

Public Health Administration Large Conference Room 2240 E. Gonzales, 2 nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	December 8, 2016 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
IV. Medical Issues		
V. New Business		
A. 304 - EMT Course Completion by Challenge Examination		Chris Rosa
VI. Old Business		
A. 350 – Prehospital Care Coordinator Job Duties		Dr. Shepherd
B. 410 – ALS Base Hospital Standards (affected by 350 changes)		Dr. Shepherd
VII. Informational/Discussion Topics		
A. 705.20 – Seizures		Dr. Shepherd
B. 603 – Against Medical Advice		Dr. Shepherd
VIII. Policies for Review		
A. 332 - EMS Personnel Background Check Requirements		
B. 1200 – Air Unit Program		
C. 1203 – Criteria For Patient Emergency Transport by Helicopter		
IX. Agency Reports		
A. Fire Departments		
B. Ambulance Providers		
C. Base Hospitals		
D. Receiving Hospitals		
E. Law Enforcement		
F. ALS Education Program		
G. EMS Agency		
H. Other		
X. Closing		

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Approved by Tom O'Connor Seconded by Kathy McShea
III. Minutes		Approved	Approved by Tom O'Connor Seconded by Scott Zeller
IV. Medical Issues			
V. New Business			
A. New Medical Director – Dr. Daniel Shepherd	Dr. Shepherd was introduced to the committee. Welcome!		
B. 704 – Guidelines for Base Hospital Contact		Approve with changes. "III. A paramedic shall contact the Base Hospital in the appropriate catchment area, based on the location of the incident in the following circumstances. "	Approved by Yoni Carmona Seconded by James Rosolek
C. 705.20 - Seizures	There was extensive discussion regarding the language and treatment protocols involving pregnant patients.	Katy and Dr. Shepherd will work on the language/changes and send it out for comment.	
D. 603 – Against Medical Advice	Tabled	Dr. Shepherd requested that a sub-committee be developed to work on the language for this policy and report back to PSC with a draft in 2017. If you are interested in working on this committee, please contact Julie.	
VI Old Business			
A. 605 – Interfacility Transfer of Patients	Tabled	Katy is working on an informational sheet to distribute in the future.	
VII. Informational/Discussion Topics			
VIII. Policies for Review			
A. 350 – Prehospital Care Coordinator Job Duties		Approve with changes.	
B. 1200 – Air Unit Program	Tabled		

C. 1203 – Criteria for Patient Emergency Transport by Helicopter	Tabled	
XI TAG Report	No Tag Meeting	
X. Agency Reports		
A. Fire departments	<p>VCFPD – Scott thanked everyone who helped the fire department after Engineer Ryan Osler's death. They have 21 firefighters in a new academy. They are sending 4 people to paramedic school soon. Oxnard moved over to FCC and it was a smooth transition. They have hired additional dispatchers to assist with increased volume.</p> <p>VCFD – none</p> <p>OFD – none</p> <p>Fed. Fire – none</p> <p>SPFD – none</p> <p>FFD – Hiring 8 paramedics.</p>	
B. Transport Providers	<p>LMT – Hiring new personnel.</p> <p>AMR/GCA – Receiving 7 new ambulances in November.</p>	
C. Base Hospitals	<p>SVH – none</p> <p>LRRMC – none</p> <p>SJRMCC – none</p> <p>VCMC – Dr. Duncan said they had a very successful Fall Prevention Day in Thousand Oaks. There was 107 attendees. He would also like to thank everyone who has filled out the Fall Algorithm's.</p>	
D. Receiving Hospitals	<p>PVH – none</p> <p>SPH – none</p> <p>CMH – Still under construction.</p> <p>OVCH – none</p>	
E. Law Enforcement	<p>VCSSO – none</p> <p>CSUCI PD – none</p>	
F. ALS Education Programs	<p>Ventura College – Internships start in March.</p>	
G. EMS Agency	<p>Dr. Shepherd - none</p> <p>Dr. Salvucci – none</p> <p>Steve – none</p> <p>Chris – Elite (EPCR) Pilot program has not gone well. There have been problems with the application and he is working with Image Trend to resolve the issues. Thank you to all the Pilot agencies! New EMT regulations are out for comment. Final changes will come out next year.</p> <p>Katy – Trauma Grand Rounds at UCI in Orange County. Free CE. She will send out a flyer soon.</p>	

	Julie – none Randy – none Karen – none	
H.	Other	
XI.	Closing	
	Meeting adjourned at 1130	

Prehospital Services Committee 2016

For Attendance, please initial your name for the current month

Agency	Last Name	First Name	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
AMR	Stefansen	Adriane				AS	AS	AS		AS	AS	AS			
AMR	Carmona	Yoni		YC	YC	YC		YC		YC		YC			
CMH - ER	Canby	Neil		NC	NC	NC		NC				NC			
CMH - ER	Querol	Amy		AQ	AQ	AQ		KW		AQ		AQ			
OVCH - ER	Pulido	Ed		ED	ED	ED				EP					
OVCH - ER	Patterson	Betsy		BP	BP			BP							
CSUCI PD	Drehsen	Charles		CD	CD	CD				CD		CD			
CSUCI PD	DeBoni	Curtis		CD	CD	CD						GR			
FFD	Herrera	Bill				BH		BH				BH			
FFD	Scott	Bob		BS				BS							
GCA	Panke	Chad		CP		CP						CP			
GCA	Sanders	Mike						MS		MS		MS			
Lifeline	Rosolek	James		JR		JR		JR		JR		JR			
Lifeline	Winter	Jeff		JW		JW		JW		JW		JW			
LRRMC - ER	Brooks	Kyle		MB		MB				KB		KB			
LRRMC - ER	Licht	Debbie		DL		DL		DL		DL					
OFD	Hernandez	Andrew		AH		AH						AH			
OFD	Schroepfer	Kevin		BM		BM		KS		KS					
SJPVH - ER	Hutchison	Stacy		EH		SH		SH				KM			
SJPVH - ER	Chauhan	Chris		BD		BD				CC					
SJRMCM - ER	Larsen	Todd		TL		TL		TL		TL		TL			
SJRMCM - ER	McShea	Kathy		KM		KM		KM		KM		KM			
SPFD	Zeller	Tyler								TZ					
SVH - ER	Tilles	Ira		IT		IT		IT		IT		IT			
SVH - ER	Vorzimer	Nicole		JH		NV		NV		NV		NV			
V/College	O'Connor	Tom		TO		TO		TO		TO		TO			
VCFD	Tapking	Aaron		AT		AT		AT				AT			
VCFD	Ellis	Heather		HE		HE		HE		HE					
VNC	Zeller	Scott		SZ		SZ		SZ		SZ		SZ			
VNC	Seabrook	Jeff		JD		JS		JS		JD		JS			
VNC - Dispatch	Gregson	Erica		EG		EG		EG				EG			
VCMC - ER	Chase	David		SR		DC		DC		SR		DC			

Agency	Last Name	First Name	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
VCMC - ER	Gallegos	Tom		TG		TG				TG		TG			
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah		SM		SM									
VC SO SAR	Hadland	Don		DH		DH		DH				DH			
VC SO SAR	Seabrook	Jeff		JS		JS		JS				JS			
VFF	Santillo	Dave								DS					
VFF	Bond	Timothy								TB					
Eligible to Vote Date Change/cancelled - not counted against member for attendance															
Non Voting Members															
EMS	Carroll	Steve		SC		SC		SC		SC					
EMS	Frey	Julie		JF		JF		JF		JF		JF			
EMS	Haddock	Katy		KH		KH		KH		KH		KH			
EMS	Perez	Randy		RP		RP		RP		RP					
EMS	Shepherd	Daniel												DS	
EMS	Rosa	Chris		CR		CR		CR		CR		CR		CR	
EMS	Salvucci	Angelo		AS		AS		AS		AS		AS		AS	
EMS	Hansen	Erik				EH									
EMS	Beatty	Karen		KB		KB		KB		KB		KB		KB	
LMT	Frank	Steve		SF											
VCMC	Duncan	Thomas		TD		TD		TD		TD		TD		TD	
VNC	Shedlosky	Robin		RS		RS		RS		RS		RS		RS	
VNC	Komins	Mark		MK		MK						MK		MK	



**TEMPORARY
PARKING PASS
Expires December 8, 2016**

**Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036**

**For use in "Green Permit Parking" Areas only, EXCLUDES Patient
parking areas**

Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location

If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

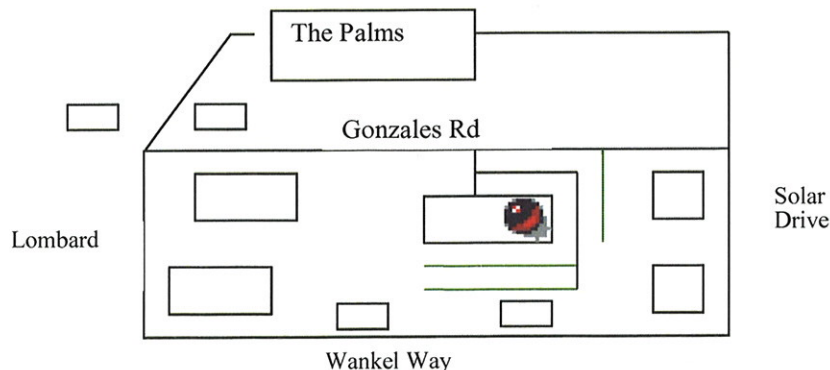
2100 Solar Drive

An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). Place this flyer on your dash. If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall

Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT Course Completion by Challenge Examination		Policy Number 304	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: DRAFT	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: DRAFT	
Origination Date: June 1, 1984		Effective Date: DRAFT	
Date Revised: October 14, 2010			
Date Last Reviewed: September 12, 2013			
Review Date: September, 2016			

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- I. PURPOSE: To identify the procedure for certification of the Emergency Medical Technician by challenge examination.
- II. AUTHORITY: California Code of Regulations (CCR) Title 22, Division 9, Article 1, Sections [100066](#), 100078 – and Health and Safety Code Sections [1797.107](#), 1797.170, 1797.208 and 1797.210.
- III. POLICY:
 - A. General Eligibility

~~In order to be eligible to challenge EMT exam, an individual shall:~~An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed and/or approved by the Ventura County EMS Agency in accordance with Section 100066 of the California Code of Regulations, a course challenge examination if s/he meets one of the following eligibility requirements:

 1. Have successfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), within the previous two (2) years.
 - 1.2. Be a currently Licensed Physician, Registered Nurse, Physician Assistant, or Vocational Nurse, OR Nurse, OR,
 - 2.3. The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets

the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, the EMT certifying entity may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.

B. Examination Challenge Process

1. An approved EMT training program shall have a defined process for any EMT challenge request/application, and shall offer the EMT challenge skills and written examination on an as needed basis.
- 4.2. The course challenge examination shall consist of a competency based written and skills examination (National Registry) to test knowledge of the topics and skills per CCR 100078.
2. ~~An approved EMT training program shall offer an EMT challenge examination (skills) on an as needed basis~~
3. ~~The EMT certifying authority will administer the written test (National Registry) and designate such test as the certifying examination.~~
4. An eligible ~~person~~ individual shall be permitted to take the EMT course challenge examination only one (1) time.
5. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.
6. Upon successful completion of the written and skills challenge examination, the challenge applicant will be eligible to take the National Registry written examination.
7. Proof of successful completion of the National Registry written and skills examination will make the applicant eligible to apply for EMT certification in California, in accordance with VCEMS Policy 301 – EMT Certification.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Prehospital Care Coordinator Job Duties		Policy Number 350	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date:	
APPROVED: Medical Director: Daniel Shepherd, MD		Date:	
Origination Date: June 15, 1998		Effective Date:	
Revised Date:			
Date Last Reviewed:			
Review Date:			

- I. PURPOSE: To provide guidelines for the role of the Prehospital Care Coordinator (PCC) in Ventura County.
- II. POLICY: A PCC will perform his/her role according to the following.
- III. DEFINITION: A PCC is a Registered Nurse designated by each Base Hospital (BH) to coordinate all prehospital and Mobile Intensive Care Nurse (MICN) activities sponsored by that Base Hospital in compliance with Ventura County Emergency Medical Services (VC EMS) policies, procedure and protocols and in accordance with the Health and Safety Code, Sections 1797-1799 et al, and in accordance with Title 22 of the California Code of Regulations.
The PCC evaluates prehospital care, prehospital personnel and MICNs and collaborates with the Base Hospital Paramedic Liaison Physician (PLP) in medical direction.
- IV. PROFESSIONAL QUALIFICATIONS:
 - A. Licensed as a Registered Nurse in the State of California.
 - B. Current authorization as a Ventura County Mobile Intensive Care Nurse (MICN).
 - C. One year experience as an MICN in Ventura County. For those nurses with one year work experience as an MICN within the last 18 months, this may be reduced to 6 months.
 - D. Have at least three years emergency department experience.
- V. SPECIFIC RESPONSIBILITIES:
 - A. The PCC is a full-time or full-time equivalency employee whose responsibility is dedicated to the oversight and management of the prehospital / EMS duties of the BH.
 - A. Serve as Liaison by maintaining effective lines of communication with base hospital personnel, VCEMS, prehospital care providers and local receiving facilities.
 - B. In compliance with VCEMS Policies and Procedures the PCC will:

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1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital personnel. Programs shall include, but not be limited to, specific issues identified by the VCEMS Continuous Quality Improvement Plan.
 - a. Provide continuing education per policy requirements
 - b. Coordinate clinical experience as requested, for purposes of provider plan of action.
 - c. Provide special mandatory programs such as EMS Update classes, Paramedic Skills Labs and Paramedic Orientation.
 - d. Participate in process improvement teams as designated by VC EMS
2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.
3. Evaluate the performance of MICNs and submit recommendations for authorization and reauthorization to VC EMS. Such evaluation shall include, but not be limited to:
 - a. Direct observation of base-hospital BH communications.
 - b. Audit of recorded communications
 - c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department Nursing Supervisor).
 - d. Review of written documentation.
 - e. Provide written evaluation of the MICNs for hospital performance review.
4. Provide ongoing evaluation of assessment, reporting, communication and technical skills of assigned paramedics. Such evaluation shall include, but not be limited to:
 - a. Audit of written and recorded communications
 - b. Review of EMS report forms
 - c. Direct field observation during the ride-along, including observation of the transfer of patient care upon arrival at the receiving facility.
 - d. Assess performance during scheduled clinical hours in the Emergency Department.

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- e. Evaluation of paramedic personnel for level advancement, through direct observation, recorded communication and paperwork audit, according to VC EMS Policy 318.
 - f. Provide written evaluation of the paramedics, and MICNs
 - g. Facilitate support services for prehospital and hospital EMS Staff, (i.e. Critical Incident Staff Management)
 - h. Participate in Root Cause Analysis as indicated.
5. Report and investigate, and participate in prehospital care unusual occurrences as directed by VC EMS Policy 150.
 6. Ensure the operation of the **base-hospital**BH communication equipment.
 - a. In conjunction with the **Base-Hospital**BH PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VC EMS.
 - b. Ensure that the radio equipment is operational.
 - c. Ensure that ReddiNet System is operational and up to date.
 7. Comply with data collection requirements as directed by VC EMS.
 8. Ensure compliance with requirements for retention of recordings, MICN and prehospital care forms, logs and information sheets and maintaining retrieval systems in collaboration with hospital's Medical Records Department.
 9. Develop and maintain education records as required by EMS.
 - a. Records must be kept for a period of four years
 10. In conjunction with the **Base-Hospital**BH PLP, report to the EMS agency any action of certified/licensed paramedics which results in an apparent deficiency in medical care or constitutes a violation under Section 1798.200 of the Health and Safety Code.
 11. Represent the **Base-Hospital**BH at the Prehospital Care Committee, PCC meeting and other associated task forces and special interest committees as directed by the EMS Agency.
 12. Actively participate in the development, review and revision of Ventura County Policies and Procedures.

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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title ALS Base Hospital Standards		Policy Number: 410	
APPROVED Administration: Steven L. Carroll, Paramedic		Date: December 1, 2012	
APPROVED Medical Director: <u>Angelo Salvucci, M.D.</u> , <u>Daniel Shepherd, MD</u>		Date: December 1, 2012	
Origination Date: August 22, 1986		Effective Date: December 1, 2012	
Date Revised: July 12, 2012			
Date Last Reviewed: July 12, 2012			
Review Date: July 2015			

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- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Base Hospital (BH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. An Advanced Life Support (ALS) BH, approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:
 - 1. Meet all requirements of an ALS Receiving Hospital (RH) per VCEMS Policy 420.
 - 2. Have an average emergency room census of 1200 or more visits per month.
 - 3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.
 - a. If the communications capability of the BH is interrupted, the ALS provider and the nearest BH shall be notified immediately by telephone.
 - b. ALS calls shall be routed to the nearest BH until communication capability is restored and telephone notification of the ALS provider and nearest BH is made.
 - c. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.
 - 4. Assure that communication between the BH and ALS Unit for each ALS call shall be provided only by the BH Emergency Department (ED) physician or Ventura County authorized Mobile Intensive Care Nurse (MICN) by radio or telephone.
 - 5. Designate a Prehospital Liaison Physician (PLP) who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The PLP shall:
 - a. Be regularly assigned to the ED.

- b. Have experience in and knowledge of BH operations.
 - c. Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.
 - d. Be responsible for reporting deficiencies in patient care to VCEMS.
 - e. Coordinate BH activities with RH, Prehospital Services Committee (PSC) and VCEMS policies and procedures.
 - f. Attend PSC meetings.
 - g. Provide ED staff education.
 - h. Evaluate paramedics for clinical performance and makes recommendation to VCEMS.
 - j. Evaluate MICN's for authorization/reauthorization and makes recommendation to VCEMS.
6. Have on duty, on a 24-hour basis, one (1) MICN who meets who meets the criteria in VCEMS Policy 321.
- 7.** Identify an MICN with experience in, and knowledge of, BH communications operations and VCEMS policies and procedures as a Prehospital Care Coordinator (PCC) to assist the PLP in the medical control, supervision, and continuing education (CE) of prehospital care personnel. **The PCC shall:**
- a.** Meet the requirements and responsibilities of VCEMS Policy 350: **"Prehospital Care Coordinator Job Duties."**
 - 7-b.** Be a full-time or full-time equivalent employee, dedicated to the oversight and management of the prehospital / EMS duties of the BH.
8. Provide for the CE of prehospital care personnel, paramedics MICNs, EMTs, and first responders, in accordance with VCEMS:
9. Cooperate with and assist the PSC and the VCEMS MD in the collection of statistics and review of necessary records for program evaluation and compliance.
10. Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders.
11. Agree to maintain all recorded communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to, the recording of the prehospital communication, prehospital care record, paramedic BH communications form and documentation of telephone

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communication with the RH (if utilized). All prehospital data except the recording will be integrated with the patient chart.

12. Resident physicians shall attend BH Physician course.
- B. There shall be a written agreement between the BH and VCEMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for ALS program participation as specified by State regulations and VCEMS policies and procedures.
- C. The VCEMS shall review its agreement with each BH at least every two years.
- D. The VCEMS may deny, suspend, or revoke the approval, of a BH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the PSC and Board of Supervisors for appropriate action.
- E. A hospital wishing to become an ALS BH in Ventura County must meet Ventura County BH Criteria and agree to comply with Ventura County regulations.
1. Application:
Eligible hospitals shall submit a written request for BH approval to VCEMS documenting the compliance of the hospital with the Ventura County BH Criteria.
 2. Approval:
 - a. Program approval or disapproval shall be made in writing by the VCEMS to the requesting BH within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
 - b. The VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all the program requirements.
 3. Withdrawal of Program Approval:
Non-compliance of any criterion associated with program approval, use of non-certified personnel, or non-compliance with any other Ventura County regulation applicable to a BH, may result in withdrawal, suspension or revocation of program approval by the VCEMS.
- F. Advanced Life Support BH s shall be reviewed on an annual basis.
1. All BH's shall receive notification of evaluation from the VCEMS.
 2. All BH's shall respond in writing regarding program compliance.
 3. On-site visits for evaluative purposes may occur.

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4. Any BH shall notify the VCEMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

BASE HOSPITAL
CRITERIA COMPLIANCE CHECK LIST

Base Hospital: _____

Date: _____

	YES	NO
An Advanced Life Support (ALS) Base Hospital (BH), approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:		
1. Meet all requirements of an ALS Receiving Hospital (RH) per (VCEMS) Policy 420.		
2. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics. If the communications capability of the BH is interrupted, the ALS provider and the nearest BH shall be notified immediately by telephone. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.		
3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.		
4. Designate a Prehospital Liaison Physician (PLP) who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The PLP shall:		
• Be regularly assigned to the Emergency Department (ED).		
• Have experience in and knowledge of BH operations.		
• Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.		
• Be responsible for reporting deficiencies in patient care to VCEMS.		
• Coordinate BH activities with RH, Prehospital Services Committee (PSC) and VCEMS policies and procedures.		
• Attend PSC meetings.		
• Provide ED staff education.		
•		
• Evaluate MICNs for authorization/reauthorization and make recommendation to VCEMS.		
5. All BH MICN's shall:		
• Be authorized in Ventura County by the VCEMS MD		
• Be assigned only to the ED while functioning as an MICN.		
• Maintain current ACLS certification.		
• Be a BH employee.		

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	YES	NO
6. Identify an MICN with experience in and knowledge of BH communication operations and VCEMS policies and procedures as a Prehospital Care Coordinator (PCC) to assist the PLP in the medical control, supervision, and continuing education (CE) of prehospital care personnel.		
7. Provide for the CE of prehospital care personnel (paramedics MICN's, EMTs, and first responders), in accordance with VCEMS Policy 1131:		
8. Cooperate with and assist the Prehospital Services Subcommittee (PSC) and the VCEMS MD in the collection of statistics and review of necessary records for program evaluation and compliance.		
9. Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders and medical procedures.		
10. Agree to maintain all recorded communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to the tape of the prehospital communication, prehospital care record paramedic BH communications form, documentation of telephone communication with the RH (if utilized). All prehospital data except the tape recording will be integrated with the patient chart.		
11. Submit a letter to VCEMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for program participation as specified by State regulations and VCEMS policies and procedures.		
12. Resident physicians shall attend BH Physician course.		

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Seizures	
ADULT	PEDIATRIC
BLS Procedures	
Protect from injury Maintain/manage airway as indicated Administer oxygen as indicated	Protect from injury Maintain/manage airway as indicated For suspected febrile seizures, begin passive cooling measures. If seizure activity persists, see below Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
IV/IO access Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function Persistent Seizure Activity <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> ▪ Repeat 1 mg q 2 min as needed ▪ Max 5 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> ▪ Max 5 mg <p>FOR IV/IO USE: Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL</p> <p><u>20 weeks to one week postpartum & No Known Seizure History</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IVPB – 2 gm in 50 mL D₅W infused over 5 min <ul style="list-style-type: none"> • MUST Repeat x 1 • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur <p>Recheck Blood Glucose level 5 minutes after, and treat according to VC EMS policy 705.03 – Altered Neurologic Function.</p>	Consider IV/IO access Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function. Persistent Seizure Activity <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg <p>Recheck Blood Glucose level 5 minutes after, and treat according to VC EMS policy 705.03 – Altered Neurologic Function.</p>
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information: <ul style="list-style-type: none"> • Treatment with Midazolam as indicated in the following: <ul style="list-style-type: none"> ○ Continuous seizures > 5 min (or > 2 min in pregnancy) ○ Repetitive seizures without regaining consciousness • Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may be treated as a BLS call 	

Effective Date: December 1, 2016
 Next Review Date: October, 2018

Date Revised: October 13, 2016
 Last Reviewed: October 13, 2016



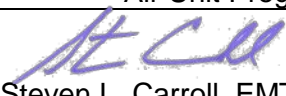

Policy Title: AGAINST MEDICAL ADVICE/RELEASE FROM LIABILITY FORM		Policy Number: 603
APPROVED: Administration: <i>B Brodfehrer</i>	Date: <i>10/18/95</i>	
APPROVED: Medical Director <i>[Signature]</i>	Date: <i>10/19/95</i>	
Effective Date: October 31, 1995		Origination Date: June 3, 1986

- I. Purpose: To describe the conditions and method by which the Against Medical Advice/Release from Liability form on the Prehospital Field Report is to be used by field personnel.
- II. Policy: The Against Medical Advice/Release from Liability form on the Prehospital Field Report is to be completed each time a patient or patient representative declines to follow the advice of the EMS prehospital field personnel or the orders of a Base Hospital MD or MICN.
- III. Procedure: EMS field personnel shall obtain a signature from the patient or patient representative when treatment or transport to the appropriate hospital (as defined in Policy 606) is refused.

If the patient or patient representative declines to sign the AMA/Release, notation of such shall be made on the Prehospital Field Report on the AMA signature line, e.g., "Consequences of refusal explained, patient (patient representative) declines to sign." This statement is to be signed by the EMS field personnel and a witness.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Personnel Background Check Requirement		Policy Number 332	
APPROVED: Administrator: Steven L. Carroll, EMT-P		Date: June 1, 2011	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: Jun 1, 2011	
Origination Date: July, 1990		Effective Date: June 1, 2011	
Date Revised: May 13, 2004			
Date Last Reviewed: December 9, 2010			
Review Date: December, 2013			

- I. PURPOSE: To provide a method to ascertain the criminal background history of persons applying for EMT certification/recertification or Paramedic accreditation as EMS Prehospital care personnel in Ventura County.
- II. AUTHORITY: California Health and Safety Code, Section 1798.200, California Code of Regulations, Section 100206, et seq. Title 13, California Code of Regulations, Section 1101.
- III. POLICY:
 - A. All applicants for Ventura County EMT certification/recertification or paramedic accreditation shall complete a California Bureau of Criminal Identification, Department of Justice background investigation and Federal Bureau of Identification background check via Live Scan Service as a condition of initial EMT certification, initial EMT recertification in Ventura County, or Ventura County Paramedic accreditation.
 - C. Ventura County EMS shall contract with the California Bureau of Criminal Identification for subsequent arrest notification.
 - D. Criteria in Health and Safety Code Section 1798.200 and 13CCR1101 et al shall be used to determine whether certification is given or denied based upon the results of the background check (Refer to Policy 333).
- IV. PROCEDURE:
 - A. All applicants for certification/recertification or accreditation shall contact the Ventura County EMS Office for the fingerprinting procedure.
 - B. This procedure applies to:
 1. All persons applying for initial California EMT certification/ or paramedic accreditation in Ventura County
 2. EMT recertification in Ventura County for the first time
 3. EMT recertification in Ventura County, after lapse in certification, and the Department of Justice has been notified that subsequent notices are no longer required.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Program		Policy Number 1200	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2013	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2013	
Origination Date:	May, 1999	Effective Date: December 1, 2013	
Date Revised:	July 11, 2013		
Date Last Reviewed:	July 11, 2013		
Review Date:	July, 2016		


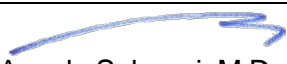
- I. **PURPOSE:** The Ventura County Emergency Medical Services agency recognizes the need for air transport of patients in certain circumstances. This policy will establish minimum standards for the integration of Emergency Medical Services (EMS) aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.
- II. **AUTHORITY:** Health and Safety Code Section 1797.200 and California Code of Regulations Division 9, Chapter 8, Section 100300.
- III. **POLICY:**
EMS aircraft must be authorized by Ventura County (VC) EMS in order to provide prehospital patient transport within Ventura County. Authorized air unit service providers will comply with this and other VC EMS Policies and Procedures relating to provision of air transport for emergency patients.
- IV. **DEFINITIONS:**
The following definitions will be used when referring to air units in the VC EMS system.
 - A. Advanced Life Support (ALS) means those procedures and skills contained in the Paramedic Scope of Practice as listed in VC EMS Policy 310.
 - B. Basic Life Support (BLS) means those procedures and skills contained in the EMT-I scope of practice as listed in VC EMS Policy 300.
 - C. Medical Flight Crew means the individual(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
 - D. Emergency Medical Services Aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
 - E. Air Ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or

licensed in advanced life support.

- F. Rescue Aircraft means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with VC EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.
1. Advanced Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
 2. Basic Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-I .
 3. Auxiliary Rescue Aircraft means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in CCR Title 22 Section 100283.
- H. Air Ambulance Service means an air transportation service which utilizes air ambulances.
- I. Air Rescue Service means an air service used for emergencies, including search and rescue.
- J. Air Ambulance or Air Rescue Service Provider means the individual or group that owns and/or operates an air ambulance or air rescue service.
- K. Classifying EMS Agency means the agency which categorizes the EMS aircraft into the groups identified in CCR Section 100300(c)(3). This shall be VC EMS in Ventura County and, for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard , the EMS Authority.
- L. Designated Dispatch Center means an agency which has been designated by VC EMS for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within Ventura County.
- M. Rescue Incident: An incident where the use of the helicopter is the most appropriate method of locating, reaching, and/or extricating the victim.
- V. PROCEDURE:
- A. VC EMS Policies and Procedures for medical control shall apply to air unit service providers and medical flight crews. This includes approval by the VC EMS Medical Director of provider Medical Director medical control policies and procedures.
 - B. The VC EMS Policies and Procedures for record keeping, quality assurance, and continuous quality improvement shall apply to EMS aircraft operations in Ventura County.

- C. VC EMS shall:
1. Classify EMS aircraft.
 - a. EMS aircraft classifications shall be limited to the following categories:
 - 1) Air Ambulance.
 - 2) Rescue Aircraft.
 - a) Advanced Life Support Rescue Aircraft.
 - b) Basic Life Support Rescue Aircraft.
 - 3) Auxiliary Rescue Aircraft
 - b. EMS Aircraft classification shall be reviewed at 2 year intervals.
Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category.
 2. Maintain an inventory of the number and type of authorized EMS aircraft, the patient capacity of authorized EMS aircraft, the level of patient care provided by EMS aircraft personnel, and receiving facilities with landing sites approved by the State Department of Transportation, Aeronautics Division.
 3. Establish policies and procedures to assure compliance with Federal, State and local statutes.
 4. Develop written agreements with air unit service providers specifying conditions to routinely serve the County.
- D. Representation of provision of air unit transport services
No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services unless that person or organization has aircraft which have been classified by VC EMS or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the EMS Authority.
- E. Operation of State or Federal aircraft in Ventura County
A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government.
- F. Responsibilities of Ventura County Sheriff's Office (VCSO) Air Unit
1. Respond to all requests for dispatch per VC EMS policies.
 2. Respond to all scenes when ground personnel determine the need for air transport meets VC EMS policies.
 3. Consider requests for interfacility transfers from hospitals within Ventura County when use of an air or ground ambulance is inappropriate or unavailable.

- G. Medical Flight Crew Less Qualified than Ground Personnel.
In situations where the medical flight crew is less medically qualified than the ground crew personnel from whom they receive patients, they may assume patient care responsibility when the care required is within scope of practice of flight crew or a higher medically qualified person joins crew.
- H. Mutual Aid
If air transport services are needed and VCSO SAR is not available, VCSO/VCFD mutual aid procedures will be activated.
- I. Addressing and Resolving Formal Complaints
Formal complaints will be directed to the Medical Director and Administrator of the Ventura County Emergency Medical Services Agency.
- J. Integration of aircraft into prehospital patient transport system
In order to be integrated into the prehospital patient transport system, an air transport service will have a written agreement with VC EMS.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Criteria For Patient Emergency Transport by Helicopter		Policy Number 1203	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2011	
Origination Date:	October 31, 1994	Effective Date: December 1, 2011	
Date Revised:	November 10, 2011		
Date Last Reviewed:	November 10, 2011		
Review Date:	December 31, 2014		

- I. PURPOSE: To define criteria for patient transport via helicopter
- II. POLICY: Patients shall be transported to hospitals via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport (and this difference in time may negatively impact the patient's condition)
- III. PROCEDURE:
 - A. If a helicopter is being considered for patient transport, early recognition (including request for a helicopter while enroute to the call) will help decrease delay in patient transport
 - B. Helicopter transportation of patients should be considered for cases that meet **ALL** of the following criteria. Transport decisions will be determined jointly by the Base Hospital (BH), if BH contact is established, and on-scene personnel.
 - 1. A minimum of 15 minutes ground travel time to the *appropriate* hospital,
 - 2. The helicopter can deliver the patient to the hospital in a shorter time than the ground unit based on the time that the patient is ready for transport.
 This decision should be based on the following formula:

___ minutes for ETA of the helicopter to the scene
+ ___ minutes for air transport time to the hospital
+ 10 minutes for loading/unloading/transfer of patient to ED
= ___ ETA to hospital for the helicopter

3. Any one or more of the following patient conditions:
 - a. Medical-related complaints:
 - 1) Hypotension/shock (non-traumatic)
 - 2) Snake bite with signs of significant envenomation
 - 3) Unstable near drowning
 - 4) Status epilepticus refractory to medications
 - 5) Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation)
 - 6) Critical burns or electrical burns
 - 7) Critical respiratory patients (use caution with altitude)
 - 8) SCUBA-related emergencies or barotrauma (use caution with altitude)
 - 9) Any other medical problems in areas inaccessible to, or with prolonged ETA times, for responding ground units
 - 10) Other conditions subject to the approval of the BH physician or the highest medical authority on-scene
 - b. Traumatic injuries – Patients with traumatic injuries who are to be transported by helicopter shall be triaged prior to transport according to VCEMS Policy 1405 (Trauma Triage and Destination Criteria)
 - 1) Trauma Step 1-3 criteria:
 - a) All trauma patients to be transported by helicopter that meet Step 1-3 criteria **SHALL** be transported to a designated trauma center
 - b) Helicopter personnel may determine on a case-by-case basis which trauma center is the closest and most appropriate destination
 - c) BH contact with the destination trauma center shall be initiated by the caregiver(s) staffing the helicopter and coordination with the ground units.
 - d) On rare occasion, the most appropriate destination hospital may be outside the county. However, it is preferred that trauma patients involved in incidents

within Ventura County are transported to a designated Ventura County trauma center

2). Trauma Step 4 criteria:

- a) An on-scene paramedic shall contact the base hospital in whose catchment area the incident occurred
- b) A BH order is **required** for all patients meeting Step 4 criteria, unless the patient is located within an inaccessible area or if patient transport will be prolonged
- c) If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report

c. Mass Casualty Incidents (MCI) or multi-patient incidents

- 1) Helicopter transport may be utilized during MCI responses
- 2) Patient transport should be coordinated by the BH and on-scene personnel
- 3) Patients transported by helicopter should be taken to a farther facility, allowing for ground providers to transport patients to the closer facilities

C. Contraindications to transport

1. Patients contaminated with hazardous materials regardless of decontamination status.
2. Violent or potentially violent patients who have not been chemically restrained.
3. Stable patients (except in backcountry areas inaccessible to ground units or if patient transport will be prolonged)
4. When ground transport time is equal to or shorter than air transport time

D. Relative contraindications to transport

1. Asystole, not responding to appropriate therapy and not meeting any criteria of an exceptional situation (e.g., cold water drowning, lightning strike or electrocution)
2. Transports from heavily populated areas

3. Transports for which, prior to departing the scene, conditions exist such that helicopter arrival at the intended destination is uncertain
4. Other safety conditions as determined by pilot and/or flight crew
- E. Information about the patient(s) condition, level of medical personnel staffing the helicopter, and ambulance staffing is reviewed by medical and public safety personnel.
- F. BH contact should be attempted to establish standard medical control. If ALS personnel are unable to establish BH contact, Communication Failure Protocols should be followed per VCEMS Policy 705.
- G. Provider agencies which utilize medical flight crew members who have an expanded scope of practice beyond the Paramedic scope of practice (MD or RN) may utilize specific treatments/procedures only upon prior written approval by the VCEMS Agency. In such cases, notification to the receiving hospital shall be made and BH medical direction is not required.
- H. Staffing decision for transport will be determined jointly by the BH (if BH contact is established) and on-scene personnel
 1. A minimum of a paramedic (Level II) must accompany the patient if ALS procedures are initiated and no physician is present.
 - a. Exception - In a MCI situation, a patient who has had an IV started that does not contain any additives may be transported by an EMT.
 2. Destination will be determined by the pilot and flight crew, taking into consideration the patient(s) condition, flight conditions, and any other factors necessary
- I. Complications during patient transport via helicopter:
 1. If a helicopter is transporting a patient to the hospital and is unable to complete the transport due to weather, mechanical/safety issues, or any other factor that was impossible to predict prior to the helicopter lifting from the scene, the helicopter will notify FCC as soon as possible to arrange an alternate LZ and for a ground ambulance to rendezvous with the helicopter
 2. Medical personnel staffing the helicopter shall retain responsibility for patient care until transfer of care to ground ambulance personnel is accomplished. If the final destination for the helicopter was to be a

trauma center, ground personnel shall complete the transport to the designated trauma center within that catchment area.