

Public Health Administration Large Conference Room 2240 E. Gonzales, 2 nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	April 13, 2017 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
<i>*Special Presentation*</i>		
IV. Medical Issues		
A. Glucometers		Dr. Shepherd
V. New Business		
A. Emergency Medical Responder (EMR) Training Program Approval		Chris Rosa
B. Public Safety First Aid (PSFA) Training Program Approval		Chris Rosa
C. 315 Paramedic Accreditation To Practice 318 ALS Response Unit Staffing		Mark Komins
VI. Old Business		
A. Humeral IO Presentation		Heather Ellis
B. PSC Chairman Nominations		Erica Gregson
VII. Informational/Discussion Topics		
A. 504 - BLS And ALS Unit Equipment And Supplies		Julie Frey
B. 705.20 – Seizure		Katy Haddock
C. 705.09 – Chest Pain: Acute Coronary Syndrome		Dr. Shepherd
D. 705.21 – SOB: Pulmonary Edema		Dr. Shepherd
E. AMA Sub-committee Update		Dr. Shepherd
F. Anticoagulant/Antiplatelet List		Chris Rosa\Karen Beatty
VIII. Policies for Review		
A. 705.17 - Nerve Agent Poisoning		
B. 701 - Medical Control: Paramedic Liaison Physician		
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		

Health Administration
 Large Conference Room
 2240 E. Gonzales, 2nd Floor
 Oxnard, CA 93036

Pre-hospital Services Committee
 Minutes

February 9, 2016
 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Approved by Tom O'Connor Seconded by Erica Gregson
III. Minutes		Approved	Approved by Tom O'Connor Seconded by Erica Gregson
IV. Medical Issues			
A. Presto Update	Dr. Chugh gave a comprehensive presentation on the PRESTO Study. If you would like a copy of his PowerPoint, please contact Katy Hadduck.		
B. 717 – IO Infusion	Chad asked if they could get rid of the Pink IO 15mm and just use Blue 25 and Yellow 45. After a brief discussion, it was decided that we should look into this and discuss at a later meeting.	Bring back to PSC	
V. New Business			
A. Terrorism and Grief – Self Study and Exam	Julie will be working to update/change	Bring back to May PSC meeting	
B. 1000 – Documentation of prehospital Care		Tabled	
C. Ambulance Patient Offload Time (APOT)	Chris presented a PowerPoint on this requirement as outlined in H&S 1797.120 and 1797.225. The goal is to offload patients within 20 minutes, which Ventura County agencies meet. Education will be sent to all hospitals.		
VI Old Business			
A. 304 – EMT Course Completion by Challenge Exam	Chris presented this policy with the new state language. Tom O'Connor requested a change to III. A: 1- add "and not expired" before "within the previous two years".	Passed with changes	

<p>VII. Informational/Discussion Topics</p>	<p>A. STEMI Updates</p> <p>B. 450 – Acute Stroke Center (ASC) Standards</p> <p>C. Phosphodiesterase Inhibitors</p> <p>D. 105 – PSC Operating Guidelines</p>	<p>No updates</p> <p>Stroke Committee will be making minor changes to this policy.</p> <p>Dr. Shepherd will make appropriate changes to 705's and bring back to next PSC.</p> <p>Julie asked for volunteers for the Nomination Committee to elect a PSC Chairman.</p>	<p>Distribute to committee when complete.</p> <p>Bring back to PSC in April.</p> <p>Committee volunteers: Erica Gregson Debbie Licht Heather Ellis Julie Frey - Staff</p>	
<p>VIII. Policies for Review</p>	<p>A. 306 – EMT Requirements to staff an ALS unit</p> <p>B. 601 – Medical Control at the Scene: EMS Prehospital Personnel</p> <p>C. 1100 – Emergency Medical Technician Training Program Approval</p>	<p>Mark Komins asked if we need to start over on this policy or ask field personnel if they ever use it.</p> <p>Chris will update this policy with the current approved language and bring it back to next PSC.</p>	<p>The committee requested that Mark develop a sub-committee to address this issue.</p> <p>Table until April meeting.</p> <p>Tabled</p>	
<p>XI TAG Report</p>	<p>X. Agency Reports</p> <p>A. Fire departments</p>	<p>No Tag Meeting</p>		
	<p>B. Transport Providers</p>	<p>VCFPD – Paramedics have started 12 hour shifts. VCFD – There is a new program on the monitors that gives Heather live data from the field. They are also doing a large amount of community events. OFD – EMS Coordinator position will be posted again soon. Academy starting in May. Fed. Fire – Auto Pulse machines have been purchased for the region. They have not received training on the device yet. PFD – none FFD – none</p>		
	<p>C. Base Hospitals</p>	<p>LMT – New people and New ambulances. AMR/GCA – 2 more supervisors have been trained as Community Paramedics. SVH – March 2nd is the Emergency Department Dedication LRRMC – New COO was hired 2 weeks ago. Still working with high schools to help implement new requirements for CPR training. SJRMIC – MICN class starts next week.</p>		

	<p>VCMC – Construction is ongoing.</p> <p>PVH – none</p> <p>SPH – none</p> <p>CMH – Construction is ongoing.</p> <p>OVCH – Be aware that traffic flow for ambulances is tight in the parking lot.</p> <p>VCSO – none</p> <p>CSUCI PD – none</p>	
D. Receiving Hospitals	<p>Ventura College – 29 students are almost done with classwork and will need preceptors. They may have to do a staggered start due to a need for preceptors. A preceptor needs to have 2 years as a working paramedic to qualify.</p>	
E. Law Enforcement	<p>Dr. Shepherd - none</p> <p>Dr. Salvucci – none</p>	
F. ALS Education Programs	<p>Steve – Master the Disaster will be on February 22, 2017 in Camarillo. A special class on Violence Prevention will be presented at 1330 on the 23rd at 2240 E. Gonzales rd. #200. Vulnerable Populations training will be February 23, 2017 in Camarillo.</p> <p>Katy – none</p> <p>Julie – none</p> <p>Randy – none</p> <p>Karen – none</p>	
G. EMS Agency		
H. Other		
XI. Closing	<p>Meeting adjourned at 1130</p>	



**TEMPORARY
PARKING PASS
Expires April 13, 2017**

**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.

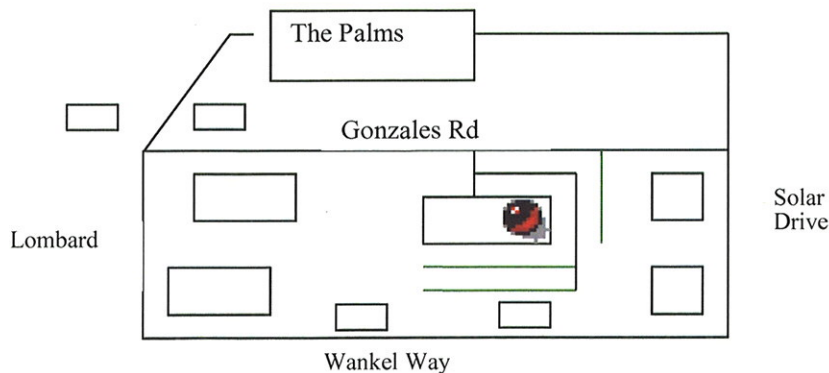
2100 Solar Drive

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: Emergency Medical Responder (EMR) Training Program Approval		Policy Number	
APPROVED: Administration: Steve L. Carroll, EMT-P		Date: DRAFT	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: DRAFT	
Origination Date: April 13, 2017		Effective Date: DRAFT	
Date Revised:			
Date Last Reviewed:			
Review Date:			

- I. **PURPOSE:** As the Ventura County EMS Agency has primary responsibility for approving and monitoring the performance of EMR training programs located with the County of Ventura, this policy has been established to outline the process for approval of Emergency Medical Responder training programs to ensure their compliance with local policy, as well as national standards and guidelines.
- II. **AUTHORITY:** California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1797.210, and 1797.212; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100026
- III. **POLICY:** The approving authority for Emergency Medical Responder (EMR) training programs operating within the County of Ventura will be the Ventura County EMS Agency (VCEMSA). This does not apply to statewide public safety agencies such as California Highway Patrol, California State Parks, etc.
 - A. Programs eligible for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 2. Medical training units of a branch of the Armed Forces of the United States including the Coast Guard.
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - b. Provide continuing education to other healthcare professionals.
 4. Agencies of government
 5. Public safety agencies

6. Local EMS Agencies

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for EMR program approval to VCEMSA.
2. VCEMSA shall review and approve the following prior to approving an EMR training program.
 - a. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at <http://www.ems.gov/pdf/811077b.pdf>.)
 - b. A statement verifying CPR training equivalent to the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT Basic course.
 - c. Samples of lesson plans including:
 - 1) At least two lecture or didactic sessions, and
 - 2) At least two practical (skills or psychomotor) sessions.
 - d. Samples of periodic examinations or assessments including:
 - 1) At least two written examinations or quizzes.
 - 2) Statement of utilization of the National Registry EMR Skills Check-Off Sheets
 - e. A final psychomotor skills competency examination
 - f. A final cognitive (written) examination
 - g. Educational Staff:

Each EMR training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.

 - 1) Program Director:

Each EMR training program shall have an approved program director who shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology. Duties of the Program Director, in coordination with the Clinical Coordinator, shall include but not be limited to:

- a) Administering the training program
- b) Approving course content
- c) Approving all written examinations and the final skills examination.
- d) Approving the principal instructor(s) and teaching assistant(s).
- e) Signing all course completion records.
- f) Assuring that all aspects of the EMR training program are in compliance with applicable California Code of Regulations, local VCEMS policies and procedures and any other applicable regulations, guidelines, or laws.

2) Clinical Coordinator:

Each training program shall have an approved clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, Paramedic or EMT currently licensed or certified in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five years. Duties of the program clinical coordinator shall include, but are not limited to:

- a) Responsibility for the overall quality of medical content of the program;
- b) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

3) Principal Instructor:

Each training program shall have principal instructor(s), who may also be the program director and/or clinical coordinator, who

shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:

- a) Be a Physician, Registered Nurse, Physician Assistant or Paramedic licensed in California; or,
- b) Be an EMT, Advanced EMT, or an Emergency Medical Responder who is currently certified in California.
- c) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
- d) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.
- e) All principal instructors from an approved EMR training programs shall meet the minimum qualifications out lined in this policy.

4) Teaching Assistants

Each training program may have teaching assistants who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

j. Provisions for a refresher and/or continuing education courses required for recertification.

- 1) A statement verifying usage of the US DOT First Responder Refresher : National Standard Curriculum (Available at <http://www.nhtsa.gov/people/injury/ems/refresh2.pdf>) for refresher training and/or
 - 2) A Statement verifying Continuing Education Courses conforming to US DOT NHTSA National Emergency Medical Services
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Education Standards: Emergency Medical Responder
Instructional Guidelines, DOT HS 811 077B, January 2009)

- k. Course Location, Time, and Instructor Ratios
 - 1) Each EMR Training Program shall submit an annual listing of course dates and locations.
 - 2) In the event that an approved EMR Training Program wishes to add a course to the schedule, notification must be received in writing by VCEMSA no less than sixty days prior to the proposed start date.
 - 3) No greater than ten students shall be assigned to one instructor during the practical portion of course.
 - l. A table of contents listing the required information detailed in this policy with corresponding page numbers
 - m. Facilities and Equipment
 - 1) Facilities must comfortably accommodate all students, including those with disabilities.
 - 2) Restroom access must be available.
 - 3) Must permit psychomotor skills testing so that smaller break-out groups are isolated from one another.
 - 4) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.
 - n. Quality Assurance and Improvement
 - 1) Each program shall submit a Quality Assurance and Improvement Plan that addresses the following:
 - a) Methods of student remediation.
 - b) A plan for continuous update of examinations and student materials.
 - c) Identify the text and resource materials that will be utilized by the program.
 - d) Student course evaluations
 - o. Research Agreement Decree
 - 1) Each approved training program shall provide a statement agreeing to participate in research data accumulation. This
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information shall be utilized to enhance the emergency medical services systems in Ventura County.

3. Program Approval Time Frames

- a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:
 - 1) The request for approval has been received,
 - 2) The request does or does not contain all required information, and
 - 3) What information, if any, is missing from the request.
- b. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program, within a reasonable period of time, after receipt of all required documentation, not to exceed three (3) months.
- c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
- d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.
- e. Approved EMR training programs shall also be required to apply for approval as a continuing education (CE) provider effective the same date as the EMR training program approval. The CE program expiration date shall be the same expiration date as the EMR training program. The CE program shall comply with all requirements outlined in VCEMS policy 1130.

4. Withdrawal of Program Approval

Noncompliance with any criterion required for EMR training program approval, use of any unqualified personnel, or noncompliance with any other applicable regulation, guidelines or laws may result in suspension or revocation of program approval by VCEMS. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

- a. VCEMS shall notify the EMR training program director in writing, by registered mail, of the provisions of this policy with which the EMR training program is not in compliance.
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- b. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by registered mail, to VCEMS one of the following:
 - 1) Evidence of compliance with the provisions outlined in this policy, or
 - 2) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
- c. Within fifteen (15) working days of the receipt of the response from the approved EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, VCEMS shall notify the California EMS Authority and the approved EMR training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMR training program approval.
- d. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in this policy shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of VCEMS' letter of decision to the EMR training program.

B. Program Review and Reporting

- 1. All program materials are subject to periodic review by VCEMSA.
 - 2. All programs are subject to periodic on-site (scheduled or unscheduled) evaluation by VCEMSA.
 - 3. VCEMSA shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 - 4. Approved programs shall issue a tamper resistant Course Completion Record to each student who successfully meets all requirements for certification. This Course Completion Record shall include:
 - a. The name of the individual
 - b. The date the course was completed
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- c. The name of the course completed "Emergency Medical Responder"
- d. Number of hours of instruction completed.
- e. The name and signature of the Program Director.
- f. The name and location of the training program issuing the course completion.
- g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)
- h. The following statements in bold print:
 - 1) **"THIS IS NOT AN EMR CERTIFICATE"**
 - 2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and shall be recognized statewide.

V. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. This roster shall include the name and address of each person receiving a course completion record and the date of course completion.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Public Safety First Aid (PSFA) and CPR Training Program Approval	Policy Number
APPROVED: Administration: Steve L. Carroll, EMT-P	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: April 13, 2017 Date Revised: Date Last Reviewed: Review Date:	Effective Date: DRAFT

- I. PURPOSE: The Ventura County EMS Agency shall establish minimum requirements for Public Safety First Aid and CPR training programs.
 - II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1799.210 and 1797.212; California Code of Regulations, Title 22, Division 9 Chapter 1.5
 - III. POLICY: The approving authority for Public Safety First Aid (PSFA) and CPR training programs operating within the County of Ventura shall be the Ventura County EMS Agency (VCEMSA). This does not apply to PSFA CPR programs authorized by statewide public safety agencies such as the California Highway Patrol, California State Parks, etc. and approved by the California EMS Authority This also does not apply to PSFA CPR programs authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority.
 - A. Programs eligible for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 2. Medical training units of a branch of the Armed Forces of the United States including the Coast Guard.
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - b. Provide continuing education to other healthcare professionals.
 4. Agencies of government
 5. Public safety agencies
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6. Local EMS Agencies
 7. Private organizations with a recognized role in first aid and/or prehospital care training.
- B. Approved training program course content shall meet or exceed the requirements outlined in Chapter 1.5, Section 100017 of the California Code of Regulations.

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for Public Safety First Aid and CPR training program approval to VCEMSA
2. VCEMSA shall review and approve the following prior to approving a PSFA CPR training program:
 - a. Name of the sponsoring institution, organization, or agency.
 - b. A statement verifying the initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours of first aid and CPR training.
 - c. A statement verifying CPR training equivalent to the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.
 - d. A detailed course outline
 - 1) Any and all optional skills, as outlined in Section 100019 of the California Code of Regulations, the program chooses to apply to its curriculum shall have prior written authorization by VCEMSA Medical Director.
 - e. Final written examination with pre-established scoring standards; and
 - f. Skill competency testing criteria, with pre-established scoring standards.
 - g. Provisions for the retraining of public safety first aid personnel in accordance with Section 100022 of the California Code of Regulations.
 - h. Educational Staff
Validation of the instructor's qualifications shall be the responsibility of the agency or organization whose training program has been approved by VCEMSA. Training in public safety first aid and CPR program shall be conducted by an instructor who is:
 - 1) Proficient in the skills taught; and
 - 2) Qualified to teach by education and/or experience

- i. Testing Requirements
 - 1) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in sections 100017 and 100018 of Chapter 1.5 of the California Code of Regulations
 - 2) A passing standard shall be established by the training program before administration of the examination and shall be in compliance with the standard submitted to and approved by VCEMS
 - 3) PSFA CPR training programs shall test the knowledge and skills specific in chapter 1.5 of the California Code of Regulations and have a passing standard for successful completion of the course and shall ensure competency of each skill.
 - j. Course Completion Records

PSFA CPR training programs shall outline a process for validation of course completion, in accordance with Section 100029 of the California Code of Regulations.

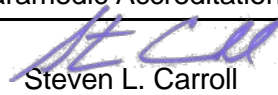

 - 1) A sample of the course completion certificate shall be submitted to VCEMS as part of the program approval application.
 - 2) The PSFA CPR training program shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
 - 3) All training records shall be made available for inspection by VCEMSA upon request.
 - k. A table of contents listing the required information detailed in this policy with corresponding page numbers.
 - l. Facilities and Equipment
 - 1) Facilities must comfortably accommodate all students, including those with disabilities
 - 2) Restroom access must be available
 - 3) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.
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3. Course approval is valid for four (4) years from the date of approval.
 - a. Requests for re-approval shall be submitted in the form of a formal training program approval packet and shall include all items outlined in Section IV.A.1-2
 - b. Requests for re-approval shall be submitted to VCEMSA no later than sixty (60) days prior to the date of program approval expiration.
 - c. VCEMSA may request additional materials or documentation as a condition of course approval and/or re-approval.
 4. Training Program Notification
 - a. VCEMSA shall notify the training program submitting its request for PSFA CPR training program approval within twenty-one (21) working days of receiving the request that:
 - 1) The request for approval has been received,
 - 2) The request for approval contains or does not contain the information outlined in this policy and,
 - 3) What information, if any, is missing from the request.
 - b. Program approval or disapproval shall be made in writing by VCEMSA to the requesting training program within a reasonable period of time after receipt of all required documentation as specified in this policy.
 - c. VCEMSA shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - d. VCEMSA shall notify the California EMS Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, and program approval/ expiration date of program approval.
 5. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for training program approval, use of any unqualified teaching personnel, non-compliance with any provision of this policy, non-compliance with any applicable regulation outlined in the California Code of Regulations or non-compliance with any other applicable guidelines regulations or laws may result in the
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denial, probation, suspension or revocation of program approval by VCEMSA.

- b. Notification of non-compliance and action to place on probation, suspend, or revoke shall be done as follows:
 - 1) VCEMS shall notify the approved training program course director in writing, by registered mail, of the provisions of this Policy with which the training program is not in compliance.
 - 2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by registered mail, to VCEMSA one of the following:
 - a) Evidence of compliance with the provisions of this policy, or
 - b) A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
 - 3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program, VCEMSA shall notify the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.
 - 4) If VCEMSA decides to suspend, revoke, or place an training program on probation the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of VCEMSA's letter of decision to the training program.
6. Program Review and Reporting
 - a. All course outlines, written exams, and competency testing criteria used in an approved PSFA CPR training program shall be subject to periodic oversight and review as determined by VCEMSA.
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- b. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions outlined in this policy and in Chapter 1.5 of the California Code of Regulations, and may be revoked by VCEMSA in accordance with section IV.4 of this policy.

CITY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Accreditation To Practice		Policy Number 315	
APPROVED Administration:	 Steven L. Carroll	Date: June 1, 2013	
APPROVED Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2013	
Origination Date:	January 1, 1990	Effective Date: June 1, 2013	
Date Revised:	April 19, 2013		
Date Last Reviewed:	April 19, 2013		
Review Date:	March 31, 2015		

- I. **PURPOSE:** To establish a mechanism for a Paramedic to become accredited to practice in Ventura County. The purpose of accreditation is to ensure that the Paramedic has: 1) completed the minimum required education and training, and 2) is oriented to the local EMS system.
- II. **AUTHORITY:** Health and Safety Code Sections 1797.84, 1797.185, 1797.214, 1798 and California Code of Regulations, Title 22, Section 100166.
- III. **POLICY:** Each Paramedic employed by a Ventura County ALS Provider shall be accredited to practice in Ventura County. A Paramedic shall apply for accreditation prior to working on an ALS Unit.
- IV. **PROCEDURE:**
 - A. **Application.** Prior to beginning an Accreditation Internship and/or assignment to function as a Paramedic in the Basic Scope of Practice on an ALS Unit in Ventura County,
 1. The Paramedic shall
 - a. Possess a current California Paramedic license. Verification of licensure through Emergency Medical Services Authority website will be allowed provided a copy of the wallet size paramedic license is received by EMS within 30 day of application date.
 - b. Possess a government issued form of identification.
 - c. Complete the Ventura County accreditation application process.
(Note: Falsification of information on the application will result in immediate suspension of accreditation to practice as a Paramedic in Ventura County.)

- 1) Fill out a Ventura County Accreditation application. (Attachment A). Paramedic must notify VCEMS within 30 days of any contact information change.
 - 2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code. (Attachment A).
 - 3) Pay the established fee.
 - 4) Complete a California Department of Justice (CA DOJ Live Scan) background check. Results of a CA DOJ background check include Notification of Subsequent Arrests. Background checks will not be repeated as long as accreditation remains active.
 - 5) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)
2. The ALS Service Provider shall:
- a. Provide the applicant with his/her schedule for orientation, training and testing in skills and field evaluation.
- B. Accreditation Internship:
1. Upon completion of the requirements of Section IV.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic Accreditation Intern in Ventura County.
 2. During evaluation for accreditation, the accreditation intern shall be the third assigned VCEMS responder at the call and shall be under the direct supervision of a VC preceptor or FTO who is ultimately responsible for the patient care rendered by the Accreditation Intern.
 3. An Accreditation Intern may work as the second Paramedic of a two (2) Paramedic team on an ALS unit, but is limited to performance of the Basic Paramedic Scope of Practice, as defined in the California Code of Regulations, Title 22, Division 9, Chapter 4, and Section 100146(c) (1)(A-R). Shifts worked as a second Paramedic and any ALS skills performed

during those shifts will not be considered part of the accreditation evaluation process.

4. The applicant shall successfully complete, and provide written verification of satisfactory completion of a Ventura County Accreditation Process within 45 days of the date of the applicant's hire/start date. If the accreditation process is not completed within 45 days, a new accreditation application and fee to begin a new 45 day period will be required. The applicant may not apply more than three (3) times in one year. (Attachment B).
 - a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:
 - 1) Orientation of ALS Service Provider responsibilities and practices.
 - 2) PCC Orientation
 - 3) VCEMS Orientation
 - b. Complete a supervised pre-accreditation field evaluation consisting of a minimum of five (5) and maximum of ten (10) ALS patient contacts as the third assigned VCEMS responder with continuous supervision by an FTO from the beginning of assessment to transfer of patient care to hospital staff. An FTO/Clinical Coordinator/Operations Manager will sign off documentation of ALS patient contacts. The FTO will determine that the response included ALS assessment and treatment skills for all ALS patient contacts submitted for accreditation.
 - c. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.
 - d. An applicant who, with the approval of the instructor, and having completed their internship in Ventura County (40 contacts), may use the last five (5) ALS patient contacts for accreditation purposes. In order to use these ALS patient contacts, an

applicant must have received a rating of three (3) in all categories on each of the five (5) ALS patient contacts.

- e. Successful completion of training and testing of the applicant's knowledge of VCEMS optional scope of practice skills, procedures and medications. The applicant may be exempted from some or all of these requirements if s/he provides documentation of previous successful completion of a training program in any other jurisdiction.
 - f. Successful completion of testing in Ventura County policies and procedures.
- C. Accreditation. Upon completion of the above requirements, the Paramedic shall call the EMS office for an appointment to complete the accreditation process or may submit the required documentation by mail.
- 1. If all requirements are met, a VCEMS Accreditation Card will be issued.
 - 2. If requirements are not successfully completed, the application will be submitted to the VCEMS Medical Director for further action. The VCEMS Medical Director shall notify the applicant of his/her findings within 5 working days.
- D. Adverse Accreditation Action.
- 1. Denial of Accreditation
 - a. Accreditation may be denied for failure to complete application requirements listed in Section IV.A or for failure to successfully complete the Accreditation requirements listed in Section IV.B.
 - b. The VCEMS Medical Director will evaluate an applicant who fails to successfully complete the application and internship process and may recommend further education and evaluation as required.
 - c. Upon failure to successfully complete the requirements of Section IV.A or IV.B, the VCEMS Medical Director will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a complimentary copy to the ALS employer. The notice will include the specific facts and grounds for denial.

2. Suspension of Accreditation
 - a. Accreditation may be suspended for failure to meet the requirements listed in Section IV.E.
 - b. The VCEMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.
 - c. Accreditation will be suspended until such time as the deficiencies are completed and documented to VCEMS.
3. Due Process. This will apply to the decision of the VCEMS Medical Director to either deny or suspend an accreditation.
 - a. The Paramedic may request reconsideration in writing, by certified mail or hand delivery. The VCEMS Medical Director will respond to the request by certified mail or hand delivery within 5 working days.
 - b. If the matter is not resolved after reconsideration, the Paramedic may request that an Investigative Review Panel (IRP) be convened.
 - c. The IRP will be conducted according to VCEMS Policy 330.
 - d. The IRP will report its findings to the VCEMS Medical Director who will make a final determination of action.
 - e. The VCEMS Medical Director will notify the Paramedic of the final determination of action by certified mail within 5 working days of receipt of the IRP report.

E. Accreditation Period

The accreditation to practice period shall coincide with the individual's Paramedic license. Accreditation to practice shall be continuous as long as the following is maintained:

1. California State Paramedic Licensure
2. The Paramedic continues to meet requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.

- F. Lapse of Accreditation. If a Paramedic does not maintain Ventura County accreditation requirements, the following requirements must be met to re-establish eligibility:
1. Completion of application as described in Section IV.A.
 2. In addition, the following shall be met:
 - a. If the period of lapse of accreditation is 1-31 days, the Paramedic shall complete the requirements for continuing accreditation as defined in Section IV.E.
 - b. If the period of lapse of accreditation is greater than 31 days and less than one year, complete requirement described in Section IV.B.4.b and complete any items which are new since the Paramedic was last accredited.
 - c. If the period of lapse of accreditation is greater than one year, the applicant must complete all the requirements specified in Section IV.B.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: ALS Response Unit Staffing		Policy Number: 318	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: June 1, 2013	
APPROVED: Medical Director Angelo Salvucci, MD		Date: June 1, 2013	
Origination Date: June 1, 1997		Effective Date: June 1, 2013	
Date Revised: February 12, 2013			
Date Last Reviewed: February 14, 2013			
Review Date: January 31, 2015			

- I. PURPOSE: To establish medical control standards for ALS response unit paramedic staffing.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200 22 CCR Division 9, Chapter 4, Sections 100175, 100179
- III. DEFINITIONS:
 - A. ALS Response Unit: First Response ALS Unit, Ambulance Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.
 - B. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.
- IV. POLICY:
 - A. All ALS Response Units must be staffed with a minimum of one Level II paramedic who meets the requirements in this policy.
 - B. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT-1 meeting requirements in VCEMS Policy 306.
 - C. An ALS Response Unit may be staffed with a paramedic who is not authorized as a Level I or II only if is also staffed by an authorized Ventura County Paramedic Preceptor.
- V. PROCEDURE:
 - A. Level I
 - 1. A paramedic will have Level I status upon completion of the following:
 - a. Current Paramedic Licensure by the State of California
 - b. Current Accreditation in the County of Ventura per VCEMS Policy 315.
 - 2. To maintain Level I status, the paramedic shall:

- a. Maintain employment with an approved Ventura County ALS service provider.
 - b. Complete a minimum of 288 hours of practice as a paramedic or 30 patient contacts (minimum of 15 ALS) every six month period (January 1 – June 30 and July 1 – December 31);
 - c. Complete VCEMS continuing education requirements, as described in Section V.C.
3. If the paramedic fails to meet these requirements, s/he is no longer authorized as a Level I paramedic.
 4. To be reauthorized as a Level I paramedic, the paramedic must complete a minimum of 48 hours as a second or third crewmember of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 5 ALS contacts.

B. Level II

1. A paramedic will have Level II status upon completion of the following:
 - a. Employer approval.
 - b. All of the requirements of Level I.
 - c. A minimum of 288 hours of direct field observation by an authorized Ventura County Paramedic Preceptor.
 - 1) This will include a minimum of 30 patient contacts, (minimum 15 ALS contacts).
 - 2) If a paramedic has a minimum of 4000 hours of prehospital field experience performing initial ALS assessment and care, Ventura County Preceptor observation with the approval of the Paramedic Preceptor and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).
 - d. Approval by the paramedic preceptor who evaluated the majority of contacts.
 - e. Successful completion of competency assessments:
 - 1) Scenario based skills assessment conducted by the candidate's preceptor, provider's clinical coordinator, PCC and PLP when possible.
 - 2) Written policy competency assessment administered by VCEMS. Passing score will be 80%.
 - 3) Arrhythmia recognition and treatment assessment administered by VCEMS. Passing score will be 80%.

- 4) Candidates who fail to attain 80% on either section V.B.e.2)-3) shall attend a remediation session with the Base Hospital PLP or designee or the provider's Medical Director prior to retaking either assessment. Written documentation of remediation will be forwarded to VCEMS.
- f. Obtain favorable recommendations of the PCCs who have evaluated the paramedic during the upgrade process. The PCC's recommendations will be based upon a review of the completed performance evaluation standards, review of patient contacts and direct clinical observation. Appeals may be made to the VCEMS Medical Director.
- g. Forward Appendix A, Appendix B and copies of the 30 patient contacts to VCEMS.
 - 1) Appendix A shall include all dates and times the upgrading paramedic has spent with the preceptor to total a minimum of 288 hours.
 - 2) Appendix B shall be completed each shift per the Method of Evaluation Key at the bottom of the form.
 - 3) Submit 30 patient contacts, 15 meeting criteria as defined in Section III, Definitions, ALS Patient Contact.
2. To maintain Level II status, the paramedic shall:
 - a. Maintain employment with an approved Ventura County ALS service provider.
 - b. Function as a paramedic for a minimum of 576 hours, or have a minimum of 60 patient contacts (minimum 30 ALS), over the previous six-month period (January 1 – June 30 and July 1 – December 31).
 - 1) For those paramedics with a minimum of 3 years field experience, no more than 144 hours of this requirement may be met by documentation of actual instruction at approved PALS, PEPP, ACLS, PHTLS, BTLS, EMT-1 or Paramedic training programs.
 - 2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full time basis, complete a minimum of 288 hours of practice, or 30

patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.

- 3) A paramedic whose primary duties are administering the ALS Program (90% of the time) for his/her agency and with approval of the EMS Medical Director may maintain his/her level II status by performing a minimum of 5 ALS calls per 6 months (January 1 – June 30 and July 1 – December 31).
- 4) If the paramedic fails to meet this requirement:
 - a) His/her paramedic status reverts to Level I.
 - b) If Level II authorization has lapsed for less than six months, reauthorization will require completion of a minimum of 96 hours of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 10 ALS patient contacts.
 - c) If Level II authorization has lapsed for less than one year and the paramedic has not worked as a paramedic for 6 months or more during the lapse interval OR if Level II authorization has lapsed for greater than one year, reauthorization will require completion of all of the requirements in Section V.B.1. These requirements may be reduced at the discretion of the VCEMS Medical Director.
 - d) If the paramedic has been employed as a paramedic outside of Ventura County or has worked in an acute care setting (RN or LVN) during the period of lapse of authorization, these requirements may be reduced at the discretion of the VCEMS Medical Director.
 - e) Complete VCEMS continuing education requirements, as described in Section V.C.

C. Continuing Education Requirements

Fifty percent (50%) of all CE hours shall be obtained through Ventura County approved courses and 50% of total CE hours must be instructor based.

1. Advanced Cardiac Life Support (ACLS) certification shall be obtained within three months and either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months, and remain current.

2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.
3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:
 - a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.
 - b. Education and/or testing on updates to local policies and procedures.
 - c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.
 - d. Successful completion of any additional VCEMS-prescribed training as required. These may include, but not be limited to:
 - 1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.
 - 2) Education and/or testing for Local Optional Scope of Practice Skills.
 - 3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1-hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.
 - 4) One endotracheal intubation refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VCEMS Medical Director, or the VCEMS Medical Director.
 - 5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.
4. Courses shall be listed on the Ventura County Accreditation Continuing Education Log and submitted to VCEMS upon reaccreditation. Continuing education listed on the continuing education log is subject to audit.

- D. The VCEMS Medical Director may temporarily suspend or withdraw Level I or Level II authorization pending clinical remediation.
- E. Failure to comply with the standards of this policy will be considered to be operating outside of medical control.
- F. ALS Service Providers must report any change in Level I/II status to VCEMS within 5 days of taking action.

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION FORM

Employer: Please instruct the paramedic to complete the requirements in the order listed. Employer shall contact PCC to schedule appointment.

_____, paramedic has been evaluated and has met all criteria for upgrade to Level II status as defined in Ventura County EMS Policy 318.

Level II Paramedic							
_____ All the requirement of level I met. _____ Completion of 288 hrs of direct field observation by an authorized VC Paramedic Preceptor _____ Approval by Paramedic preceptor _____ Submit all appropriate documentation to VCEMS including							
	Date	Hours	Preceptor Print legibly		Date	Hours	Preceptor Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
Total Hours Completed							

Please sign and date below for approval.

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic Preceptor Signature	Print preceptor name legibly	Date:
Employer Signature	Print Employer name legibly	Date
Per section V.B.1.c.2): PCC signature required if paramedic qualifies for shortened upgrade process.		

PCC Signature	Print PCC signature legibly	Date

Appendix B

Ventura County EMS Upgrade Procedure			288 hours or 12 shifts 30 patient contacts (minimum of 15 ALS)		
Shift	Policy	Procedure/Policy Title to Review	Date	Preceptor Signature	Method of Evaluation (see key)
1	310 704 705* 726 727 334	Paramedic Scope of Practice Base Hospital Contact General Patient Guidelines SVT VT Cardiac Arrest – Asystole/PEA Cardiac Arrest – VF/VT Symptomatic Bradycardia Acute Coronary Syndrome Transcutaneous Cardiac Pacing 12 Lead ECG Prehospital Personnel Mandatory Training Requirements			
2	720 705 614	Limited Base Contact Trauma Assessment/Treatment Guidelines Altered Neurological Function Overdose Seizures Suspected Stroke Spinal Immobilization			
3	705* 451	Behavioral Emergencies Burns Childbirth Crush Injury Heat Emergencies Hypothermia Hypovolemic Shock Bites and Stings Nerve Agent Nausea/Vomiting Pain Control Sepsis Alert Stroke System Triage			
4	705* 705 1404 1405 1000	Allergic/Adverse Reaction and Anaphylaxis Neonatal Resuscitation Shortness of Breath – Pulmonary Edema Shortness of Breath – Wheezes/other Trauma Assessment/Treatment Guidelines Guidelines for Inter-facility Transfer of Patients to a Trauma Center Trauma Triage and Destination Criteria Documentation of Prehospital Care			
5	710 715 716 717 728 722	Airway Management Needle Thoracostomy Pre-existing Vascular Access Device Intraosseous Infusion King Airway Transport of Pt. with IV Heparin and NTG			

6	600 601 603 606 613 306	Medical Control on Scene Medical Control at the Scene – EMS Personnel Against Medical Advice Determination of Death Do Not Resuscitate EMT-I: Req. to Staff an ALS Unit			
**		Notify PCC of progress and set dates for tests and ride-a-long.			
7	402 612 618	Patient Diversion/ED Closure Notification of Exposure to a Communicable Disease Unaccompanied Minor ECG Review Radio Communication			
8	131 607 1202 1203	Mega Codes MCI Hazardous Material Exposure-Prehospital Protocol Air Unit Dispatch for Emergency Medical Response. Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation Review Head to Toe Assessments			
10		Practice Tests			
11		Review Policies and Procedures			
12		Review Policies and Procedures			
	*	Review Drugs, rates and routes that are present in that policy			
	**	PCC ride-a-long			
		Written Test			

Paramedic Name: _____ License. # _____ Date _____

Preceptor Signature _____ Date _____

PCC Signature _____ Date _____

Employer Signature: _____ Date: _____

METHOD OF EVALUATION KEY

E = EMEDS Review
S = Simulation/Scenario
D = Demonstration

DO = Direct Observation in the field or clinical setting
V = Verbalizes Understanding to Preceptor
NA = Performance Skill not applicable to this employee

T = Test/Self Learning Module

Appendix C

NAME: _____

EMPLOYER: _____ LICENSE #: P _____

Ventura County Accreditation Requirements Continuing Education Log

This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reaccreditation. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all paramedics reaccrediting and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

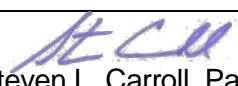

When you complete the Ventura County continuing education standards per Policy 318 you will automatically meet the State of California requirements for re-licensure.

Remember that the Skills Refresher and intubation requirements are to be completed yearly based on license cycle.

The Skills Refresher, Intubation refresher session and the EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your paramedic training level.

Field care audit hours (12 hours are required, 6 hours must be completed in Ventura County)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours				
Required Courses	Date	Location	# Of Hours	Provider Number
1. ACLS (4 hours)				
2. PALS (4 hours)				
EMS Updates are held in May and November each year. EMS Updates are completed as new or changed policies become effective.				
3. EMS UPDATE #1 (1 hour)				
EMS UPDATE #2 (1 hour)				
EMS UPDATE #3 (1 hour)				
EMS UPDATE #4 (1 hour)				
4. Ventura County MCI COURSE (2 hours)				
<i>Any hours that are in addition to the noted amounts in the above categories, should be noted in the additional hours section of this log.</i>				
Skill Refreshers are held in March and September each year. The following requirements must be completed in each year of your license cycle (for example: If your re-licensure month is June 2006, you must complete year one requirement between June 2004 and June 2005 and year two requirement between June 2005 and June 2006).				
5. Skills Refresher year 1 (3 hours)				
Skills Refresher year 2 (3 hours)				
6. Endotracheal intubations refresher session (1 session every 6 months based on your license expiration date.)				
#1				
#2				
#3				
#4				
Additional Hours (12 hours)				
These hours can be earned with any combination of additional field care audit, lecture, etc.)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: BLS And ALS Unit Equipment And Supplies		Policy Number: 504	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2014	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2014	
Origination Date:	May 24, 1987	Effective Date:	December 1, 2014
Date Revised:	October 9, 2014		
Last Reviewed:	October 9, 2014		
Review Date:	October, 2016		

- I. PURPOSE: To provide a standardized list of equipment and supplies for Response and/or Transport units in Ventura County.
- II. POLICY: Each Response and/or Transport Unit in Ventura County shall be equipped and supplied according the requirements of this policy.
- III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218 and California Code of Regulations Section 10017
- IV. PROCEDURE:
The following equipment and supplies shall be maintained on each Response and/or Transport Unit in Ventura County.

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS				
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 infant
Bag valve units Adult Child	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3
Nasopharyngeal airway (adult and child or equivalent)	1 each	1 each	1 each	1 each
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.
Portable suction equipment	1	1	1	1
Transparent oxygen_masks Adult nonrebreather Child Infant	3 3 2	2 2 2	2 2 2	2 2 2
Bandage scissors	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	12 6	12 2 0	12 6 2	5 4 2
Blood pressure cuffs Thigh Adult Child Infant	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
Emesis basin/bag	1	1	1	1
Flashlight	1	1	1	1
Half-ring traction splint or equivalent device	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	4	4	4
Potable water or saline solution	1 gallon	1 gallon	1 gallon	1 gallon
Cervical spine immobilization device	2	2	2	2
Spinal immobilization devices KED or equivalent 60" minimum with straps	1 1	1	1 1	1
Sterile obstetrical kit	1	1	1	1

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
Tongue depressor	4	4	4	4
Cold packs	4	4	4	4
Tourniquet	1	1	1	1
OPTIONAL EQUIPMENT				
Nerve agent antidote – (3 kits per person suggested)				
Occlusive dressing				
Hemostatic gauze per EMSA guidelines				
Impedance threshold device				
B. TRANSPORT UNIT REQUIREMENTS				
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1
Automated External Defibrillator (if not equipped with ALS monitor/defibrillator)	1	1	1	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1	0	0	1
Ankle and wrist restraints. Soft ties are acceptable.	1	0	0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0
Bedpan	1	0	0	0
Urinal	1	0	0	0
Personal Protective Equipment per State Guideline #216				
Rescue helmet	2	1	0	0
EMS jacket	2	1	0	0
Work goggles	2	1	0	0
Tyvek suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Tychem hooded suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Nitrile gloves	1 Med / 1 XL	1 Med / 1 XL	0	0
Disposable footwear covers	1 Box	1 Box	0	0
Leather work gloves	3 L Sets	1 L Set	0	0
Field operations guide	1	1	0	0

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS TRANSPORT UNIT REQUIREMENTS				
Cellular telephone	1	1	1	1
Two-way radio for alternative base hospital contact	1	1	1	1
Alternate ALS airway device	2	1	1	1
Arm Boards				
9"	3	0	1	0
18"	3	0	1	0
Blood glucose determination devices	2	1	1	1
Cardiac monitoring equipment	1	1	1	1
CO ₂ monitor	1	1	1	1
Continuous positive airway pressure (CPAP) device	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets
Endotracheal intubation tubes, sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
Intraosseous infusion needles	2	1	2	1
Intravenous Fluids (in flexible containers)				
• 5% Dextrose in water, 50 ml	2	1	2	1
• Normal saline solution, 500 ml	2	1	1	1
• Normal saline solution, 1000 ml	6	2	4	3
IV admin set - microdrip	4	1	2	2
IV admin set - macrodrip	4	1	4	3
IV catheter, Sizes I4, I6, I8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries	1 set	1 set	1 set	1 set
Curved blade #2, 3, 4	1 each	1 each	1 each	1 each
Straight blade #1, 2, 3	1 each	1 each	1 each	1 each
Magill forceps	1	1	1	1
Child	1	1	1	1
Nebulizer	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1
Needle Thoracostomy kit	2	2	2	2
Pediatric length and weight tape	1	1	1	1
SAO ₂ monitor	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)				
Flexible intubation stylet				
EZ-IO intraosseous infusion system				

	ALS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
D. ALS MEDICATION, MINIMUM AMOUNT				
Adenosine, 6 mg	3	3	3	3
Aspirin, 162 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg
Amiodarone, 50mg/ml 3ml	6	3	6	3
Atropine sulfate, 1 mg/10 ml	2	2	2	2
Diphenhydramine (Benadryl), 50 mg/ml	2	1	1	2
Bronchodilators, nebulized beta-2 specific	6	2	3	1
Calcium chloride, 1000 mg/10 ml	2	1	1	1
Dextrose 50%, 25 GM/50	5	2	2	2
Dopamine, 400 mg/250ml D5W, premixed	2	1	1	2
Epinephrine 1:1,000, 1mg/ml	4	2	2	2
Epinephrine 1:10,000, 1 mg/10ml	6	3	6	4
Epinephrine 1:1,000, 30 ml multi-dose vial	1	1	1	1
Glucagon, 1 mg/ml	2	1	2	1
Lidocaine, 100 mg/5ml	2	2	2	2
Magnesium sulfate, 1 gm per 2 ml	4	1	2	2
Morphine sulfate, 10 mg/ml	2	2	2	2
Naloxone Hydrochloride (Narcan), adult and pediatric doses	10 mg	4 mg	4 mg	4mg
Nitroglycerine preparations, 0.4 mg	1 bottle	1 bottle	1 bottle	1 bottle
Normal saline, 10 ml	2	2	2	2
Oral glucose 15gm unit dose	1	1	1	1
Sodium bicarbonate, 50 mEq/ml	2	1	1	1
Ondansetron 4 mg IV single use vial	4	4	4	4
Ondansetron 4 mg oral	4	4	4	4
Midazolam Hydrochloride (Versed)	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials

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 (may also give to actively seizing pregnant patients prior to magnesium) <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 gestation 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 • Hold magnesium for systolic BP < 140 or diastolic < 90 <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 	

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

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

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Chest Pain – Acute Coronary Syndrome

BLS Procedures

Administer oxygen if dyspnea, signs of heart failure or shock, or SAO₂ < 94%
Assist patient with prescribed Nitroglycerin as needed for chest pain

- Hold if SBP < 100 mmHg

ALS Prior to Base Hospital Contact

Perform 12-lead ECG

- If *****ACUTE MI SUSPECTED***** or *****MEETS ST SEGMENT ELEVATION MI CRITERIA***** are present, expedite transport to closest STEMI Receiving Center
- Document all initial and ongoing rhythm strips and ECG changes

For continuous chest pain consistent with ischemic heart disease:

- **Nitroglycerin**
 - SL or lingual spray – 0.4 mg q 5 min for continued pain
 - No max dosage
 - Maintain SBP > 100 mmHg
 - If normal SBP < 100 mmHg, then maintain SBP > 90 mmHg
- **Aspirin**
 - PO – 324 mg

IV access

- 3 attempts only prior to Base Hospital contact

If pain persists and not relieved by NTG:

- **Morphine** – per policy 705 - Pain Control
 - Maintain SBP > 100 mmHg

If patient presents or becomes hypotensive:

- Lay Supine
- **Normal Saline**
 - IV bolus – 250 mL
 - Unless CHF is present

Communication Failure Protocol

One additional IV attempt if not successful prior to initial BH contact

- 4 attempts total per patient

If hypotensive and signs of CHF are present or no response to fluid therapy:

- **Dopamine**
 - IVPB – 10 mcg/kg/min

Base Hospital Orders only

Consult ED Physician for further treatment measures

ED Physician Order Only: For ventricular ectopy [PVC's > 10/min, multifocal PVC's, or unsustained V-Tach], consider Amiodarone IVPB - 150 mg in 50mL D5W infused over 10 minutes

Additional Information:

- Nitroglycerin is contraindicated when phosphodiesterase inhibitor erectile dysfunction medications [(Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis))] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. NTG then may only be given by ED Physician order

Effective Date: December 1, 2014 Date Revised: September 11, 2014
Next Review Date: September, 2016 Last Reviewed: September 11, 2014

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Shortness of Breath – Pulmonary Edema

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

Nitroglycerin

- SL or lingual spray – 0.4 mg q 1 min x 3
 - Repeat 0.4 mg q 2 min
 - No max dosage
 - Hold for SBP < 100 mmHg

Initiate CPAP for moderate to severe distress

Perform 12-lead ECG

IV access

If wheezes are present and suspect COPD/Asthma, consider:

- **Albuterol**
 - Nebulizer – 5mg/6mL

Communication Failure Protocol

If patient becomes or presents with hypotension

- **Dopamine**
 - IVPB – 10 mcg/kg/min

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- Nitroglycerin is contraindicated when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. NTG then may only be given by ED Physician order

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Effective Date: December 1, 2010 | Date Revised: July, 2013
Next Review Date: September, 2016 | Last Reviewed: September 11, 2014

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EMS Trauma/Stroke

List of Anticoagulant and Antiplatelet Medications

Anticoagulant Medications

Brand Name	Generic Name
Arixtra	fondaparinux
Coumadin	warfarin
Eliquis	apixaban
Jantoven	warfarin
Lixiana	edoxaban
Lovenox	enoxaparin
Pradaxa	dabigatran
Savaysa	edoxaban
Xarelto	rivaroxaban

Antiplatelet Medications

Brand Name	Generic Name
Aggrenox	aspirin & dipyridamole
Aspirin (325mg NOT 81mg)	acetylsalicylic acid
Brilinta	ticagrelor
Effient	prasugrel
Persantine	dipyridamole
Plavix	clopidogrel
Pletal	cilostazole
Ticlid	ticlopidine

Updated 12/2015

Nerve Agent Poisoning	
The Incident Commander is in charge of the scene and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.	
ADULT	PEDIATRIC
BLS Procedures	
<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p> <p>DuoDote for self or other rescuers</p>	<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p>
ALS Prior to Base Hospital Contact	
<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i> <i>If not administered BLS:</i></p> <p>Mild Exposure: Mark 1 or DuoDote Antidote Kit IM X 1</p> <p>Moderate Exposure: Mark 1 or DuoDote Antidote Kit IM X 1</p> <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist <p>Severe Exposure: Mark 1 or DuoDote Antidote Kit IM X 3 in rapid succession, rotating injection sites.</p> <p><u>For seizures:</u></p> <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 Max 5 mg 	<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <ul style="list-style-type: none"> • Mark 1 or DuoDote Antidote Kit IM x 1 <ul style="list-style-type: none"> • May repeat x 1 in 10 minutes for patients greater than 40kg if symptoms persist • May use Atropen 0.5mg IM for patients up to 25kg or Atropen 1.0mg IM for patients up to 50kg <ul style="list-style-type: none"> • Repeat until symptoms are relieved • Requires a CHEMPACK deployment <p><u>For seizures:</u></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg Max 5 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
<ul style="list-style-type: none"> • Refer to VCEMS Policy 705.18-Overdose/Poisoning for organophosphate poisoning treatment guidelines. • DuoDote contains 2.1mg Atropine Sulfate and 600mg Pralidoxime Chloride. • EMTs may administer DuoDote to themselves and other responders • Paramedics may administer DuoDote to themselves or other responders and to exposed, symptomatic public. • Diazepam is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure. Paramedics may administer diazepam using the following dosages for the treatment of seizures: <ul style="list-style-type: none"> ○ Adult: 5 mg IM/IV/IO q 10 min titrated to effect (<i>max 30 mg</i>) ○ Pediatric: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect (<i>max total dose 10 mg</i>) • Mild exposure with symptoms: <ul style="list-style-type: none"> ○ Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, bradypnea or tachypnea, nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia • Moderate exposure with symptoms: <ul style="list-style-type: none"> ○ Miosis, rhinorrhea, SOB, wheezing, secretions, soft muscle weakness and fasciculations, GI effects • Severe exposure with symptoms: <ul style="list-style-type: none"> ○ Strange confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils involuntary defecation, urination 	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control: Paramedic Liaison Physician		Policy Number 701	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: June 1, 2014	
Origination Date: August 1, 1988		Effective Date: June 1, 2014	
Date Revised: January 9, 2014			
Date Last Reviewed: January 9, 2014			
Review Date: December 31, 2017			

- I. PURPOSE: To define the role and responsibility of the Paramedic Liaison Physician (PLP) with respect to EMS medical control.
- II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162
- III. POLICY: The Base Hospital shall implement the policies and procedures of VCEMS for medical direction of prehospital advanced life support personnel. The PLP shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VCEMS. This includes:
 - A. Medical direction and supervision of field care by:
 1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
 2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.
 - B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).
 - C. Audit and evaluation by:
 1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
 - a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.

- b. Compliance with current policies, procedures and protocols of the local EMS agency.
 - c. Base Hospital voice communication skills.
 - d. Monthly review of all ALS documentation when the patient is not transported.
- D. Investigations according to VC EMS Policy 150.
- E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
 - 1. The activities of all Base Hospital physicians, MICNs and Paramedics.
 - 2. The education, audit, and evaluation of base hospital personnel
 - 3. Communications by base hospital personnel
- F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.
- G. Base Hospital liaison by ensuring:
 - 1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
 - 2. Ongoing liaison with EMS provider agencies and the local medical community.
 - 3. On-going liaison with the local EMS agency.
- H. Ensuring compliance with Base Hospital Designation Agreement.