Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	October 12, 2017 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Other	
V.	**New Business**	
	A. 705.1 – Trauma Treatment Guidelines	Katy Haddock
	B. 722 - Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Dr. Shepherd
VI.	**Old Business**	
	A. 726 - 12 Lead ECG	Dr. Shepherd
	B. APGAR Score (follow-up)	Chris Rosa
VII.	**Informational/Discussion Topics**	
	A. Remove Pediatric Intubation from Optional Scope	Dr. Shepherd
VIII.	**Policies for Review**	
	A. 310 – EMT-P Scope of Practice	
	B. 335 – Out of County Paramedic Internship Approval Process	
	C. 705.25 – Ventricular Tachycardia Sustained – Not in Cardiac Arrest	
	D. 727 – Transcutaneous Cardiac Pacing	
	E. 1135 – Paramedic Program Approval	
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	September 14, 2017 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Motion: Tom Gallegos Seconded: Heather Ellis Passed unanimous
III. Minutes		Approved	Motion: Aaron Tapking Seconded: Debbie Licht Passed unanimous
IV. Medical Issues			
V. New Business			
VI. Old Business			
A. 1000 – Documentation of Prehospital Care	Page 6, F – replace "all appropriate AMA modules" with "all applicable fields". Dr. Chase would like to see the number of "primary impression" section lowered in the future. He believes the State EMSA will require it in the future. Consider adding a list of approved abbreviations.	Approved with changes	Motion: Heather Ellis Seconded: Scott Zeller Passed unanimous
B. 601 – Medical Control at the Scene	Minor format issues will need to be fixed.	Approved	Motion: Debbie Licht Seconded: David Chase Passed unanimous
VII. Informational/Discussion Topics			
A. Epinephrine	Dr. Drehsen was concerned about the lack of pre-loads available. Dr. Shepherd said that the standard is to dilute the stronger epi. Dr. Drehsen also stated that he thinks we are giving too much epi to patients. It takes 5 minutes for the typical adult to metabolize the epi and after repeat doses, he feels it is just too much.	Tabled Look at data on this issue and bring back to a future meeting.	Motion: Aaron Tapking Seconded: Heather Ellis Passed unanimous Heather Ellis
VIII. Policies for Review			

A. 100		Passed	Motion: Ira Tilles Seconded: Jaime Villa Passed unanimous
B. 440		Add Dr. Shepherd's name. Passed	Motion: Ira Tilles Seconded: Kathy McShea Passed unanimous
C. 705.10	Minor format change. Erica asked if they can put an APGAR score on the EPCR's.	Passed with changes. Chris will look into the APGAR score issue.	Motion: Ira Tilles Seconded: Jaime Villa Passed unanimous
D. 705.14	Add IV/IO	Passed with change	Motion: Ira Tilles Seconded: Kathy McShea Passed unanimous
E. 705.15	#3 – Delete everything after "administration". Add "4 years or older" to cover sheet.	Passed with change.	Motion: Sarah Melgoza Seconded: Adriane Stefansen Passed unanimous
F. 1108		Delete policy.	Motion: Ira Tilles Seconded: Jaime Villa Passed unanimous
G. 1140		Delete Policy	Motion: Heather Ellis Seconded: Debbie Licht Passed unanimous
X. Agency Reports			
A. Fire departments	**VCFPD** – On Tuesday, 4 firefighters will graduate from UCLA Paramedic Program and step in as Level 1 medics soon. New dispatchers are being hired and trained. Ryan Osler's memorial will be held September 21, 2017 at 1300. **VCFD –** none **OFD** – 19 graduates this week. Disaster fair at Oxnard Civic Center on Saturday from 1000-1500. **Fed. Fire** – none **SPFD** – none **FFD** – none		
B. Transport Providers	**LMT –** The Lifeline website is now up. **AMR/GCA** – GCA Division is hiring a lot of new personnel. **AIR RESCUE –**none		
C. Base Hospitals	**SVH** – none **LRRMC** – none **SJRMC – none** **VCMC** – Lots of growing pains.		
D. Receiving Hospitals	**PVH –** Construction is ongoing**.** **SPH** – none		

		CMH –**OVCH** – none	
E.	Law Enforcement	**VCSO –** none **CSUCI PD –** none	
F.	ALS Education Programs	**Ventura College** – The last paramedics are all finished. The new class has 19 students. Tom would like to meet with agencies in mid-October to discuss internships.	
G.	EMS Agency	**Steve –** We hired Roberta Coffman for the front office. Please make sure to welcome her. We will begin developing a process to evaluate ambulance contracts and decide if we will go to bid/RFP or if we will grandfather in our current providers. FF's should not be saying that they will be taking over transports. If there are any questions about that, please direct them to Steve. **Dr. Shepherd - none** **Chris** – Image Trend class in 2 weeks at EMS. It is a 3 day class on CQI issues. The statewide drill is in November, however, we are having ours in October to meet facilities CMS requirement. There is a Hep-A outbreak in Oxnard and L.A. among homeless population. **Katy** – Presto compliance has been great. Thank you!! Dr. Chugh will be providing Presto data at an upcoming national conference. **Randy** – none **Karen** – none	
H.	Other		
XI.	**Closing**	**Meeting adjourned at 12:00**	

Prehospital Services Committee 2017

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
AMR	Stefansen	Adriane				AS			AS		AS				
AMR	Carmona	Yoni				YC									
CMH - ER	Canby	Neil				NC	NC		NC		N C				
CMH - ER	Querol	Amy		AQ											
OVCH - ER	Pulido	Ed		EP			EP								
OVCH - ER	Ferguson	Catherine				BP	BP		BP		CF				
CSUCI PD	Drehsen	Charles		CD		CD	CD		CD		CD				
CSUCI PD	DeBoni	Curtis													
FFD	Herrera	Bill				BH					BH				
FFD	Scott	Bob				BS			BS						
GCA	Panke	Chad													
GCA	Sanders	Mike		MS		MS	MS		MS						
Lifeline	Rosolek	James		JR		JR	JR		JR		JR				
Lifeline	Williams	Joey		AS		JW			JW		JW				
LRRMC - ER	Brooks	Kyle		KB		KB	KB								
LRRMC - ER	Licht	Debbie		DL		DL	DL		DL		DL				
OFD	Martin	Blair		BM		BM	BM								
OFD	Villa	Jaime					JV		JV		JV				
SJPVH - ER	Hutchison	Stacy		KM		SH	SH		SH						
SJPVH - ER	Davies	Jeff		JD		JD			JD						
SJRMC - ER	Larsen	Todd		TL		TL			TL		TL				
SJRMC - ER	McShea	Kathy		KM		KM	KM		KM		KM				
SPFD	Zeller	Tyler							TZ						
SVH - ER	Tilles	Ira				IT	IT				IT				
SVH - ER	Vorzimer	Nicole		NV		NV	NV		DB		NV				
V/College	O'Connor	Tom		TO		TO	TO		TO						
VCFD	Tapking	Aaron		AT			AT		AT		AT				
VCFD	Ellis	Heather		HE		HE	JH		HE		HE				
VNC	Zeller	Scott		SZ		SZ	SZ		SZ		SZ				
VNC	Tolle	Jonathon		JS							JT				
VNC - Dispatch	Gregson	Erica		EG			EG		EG		EG				
VCMC - ER	Chase	David		DC		DC	SR		DC		DC				

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
VCMC - ER	Gallegos	Tom				TG			TG		TG				
VCMC-SPH	Melgoza	Sarah				SM			SM		SM				
VCSO SAR	Hadland	Don		DH		DH	DH				DH				
VCSO SAR	Golden	Jeff		JS		JG	JG		JG						
VFF	Santillo	Dave		DS											
VFF	Bond	Timothy													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
EMS	Carroll	Steve		SC		SC	SC		SC		SC				
EMS	Frey	Julie		JF			JF		JF		JF				
EMS	Hadduck	Katy				KH	KH		KH		KH				
EMS	Perez	Randy				RP	RP		RP						
EMS	Shepherd	Daniel		DS		DS	DS		DS		DS				
EMS	Rosa	Chris		CR		CR	CR		CR		CR				
EMS	Salvucci	Angelo		AS											
EMS	Hansen	Erik													
EMS	Beatty	Karen		KB		KB	KB		KB		KB				
LMT	Winter	Jeff							JW		JW				
LMT	Frank	Steve													
VCMC	Duncan	Thomas		TD		TD			TD						
VNC	James	Lauri		LJ			LJ		LJ		LJ				
VNC	Shedlosky	Robin		RS					RS		RS				
VNC	Komins	Mark		MK		MK	MK				MK				

TEMPORARY
PARKING PASS
Expires October 12, 2017

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

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

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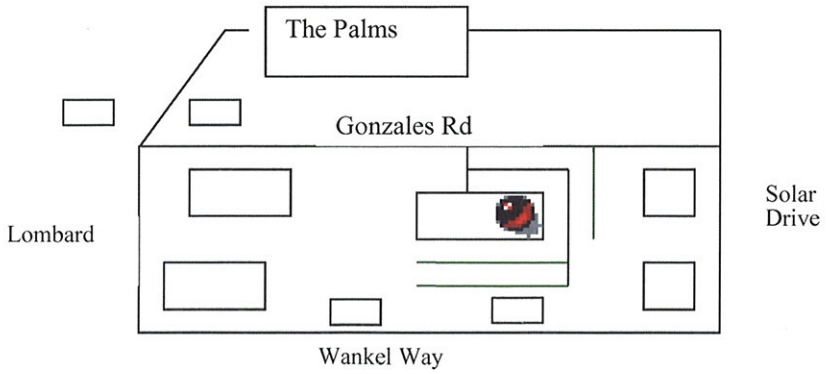
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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.



Trauma Assessment/Treatment Guidelines

I. Purpose: To establish a consistent approach to the care of the trauma patient

A. Rapid trauma survey

1. Airway

a. Maintain inline cervical stabilization

1) Follow spinal precautions per VCEMS Policy 614

b. Open airway as needed

2) Utilize a trauma jaw thrust to maintain inline cervical stabilization if indicated

c. Suction airway if indicated

2. Breathing

a. Assess rate, depth and quality of respirations

b. If respiratory effort inadequate, assist ventilations with BVM

c. Insert appropriate airway adjunct if indicated

d. Assess lung sounds

e. Initiate airway management and oxygen therapy as indicated

1) Maintain SpO2 ≥ 95%

3. Circulation

a. Assess skin color, temperature, and condition

b. Check distal/central pulses and capillary refill time

c. Control major bleeding

d. Initiate shock management as indicated

4. Disability

a. Determine level of consciousness (Glasgow Coma Scale)

b. Assess pupils

5. Exposure

a. If indicated, remove clothing for proper assessment/treatment of injury location. Maintain patient dignity

b. Maintain patient body temperature

B. Detailed physical examination

1. Head

a. Inspect/palpate skull

b. Inspect eyes, ears, nose and throat

2. Neck

a. Palpate cervical spine

b. Check position of trachea

c. Assess for jugular vein distention (JVD)

3. Chest
    a. Visualize, palpate, and auscultate chest wall
4. Abdomen/Pelvis
    a. Inspect/palpate abdomen
    b. Assess pelvis, including genitalia/perineum if pertinent
5. Extremities
    a. Visualize, inspect, and palpate
    b. Assess Circulation, Sensory, Motor (CSM)
6. Back
    a. Visualize, inspect, and palpate thoracic and lumbar spines

C. Trauma care guidelines

1. Head injuries
    a. General treatments
        1) Evaluate head and face – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
        2) If in spinal precautions, elevate head of backboard 30° unless contraindicated
        3) Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
        4) Do not delay transport if significant airway compromise
    b. Penetrating injuries
        1) DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
        2) Stabilize object manually or with bulky dressings
    c. Facial injuries
        1) Assess airway and suction as needed
        2) Remove loose teeth or dentures if present
    d. Eye injuries
        1) Remove contact lenses
        2) Irrigate eye thoroughly with suspected acid/alkali burns
        3) Avoid direct pressure
        4) Cover both eyes
        5) Stabilize any impaled object manually or with bulky dressings
2. Spinal cord injuries
    a. General treatments

1) Evaluate spinal column – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
2) Place patient in supine position if hypotension is present

b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
1) Stabilize object manually or with bulky dressings
2) Control bleeding if present
3) In the presence of penetrating injuries, if no neurologic deficit is present upon physical examination, withhold spinal immobilization

c. Neck injuries
1) Monitor airway
2) Control bleeding if present

3. Thoracic Trauma

a. General treatments
1) Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
2) Keep patients sitting high-fowlers
a) If in spinal precautions, elevate head of backboard 30° unless contraindicated
b) In the presence of isolated penetrating injuries, if no neurologic deficit is present upon physical examination, consider withholding spinal immobilization
3) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV at TKO rate
a) Maintain palpable peripheral pulses

b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
a) Remove object if CPR is interfered
b) Stabilize object manually or with bulky dressings
c) Control bleeding if present

c. Flail Chest/Rib injuries
a) Immobilize with padding and bulky dressings to affected area
b) Assist ventilations if respiratory status deteriorates

d. Pneumothorax/Hemothorax
a) Keep patient sitting high-fowlers
b) Assist ventilations if respiratory status deteriorates

1) Suspected tension pneumothorax should be managed per VCEMS Policy 715

e. Open (Sucking) Chest Wound

a) Place an occlusive dressing to wound site. Secure on 3 sides only

b) Assist ventilations if respiratory status deteriorates

f. Cardiac Tamponade – If suspected, expedite transport

a) Beck's Triad

1) Muffled heart tones

2) JVD

3) Hypotension

g. Traumatic Aortic Disruption

a) Assess for quality of radial and femoral pulses

b) If suspected, expedite transport

4. Abdominal/Pelvic Trauma

a. General Treatments

1) Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings

2) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV at TKO rate

a) Maintain palpable peripheral pulses

b. Blunt injuries

1) Place patient in supine position if hypotension is present

c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT

1) Stabilize object manually or with bulky dressings

2) Control bleeding if present

d. Eviscerations

1) DO NOT REPLACE ABDOMINAL CONTENTS

a) Cover wound with saline-soaked dressings

2) Control bleeding if present

e. Pregnancy

1) Place patient in left-lateral position

2) If in spinal immobilization, place padding under backboard to tilt to the left

f. Pelvic injuries

1) DO NOT LOG ROLL PATIENT

a) Assessment of pelvis should be only performed once to limit additional injury

2) Control bleeding if present

3) Consider wrapping a bed sheet tightly around the pelvis and tying it together for use as a ~~sling~~ binder to help control internal bleeding

4. Extremity Trauma

a. General Treatments

1) Evaluate CSM distal to injury

a) If decrease or absence in CSM is present:

(1) Manually reposition extremity into anatomical position

(2) Re-evaluate CSM

b) If no change in CSM after repositioning, splint in anatomical position and expedite transport

c) Cover open wounds with sterile dressings

d) Place ice pack on injury area (if closed wound)

e) Splint/elevate extremity with appropriate equipment

b. Dislocations

1) Splint in position found with appropriate equipment

c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECTS

1) Stabilize object manually or with bulky dressings

2) Control bleeding if present

d. Femur fractures

1) Utilize traction splint only if isolated mid-shaft femur fracture is suspected

2) Assess CSM before and after traction splint application

e. Amputations

1) Clean the amputated extremity with NS

2) Wrap in moist sterile gauze

3) Place in plastic bag

4) Place bag with amputated extremity into a separate bag containing ice packs

5) Prevent direct tissue contact with the ice packs

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: June 1, 2014
APPROVED: Medical Director: ~~Angelo Salvucci~~Daniel Shepherd, M.D.	Date: June 1, 2014
Origination Date: June 15, 1998 Date Revised: May 8, 2014 Date Last Reviewed: May 8, 2014 Review Date: May 31, 2017	Effective Date : June 1, 2014

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:

1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250ml or 50 mg/250ml.
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe hypotension, defined as a systolic blood pressure < 90, the medication drip will be discontinued and the receiving hospital notified.
4. Drip rates will not exceed 50 mcg/minute.
5. Vital signs will be monitored and documented every 10 ~~5~~ minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:

1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/ml of IV fluid (25,000 units/250ml, 25,000 units/500 ml or 50,000 units/500 ml).
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. ~~In cases of severe uncontrolled bleeding, T~~the medication drip will be discontinued and the base hospital notified if the patient develops new, rapidly worsening, or uncontrolled bleeding.
4. Drip rates will not exceed 1600 units/hour.
5. Vital signs will be monitored and documented every 10 minutes.

D. QI: All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.

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COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title 12 Lead ECG		Policy Number: 726
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: August 1, 2017
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: August 1, 2017
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 10, 2006 July 13, 2017 July 13, 2017 August, 2019	Effective Date: August 1, 2017

I. Purpose: To define the indications, procedure and documentation for obtaining 12-lead ECGs.

II. Authority: California Health and Safety Code, Sections 1797.220 and 1798, California Code of Regulations, Title 22, Section 100175.

III. Policy: Paramedics will obtain 12-lead ECGs in patients demonstrating symptoms of acute coronary syndrome. Treatment of these patients shall be done in accordance with this policy. Only paramedics who have received training in this policy are authorized to obtain a 12-lead ECG on patients. EMTs who are specially trained may be authorized to set up the 12 lead.

IV. Procedure:

A. Indications for a 12-lead ECG: Medical history and/or presenting complaints consistent with an acute coronary syndrome. Patients will have the acute (within the previous 12 hours) onset or acute exacerbation of one or more of the following symptoms that have no other clear identifiable cause:

1. Chest, upper back or upper abdominal discomfort.
2. Generalized weakness.
3. Dyspnea.
4. Symptomatic bradycardia

- Paramedics are encouraged to contact the base hospital for an ECG order if they suspect acute coronary syndrome but the patient does not meet the above indications.

B. Contraindications: Do NOT perform an ECG on these patients:

1. Critical Trauma: There must be no delay in transport.
2. Cardiac Arrest unless return of spontaneous circulation

C. ECG Procedure:

1. Attempt to obtain an ECG during initial patient evaluation. Oxygen should be administered if patient is dyspneic, shows signs of heart

failure or shock, or has SAO2 < 94% If the ECG can be completed without delay (less than 3 minutes after patient contact), and the patient is not in severe distress, perform ECG prior to medication administration.

2. The ECG should be done prior to transport.
3. If the ECG is of poor quality (artifact or wandering baseline), or the patient's condition worsens, may repeat to a total of 3.
4. Once an acceptable quality ECG is obtained
   a. Switch the monitor to the standard 4-lead function
   b. Repeat the 12-lead ECG only if the original ECG interpretation is NOT ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENTELEVATION MI CRITERIA*** or ***STEMI*** and patient's condition worsens.
5. If interpretation is ***ACUTE MI SUSPECTED**, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI***, note underlying rhythm, and verify by history and physical exam that the patient does not have a pacemaker or ICD.

D. Base Hospital Communication/Transportation:

1. If the ECG interpretation is ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI***; report that to MICN immediately, along with the heart rate on ECG. If the ECG is of poor quality, or the underlying rhythm is paced, or atrial flutter, include that information in the initial report. All other information, except that listed in items 2, 4, and 5 below, is optional and can be given at the paramedic and MICN's discretion.
2. Paramedics are to ask the patient if they have a cardiologist and report the information to the base hospital.
3. If ECG Interpretation is ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI***, patients should be transported to the closest and most appropriate STEMI Receiving Center (SRC) depending on patient preference and cardiac catheterization lab availability. MICN may direct ambulance to alternative SRC if cardiac catheterization lab not available.
4. If the ECG interpretation is ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI*** and the underlying rhythm is Atrial Flutter or if the rate is above 140, the Base

Hospital shall be notified at the beginning of the report. The Cath Lab will not be activated.

5. If the ECG interpretation is ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI*** and the patient has a pacemaker or the ECG is of poor quality (wandering baseline and/or artifact) report that to the MICN.
6. If a first responder paramedic obtains an ECG that is **not** ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI*** and the patient is stable, patient care may be turned over to the transporting paramedic. The ECG will be turned over to the transporting paramedic.
7. Positive ECGs will be handed to the receiving medical practitioner. The receiving practitioner will initial, time and date the ECG to indicate they have received and reviewed the ECG.

E. Patient Treatment:

1. Patient Communication: If the ECG interpretation is ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI***, the patient should be told that “according to the ECG you may be having a heart attack”. If the ECG interpretation is anything else, the patient should NOT be told the ECG is normal or “you are not having a heart attack”. If the patient asks what the ECG shows, tell him/her that it will be read by the emergency physician.

F. Other ECGs

1. If an ECG is obtained by a physician and the physician interpretation is Acute MI, the patient will be treated as an ***ACUTE MI SUSPECTED***, ***MEETS ST SEGMENT ELEVATION MI CRITERIA*** or ***STEMI***. Do not perform an additional ECG unless the ECG is of poor quality, or the patient’s condition worsens.
2. If there is no interpretation of another ECG then repeat the ECG.
3. The original ECG performed by physician shall be obtained and accompany the patient.
4. 12 Lead ECG will be scanned and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving facility.

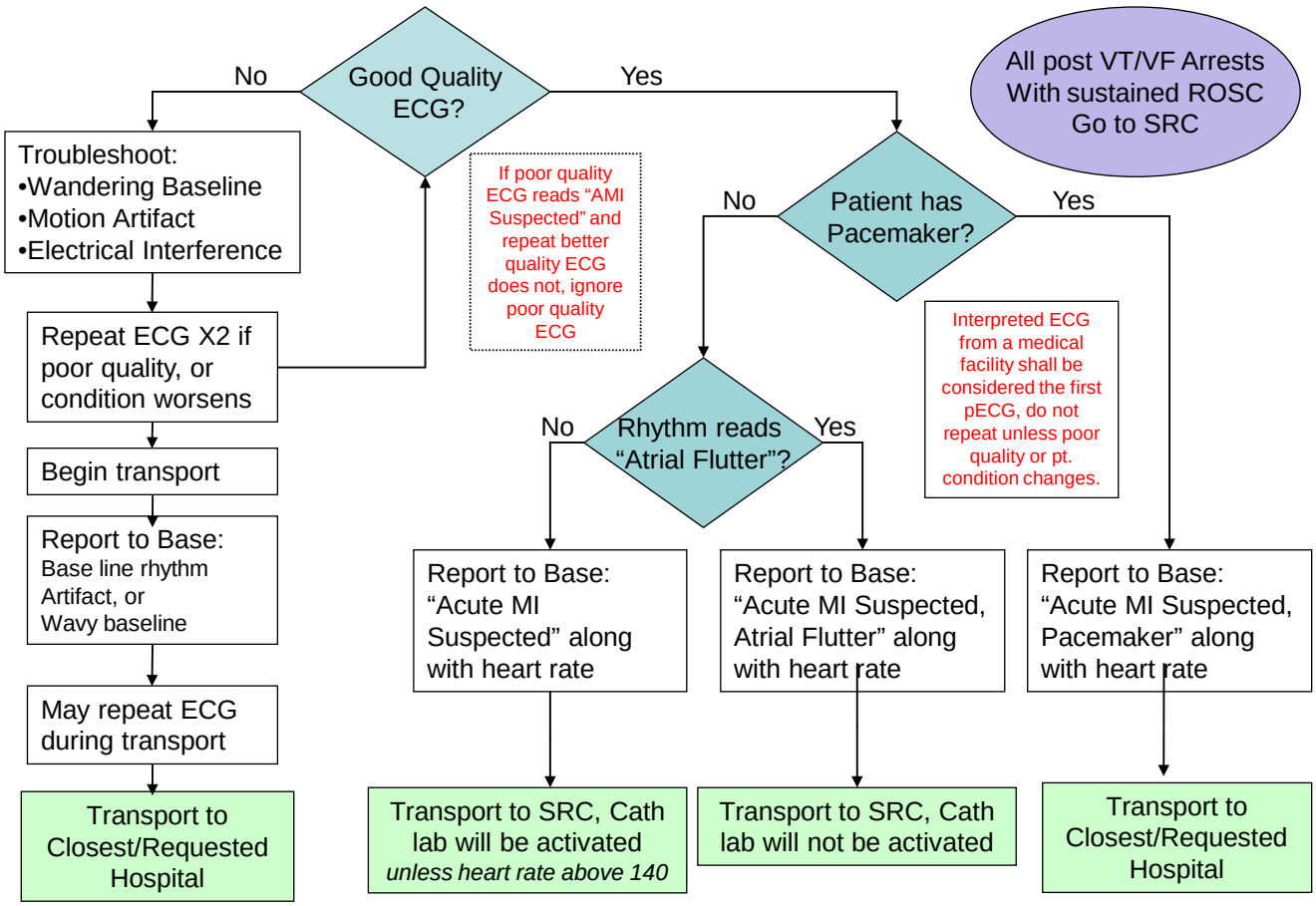
G. Documentation

1. VCePCR will be completed per VCEMS policy 1000. The original ECG will be turned in to the base hospital and ALS Service Provider.

H. Reporting

1. False Positive ECGs not recognized and called in as such to the Base Hospital, will be reported to VC EMS as an Unusual Occurrence in accordance with VC EMS Policy 150.

ACUTE MI SUSPECTED or ***MEETS ST SEGMENT ELEVATION MI CRITERIA***



COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Scope of Practice	Policy Number: 310
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: May, 1984 Date Revised: April 19, 2013 Date Last Reviewed: April 19, 2013 Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To define the scope of practice of a Paramedic accredited and practicing in Ventura County.

II. AUTHORITY: Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 4, Section 100145.

III. POLICY:

A. A paramedic may perform any activity identified in the Scope of Practice of an EMT or Advanced EMT (AEMT) as defined in regulations governing those certification levels.

B. A paramedic trainee or paramedic accredited in Ventura County, while caring for patients in a hospital as part of their training or continuing education, under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency, during transport, or during inter-facility transfer when medical direction is maintained by a physician or an MICN according to the policies and procedures approved by the Ventura County Emergency Medical Services Medical Director, may:

1. Utilize electrocardiographic devices and monitor electrocardiograms (ECG), including 12-lead ECG.
2. Perform pulmonary ventilation by use of oral endotracheal intubation or a Ventura County EMS approved alternative ALS airway management device.
3. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP).
4. Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV) lines, in peripheral veins.
5. Monitor and access pre-existing peripheral and central vascular access lines.
6. Institute intraosseous (IO) needles or catheters.
7. Administer IV or IO glucose solutions and Normal Saline solutions.
8. Obtain venous blood samples.

9. Administer the following drugs:
    a. Activated charcoal
    b. Adenosine
    c. Amiodarone
    d. Aspirin
    e. Atropine sulfate
    f. Bronchodilators, Nebulized beta-2 specific
    g. Calcium chloride
    h. Dextrose, 5%, 10%, 25%, and 50%
    i. Diazepam
    j. Diphenhydramine hydrochloride
    k. Dopamine hydrochloride
    l. Epinephrine
    m. Furosemide
    n. Heparin (Interfacility transfers)
    o. Glucagon hydrochloride
    p. Lidocaine hydrochloride
    q. Magnesium sulfate
    r. Midazolam
    s. Morphine sulfate
    t. Naloxone hydrochloride
    u. Nitroglycerine preparations: oral, IV (interfacity only)
    w. Ondansetron
    x. Pralidoxime
    y. Sodium bicarbonate
10. Perform defibrillation.
11. Perform synchronized cardioversion.
12. Perform transcutaneous pacing
13. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.
14. Perform Valsalva maneuver.
15. Monitor thoracostomy tubes.
16. Monitor and adjust IV solutions containing potassium <= 20 mEq/L.
17. Perform needle thoracostomy.
18. Perform blood glucose level determination.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Out of County Paramedic Internship Approval Process	Policy Number 335
APPROVED: Administrator: Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: October 13, 2005 Date Revised: April 19, 2013 Date Last Reviewed: April 19, 2013 Next Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To establish a mechanism for notifying the EMS Agency of out of county paramedic student placement within the local EMS system and ensure appropriate medical control and oversight of Paramedic Interns prior to practicing within the local jurisdiction.

II. AUTHORITY: Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulation, Title 22, Sections 100147 and 100153.

III. DEFINITIONS: This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the paramedic training program approving authority, and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County.

A paramedic intern is a person trained by a VCEMS approved training program who while under the supervision of an approved preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.

IV. POLICY: The following requirements must be completed prior to internship commencement.

A. Paramedic Training Program Responsibilities:

1. Letter requesting approval for out of county paramedic student placement within the local EMS system
2. Copy of Paramedic Training Program's CAAHEP accreditation.
3. Evidence of a contract to provide field training between the ALS training program and the ALS provider agency where the intern will be training.
4. Copies of forms used to document student's progress, continuum of care and the training program's collaboration with the field preceptor.

5. Confirmation that the intern successfully completed didactic and clinical training at the same institution that is requesting internship placement. This requirement may be reduced at the discretion of the VCEMS Medical Director.

B. Paramedic Intern Responsibilities:

1. Completed VCEMS application
2. Copy of intern's valid government issued photo identification.
3. Copy of intern's professional rescuer level CPR card.
4. Completion of a California Department of Justice (CA DOJ Live Scan) background check through VCEMS. A copy of the Request for Live Scan Services form must be submitted to VCEMS at time of application.
5. Letter from training program confirming intern's good standing and current affiliation with a VCEMS approved training program including dates of hospital clinical completion and contact name and phone number for the instructor responsible for the intern.
6. Letter from training program confirming that the intern has performed five (5) successful live patient endotracheal intubations during primary ALS training.
7. Upon completion of above requirements, intern shall contact VCEMS to schedule appointment to complete internship process.

C. ALS Provider Responsibilities:

1 Notify VCEMS of intention to provide field internship for a specific intern.
2. Provider agency shall submit a completed Appendix A to VCEMS for each intern who is placed for internship prior to the start date.
3. Ensure that the student has been oriented to the Ventura County EMS System including local policies, procedures and treatment protocols.

D. Paramedic Intern Photo Identification:

1. Upon VCEMS verification of all above requirements including background check results, intern will be issued a Paramedic Intern photo identification badge that must be worn visible at all times while providing pre-hospital care in Ventura County. Internship shall not start until the Paramedic Intern photo identification badge is issued.

E. In order to ensure an adequate number of internship placements for in county paramedic students, no internships involving out of county students will be permitted from February 1st through May 31st of each year. Placement for internships for out of county interns must be initiated prior to November 1st in order to allow adequate time for completion before January 31st.

ATTACHMENT A

Out of County Paramedic Internship Authorization
(To be completed by ALS provider agency and submitted to VCEMS)

Intern Name	
Start date of internship	
Agency sponsoring intern	
Preceptor name	
Training Institute	

Information below is to be completed by the EMS Agency

Authorization approved:	Date
Authorization is not approved because:	
ALS Provider notified on:	Date
Training Program notified on:	Date
EMS Representative	Signature

AVCDS LOGIN

LOGIN	PASSWORD

The password issued is a default password. You must change it upon successful login.

Ventricular Tachycardia Sustained – Not in Arrest

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

IV Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
  - IVPB **-** 150 mg in 50mL D_5W infused over 10 minutes.

Unstable – ALOC, signs of shock or CHF

- **Midazolam**
  - IV – 2 mg
    - Should only be given if it does not result in delay of synchronized cardioversion
    - For IV use – Dilute 5 mg (1mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL
- **Synchronized Cardioversion**
  - Use the biphasic energy settings that have been approved by service provider medical director
- If patient needs sedation and there is a delay in obtaining sedation medication:
  - **Amiodarone**
    - IVPB **-** 150 mg in 50mL D_5W infused over 10 minutes

Unstable polymorphic (irregular) VT:

- **Defibrillation**
  - Use the biphasic energy settings that have been approved by service provider medical director

If recurrent VT, perform synchronized cardioversion at last successful biphasic energy setting

Base Hospital Orders only

Torsades de Pointes

- **Magnesium Sulfate**
  - IVPB – 2 gm in 50 mL D_5W infused over 5 min
    - May repeat x 1 if Torsades continues or recurs

Consult with ED Physician for further treatment measures

ED Physician Order Only: After defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IVPB in D_5W infused over 10 minutes.

Additional Information:

- Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.
- Ventricular tachycardia (VT) is a rate > 150 bpm

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Transcutaneous Cardiac Pacing	Policy Number: 727
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2008
APPROVED: Medical Director Angelo Salvucci, MD	Date: December 1, 2008
Origination Date: December 1, 2008 Date Revised: December 11, 2008 Date Last Reviewed: October 10, 2013 Next Review Date: October, 2015	Effective Date: December 1, 2008

I. PURPOSE: To define the indications, procedure and documentation for the use of transcutaneous cardiac pacing by paramedics

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.

III. POLICY: Paramedics may utilize transcutaneous cardiac pacing (TCP) on adult patients (age > 12) in accordance with Ventura County Policy 705 – Symptomatic Bradycardia, Adult.

IV. PROCEDURE:

A. Training: Prior to using TCP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.

B. Indications: Symptomatic bradycardia (heart rate <45 with one or more of the following signs or symptoms):

1. Signs of poor perfusion, evidenced by: Decreased levels of consciousness, prolonged capillary refill, cool extremities or cyanosis;
2. Chest pain;
3. CHF.

C. Contraindications:

1. Absolute
   a. Asystole
2. Relative:
   a. Hypothermia – patient warming measures have precedence. (Base Hospital contact required).

D. Patient Treatment

1. Patient assessment and treatment per 705: Bradycardia treatment protocol. If IV/IO access not promptly available, proceed to pacing.
2. Explain procedure to the patient.

3. Place pacing electrodes and attach pacing cable to pacing device per manufacturer's recommendations.
4. Set pacing mode to demand mode, pacing rate to 70 BPM, and current at 40 milliamps (mA).
5. If required, provide patient pain relief. Patients with profound shock and markedly altered level of consciousness may not require pain relief
6. Activate pacing device and increase the current in 10 mA increments until capture is achieved (i.e., pacemaker produces pulse with each paced QRS complex).
7. Assess patient for mechanical capture and clinical improvement (BP, pulses, skin signs, LOC).
8. Continue monitoring. Contact base for further orders if patient symptoms are not resolving (consideration for dopamine, further alteration of pacer settings) or if further pain control needed, orders are required.

NOTE: Patients with high grade AV block (second degree type II or third degree block) who do not have symptoms do not require pacing. However, equipment should be immediately available if symptoms arise. Patients with symptoms who respond initially to atropine should have pacing equipment immediately available.

E. Documentation

1. The use of TCP must be documented.
2. Vital signs must be documented every 5 minutes.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Training Program Approval	Policy Number 1135
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: October 20, 1993 Date Revised: April 19, 2013 Date Last Reviewed: April 19, 2013 Next Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.

II AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797,202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Sections 100137, 100148 - 100156, 100159, and 100162.

III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support (ALS) within an organized EMS system. The following procedure shall be followed when applying for approval for a paramedic training program approval.

IV. DEFINITION(S): Paramedic Approving Authority means the local EMS agency. Title 22, California Code of Regulations (CCR), Section 100137.

V. PROCEDURE:

A. Paramedic training shall be offered only by approved training programs. Eligibility for program approval shall be limited to the following institutions:

1. Accredited universities and colleges, including junior and community colleges 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 or Coast Guard of the United States.
3. Licensed general acute care hospitals which meet the following criteria:
   a. Hold a special permit to operate a basic or comprehensive emergency service pursuant to the provisions of Division 5;
   b. Provide continuing education to other health care professionals, and care accredited by the Joint Commission on the Accreditation of

Healthcare Organizations or the Healthcare Facilities Accreditation Program of the American Osteopathic Association.

4. Agencies of government.

B. Application for Paramedic Training Program Approval

1. Eligible training institutions shall submit a written request for paramedic training program approval to VCEMS. VCEMS may deem a training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation.

2. The following materials must be submitted to VCEMS unless CAAHEP accredited and approved by VCEMS.

a. A statement verifying that the course content meets the requirements contained in the U.S. Department of Transportation (DOT) National Education Standards DOT HS 811 077A January 2009.

b. An outline of course objectives

c. A detailed course outline. This outline must include all curricula outlined in 22 CCR 100160 as well as all mandatory training programs specified by VCEMS.

d. Performance objectives for each skill.

e. The name and qualifications and duty statement of the training program course director, program medical director, and principal instructor(s).

f. Provisions for supervised hospital clinical training.

1) Training programs in non-hospital institutions shall enter into a written agreement with one or more licensed general acute care hospital(s), approved by VCEMS, which hold a permit to operate a basic or comprehensive emergency medical service for the purpose of providing supervised clinical experience as well as clinical preceptors to instruct and evaluate the trainee. Final program approval will be withheld until such agreements are in place.

2) The training program must not enroll any more students than the program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's

completion of the didactic and skills instruction portion of the training program. The course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g. student or preceptor illness or injury, student's military duty, etc).

3) The training program shall submit a sample of the clinical evaluation to be used by clinical preceptors to evaluate trainees.

4) The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the VCEMS medical director and the director and the director of the California EMS Authority to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric and pediatric patients. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by VCEMS. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours.

g. Provisions for supervised field internship

1) The training program shall enter into a written agreement with one or more ALS provider agencies to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the

provider agency. Final program approval will be withheld until such agreements are in place.

2) The training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than ninety days after a student's completion of the hospital clinical education and training portion

3) The training program shall utilize the performance standards and internship evaluations developed and approved by VCEMS.

h. The location at which the training program is to be offered and the proposed dates as well as the number of trainees to be accepted per class.

i. A time analysis and sample schedule of each training phase (didactic, clinical, and internship).

j. Student eligibility requirements and screening process for entrance into the program.

k. Samples of instructor schedule for skills practices/laboratories.

3. Following submission and approval of the above materials, VCEMS will review the following:

a. Samples of written and skills examinations used for periodic testing.

b. Final skills competency examination.

c. Final written examination.

d. Facilities, equipment, examination security, and student recordkeeping.

4. Training Program Staff Requirements

a. Medical Director: Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years experience in prehospital care in the last five years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:

1) Review and approve educational content of the program curriculum, including training objectives for the clinical and

field instruction, to certify its ongoing appropriateness and medical accuracy.

2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

3) Approval of provision for hospital clinical and field internship experiences.

4) Approval of principal instructor(s).

b. Course Director: Each training shall have an approved course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:

1) Administration, organization and supervision of the educational program.

2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum including instructional objectives, and approve all methods of evaluation

3) Ensure training program compliance with this chapter and other related laws.

4) Ensure that the preceptor(s) are trained according to the curriculum in VCEMS Policy 319.

c. Principal Instructor: Each training program shall have a principal instructor(s) who may also be the program medical director or

course director if the qualifications in VB.2.d.1)-2) have been met who shall:

1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California
2) Be knowledgeable in the course content of the United States Department of Transportation (U.S. DOT) National EMS Education Standards DOT HS 811 077A, January 2009, herein incorporated by reference; and
3) Have six (6) years experience in an allied health field and an associate degree or two (2) years experience in an allied health field and a baccalaureate degree.
4) Be responsible for areas including but not limited to curriculum development, course coordination and instruction.
5) Be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:
    a) California State Fire Marshall (CSFM) "Training Instructor 1A ,1B, and 1C"
    b) National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and
    c) A course that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Education Course.

d. Teaching Assistants: Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.

e. Field Preceptors: Each training program shall have preceptor(s) who shall:

1) Be a licensed paramedic; and

2) Be working in the field as a licensed paramedic for the last two (2) years, and

3) Be under the supervision of a principal instructor, the course director and/or the program medical director.

4) Have completed the field preceptor training approved by VCEMS (VCEMS Policy 319).

f. Hospital Clinical Preceptor(s): Each program shall have preceptor(s) who shall:

1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.

2) Have worked in emergency medical care for the last two years.

3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.

4) Receive instruction in evaluating paramedic students in the clinical setting and shall include how to do the following in cooperation with the paramedic training program.

(a) Evaluate a student's ability to safely administer medications and perform assessment.

(b) Document a student's performance.

(c) Assess student behaviors using cognitive, psychomotor, and affective domains.

(d) Create a positive and supportive learning environment.

(e) Identify appropriate student progress.

(f) Counsel the student who is not progressing

(g) Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material.

5. Required Course Hours

a. The total paramedic training program shall consist of not less than one thousand and ninety (1090) hours. These training hours shall be divided into:
    1) A minimum of four hundred and fifty (450) hours of didactic instruction and skills laboratories.
    2) The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours and the field internship shall consist of no less than four-hundred and eighty (480) hours.

b. The minimum hours shall not include the following:
    1) Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
    2) Examination for student eligibility.
    3) The teaching of any material not prescribed in the U.S. DOT National EMS Education Standards, HS 811 077A, January 2009
    4) Examination for paramedic licensure.

6. Course Completion Record: An approved paramedic training program shall issue a tamper resistant course completion record to each person who has successfully completed the paramedic training program. The course completion record shall be issued no later than ten (10) working days from the date of the student's successful completion of the paramedic training program. The course completion record shall contain the following:
    a. The full legal name of the student
    b. The date of course completion
    c. The following statement:
        1) "The individual named on this record has successfully completed an approved paramedic training program."
    d. The signature of the course director.
    e. The name and location of the training program issuing the record.
    f. The following statement in bold print: "**This is not a paramedic license**."
    g. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.

C. Program Approval/Disapproval

1. VCEMS shall, within thrity (30) working dats of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing.
2. The materials submitted for program approval will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background and who is not associated with the submitting agency, an RN who is not associated with the submitting agency, and an MD who is not associated with the submitting agency.
3. 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. This time period shall not exceed three (3) months.
4. VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
4. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in 22 CCR.
5.
6. Paramedic training programs approved after January 1, 2000 shall submit their application, fee and self study to the Commission of Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for accreditation within twelve (12) months of the start up of classes and receive and maintain Commission of Accreditation of Allied Health (CAAHEP) accreditation no later than two (2) years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved training program.
    a. Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their training program applicants prior to the applicant's enrollment in the training program:

1) Date by which the program must submit their application and self study for initial accreditation or their application for accreditation renewal to CoAEMSP.
2) Date by which the program must be initially accredited or have their accreditation renewal by CAAHEP.
3) Failure of the paramedic training program to submit their application and self study or their accreditation renewal to CoAEMSP by the date specified will result in closure of the paramedic training program by VCEMS unless an approved plan for meeting compliance is provided.
4) Failure of the program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the program by VCEMS unless an approved plan for meeting compliance is provided.
5) Students graduating from a training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.

b. Paramedic training programs shall submit to VCEMS all documents submitted to, and received from CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self study for accreditation and the documents required for maintaining accreditation.
c. Paramedic training programs shall submit to VCEMS the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.
d. Approved programs shall participate in the VCEMS Quality Improvement Program.

D. Program Review and Reporting

1. All program materials specified in this policy shall be subject to periodic review by VCEMS and may also be reviewed upon request by the California EMS Authority.

2. All programs shall be subject to periodic on-site evaluation by VCEMS and may also be evaluated by the California EMS Authority.
3. The paramedic training program shall notify VCEMS in writing, in advance when possible, and in all cases within thirty (30) days of any change in course objectives, hours of instruction, course director, program medical director, principal instructor(s), provisions for clinical experience, or field internship.

E. Denial or Withdrawal of Program Approval

1. Noncompliance with any criteria required for program approval, use of any unqualified teaching personnel or non compliance with any other applicable provision may result in denial, probation, suspension or revocation of program approval by the approving authority.
   a. VCEMS shall notify the approved training program course director in writing, by certified mail, of the provisions with which the training program is not in compliance.
   b. Within fifteen (15) days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by certified mail to the approving authority the following:
      1) Evidence of compliance or
      2) A plan for meeting compliance with the provision within sixty (60) days from the day of receipt of the notification of noncompliance
      3) Within fifteen (15) days of receipt of the response from the training program or within thirty (30) days from the mailing date of the non compliance notification if no response is received from the program, VCEMS shall notify the California EMS Authority and the training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the paramedic training program approval.
      4) If VCEMS decides to suspend or revoke the training program approval, the notification 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 California EMS Authority and the training program.

F. Program Expansion

Approved training programs must request approval to add additional training classes or to enlarge class size. The training program must provide written confirmation guaranteeing clinical and internship placement as outlined in sections IV.B.2.e-f of this policy.

Paramedic Training Program
Application Checklist

Materials to be Submitted (in the order listed)	Check One: Enclosed	Check One: To Follow	For County Use Only
1. Checklist for Paramedic Training Program Approval			
2. Written request to the Ventura County EMS Agency requesting approval (100153)			
3. CoAEMSP/CAAHEP Accreditation (100148)			
4. Documentation of Eligibility for Program Approval (100148)			
5. Completed Application form for Program Approval (attached)			
6. Program Medical Director qualification form, and job description (10014 9(a))			
7. Program Course Director qualification form, and job description (10014 9(b))			
8. Program Principal Instructor(s) qualification form, and job description (10014 9(c))			
9. Teaching Assistant(s) (10014 9(d)) Submit Names and subjects assigned to each Teaching Assistant, qualifications, and job description. There shall be at least one teaching assistant for each six students in skills practice/laboratory settings.			
10. Field Preceptor(s) (10014 9(e)) Submit Name(s) of each field Preceptor, qualifications, and job description.			
11. Hospital Clinical Preceptor(s) (100151) Submit Name(s) of each Hospital Clinical Preceptor(s), qualifications, and job description.			
12. Copy of written agreements with (one or more) Base Hospital(s) to provide Clinical Experience (100151)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating paramedic students			

	Check One		For County Use Only
Materials to be Submitted (in the order listed)	**Enclosed**	**To Follow**	
and monitoring of preceptors by the training program. (100151)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152			
15. Provisions for supervised field internship including student evaluation criteria, and copy of standardized forms for evaluating paramedic students and monitoring of preceptors by the training program.			
16. Course Curriculum, including:			
a. Course Outline			
b. Statement of Course Objectives			
c. At least 6 sample lesson plans			
d. Performance objectives for each skill			
e. 3 samples of written and skills exams used in periodic testing			
f. Final Skills Exam			
g. Final Written Exam			
17. Copy of Course Outline, if different than course content outlined in 100159			
18. Class Schedules, places and dates. Estimate if necessary (100153)			
19. Copy of Course Completion Record (100161)			
20. Copy of Liability Insurance on students.			
21. Copy of Fee Schedule.			
22. Description of how program provides adequate facilities, equipment, examination security, and student recordkeeping. (100153)			
23. If the course curriculum is not developed by the agency applying for program approval, submit written permission from the developer of the curriculum.			

	Check One		For County Use Only
Materials to be Submitted (in the order listed)	**Enclosed**	**To Follow**	
24. Copy of Student Eligibility Document (100157)			
24. Statement verifying use of curriculum equivalent to US DOT Paramedic (811 077A January 2009) National Standard curriculum (100153).			

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TRAINING PROGRAM APPROVAL APPLICATION FORM

Training Institution/Agency	
Name	
Address	
City/ZIP	
Contact Person	
Telephone Number	
Course Hours	
Total	
Didactic and Skills Lab	
Hospital Clinical Training	
Field Internship	
Personnel: Submit form for each person named.	
Course Director	
Program Medical Director	
Principal Clinical Preceptor	
Principal Field Evaluator	
Principal Instructors	
Teaching Assistants	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TEACHING STAFF

Check one

____ Program Medical Director
____ Course Director
____ Principal Instructor
____ Teaching Assistant
____ Principal Clinical Preceptor
____ Principal Field Evaluator

Name: _____

Occupation: _____

Professional/Academic Degrees Held:	**Professional License/Certification Number(s):**

Expiration Date of Certificate/License: _____

California Teaching Credentials Held:

Type:		Expiration Date:	
Type:		Expiration Date:	

Emergency Care Related Education within the last 5 years:			
Course Title	**School**	**Course Length**	**Date Completed**

Approvals:			
Program Medical Director	Date	**Course Director**	Date