

Virtual	Pre-hospital Services Committee Agenda	April 14, 2022 9:30 a.m.
<b>I. Introductions</b>		
<b>II. Approve Agenda</b>		
<b>III. Minutes</b>		
<b>IV. Medical Issues</b>		
A. Coronavirus Update		Dr. Shepherd/Steve Carroll
<b>V. New Business</b>		
A. PSC Committee Chair		Julie Frey
B. 105 – PSC Guidelines		Julie Frey
C. 627 – Fireline Medic w/VNC FireScope		Andrew Casey
D. 705.14 – Hypovolemic Shock		Karen Beatty
E. 1301 – Lay Rescuer AED Provider Standards		Randy Perez
<b>VI. Old Business</b>		
A. Other		
<b>VII. Informational/Discussion Topics</b>		
A. 318 – ALS Response Unit Staffing		Andrew Casey
B. 351 – EMS Update Procedure (Retiring Policy)		Karen Beatty
C. 614 – Spinal Motion Restriction		Karen Beatty
<b>VIII. Policies for Review</b>		
A. 731 – Tourniquet Use		
B. 732 – Restraints		
<b>IX. Agency Reports</b>		
A. Fire Departments		
B. Ambulance Providers		
C. Base Hospitals		
D. Receiving Hospitals		
E. Law Enforcement		
F. ALS Education Program		
G. EMS Agency		
H. Other		
<b>X. Closing</b>		

Topic	Discussion	Action	Approval
<b>II. Approve Agenda</b>		Approved	Motion: Kristen Shorts Seconded: Dr. Tilles Passed: unanimous
<b>III. Minutes</b>		Approved	Motion: Dr. Tilles Seconded: Kristen Shorts Passed: unanimous
<b>IV. Medical Issues</b>			
A. Coronavirus Update	Numbers continue to improve. New mask requirements will be coming out on 2/15. The APOD 3-day average is 21 minutes this week. The high was 36 minutes.		
<b>V. New Business</b>			
A. 1XX – Hospital EMS Surge Assistance	Chris Rosa stated that this policy allows for sitters at the hospitals when no bed is available, so crews can get back on the road quicker. Steve Carroll stated at one point St. John's had 11 ambulances holding and wants to make it clear that multiple patients can be watched by one person. He also reminded the committee that once the patient is in the ER on an ambulance gurney, the hospital staff is responsible for patient's treatment, per EMTALA.	Approved with changes.  Chris Rosa will check the language about the medical orders in this situation and send it out for review.	Motion: Dr. Larsen Seconded: Dr. Gillett Passed: unanimous
B. 321 – MICN Authorization Criteria	The form needed to be cleaned up and matched to policy.	Approved.	Motion: Kristin Shorts Seconded: Dr. Sikes Passed: unanimous
C. 322 - MICN Re-Authorization Criteria	Updated the forms to match Policy 321.	Approved.  Minor formatting changes.	Motion: Kristin Shorts Seconded: Dr. Sikes Passed: unanimous
D. 324 – MICN Authorization for Re-Activation	Updated the forms to match Policy 321.	Approved.	Motion: Kristin Shorts Seconded: Dr. Sikes Passed: unanimous

E. 420 – Receiving Hospital Criteria	Chris Rosa stated that he made minor additions to this policy to include for hospitals to maintain multiple forms of redundant communication.	Approved.	Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
F. 603 – Refusal of EMS Services	Andrew Casey stated that there was wording change that does not affect the intent of the policy.	Approved.  Number 3 refusal should be on line 2.  Narcan wakeups or diabetics are allowed to AMA if A+Ox4.	Motion: Dr. Larsen Seconded: Dr. Tilles Passed: unanimous
G. 630 – (New) Pre-hospital Infectious Disease	This policy formalizes concepts learned from COVID-19. Ebola is referenced, but guidelines are dependent on individual outbreaks, etc.	Approved.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
H. 705.01 – Trauma Treatment Guidelines	Changed “permissive hypotension” to “fluid administration” under trauma care guidelines. Also, removed “maintain palpable peripheral pulses”.	Approved.	Motion: Dr. Larsen Seconded: Dr. Sikes Passed: unanimous
I. 705.09 – Chest Pain		Approved.  Minor formatting changes.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
J. 705.11 – Crush Injuries	The committee requested that Dr. Shepherd review this policy regarding the potential change, “1 gram of Calcium Chloride should be given over 10 minutes vs. 1 minute push”.	Pending approval.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
K. 705.17 – Nerve Agent	Chris Rosa stated that there is no more funding available to purchase Duo Dote. The current inventory expires in January 2023 and February 2023. The EMS Agency will not be funding this medication. Each auto injector costs approximately \$58.99.	Approved.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
<b>VI. Old Business</b>			
A. Other			Motion: Chris Sikes Seconded: Tom O'Connor Passed: unanimous
<b>VII. Informational</b>			

A. 722 - Interfacility Transport of Patient with IV Heparin	In lieu of "push reports", Adrian Gil-Stefansen will monitor reports weekly.		
B. 727 – Transcutaneous Pacing	Changed the age to 40-year-old to match the Bradycardia Policy.		
C. 729 - Supraglottic Airway Devices	A discussion was brought up about using a supraglottic airway as a primary device. Upon review, this policy clearly states that it allows using the i-gel as a primary airway device.		
D. 1405 – Trauma Triage and Destination	Expanded the definition of "paralysis" in Step 2.8 criteria. Training bulletin sent out on 12/10/2021.		
<b>VIII. Policies for review</b>			
A. 410 – ALS Base Hospital Approval Process		No changes.	
B. 705.05 – Bites and Stings		Approved.  Karen Beatty will review the wording on "marking the area" for increased swelling, etc., and make appropriate changes. Change from "elevate" to "neutral".	Motion: Dr. Tilles Seconded: Dr. Larsen Passed unanimous
C. 705.06 - Burns		No changes.	
D. 715 – Needle Thoracostomy	Andrew Casey will refer the peds section to the Hand Tevy policy.	Andrew Casey will make changes and bring back to the committee.	Motion: Dr. Tilles Seconded: Dr. Larsen Passed unanimous
<b>X. Agency Reports</b>			
A. Fire departments	<b>VCFPD</b> – Still have a few COVID-19 positive employees, but numbers are dropping daily. <b>VCFD</b> - 3 people in the academy. New Assistant Chief is Kris McDonald. Lou Manzano is now a Battalion Chief. <b>OFD</b> – Graduated their academy. Squad 68 back in service. <b>Fed. Fire</b> – none <b>SPFD</b> – none <b>FFD</b> – none		
B. Transport Providers	<b>AMR/GCA/LMT</b> – They are currently hiring a clinical specialist.		

	<b>AIR RESCUE</b> – none		
C. Base Hospitals	<b>AHSV</b> – none <b>LRRMC</b> – They currently have 10 nurses from the state until the end of March. Dr. Raven will replace Dr. Brooks. New helipad is in flight trials. <b>SJRM</b> – none <b>VCMC</b> – The new ER manager is Janice Nini. There has been a high staff turnover in the ER.		
D. Receiving Hospitals	<b>PVH</b> – Stacy Hutchinson is going to St. John's Oxnard. Gloria SantaMaria will be the new ER Director. <b>SPH</b> – none <b>CMH / OVCH</b> – They are conducting interviews for 6 new nurses for the ER. The 4-person waiting room is now fitted with a new HEPA filter for patients waiting to be seen.		
E. Law Enforcement	<b>VC</b> SO –none <b>CSUCI PD</b> – none <b>Parks</b> – none		
F. ALS Education Programs	<b>Ventura College</b> – Paramedic students are doing clinical. They are working on live intubation practice at the cath lab in CMH. Internships start in March. The Immersive Simulator will be available for use soon.		
G. EMS Agency	<b>Chris</b> – none <b>Dr. Shepherd</b> – none <b>Steve</b> – none <b>Katy</b> –none <b>Karen</b> – EMS Agency has a large amount of procedure masks if agencies need to place an order. <b>Julie</b> –none <b>Randy</b> – none <b>Adriane</b> – none		
H. Other			
<b>XI. Closing</b>	<b>Meeting adjourned at 11:30</b>		Motion: Dr. Beatty Seconded: Andrew Casey Passed unanimous

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Prehospital Services Committee Operating Guidelines		Policy Number 105	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2018	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2018	
Origination Date: March, 1999		Effective Date: December 1, 2018	
Date Revised: September 11, 2014			
Date Last Reviewed: September 13, 2018			
Review Date: September 30, 2021			

I. Committee Name

The name of this committee shall be the Ventura County (VC) Prehospital Services Committee (PSC).

II. Committee Purpose

The purpose of this committee shall be to provide input to the VC Emergency Medical Services (EMS) Medical Director and VC EMS administration on matters pertaining to emergency medical services, including, but not limited to, dispatch, first responders, ambulance services, communications, medical equipment, training, personnel, facilities, and disaster medical response.

III. Membership

A. Voting Membership

Voting membership in the committee shall be composed of 2 representatives, as appointed by the organization administrator, from each of the following organizations:

Type of Organization	Member	Member
Base Hospitals	PCC	PLP
Receiving Hospitals	ED Manager	ED Physician
First Responders	Administrative	Field (provider of "hands-on" care)
Ambulance Companies	Administrative	Field (provider of "hands-on" care)
Emergency Medical Dispatch Agency	Emergency Medical Dispatch Coordinator (1 representative selected by EMD Agency coordinators)	
Air Units	Administrative	Field (provider of "hands-on" care)
Paramedic Training Programs	Director (1 representative from each program.)	

B. Non-voting Membership

Non-voting members of the committee shall be composed of VC EMS staff to be determined by the VC EMS Administrator and the VC EMS Medical Director.

C. Membership Responsibilities

Representatives to PSC represent the views of their agency. Representative should ensure that agenda items have been discussed/reviewed by their agency prior to the meeting.

D. Voting Rights

Designated voting members shall have equal voting rights.

E. Attendance

1. Members shall remain as active voting members by attending 75% of the meetings in a (calendar) year. If attendance falls below 75%, the organization administrator will be notified and the member will lose the right to vote.
  - (a) Physician members may have a single designated alternate attend in their place, no more than two times per calendar year.
  - (b) Agencies may designate one representative to be able to vote for both representatives, no more than two times per calendar year.
2. The member whose attendance falls below 75% may regain voting status by attending two consecutive meetings.
3. If meeting dates are changed or cancelled, members will not be penalized for not attending.

IV. Officers

- A. The chairperson of PSC is the only elected member. The chairperson shall perform the duties prescribed by these guidelines and by the parliamentary authority adopted by the PSC.
- B. A nominating committee, composed of 3 members, will be appointed at the regularly scheduled March meeting to nominate candidates for PSC Chair. The election will take place in May, with duties to begin at the July meeting.
- C. The term of office is one (1) year. A member may serve as Chair for up to three (3) consecutive terms.

V. Meetings

- A. Regular Meetings
-

The PSC will meet on the second Thursday of each month, unless otherwise determined by the PSC membership. VCEMS will prepare and distribute electronic PSC Packet no later than one week prior to a scheduled meeting.

B. Special Meetings

Special meetings may be called by the chairman, VC EMS Medical Director, VC EMS Administrator or Public Health Director. Except in cases of emergency, seven (7) days' notice shall be given.

C. Quorum

The presence a simple majority (1/2 of committee membership plus 1) of voting members shall constitute a quorum. The presence of a quorum at the beginning of the meeting shall allow the committee to continue to do business until adjournment, regardless of the number of members who leave during the meeting.

VI. Task Forces and Ad-hoc Committees

The PSC Chair, VC EMS Administrator, VC EMS Medical Director or Public Health Director may appoint task forces or ad-hoc committees to make recommendations to the PSC on particular issues. The person appointing the task force or ad-hoc committee will name the chair. A task force or ad-hoc committee shall be composed of at least three (3) members and no more than seven (7) individuals. Persons other than voting members may be appointed to task forces or ad-hoc committees.

VII. Calendar Year

The Prehospital Services Committee will operate on a calendar year

VIII. Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order, newly revised, shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these guidelines, and any special rules of order the PSC may adopt.

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IX. Submission of Agenda Items

Agenda items shall be received by the Ventura County EMS Office 14 days before the meeting it is to be presented. Items may be submitted by US mail, fax or e-mail and must include the following information:

- A. Subject
- B. Reason for request
- C. Description/Justification
- D. Supporting medical information/other research as applicable
- E. List of affected VC EMS policies, if a requested policy change
- F. Agenda Category:
  - 1. Operational
  - 2. Medical

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Fireline Medic		Policy Number 627	
APPROVED: Administration:	Steven Carroll, Paramedic	Date: <u>Draft</u>	
APPROVED: Medical Director	Daniel Shepherd, MD	Date: <u>Draft</u>	
Origination Date:	October 5, 2011		
Date Revised:	<u>April 14, 2022</u>		
Date Last Reviewed:	<u>April 14, 2022</u>	Effective Date: <u>Draft</u>	
Review Date:	<u>April 30, 2024</u>		

- I. PURPOSE: To establish procedures for a fire line paramedic (FEMP) response from and to agencies within or outside local EMS agency (LEMSA) jurisdiction when requested through the statewide Fire and Rescue Mutual Aid System, to respond to and provide advanced life support (ALS) care on the fireline at wildland fires.
- II. AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220; California Code of Regulations, Title 22, Division 9, Sections 100165 and 100167
- III. POLICY:
  - A. County accredited paramedics shall carry the ALS/BLS inventory consistent with the FIREScope FEMP position description. Reasonable variations may occur; however, any exceptions shall have prior approval of the VCEMSA. The equipment lists are a scaled down version of standard inventory in order to meet workable/packable weight limitations (45 lbs including wildland safety gear, divided between a two person team. Weight limit to include the Personal Pack Inventory as outlined in FireScope).
    1. It will not be possible to maintain standard ALS minimums on the fireline. The attached ALS inventory essentially prioritizes critical and probable fireline needs.
    2. VCEMS accredited paramedics may function within their scope of practice, when serving in an authorized capacity assignment, as an agent of their authorized ALS fire agency.

IV. PROCEDURE:

- A. Under the authority of State regulations, a paramedic may render ALS care during emergency operations as long as the following conditions are met:
1. The paramedic is currently licensed by the State of California and is accredited by the Ventura County EMS Agency.
  2. The paramedic is currently employed with a Ventura County ALS provider and possesses the requisite wildland fireline skills and equipment.
  3. The paramedic practices within the treatment guidelines set forth in VCEMSA policies and procedures manual. Paramedics operating in the capacity of a fireline paramedic (FEMP) shall follow VCEMSA communication failure protocol.
  4. The FEMP is expected to check in and obtain a briefing from the Logistics Section Chief, or the Medical Unit Leader (MEDL) if established at the Wildfire Incident.
  5. Documentation of patient care will be completed as per VCEMSA policy 1000.
    - a. Documentation of patient care will be submitted to incident host agencies. A VCePCR shall be completed for all ALS patients contacted, and shall be completed by the FEMP upon return to camp, or as soon as practical.
  6. Continuous Quality Improvement activities shall be in accordance with VCEMSA standards.

**APPENDIX A**

**FIRELINE EMERGENCY MEDICAL TECHNICIAN  
BASIC LIFE SUPPORT (BLS) PACK INVENTORY**

Airway, NPA Kit (1)	Mask, Face, Disposable w/eye shield (1)
Airway, OPA Kit (1)	Mylar Thermal Survival Blanket (2)
Bag Valve Mask (1)	Pad, Writing (1)
Bandage, Sterile 4 x 4 (6)	Pen and Pencil (1 ea.)
Bandage, Triangular (2)	Pen Light (1)
Biohazard Bag (2)	Petroleum Dressing (2)
Burn Sheet (2)	Shears (1)
Cervical Collar, Adjustable (1)	Sphygmomanometer (1)
Coban Wraps/Ace Bandage (2 ea.)	Splint, Moldable (1)
Cold Pack (3)	Splinter Kit (1)
Combat Gauze	
Dressing, Multi-Trauma (4)	Stethoscope (1)
Exam Gloves (1 box)	Suction, Manual Device (1)
Eye Wash (1 bottle)	Tape, 1 inch, Cloth (2 rolls)
Glucose, Oral (1 Tube)	Tourniquet (1)
Kerlix, Kling, 4.5, Sterile (2)	Triage Tags (6)
Digital Thermometer (1)	

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**APPENDIX B**

FIRELINE EMERGENCY MEDICAL TECHNICIAN  
**PARAMEDIC (ALS) PACK INVENTORY** \*\*IN ADDITION TO THE BASIC LIFE SUPPORT  
 INVENTORY, THE FOLLOWING ADDITIONAL ITEMS OR EQUIVALENTS SHALL BE CARRIED  
 BY THE FEMP

**ALS AIRWAY EQUIPMENT:**

Endotracheal Intubation Equipment (6.0, 7.5 ET – Mac 4, Miller 4, stylette and handle)	Needle Thoracostomy Kit (1)
End Tidal CO2 Detector	Pulse Oximeter (Optional)
ETT Restraint	<del>jGel Airway (1 – Size 3 and 1 – Size 4)</del>

Deleted: Rescue Airway (1)

**IV/MEDICATION ADMIN SUPPLIES:**

1 ml TB Syringe (2)	20 ga. IV Catheter (2)
10 ml Syringe (2)	IV Site Protector (2)
18 ga. Needle (4)	IV Administration Set-Macro-Drip (2)
25 ga. Needle (2)	Alcohol Preps (6)
Adult EZ-IO Kit (1)	Betadine Swabs (4)
	E-Z IO Stabilizer
<del>EZ Connect Tubing (2)</del>	<del>Glucometer Test Strips (4)</del>
25 mm EZ-IO Needle (1)	Lancet (4)
45 mm EZ-IO Needle (1)	Razor (1)
14 ga. IV Catheter (2)	Tape (1)
16 ga. IV Catheter (2)	Tourniquet (2)
18 ga. IV Catheter (2)	

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**MISCELLANEOUS:**

AMA Paper Forms (3)	PCR Paper Forms (6)
FEMP Pack Inventory Sheet (1)	Sharps Container – Small(1)
Narcotic Storage (per agency policy)	

**BIOMEDICAL EQUIPMENT:**

Defibrillator Electrodes (2)	Glucometer (1)
Defibrillator with ECG Waveform Display (1)	

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**MEDICATIONS:**

Amiodarone 50 mg/ml 3 ml (3)	Epinephrine 1mg/10ml (3)
Albuterol – 90mcg/puff (1 MDI) with Spacer Device	Glucagon 1 mg/unit (1)
Aspirin-Chewable (1 Bottle)	Midazolam 10 mg
Atropine Sulfate 1mg (2)	Fentanyl 50 mcg/ml (4)
	Naloxone – 2mg (2)
Dextrose 10% 10 G, 250ml. (1)	Nitroglycerin 1/150 gr (1)
Diphenhydramine 50 mg (4)	Saline 0.9% IV 1,000 ml – Can be configured into two 500 ml or four 250 ml
Epinephrine 1mg/mL (2)	5% Dextrose in Water, 50 ml (1)

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<b>Hypovolemic Shock</b>	
<b>ADULT</b>	<b>PEDIATRIC</b>
<b>BLS Procedures</b>	
Place patient in supine position Administer oxygen as indicated	Place patient in supine position Administer oxygen as indicated
<b>ALS Standing Orders</b>	
IV/IO access  <b>Normal Saline</b> <ul style="list-style-type: none"> <li>IV/IO bolus – 1 Liter                             <ul style="list-style-type: none"> <li>Caution with cardiac and/or renal history</li> <li>Repeat x 1 for persistent signs of shock</li> </ul> </li> </ul> <u>Traumatic Injury</u> <ul style="list-style-type: none"> <li>Do not delay transport for IV/IO attempts</li> <li>Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734                             <ul style="list-style-type: none"> <li>IV/IOPB - 1gm TXA in 100mL NS over 10 minutes</li> </ul> </li> <li>Refer to Policy 705.01- Trauma Treatment Guidelines, for <u>fluid administration</u>,                             <ul style="list-style-type: none"> <li>Goal is to maintain SBP of <math>\geq 80</math> mmHg</li> <li><u>Patients 65 years and older, maintain SBP of <math>\geq 100</math> mmHg</u></li> <li><u>Isolated head injuries, maintain SBP of <math>\geq 100</math> mmHg</u></li> </ul> </li> <li>Attempt second IV/IO during transport to ED</li> </ul>	IV/IO access  <b>Normal Saline</b> <ul style="list-style-type: none"> <li>IV/IO bolus – 20 mL/kg                             <ul style="list-style-type: none"> <li>Caution with cardiac and/or renal history</li> <li>Repeat x 1 for persistent signs of shock</li> </ul> </li> </ul> <u>Traumatic Injury</u> <ul style="list-style-type: none"> <li>Do not delay transport for IV/IO attempts</li> <li>Attempt second IV/IO while during transport to ED</li> </ul>
<b>Base Hospital Orders only</b>	
Consult with ED Physician for further treatment measures	

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- Deleted: permissive hypotension
- Deleted: palpable ¶ peripheral pulses (
- Deleted: greater than 80 mmHg)

Effective Date: June 1, 2021  
Next Review Date: March 31, 2023

Date Revised: March 11, 2021  
Last Reviewed: March 11, 2021



VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Automated External Defibrillation (AED) <del>Service</del> Provider Standards		Policy Number 1301	
APPROVED: Administration: Steven L. Carroll, <del>Paramedic</del>		Date: <del>DRAFT</del>	
APPROVED: Medical Director: <del>Daniel Shepherd, M.D.</del>		Date: <del>DRAFT</del>	
Origination Date: September 14, 2000		Effective Date: <del>DRAFT</del>	
Date Revised: _____		Deleted: April 11, 2013	
Date Last Reviewed: _____		Deleted: April 11, 2013	
Review Date: _____		Deleted: March 31, 2015	

Deleted: Lay Rescuer

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I. PURPOSE

- A. To provide for system wide lay rescuer automated external defibrillation standards, review and oversight by Ventura County Emergency Medical Services.
- B. To provide structure to programs implementing automated external defibrillators for use by lay persons treating victims of cardiac arrest.
- C. To provide for integration of public access defibrillation (PAD) programs in the established emergency medical services system.
- D. To provide a mechanism for AED ~~quality improvement~~ throughout the Ventura County EMS System.

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II. AUTHORITY

- A. California Health and Safety Code Sections 1797.5, 1797.107, 1797.190, ~~1797.196~~ and ~~104113~~.
- B. ~~944.1~~.

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Deleted: California Code of Regulations Title 22, Division 9, Chapter 1.

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Deleted: 31 through 100042, as revised January 8, 2009.

III. SERVICES PROVIDED AND APPLICABILITY

AED programs shall be operated consistent with VCEMS policy and California ~~state~~ statutes and regulations.

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IV. DEFINITIONS

- A. "AED Service Provider" means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who is not breathing normally. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.
- B. "Automated External Defibrillator" or "AED" means an external defibrillator that, after user activation, is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.



- C. "Lay Rescuer" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of this policy.
- D. \_\_\_\_\_
- E. "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.
- F. "Internal Emergency Response Plan" means a written Internal Emergency Response Plan of action which utilizes responders within a facility to activate the "9-1-1" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

G. "Health studio" means a facility permitting the use of its facilities and equipment or access to its facilities and equipment, to individuals or groups for physical exercise, body building, reducing, figure development, fitness training, or any other similar purpose, on a membership basis. "Health studio" does not include a hotel or similar business that offers fitness facilities to its registered guests for a fee or as part of the hotel charges.

V. AED VENDOR REQUIREMENTS:

Any AED vendor who sells an AED to an AED Service Provider shall:

- A. Notify the AED Service Provider, at the time of purchase, in writing of the AED Service Provider's responsibility to comply with this policy.
- B. \_\_\_\_\_
- C. Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

VI. GENERAL TRAINING PROVISIONS: APPLICATION AND SCOPE

A. In an emergency situation, always call 9-1-1 first. A 9-1-1 operator can provide directions on how you can help someone experiencing sudden cardiac arrest. AEDs are not difficult to use, but training in the use of AEDs is highly recommended. This training, in connection with CPR training, is offered by major health organizations such as the American Heart Association and Red Cross as well as a number of private companies.

B. The training standards prescribed by this policy shall apply to employees of the AED service provider and not to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the California Health and Safety Code.

VI. \_\_\_\_\_

VII. \_\_\_\_\_

**Deleted:** "Medical Director" means a physician and surgeon currently licensed in California, who provides medical oversight to the AED Service Provider as set forth in California Code of Regulations, Title 22, Section 100040..

**Deleted:** Any training program, AED Service service Provider provider or vendor may authorize a Lay lay Rescuer rescuer to apply and operate an AED on an unconscious person who is not breathing only if that Lay lay Rescuer rescuer has successfully completed a CPR and AED course according to the standards prescribed in this policy.

**Deleted:** Service

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**Deleted:** MEDICAL DIRECTOR REQUIREMENTS REPEALED¶

Any AED Service provider shall have a physician Medical Director who:¶

- A. Meets the qualifications of a Medical Director per California Code of Regulations, Title 22, Section 100036.¶
- B. Shall ensure that the AED Service Provider's Lay Rescuer CPR and AED training meets the requirements of this policy. ¶
- C. Shall review each incident where emergency care or treatment on a person in cardiac arrest is rendered and to ensure that the Internal Emergency Response Plan, along with the CPR and AED standards that the Lay Rescuer was trained to, were followed. ¶
- D. Is involved in developing an Internal Emergency Response Plan and to ensure compliance for training, notification, and maintenance as set forth in this policy.¶
- E. The Medical Director shall maintain a list of authorized individuals that s/he has trained.¶
- F. The Medical Director (or his/her designee) shall maintain a record of authorized individuals that are currently participating in the AED program under that physician's control. The record shall include the authorized individuals:¶
  1. Name¶
  2. Address¶
  3. Telephone Number¶
  4. Copy of CPR certificate¶
  5. Date of initial training¶
  6. Dates of retraining¶
- G. VCEMS may audit or review this information upon request.¶
- H. The Medical Director shall review each incident of application and the recordings of such. ¶
- I. The Medical Director (or his/her designee) shall submit a "Report of CPR or AED Use" form (attachment A) to Ventura County EMS within 96 hours of a cardiac arrest incident at an AED site. Send this completed form to:¶  
Ventura County EMS-AED Program¶  
2220 E. Gonzales Road, Suite 130¶  
Oxnard, CA 93036-0619¶  
FAX: 805-981-5300

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**Deleted:** AED VENDOR REQUIREMENTS:¶  
Any AED vendor who sells an AED to an AED Service Provider shall:¶

- A. Notify the AED Service Provider, at the time of purchase, both orally and in writing of the AED Service Provider's responsibility to comply with this policy.¶
- B. Notify the local EMS Agency of the existence, location, and type of AED at the time it is acquired. ¶
- C. Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

VII. AED TRAINING PROGRAM REQUIREMENTS:

CPR and AED training shall comply with the American Heart Association or American Red Cross CPR and AED Guidelines. The training shall include the following topics and skills:

- A. Basic CPR skills;
- B. Proper use, maintenance and periodic inspection of the AED;
- C. The importance of;
  - 1. Early activation of an Internal Emergency Response Plan,
  - 2. Early CPR,
  - 3. Early defibrillation, and
  - 4. Early advanced life support
- D. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel;
- E. Assessment of an unconscious patient, to include evaluation of airway and breathing, to determine appropriateness of applying and activating an AED.
- F. Information relating to defibrillator safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or the Lay Rescuer or other nearby persons to include, but not limited to;
  - 1. Age and weight restrictions for use of the AED,
  - 2. Presence of water or liquid on or around the victim,
  - 3. Presence of transdermal medications, and
  - 4. Implantable pacemakers or automatic implantable cardioverter-defibrillators;
- G. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- H. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and,
- I. The responsibility for continuation of care, such as continued CPR and repeated shocks, as indicated, until the arrival of more medically qualified personnel.

The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the California Health and Safety Code.

IX.

X. AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

- A. An AED Service Provider shall do all of the following:
  - 1. Comply with all regulations governing the placement of an AED.

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**Deleted:** REQUIRED TOPICS AND SKILLS

**Deleted:** The Lay Rescuer shall maintain current CPR and AED training, as prescribed in this policy

**Deleted:** TESTING¶

CPR and AED training for Lay Rescuers shall include a competency demonstration of skills on a manikin, directly observed by an instructor which tests the specified conditions prescribed in California Code of Regulations, Title 22, Section 100038.

2. Notify an agent of the local EMS agency of the existence, location, and type of AED acquired. (See attachment A)
3. Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.
4. Ensure that the AED is tested at least biannually and after each use.
5. Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.
6. Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.
7. Notify an agent of the local EMS agency of any application and activation of the AED. (see Attachment B)

B. When an AED is placed in a building, the building owner shall do all of the following:

1. At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.
2. At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.
3. Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

C. A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.

D. When an AED is placed in a public or private K-12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

## XI. HEALTH STUDIO AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

- A. A Health Studio AED Service Provider shall do all of the following:
1. Every health studio, as defined, shall acquire, maintain, and train personnel in the use of, an automatic external defibrillator pursuant to this section.
  2. Comply with all regulations governing the placement of an automatic external defibrillator.
  3. Ensure all of the following:
    - a. The automatic external defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
    - b. The automatic external defibrillator is checked for readiness after each use and at least once every 30 days if the automatic external defibrillator has not been used in the preceding 30 days. The health studio shall maintain records of these checks.
    - c. A person who renders emergency care or treatment to a person in cardiac arrest by using an automatic external defibrillator activates the emergency medical services system as soon as possible, and reports the use of the automatic external defibrillator to the licensed physician and to the local EMS agency.
    - d. For every automatic external defibrillator unit acquired, up to five units, no less than one employee per automatic external defibrillator unit shall complete a training course in cardiopulmonary resuscitation and automatic external defibrillator use that complies with the regulations adopted by the Emergency Medical Services Authority and the standards of the American Heart Association or the American Red Cross. After the first five automatic external defibrillator units are acquired, for each additional five automatic external defibrillator units acquired, a minimum of one employee shall be trained beginning with the first additional automatic external defibrillator unit acquired. Acquirers of automatic external defibrillator units shall have trained employees who should be available to respond to an emergency that may involve the use of an automatic external defibrillator unit during staffed operating hours. Acquirers of automatic external defibrillator units may need to train additional employees to ensure that a trained employee is available at all times.
    - e. There is a written plan that exists that describes the procedures to be followed in the event of an emergency that may involve the use of an automatic external defibrillator, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of automatic external defibrillator procedures.

**Deleted:** ensure their internal AED programs include all of the following.¶

1. Development of a written Internal Emergency Response Plan which describes the procedures to be followed in the event of an emergency that may involve the use of an AED and complies with this policy. The written Internal Emergency Response Plan shall include but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.¶
  2. Maintain AEDs in working order and maintain current protocols on the AEDs.¶
  3. That all applicable VCEMS policies and procedures be followed.¶
  4. That Lay Rescuers complete a training course in CPR and AED use and maintain current CPR and AED training that complies with requirements of this policy at a minimum of every two years and are familiar with the Internal Emergency Response Plan.¶
  5. For every AED acquired up to five units, no less than one Lay Rescuer per AED unit shall complete a training course in CPR and AED use that complies with the requirements of this policy. After the first five AED units are acquired, one Lay Rescuer shall be trained for each additional five AED units required. AED Service Providers shall have Lay Rescuers who should be on site to respond to an emergency that may involve the use of an AED unit during normal operating hours.¶
  6. That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, and according to any applicable rules and regulations set forth by the governmental authority under the Federal Food and Drug Administration and any other applicable state and federal authority.¶
  7. Every AED shall be checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these periodic checks shall be maintained at least three years.¶
  8. That a mechanism exists to ensure that any person, either a Lay Rescuer as part of the AED Service Provider, or member of the general public who renders emergency care or treatment on a person in cardiac arrest by using the service provider's AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the Medical Director and the local EMS Agency.¶
  9. That there is involvement of a currently licensed California physician and surgeon that meets the requirements of California Code of Regulations, Title 22, Section 100040.¶
  10. That a mechanism exists that will assure continued competency of the CPR and AED trained individuals in the AED Service Provider's employ to include periodic training and skills proficiency demonstrations.¶
- XI. INTERNAL EMERGENCY RESPONSE PLAN¶
- A. AED programs are required to establish and utilize an AED medical control program meeting the requirements of Title 22, Division 9, Chapter 1.8, Section 1000.35¶
  - B. The Medical Director of Ventura County EMS is responsible for authorizing AED programs, and assuring those programs comply with the medical control requirements of Title 22, Division 9, Chapter 1.8, Section 100035.¶



**Ventura County EMS Agency**  
**Notice of New Public Access Defibrillation Program**

Attachment A

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<u>Location of AED</u>	
<u>Name of Building / Business</u>	
<u>Address of Building</u>	
<u>City, State, Zip</u>	
<u>Floor and/or AED Location Description</u>	
<u>Is AED in public view (yes/no)</u>	
<u>Can public access the AED (yes/no)</u>	
<u>Make/Model of AED</u>	
<u>AED Serial Number</u>	

<u>On-Site Contact Information</u>	
<u>Name of On-Site Contact</u>	
<u>Email Address of On Site Contact</u>	
<u>Phone Number of On-Site Contact</u>	
<u>Mailing Address of On-Site Contact</u> <u>(if different from Business)</u>	

Please check if you wish to be excluded from our Pulse Point Database.  
For more information on the Pulse Point Program, please visit:  
<http://www.pulsepoint.org/>

**Please complete a separate form for each AED Site. Additional locations on the same site can be listed on page 2**

Return this completed form to:  
AED Program, Ventura County EMS Agency,  
2220 E. Gonzales Road, Suite 200  
Oxnard, CA 93036-0619.  
Fax: 805-981-5300  
email to: [EMSAgency@ventura.org](mailto:EMSAgency@ventura.org)

Please call 805-981-5301 with any questions.

<u>For Internal Use Only</u>	<u>Received</u>	<u>Date:</u>	<u>By:</u>
<u>PSAP Notified</u>		<u>Date</u>	<u>By</u>

Requirements for acquiring and placing a public access AED are located in Sections 1797.196 and 104113 of the California Health and Safety Code and 1714.21 of the Civil Code.

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**Additional Locations on the Same Site**

<u>Location of AED</u>	
<u>Building, Floor and/or Room</u>	
<u>AED Location Description</u>	
<u>Is AED in public view (yes/no)</u>	
<u>Can public access the AED (yes/no)</u>	
<u>Make/Model of AED</u>	
<u>AED Serial Number</u>	

<u>Location of AED</u>	
<u>Building, Floor and/or Room</u>	
<u>AED Location Description</u>	
<u>Is AED in public view (yes/no)</u>	
<u>Can public access the AED (yes/no)</u>	
<u>Make/Model of AED</u>	
<u>AED Serial Number</u>	

<u>Location of AED</u>	
<u>Building, Floor and/or Room</u>	
<u>AED Location Description</u>	
<u>Is AED in public view (yes/no)</u>	
<u>Can public access the AED (yes/no)</u>	
<u>Make/Model of AED</u>	
<u>AED Serial Number</u>	

<u>Location of AED</u>	
<u>Building, Floor and/or Room</u>	
<u>AED Location Description</u>	
<u>Is AED in public view (yes/no)</u>	
<u>Can public access the AED (yes/no)</u>	
<u>Make/Model of AED</u>	
<u>AED Serial Number</u>	



**Ventura County EMS Agency  
REPORT OF CPR OR AED USE**

Attachment B

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AED Program (location name)	
AED Provider (defibrillator user)	
Place of Occurrence (address and specific site)	
Date Incident Occurred	
Time of Incident	
Patient's Name (if able to determine)	
Patient's Age (Estimate if unable to determine)	
Patient's Sex (Male or Female)	
Time (Indicate best known or approximated time lapse between events):	
• Witnessed arrest to CPR	min(s)
• Witnessed arrest to 9-1-1 Called	min(s)
• Witnessed arrest to first shock	min(s)
• Patient contact to first shock	min(s)
• 9-1-1 to arrival on scene	min(s)
• 9-1-1 to first shock	min(s)
Total number of defibrillation shocks	

Was the cause of the arrest determined? Yes No  
 Was the cause of the arrest cardiac? Yes No  
 Was the arrest witnessed? Yes No  
 Was bystander CPR implemented? Yes No  
 Was there any return of spontaneous circulation? Yes No

Please attach any additional information that you think would be helpful.

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**This form must be completed and sent to Ventura County EMS within 96 hours of a cardiac arrest incident at an AED site.** Send this completed form to:

Ventura County EMS - AED Program  
2220 E. Gonzales Road, Suite 200,  
Oxnard, CA 93036-0619

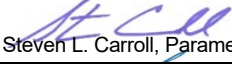

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**Phone: 805-981-5301 FAX: 805-981-5300 email: EMSAgency@ventura.org**

Office Use Only

• Date Received by EMS Agency	
• Patient prehospital outcome	
• Patient discharged from hospital?	



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, Paramedic	Date: December 1, 2018	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2018	
Origination Date:	June 1, 1997	Effective Date: December 1, 2018	
Date Revised:	August 9, 2018		
Date Last Reviewed:	August 9, 2018		
Review Date:	August 31, 2021		

- 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:

**ALS Response Unit:** First Response ALS Unit, Paramedic Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.

**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.

**Field Training Officer (FTO):** An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.

**Paramedic Preceptor:** A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.

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 meeting requirements in VCEMS Policy 306. An ALS response unit may be staffed with a non-accredited Paramedic only when it is also staffed with an authorized Field Training Officer (FTO) or Paramedic Preceptor, unless the non-accredited Paramedic is functioning in a BLS capacity in accordance with VCEMS Policy 306.

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Deleted: 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.¶

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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);
    - 1) With the approval of the EMS Medical Director, for those paramedics with a minimum of 1 year 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 144 hours of practice, or 20 patient contacts (minimum 10 ALS), in the previous 6-month period in Ventura County.
  - 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 Paramedic FTO, 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 240 hours of direct field observation by an authorized Ventura County Paramedic FTO.
    - 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. Direct field observation with the approval of the Paramedic FTO and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).
  - d. Approval by the paramedic FTO who evaluated most of the contacts.
  - e. Successful completion of competency assessments:

**Moved up [1]:** <#>Field Training Officer (FTO): An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization. ¶  
Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.¶

- 1) Scenario based skills assessment conducted by the candidate's preceptor, Provider's clinical coordinator, PCC and PLP when possible.
  - 2) Written policy competency and arrhythmia recognition and treatment assessment administered by VCEMS. Minimum Passing score will be 80% on each assessment.
  - 3) 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.
- 1) Delays in arranging or scheduling direct field observation shift(s) should not delay the Level II upgrade process. In the event an observation shift cannot be arranged with the PCC by the end of the 240 hour upgrade process, the observation requirement may be waived with VCEMS approval. Every attempt should be made to schedule this observation in advance, and conduct the shift prior to the completion of the 240 hour upgrade process.
- 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 Paramedic FTO to total a minimum of 240 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 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 FTO, 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 and Handtevy course completion shall be obtained within three months and remain current (refresher courses every 2 years),
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.

**Deleted:** either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months and

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- 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 airway lab 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.

<b>Level II Paramedic</b>							
<input type="checkbox"/> All the requirement of level I met. <input type="checkbox"/> Completion of 240 hrs of direct field observation by an authorized Paramedic FTO <input type="checkbox"/> Approval by Paramedic FTO <input type="checkbox"/> Submit all appropriate documentation to VCEMS including							
	Date	Hours	FTO Print legibly		Date	Hours	FTO Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
<b>Total Hours Completed</b>							

**Please sign and date below for approval.**

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

Paramedic FTO Signature	Print FTO name legibly	Date:
-------------------------	------------------------	-------

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

PCC Signature	Print PCC signature legibly	Date
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Appendix B

Ventura County EMS Upgrade Procedure		240 hours or 10 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	Paramedic Scope of Practice			
	704	Base Hospital Contact			
	705	General Patient Guidelines			
		SVT			
		VT			
		Cardiac Arrest – Asystole/PEA			
		Cardiac Arrest – VF/VT			
		Symptomatic Bradycardia			
		Acute Coronary Syndrome			
		Transcutaneous Cardiac Pacing			
	726	12 Lead ECG			
	727	Prehospital Personnel Mandatory Training			
	334	Requirements			
		<i>Notify PCC of Level II upgrade and schedule PCC ride-along.</i>			
2	720	Limited Base Contact			
	705	Trauma Assessment/Treatment Guidelines			
		Altered Neurological Function			
		Overdose			
		Seizures			
		Suspected Stroke			
	614	Spinal Immobilization			
3	705	Behavioral Emergencies			
		Burns			
		Childbirth			
		Crush Injury			
		Heat Emergencies			
		Hypothermia			
		Hypovolemic Shock			
		Bites and Stings			
		Nerve Agent			
		Nausea/Vomiting			
		Pain Control			
	451	Sepsis Alert			
		Stroke System Triage			
4	705	Allergic/Adverse Reaction and Anaphylaxis			
		Neonatal Resuscitation			
		Shortness of Breath – Pulmonary Edema			
		Shortness of Breath – Wheezes/other			
	705	Trauma Assessment/Treatment Guidelines			
	1404	Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
	1405	Trauma Triage and Destination Criteria			
	1000	Documentation of Prehospital Care			
5	710	Airway Management			
	715	Needle Thoracostomy			
	716	Pre-existing Vascular Access Device			
	717	Intraosseous Infusion			
	729	air-Q			
	722	Transport of Pt. with IV Heparin and NTG			

6	600	Medical Control on Scene			
	601	Medical Control at the Scene – EMS Personnel			
	603	Against Medical Advice			
	606	Determination of Death			
	613	Do Not Resuscitate			
	306	EMT-I: Req. to Staff an ALS Unit			
7	402	Patient Diversion/ED Closure			
	612	Notification of Exposure to a Communicable Disease			
	618	Unaccompanied Minor ECG Review Radio Communication			
8		Mega Codes			
	131	MCI			
	607	Hazardous Material Exposure-Prehospital Protocol			
	1202	Air Unit Dispatch for Emergency Medical Response.			
	1203	Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation			
		Review Head to Toe Assessments			
10		Review Policies and Procedures			
		VCEMS Policy and Arrhythmia Exams			

Paramedic Name: \_\_\_\_\_ License. # \_\_\_\_\_ Date \_\_\_\_\_

FTO Signature \_\_\_\_\_ Date \_\_\_\_\_

PCC Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**METHOD OF EVALUATION KEY**

E = EMEDS Review

S = Simulation/Scenario

D = Demonstration

T = Test/Self Learning Module

DO = Direct Observation in the field or clinical setting

V = Verbalizes Understanding to Preceptor

NA = Performance Skill not applicable to this employee



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.

**Remember that the Skills Refreshers are to be completed yearly based on license cycle.**

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

**The Skills Refresher, 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.**



**Deleted:** and intubation requirements

**Deleted:** , Intubation refresher session

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.				

**Deleted:** ¶ Lecture Hour( ...

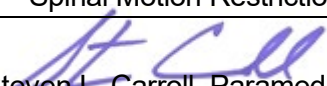



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Update Procedure		Policy Number 351	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date:	12/01/09
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date:	12/01/09
Origination Date:	February 9, 2005	Effective Date:	December 1, 2009
Date Revised:	September 10, 2009		
Last Reviewed:	May 14, 2015		
Review Date:	May 31, 2018		

- I PURPOSE: To establish a standard for the method, design, approval, and delivery of information to EMS personnel on new and amended policies as well as general EMS information.
- II AUTHORITY: Ventura County Emergency Medical Services Agency (VC EMS Agency).
- III POLICY: VC EMS Agency will develop a method by which all EMS providers will be notified of changes or amendments in County EMS policies as well as general EMS information.
- V PROCEDURE:
  - A. EMS Update will be presented in May and November of each year.
    - 1. Dates, times and locations for EMS Update will be determined by the base hospital PCCs and submitted to VC EMS Agency and providers no later than 30 days prior to the presentation of the first EMS Update.
    - 2. Each base station shall offer a minimum of three EMS Updates in May and in November.
  - B. EMS Update will consist of the following:
    - 1. All new and revised policies approved by the Prehospital Services Committee since the last EMS Update.
    - 2. Pertinent "information" items discussed at PSC not included in policy updates.
    - 3. Information submitted to the PCCs by the VC EMS Agency
  - C. EMS Update training materials will be designed by the EMS Update Design Team.

1. Dates and times of the EMS Update design meetings will be determined on an “as needed” basis by the EMS Update Design Team.
  2. Membership of the EMS Design Team will include all PCC’s, a representative from the EMS Agency, and a BLS and ALS representative.
  3. The training package will include the following materials:
    - a. Power Point Presentation
    - b. Instructional objectives
    - c. Course outline
    - d. Lesson plan
    - e. Method of evaluation (written and/or skills competency based valuation tool).
    - f. Make up exam.
  4. The review, editing, and final approval of the EMS Update will be done by the VC EMS Staff.
- D. Copies of the final EMS Update will be delivered via email by the VC EMS Agency to the EMS Update training providers prior to the first presentation.
- E. BLS provider Agencies will receive a copy by e-mail to adapt materials for EMT-1 providers.
- F. Changes to EMS Update following approval of final draft.
1. Errors or omissions discovered following release of the final draft by VC EMS will be reported to VC EMS Agency CQI Coordinator who will be responsible for notifying all EMS training providers of the corrected information.
- G. EMS Update Make-Up Session will be held two weeks after the last Update presentation. The Make-Up Session will be held on a date, time and location established by VC EMS Agency.
1. The Power Point training package will used by VC EMS Agency
  2. A written post-test, developed by the EMS Update Design Team, will be administered by the VC EMS Agency.
  3. A minimum passing score of 85% must be achieved for successful course completion.
  4. VC EMS Agency staff will present the Make-Up Session.
- H. Course completion records will include the following:
1. Student course evaluation to be retained by training organization.

2. A copy of the continuing education roster shall be submitted to the VC EMS Agency immediately after the completion of each course offered.
3. Documentation of successful course completion for participants.

Policy Title: Spinal Motion Restriction	Policy Number 614
APPROVED: Administration:  Steven L. Carroll, Paramedic	Date: June 1, 2019
APPROVED: Medical Director:  Daniel Shepherd, M.D.	Date: June 1, 2019
Origination Date: October 1992 Date Revised: March 14, 2019 Date Last Reviewed: March 14, 2019 Review Date: March 31, 2021	Effective Date: June 1, 2019

- I. PURPOSE: To define the use of spinal motion restriction by field personnel in Ventura County.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, CCR Division 9, Chapter 4, Sections 100175, 100179
- III. DEFINITION:
  - 1. Spinal motion restriction: the use of cervical collars, gurneys, and other commercial devices to limit the movement of patients with potential spine injuries. Spinal motion restriction refers to the same concept as “spinal immobilization,” which traditionally incorporates the use of rigid backboards. This technique often limits movement but rarely provides true “immobilization.” The goal of spinal motion restriction is to maintain spinal alignment and limit unwanted movement. “This can be accomplished by placing the patient on a long backboard, a scoop stretcher, a vacuum mattress, or an ambulance cot.”<sup>1</sup>
- IV. POLICY:
  - 1. Spinal motion restriction is a procedure that should be performed judiciously.
  - 2. Backboards are a tool that may be utilized for patient movement and CPR. They should not be used for transport unless necessary to continue patient care (e.g. unconscious patient)
  - 3. Patients should be secured to the gurney with gurney straps whenever possible. A slide board should be used to transfer the patient to the hospital gurney.
  - 4. Cervical collars should be used in the appropriate patients as defined below. Patients with or without a cervical collar should then be secured to the gurney with gurney straps. Patient should then be instructed to remain as still as possible.  
Awake and alert, potentially ambulatory patients, not intoxicated, without neurologic symptoms and/or deficits, can self-extricate (after application of cervical collar if indicated).<sup>2</sup>
  - 5. In the event of simultaneous transport of more than one patient requiring spinal motion restriction, the second patient should be secured supine to the bench seat. A backboard can be used if necessary.

V. PROCEDURE: Patients who meet any of the following criteria require spinal motion restriction:

1. Any trauma patient who complains of neck pain and/or back pain and has spinal tenderness.
2. Any patient with known or suspected trauma with altered level of consciousness to the extent that their appreciation of pain or ability to communicate is impaired.
3. Any trauma patient with a neurological deficit (e.g. numbness, weakness)
4. Any patient under the influence of drugs or alcohol alcohol to the extent that appreciation of pain or ability to communicate is impaired.
5. Patients suffering from severe distracting painful injuries for whom the mechanism of injury is unknown or suspicious for spinal injury.

A. The awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, who denies spine pain or tenderness, is neurologically intact, and does not have a distracting injury, should not be placed in spinal motion restriction.

B. Cervical immobilization is not necessary in the awake, alert patient, not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, who complains of isolated lumbar pain or tenderness but denies cervical pain or tenderness and does not have weakness, numbness, or a distracting injury.

C. Spinal motion restriction is contraindicated in patients with isolated penetrating torso or neck injury. Transportation must be expedited. DO NOT place these patients in spinal motion restriction. A backboard may be utilized for patient movement and/or CPR. A cervical collar is not necessary.

VI. Special Procedure for Care of Potentially Spine-Injured Football Athlete

- A. The facemask should always be removed prior to transportation, regardless of current respiratory status.
1. Tools for facemask removal include screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter should be readily accessible.
  2. All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.

- B. The helmet should not be removed during the prehospital care of the football athlete with a potential spinal injury, unless:
  - 1. After a reasonable period of time, the face mask cannot be removed to gain access to the airway,
  - 2. The design of the helmet and chin strap is such that even after removal of the face mask, the airway cannot be controlled, or ventilation provided.
  - 3. The helmet and chin straps do not hold the head securely such that immobilization of the helmet does not also immobilize the head, or
  - 4. The helmet prevents immobilization for transport in an appropriate position.
- C. If the helmet must be removed, a neutral head position must be maintained during removal.
  - 1. In most circumstances, it may be helpful to remove cheek padding and/or deflate the air padding prior to helmet removal.
  - 2. If the helmet is removed, the shoulder pads must be removed at the same time or the head padded to maintain neutral position.
- D. If needed, the front of the shoulder pads can be opened to allow access for CPR and defibrillation. They should only be removed if the helmet is removed at the same time.

#### VII. Pediatric patients



- A. The approach to pediatric patients is similar to that for adults. There is no need to employ spinal motion restriction based on age criteria alone.
- B. The index of suspicion for spine injury should be higher given the increased difficulty communication with younger patients. Indications for spinal motion restriction include:
  - 1. Complaint of neck pain
  - 2. Torticollis
  - 3. Neurologic deficit
  - 4. Altered mental status including GCS <15, intoxication, and other signs (agitation, apnea, hypopnea, somnolence, etc.)
  - 5. Involvement in a high-risk motor vehicle, high impact diving injury, or has substantial torso injury
- C. Appropriate patients can be secured to gurney in their car seat. An appropriately sized c-collar should be applied if indicated.

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<sup>1</sup> Spinal Motion Restriction in the Trauma Patient – A Joint Position Statement  
Fischer PE, Perina DG, Delbridge TR, Fallat ME, Salomone JP, Dodd J, Bulger EM, Gestring ML.  
Prehosp Emerg Care. 2018 Nov-Dec;22(6):659-661. doi: 10.1080/10903127.2018.1481476. Epub 2018 Aug 9.

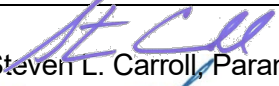

<sup>2</sup> Dixon M, O'Halloran J, Cummins NM  
Biomechanical analysis of spinal immobilisation during prehospital extrication: a proof of concept study  
Emerg Med J 2014;31:745-749.



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Tourniquet Use		Policy Number: 731	
APPROVED:  Administration: Steven L. Carroll, Paramedic		Date: December 1, 2018	
APPROVED:  Medical Director Daniel Shepherd, MD		Date: December 1, 2018	
Origination Date: July 2010		Effective Date: December 1, 2018	
Date Revised: July 10, 2018			
Date Last Reviewed: July 10, 2018			
Review Date: July 31, 2021			

- I. Purpose: To define the indications, procedure and documentation for tourniquet use by EMTs and paramedics.
- II. Authority: Health and Safety Code, Sections 1797.220 and 1798.
- III. Policy: EMTs and Paramedics may utilize tourniquets on patients in accordance with this policy.
- IV. Procedure:
  - A. Indications
    1. Life threatening extremity hemorrhage that cannot be controlled by other means.
  - B. Contraindications
    1. Non-extremity hemorrhage.
    2. Proximal extremity location where tourniquet application is not practical.
  - C. Relative Contraindications
    1. AV fistulas: Bleeding fistulas are best managed with firm direct pressure. Applying a tourniquet can ruin a fistula and should be a last resort. Base contact prior to applying a tourniquet is encouraged but not required.
  - D. Tourniquet Placement:
    1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.
    2. Assess and document circulation, motor and sensation distal to injury site.
    3. Apply tourniquet proximal to wound (usually 2-4 inches).
    4. Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
    5. Cover wound with appropriate sterile dressing and/or bandage.
    6. Do not cover tourniquet- the device must be visible.
    7. Re-assess and document absence of bleeding distal to tourniquet.

8. Remove any improvised tourniquet that may have been previously applied.
  9. Tourniquet placement time must be documented on the tourniquet device.
  10. Ensure receiving facility staff is aware of tourniquet placement and time tourniquet was placed.
- D. Tourniquet removal, replacement, or repositioning
1. BLS providers may reposition an improperly placed tourniquet or replace malfunctioning device. Only ALS personnel may formally remove a tourniquet to assess if it is still necessary.
  2. Indications
    - a. Improperly placed tourniquet
    - b. Poorly functioning device
    - c. Absence of bleeding distal to the tourniquet should be confirmed after manipulation, adjustment, or removal.
  3. Procedure
    - a. Obtain IV/IO access
    - b. Maintain continuous ECG monitoring.
    - c. If repositioning or replacing a tourniquet, place a second tourniquet proximal to the first device in the appropriate location.
    - d. Hold firm direct pressure over wound for at least 5 minutes before releasing a tourniquet.
    - e. Gently release the initial tourniquet and monitor for reoccurrence of bleeding.
    - f. If appropriate, document the time the tourniquet was released.
    - g. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
    - h. If bleeding resumes, requiring a tourniquet, re-application will be in accordance with application procedures outlined in Section IV of this policy.
- E. Documentation
1. All tourniquet uses must be documented in the Ventura County Electronic Patient Care Reporting System.
  2. Documentation will include location of tourniquet, time of application, and person at the receiving hospital to whom the tourniquet is reported.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Restraints		Policy Number 732	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: June 1, 2019	
Origination Date:	April 1, 2011	Effective Date: June 1, 2019	
Date Revised:	March 14, 2019		
Date Last Reviewed:	March 14, 2019		
Review Date:	March 31, 2021		

- I. PURPOSE: To provide guidelines for the use of physical and chemical restraints during the course of emergency medical treatment or during an inter-facility transport (IFT) for patients who are violent or potentially violent to themselves or others.
- II. AUTHORITY: California Health and Safety Code, Sections: 1797.2, 1798; California Code of Regulations, Title 22, Sections: 100075, 100147, 100160; California Administrative Code, Title 13, Section 1103.2.
- III. DEFINITIONS:
  - A. Verbal De-escalation : Any verbal communication from a pre-hospital provider to a patient utilized for the sole purpose of limiting or inhibiting the patient's behavior.
  - B. Physical Restraint: Any method in which a technique or piece of equipment is applied to the patient's body in a manner that reduces the subject's ability to move his arms, legs, head, or body.
  - C. Chemical Restraint: Any pharmaceutical administered by healthcare providers that is used specifically for the purpose of limiting or controlling a person's behavior or movement.
- IV. POLICY:
  - A. Physical Restraint
    1. Prior to use of physical or chemical restraints, every attempt to calm a patient should be made using verbal de-escalation and/or nonphysical means.
    2. Perform a physical assessment and obtain a medical history as soon as safe and appropriate. Treat any underlying conditions per VCEMS 705 Treatment guidelines.

3. If necessary, apply soft physical restraints while performing assessment and obtaining history.
4. Padded soft restraints shall be the only form of restraints utilized by EMS providers.
5. Restraints shall be applied in a manner that does not compromise vascular, neurological, or respiratory status.
6. Extremities in which restraints are applied shall be continuously monitored for signs of decreased neurologic and vascular function
7. Patients shall not be transported in a prone position. The patient's position shall be in a manner that does not compromise vascular or respiratory status at any point. Additionally, the patient position shall not prohibit the provider from performing any and all assessment and treatment tasks.
8. Restraints shall be attached to the frame of the gurney.
9. Handcuffs applied by law enforcement require that an officer accompany the patient to ensure provider and patient safety and to facilitate removal of the restraint device if a change in the patient's condition requires it.
  - a. If the patient is restrained with handcuffs and placed on a gurney, both arms shall be restrained to the frame of the gurney in a manner that in no way limits the ability to care for the patient. The patient should not be placed on gurney with hands or arms restrained behind patient's back.
  - b. In the event that the law enforcement agency is not able to accompany the patient in the ambulance, a law enforcement unit must follow the ambulance in tandem along a predetermined route to the receiving facility.

**B. Chemical Restraint**

1. If while in restraints, the patient demonstrates behavior that may result in harm to the patient or providers, chemical restraint should be considered.
  - a. Refer to VCEMS Policy 705: Behavioral Emergencies for guidance and administration of appropriate chemical restraint.
  - b. It is important again to investigate and treat possible underlying causes of erratic behavior (e.g. hypoglycemia, trauma, meningitis).

C. Required Documentation

1. Instances in which physical or chemical restraints are applied shall be documented according to VCEMS Policy 1000. Required documentation shall include:
  - a. Type of restraint applied (e.g. soft padded restraint, midazolam, handcuffs by law enforcement)
  - b. Reason restraints were utilized.
  - c. Location on patient restraints were utilized
  - d. Personnel and agency applying restraints.
  - e. Time restraints were applied
  - f. Every 10 minute neurologic and vascular checks
2. Base Hospital shall be notified in all circumstances in which physical and chemical restraints are utilized.