulphate is for palliative care patients. ACPs are not authorized to administer morphine for any other indication without consult with CliniCall.

Ketamine (analgesia): ACPs are reminded that fentanyl is the BCEHS first line analgesic agent and ketamine is only indicated after fentanyl has been administered. The indications for ketamine are:

Ketamine should only be considered for severe traumatic pain following 1-3 mcg/kg fentanyl and associated with:

- fracture reduction and/or splinting required
- multiple or significant fractures or traumatic injuries
- patients with splinted fractures requiring ongoing analgesia
- major burns
- complex extrication of a patient with traumatic injuries

Contact CliniCall to discuss other indications for ketamine.
Contact CliniCall if additional analgesia is required.

Ketamine for excited delirium or extreme agitation: Based on a review of paramedic practice of the administration of ketamine for ExDS, the clinical practice has been updated to extend the use of ketamine to patients with a Richmond Agitation-

Sedation Scale (RASS) of +4 or +3 (previously it was limited to +4 only). A reminder to ACPs that midazolam is still indicated for difficult to control patients with a RASS of +2. In addition, ketamine can only be given once at a maximum dose of five mg/kg with no repeat without consultation with CliniCall.

Midazolam and ketamine should not be given together without consultation with CliniCall. The BCEHS Handbook is updated with the following:

Conduct and document the RASS pre and post medication administration

- Ketamine if RASS +3 or +4
  - 5 mg/kg IM
  - Maximum total dose is 5 mg/kg, no repeat without consultation with CliniCall
- Midazolam if RASS +2
  - 5-10 mg IM (maximum total dose is 10 mg)
  - 2-5 mg IV incrementally to effect
- It is not advisable to administer both ketamine and midazolam. If the target RASS of +2 to -2 cannot be achieved with one agent, consult CliniCall to discuss repeat doses or the addition of either ketamine or midazolam.

3.0 Paramedic Research & Education

3.1 Paramedic Research Committee - Grant funding recipient, BCEHS CCP Adam Greene

CanROC
Canadian Resuscitation Outcomes Consortium
Consortium Canadien de Recherche en Réanimation

The Paramedic Research Committee (PRC) recently had the opportunity to apply for grant funding to present and attend the CanROC conference in April 2020. Adam Greene's application, titled "Bringing Blood Products to the Patient: A Canadian Critical Care Transport Perspective '' was the successful submission.

Congratulations Adam Greene.

The PRC is an ad-hoc group that provides support to BCEHS paramedic-researchers and to paramedics interested in research. All are welcome to join. Contact jennie.helmer@BCEHS.ca.

3.2 CHAMP Update

Early results indicate the introduction of pre-hospital fibrinolysis by Kamloops ACPs has resulted in timely delivery of reperfusion therapy for STEMI patients. Achieving

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myocardial reperfusion as rapidly as possible is the key to improving survival and decreasing morbidity in patients with STEMI.

The majority of activations to date have met or exceeded the national guidelines for optimal STEMI care. Most notably, **fibrinolytic administration is occurring within 30 minutes of ACP arrival**.

Congratulations to all paramedics involved in this project. Your work has significantly improved STEMI patient care in Kamloops and we are all grateful for your time and attention to this new ACP practice.

3.3 Paramedic mini-CAT (Critically Appraised Topic**)**

Title: Paramedic Decision Making. Is non-conveyance safe for low-acuity patients**?**

Clinical Bottom Line: Patient non-conveyance involves risk to both the patient and the paramedic. Where alternative clinical care pathways are available, the risk is reduced, and non-conveyance to ED may be considered as the best option for some patients. Further, decisions around non-conveyance can be improved with clinical support networks.

If you'd like to author a CAT, please contact jennie.helmer@BCEHS.ca. It's a good way to share the evidence around different approaches to treatment.

4.0 EMALB - Paramedic regulator

4.1 EMALB Continuing competence credits

REMINDER – The 2019/20 reporting period ends on March 31, 2020. You have until April 30, 2020 enter all patient contacts and continuing education activities completed between April 1, 2019 and March 31, 2020 into EMACCS.

The Emergency Medical Assistants Regulation requires that all emergency medical assistants (EMAs), except first responders and EMAs that held a student licence during the reporting period, complete 20 continuing education credits and 20 patient contacts every year. This requirement is an individual condition of your licence and applies regardless of the EMA's employer, status (medical leave or maternity / paternity leave), employment status, or residence inside or outside British Columbia.

BCEHS Clinical and Professional Practice in partnership with BCEHS Learning recommends CME credit allocation for our courses but is bound by the decision and assignment of credits by the regulator.

All managers, paramedics, call takers and dispatchers who hold EMA licenses are reminded that BCEHS Learning plans the annual education calendar to provide approximately 20 credits of new education. EMAs who do not accrue patient contacts must seek the additional 20 credits from other sources, including approved PHSA courses on the Learning Hub or through third party education providers.

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EMAs are responsible for keeping their education records. All BCEHS courses are kept on the Learning Hub. Each EMA can pull their own Learning Hub transcript by logging into the PHSA Learning Hub and selecting "Learning History" and then "Print Transcript".

Paramedics are responsible for maintaining their own professional development portfolio, including copies of certificates, course outlines, transcripts and notes recording your personal reflections on your learning. The EMALB audits a large number of paramedics each year. If you are audited, you will need to provide copies of evidence supporting the credits you submitted.

4.2 EMALB complaints

We are aware of several paramedics who have received complaints about their practice directly from patients or other agencies. Should you receive a letter asking you to respond to a complaint, ensure that EMALB has provided you with a copy of your ePCR, which they should request from BCEHS. Once you have received all the information and developed a response, the Clinical and Professional Practice team is able to provide support and review your complaint to provide advice prior to your response submission to the EMALB.

Please contact your regional paramedic practice leader or email clinicalpractice@bcehs.ca

5.0 Questions and Answers

5.1 Q: **Does my patient need a 'No CPR' form in addition to an advance directive form to refuse cardiopulmonary resuscitation (CPR)?**

5.1 A: No, patients do not need to complete a 'No CPR' form to refuse CPR. If they have made an advance directive on or after September 1, 2011 that refuses consent to CPR, then CPR will not be performed by health care providers, including emergency medical assistants.

Reference https://www.healthlinkbc.ca/health-feature/advance-care-planning

5.2 Q: I have heard that time fraud (payroll fraud) is reportable to the EMALB. Could you confirm? I thought that only clinical practice matters could be dealt with by EMALB and anything else is managed by the employer?

5.2 A: All matters of professional practice, including findings such as time/payroll fraud can be referred to the paramedic regulator (EMALB) under Section 3, Code of Ethics in the EMA Regulation, found here. While paramedics work for BCEHS and are accountable to BCEHS, they are also accountable independently to the EMALB. Any behavior or practice that would undermine the position of trust in the eyes of the public falls under the professional responsibilities of a paramedic and therefore accountable to the regulator.

You are reading the March 2020 issue of the BCEHS Ops Update.

Next Ops Update: April 1, 2020

Deadline for submissions: March 19, 2020

Questions or comments?

Contact:

OpsUpdate@bcehs.ca

The Clinical and Professional Practice team will provide a monthly update with a special section answering your questions. If you have any questions, comments, or feedback about clinical and professional practice, treatment guidelines, EMA regulation, or other practice issues, please email us at: ClinicalPractice@bcehs.ca. We will do our best to get back to you within 10 days and/or publish your questions in a future update.

Required education by March 31

Please note the following required education is to be completed by March 31, 2020:

- **AIME BLS 2015** – **only** for staff who have never taken AIME BLS 2015. These employees would have been contacted by BCEHS Learning to inform them of courses available. If you have not taken AIME BLS 2015, please check your email for instructions on how to register.
- **Continuing Professional Development 2019** – all frontline paramedic staff (EMR, PCP, ACP).

For more information, please refer to:

- https://intranet.bcas.ca/memos/all/19/12/1059200.pdf

Safety Strategies 2019 – all frontline paramedic staff and their supervisors (EMR, PCP, ACP, ITT, CCP).

Safety Strategies 2019 NERPF submissions: Completed NERPF forms for the Safety Strategies 2019 must be submitted to your immediate supervisor for approval. Please note: They will not be processed if sent to Learning without approval.

For more information, please refer to:

- https://intranet.bcas.ca/memos/all/20/01/1059548.pdf

ParaCare Corner

The Siren Notification Board (SNB) is fully deployed at all Fraser Health Authority emergency departments, as well as Lions Gate and Kelowna General Hospitals. These account for over 35 per cent of our patient transports. We expect to announce new SNB sites within Vancouver Coastal and Interior Health soon. As we continue the roll-out, we want to remind crews of a few key points when transporting patients to ERs that use the SNB system.

- **SNB bug associated with layered calls:** BCEHS has identified a bug in SNB when doing layered calls. When you transfer a copy of your PCR to the non transporting crew, the PCR (of the transporting crew) will not display on SNB. In these situations, after you transfer a copy, we ask that crews print the finalized copy from the ambulance printer.

Find past and current issues of the BCEHS Ops Update on the BCEHS intranet, here:

https://intranet.bcas.ca/opsupdate/index.html

- **PCR impressions for interfacility transfers:** When documenting the impression for patient transfer events to a medical or surgical unit (NOT the emergency department), document the impression at Interfacility Transfer. This helps the hospital know these patients are direct admits.

- **File the printed PCR in the patient's chart:** You are responsible for collecting the printed PCR and including in the patient's chart.

LP 15 reports viewed on SNB: If you're an ACP and transporting to an SNB facility, your LP15 reports can be viewed by hospital staff. Instead of printing from the monitor, simply "attach" reports to your PCR. After the event is imported, go to the Events menu and View Reports, then select the reports you want attached. This will allow hospital staff to view the reports from SNB. To learn more, watch this short tutorial on attaching LP15 reports to your PCR.

Additional reminders:

- **Arrive-on-scene time stamp**: Paramedics are directed to NOT select "arrive on scene" until you are stopped at the scene. Selecting arrive prior to arrival creates an inaccurate PCR and also changes your status in Dispatch, it also impacts the auto-arrive function utilizing the GPS on your vehicle. You can start a blank PCR enroute to the event if you wish and import CAD data after you have arrived on scene.
- **Take-Home Naloxone kit:** In Siren you are able to indicate when you distribute a Take Home Naloxone (THN) kit to a patient or bystander. Please use the "Take Home Naloxone" section of the "Supplies Used" tab in Siren. Do not use this field for any other purpose. If naloxone was administered by another first responder agency or a bystander before your arrival, include this in your "medications" section and use the drop-down menu to indicate who gave the drug. The THN section will be updated in the next few months to make it clearer.

You are reading the March 2020 issue of the BCEHS Ops Update.

What is Accreditation and why does it matter?

Accreditation is a process that health organizations use to evaluate and improve their services, to ensure best practices.

Why is Accreditation Important?

We know BCEHS provides excellent patient care, and external validation such as being accredited proves it.

By participating, BCEHS demonstrates its commitment to continuous quality improvement, patient and paramedic safety, improved efficiency and accountability. Accountability to our patients and communities makes us better.

Who's involved?

Everyone. Seven surveyors from Accreditation Canada will visit stations, Vancouver and Victoria dispatch centres, hospitals, corporate offices of BCEHS and other places to assess how we're doing. They will meet with our leaders first and then will fan out across the province to see patient care being delivered. They may want to talk to you. If you are approached by a surveyor, don't be shy to share with them the great work you do every day. The surveyors are EMS peers who understand our challenges.

- If you don't understand what a surveyor is asking - ask them to clarify.
- If you don't know the answer to a question – simply explain where you would go for the information (i.e., BCEHS intranet, POD, BCEHS Handbook, etc.) or who you would talk to (your unit chief, DOSH rep, etc.) to find out.

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Deadline for submissions: March 19, 2020

Questions or comments?

Contact:

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ACCREDITATION = BEST PRACTICE. EVERY DAY.

BCEHS | BC Emergency Health Services

When is this happening?

June 1, 2, 3, 4, 5. Soon!

Should I prepare, and if so, how?

Accreditation covers every aspect of our service but particularly Required Organization Practices (ROPs). ROPs are the essential, "must-have" practices that need to be in place to enhance patient safety and minimize risk to staff and patients. Our frontline staff already do a lot of this work as part of day-to-day practice without even realizing it.

Examples of ROPs are reprocessing (cleaning and disinfecting processes), hand cleaning, preventative maintenance processes, narcotic safety, and the list goes on. Due to the breadth of subject areas, every month leading up to Accreditation, we focus on one ROP and try to provide you with all the resources you need to fully refresh your memory. This month's topic is workplace violence prevention and you can read all about that, below.

Accreditation is coming. This month's focus: Violence prevention in the workplace

Our next Accreditation survey will be from **June 1 – 5, 2020**.

In preparation for the survey, the Quality, Patient Safety and Accreditation (QPSA) team features a new accreditation focus in the BCEHS Ops Update every month.

This month's focus is on workplace violence prevention.

Jump back to…
- More supervisory support for Vancouver Post
- COVID-19 update
- Headlights investigation
- Clinical and professional practice update
- Required education by March 31
- ParaCare Corner
- What is Accreditation?
- Accreditation focus this month: Workplace violence prevention
- iPhones for all ambulances
- Stryker cushions: possible contamination risk
- Moving to a new model: engagement sessions
- Invoice reminder
- Annual inventory deadline

Workplace Violence Prevention is an Accreditation Required Organization Practices (ROPs). ROPs are the essential, "must-have" practices that need to be in place to enhance patient safety and minimize risk to staff and patients.

What does this mean?
A documented and coordinated approach to prevent workplace violence is implemented.

- A strategy to prevent workplace violence should be in compliance with Ministry of Health and WorkSafe BC requirements and regulations.
- Workplace violence is defined as "Incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving direct or indirect challenge to their safety, well-being or health."
- Workplace violence can be physical, verbal or non-verbal and can impact physical and psychological well-being.

Policy
The Preventing Violence in the Workplace Policy ensures that steps are taken to identify, prevent and manage the risks to the personal safety of BCEHS staff, patients, and the public from violence in the workplace.

Risk assessments
BCEHS conducts risk assessments according to the Provincial Standard to identify risk for violence in the workplace and to recommend controls to eliminate or mitigate these identified risks.

Program
There is a Violence Prevention Program to specifically meet the needs for BCEHS. This program introduces applicable standards and regulations and provides tools to address the risk of violence in the workplace

Training
BCEHS offers all employees violence prevention training (PVPC-B):

- All new employees complete the online violence prevention curriculum
- All new paramedics complete face-to-face classroom training
- Annual violence prevention training is offered to paramedics as a refresher

Confidential reporting
The Workplace Health Call Centre is available for employees to report a workplace health incident or injury: **1-866-922-9464**

The Critical Incident Stress Management (CISM) **1-855-969-4321**
CISCoordinators@bcehs.ca

Homewood Health (Employee and Family Assistance Program) **1-800-663-1142**

For more information please visit the BCEHS intranet

https://intranet.bcas.ca/areas/qsrma/accreditation/index.html where you can find the 2019 Accreditation Mock Survey Report some FAQs as well as more information about the standards that apply to us!

Questions?
Direct your email inquiries to Accreditation@bcehs.ca.

iPhones in all ambulances

A province-wide deployment of iPhones is now complete.

All stations have now either received iPhones or will be receiving them imminently. This means all ambulances in operation will have iPhones for crew use.

A total of 460 iPhones were distributed to ambulance stations.

The iPhones come with the BCEHS Handbook App pre-installed which provides tools, practice updates, important contacts, and much more at the fingertips of every working paramedic.

Stryker stretcher cushions: possible contamination risk

A potential contamination risk has been identified with some Stryker stretcher mattresses due to wear and tear. All unit chiefs, or delegate, are being asked to check each of the stretcher cushions in operation at their stations for holes, tears, or any signs of distress (pulling at seams, thin worn-out spots, etc.).

Next Ops Update: April 1, 2020

Deadline for submissions: March 19, 2020

Questions or comments?

Contact:

OpsUpdate@bcehs.ca

Find past and current issues of the BCEHS Ops Update on the BCEHS intranet, here:

https://intranet.bcas.ca/opsupdate/index.html

If you have a defective mattress:

Send a request to the stretcher maintenance team (bcasStretcherMaintenance@bcehs.ca) for a new mattress and dispose of the faulty mattress at your nearest recycling facility.

The BCEHS stretcher maintenance team will coordinate with Stryker to deliver a new mattress to your station.

For any questions, please contact the BCEHS stretcher maintenance team at 604-803-5529.

Moving to a new scheduling model: face-to-face sessions

There have been numerous face-to-face engagement sessions this past month in the northern part of BC as well as on Vancouver Island. The sessions were all about the new scheduled on-call model (SOC) proposed for many stations in rural and remote areas of the province as part of the new collective agreement.

More sessions are scheduled for the interior starting March 5 in Cranbrook, then on to Kamloops, Ashcroft, Sicamous, Revelstoke, New Denver, Castlegar, Grand Forks and Kelowna between March 9 - 13. For specific times and locations, please ask your unit chief or area manager.

Virtual meetings were also held Feb 25 and 28 for those curious about SOC but who may not have had the opportunity to attend a face-to-face session.

Participation has been impressive so far. There have been many insightful questions and a lot of helpful feedback that will influence how SOC is implemented and where. Expect more details in the month ahead.

Did you know… every two weeks a new update on the progress of implementation of the collective agreement is published on the BCEHS intranet?

Did you know...you can also find all documents and communication related to the collective agreement on the BCEHS intranet? Consider bookmarking this link for fast future recall.

Invoice reminder: Fiscal year-end

To ensure all service/repair invoices are processed well in advance of our fiscal year end deadline and to avoid the "March rush", please submit all outstanding vehicle-related invoices to Fleet Operations as soon as possible.

Unit chiefs or their delegates should sign all service/repair invoices, verifying the goods and services were received, and retain a copy for the vehicle maintenance file at the station. Fleet Operations will be contacting all service centres to follow up on invoices.

Your prompt and immediate attention to this matter will ensure that all outstanding invoices can be processed before our fiscal year end of March 31, 2020.

If you have any questions or concerns, please contact us at 1-877-652-7465, option 2. We thank you for your assistance in helping us process invoices in a timely manner.

Annual inventory deadline

BCEHS Logistics needs the help of PCD managers and unit chiefs for year-end inventory count. Accurate inventory lists are a safety issue. They are critical to ensure equipment is maintained or replaced on time and that any recalls are completed.

For more information on the type of inventory that needs to be reported, and for detailed steps on using Fleetwave to report this, refer to this memo.