

Special Presentation: American Heart Association Awards

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Issues

A. Other

V. New Business

A. Other

VI. Old Business

A. 705.25 – Ventricular Tachycardia, Sustained, Not in Arrest

VII. Informational/Discussion Topics

A. Other

VIII. Policies for Review

A. 105 – Prehospital Services Committee Operations Guideline

B. 106 – Development of Proposed Polices/Procedures

C. 110 – County Ordinance #4099 Ambulance Business License Code

D. 111 – Ambulance Company Licensing Procedure

E. 124 – Hospital Emergency Services Reduction Impact Assessment

F. 151 - Medication Error Reporting

G. 210 – Child, Dependent Adult or Elder Abuse Reporting

H. 319 – Paramedic Preceptor

I. 321 – MICN Authorization Criteria

J. 322 – MICN Reauthorization Requirements

K. 324 – MICN Authorization Reactivation

L. 330 – EMT/Paramedic/MICN Decertification and Discipline

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

August 9, 2018
 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda	Tom Gallegos introduced the interim ER Manager, Jessica Hill. James Vilaseca is the new rep. for Fed. Fire.	Approved	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
III. Minutes	Dr. Tilles pointed out that SVH is not a chest pain center yet, but they have applied to become one.	Approved	Motion: Ira Tilles Seconded: Chris Sikes Passed unanimous
IV. Medical Issues			
V. New Business			
A. 400 – Ventura County Emergency Departments	Current Regulations require hospitals to be a Basic ER to receive patients from the field by ambulance. Ojai Hospital is listed as a Stand-by Hospital.	Steve Carroll will work with Ojai Hospital to resolve this issue. Changes: Los Robles changed to “LR Regional Medical Center”. Simi Valley Hospital is now “Adventist Health Simi Valley”. Add new address for VCMC, 300 Hilmont Ave. Approved with changes	Motion: Charles Drehsen Seconded: Ira Tilles Passed unanimous
B. 410 – ALS Base Hospital Standards	The policy will approve ER’s every two years.	Remove number 12 on page 5 of 5. Approved with changes	Motion: Kathy McShea Seconded: Chris Sikes Passed unanimous
C. 420 – Receiving Hospital Standards	The committee discussed this extensively. This is a policy that will clarify the status of each ER in Ventura County.	Changes: Page 2 of 11, #12/a/2 – Add “American Board of Osteopathic Emergency Medicine”. Remove 12/a/3. Page 4 of 11, H/1 – Remove #1. Page 5 of 11, H/7 -Remove “having deformity”. H/9 – Remove all. I – Remove last sentence beginning with “EMS providers and paramedics...”. I/2 – Remove all. I/3 – Remove “or will likely require admission”.	Motion: Charles Drehsen Seconded: Ira Tilles Passed unanimous

		<p>Page 8 of 11, 11/a/1 – Add “American Board of Osteopathic Emergency Medicine”. 11/3 – Remove all.</p> <p>Page 10 of 11, 2 – Add “American Board of Osteopathic Emergency Medicine”.</p> <p>Approved with changes</p> <p>A clean draft will be sent to PSC members for final review.</p>	
D. 107 – V. C. Stroke and STEMI Committee Guidelines	<p>Dr. Shepherd said this a formality for the Stroke and STEMI committees. It was sent to the committees for review prior to PSC. The PSC members feel that specialty physicians should be added to the list of voting members. Steve Carroll said he would like it to say that each hospital gets 2 votes which can be any 2 representatives from their hospital.</p>	<p>Dr. Shepherd wants a formal list of Stroke Committee members.</p> <p>Approved</p>	<p>Motion: Ira Tilles Seconded: Chris Sikes Passed unanimous</p>
VI. Old Business			
A. 715 – Needle Thoracostomy	<p>Made changes regarding pediatric patients.</p>	<p>Changes: Page 1 of 2, IV/A/1b - Add “below 70 for peds” and “below 90 for adults”.</p> <p>Page 1 of 2, IV/C/1 – Remove and replace with “Antiseptic Solution”.</p> <p>Page 2 of 2, D/2 first bullet point: Add Adult after preferred (“...is the preferred adult method”).</p> <p>Number 3 becomes the 3rd bullet point under 2 and renumber 3 and 4.</p>	<p>Motion: Kyle Brooks Seconded: Ira Tilles Passed unanimous</p>
B. 731 – Tourniquet Policy	<p>Changes Approved by TORC</p>	<p>Approved</p>	<p>Motion: Kyle Brooks Seconded: Ira Tilles Passed unanimous</p>
C. 504 – Equipment/Medication Waiver Form	<p>Mike Sanders asked if a timeframe for EMS to respond to the waiver request can be added to the policy. After a lengthy discussion, it was dropped.</p>	<p>Changes: Page 1/IV – replace “Mediation” with “Mitigation”.</p>	<p>Motion: Tom O’Connor Second: Heather Ellis</p>
VII. Informational/Discussion Topics			

A. VT/VF Alarms for ROSC		The following language was added under "Additional Information" to Policy 705.07 and 705.08: "and set VT/Vfib alarm if available". Approved	
B. 318 – ALS Response Unit Staffing		Correct typo on page 2, B/c/2 Approved	
C. 705.16 – Neonatal Resuscitation		Add "Normal Saline bolus" under "ALS Prior to Base Hospital Contact" and under "Additional Information" add "A rising heart rate is the best indicator of adequate PPV". Approved	
VIII. Policies for Review			
A. 605 - Interfacility Transfer		Page 3.IV B -Remove Verify and add confirm.	
B. 612 – Notification of Exposure to a Communicable Disease			Motion: Heather Ellis Second: Tom O'Connor un
C. 705.23 – Supraventricular Tachycardia	Dr. Larson asked why there is Midazolam for Adults and not children. After extensive discussion, it was decided to remove Midazolam from adult. Should be a training issue. Medics can call and ask for order if they feel it is needed.	Add IV/IO In Additional information add "History of" in line one....."in pt. with....." Remove Midazolam for Adults. Make same change to 705.25. Bring back to next PSC.	
X. Agency Reports			
A. Fire departments	VCFPD – Santa Paula Fire became part of VCFD on July 1, 2018. VCFD – They have a 7 th medic engine in Ventura. OFD – Dr. Larson has been hired to be the Medical Director for the OFD paramedic program. Medics are currently in training and will have additional training in 2 weeks. Fed. Fire – none SPFD – none FFD – none		
B. Transport Providers	LMT – none AMR/GCA – Epi and Narcan training is complete. AIR RESCUE –none		

C.	Base Hospitals	SVH – none LRRMC – none SJRM – none VCMC – The old ER will be open with 12 beds in mid-September.	
D.	Receiving Hospitals	PVH – none SPH – none CMH – They will soon be getting the keys to the new facility. OVCH – none	
E.	Law Enforcement	VCSO – Air Unit will be getting Black Hawk in a few months. CSUCI PD – none	
F.	ALS Education Programs	Ventura College – New class starting soon.	
G.	EMS Agency	Steve – EMS has been a part of the OES Mass Care and Shelter Committee to develop/update a plan. Final draft will be sent out to stakeholders in a few weeks. This plan will need to be exercised in 2019. Ambulance Review - The first draft for the Scope of Work has been sent to the committee for review. Planning to finalize it in September. Dr. Shepherd - none Chris – none Katy – none Karen – none Julie – none Randy – none	
H.	Other		
XI.	Closing	Meeting adjourned at 12:00	

Prehospital Services Committee 2018

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/1/2018	2/8/2018	3/8/2018	4/12/2018	5/10/2018	6/14/2018	7/12/2018	8/9/2018	9/13/2018	10/11/2018	11/8/2018	12/11/2018	%
AMR	Stefansen	Adriane				AS				AS					
AMR	Casey	Andrew	YC					AC		AC					
CMH - ER	Levin	Ross	NC		RL	RL		RL		RL					
CMH - ER	Querol	Amy													
OVCH - ER	Pulido	Ed	EP		EP	EP				EP					
OVCH - ER	Ferguson	Catherine	CF		CF	CF				CF					
CSUCI PD	Drehse	Charles	CD		CD	CD		CD		CD					
CSUCI PD	Camp	Arnie	AC							AC					
FFD	Herrera	Bill	BH		BH	BH		BH		BH					
FFD	Panke	Chad						CP							
GCA	Villasenor	Alejandro						AV		AV					
GCA	Sanders	Mike			MS	MS		MS		MS					
Lifeline	Rosolek	James	JR			JR									
Lifeline	Williams	Joey			JW					JW					
LRRMC - ER	Brooks	Kyle	KB			KB		KB		KB					
LRRMC - ER	Shaner	Meghan	MS		MS	MS		MS		MS					
OFD	Martin	Blair				SM									
OFD	Villa	Jaime	JV		JV	JV		JV							
SJPVH - ER	Hutchison	Stacy	SD			SD		SH		SH					
SJPVH - ER	Sikes	Chris	JD		CS	CS		CS		CS					
SJRM - ER	Larsen	Todd	TL		TL	TL		TL		TL					
SJRM - ER	McShea	Kathy	KM		KM	KM		KM		KM					
SPFD	Zeller	Tyler	TZ			TZ									
SVH - ER	Tilles	Ira	IT		IT	IT		IT		IT					
SVH - ER	Vorzimer	Nicole	NV		NV	NV		NV							
V/College	O'Connor	Tom	TO		TO	TO		TO		TO					
VCFD	Tapking	Aaron			AT	AT									
VCFD	Ellis	Heather			JH	HE		HE		HE					
VNC	Parker	Barry			SZ			BP		BP					
VNC	Dullam	Joe	JT			JT		JD							
VNC - Dispatch	Gregson	Erica			EG	EG		EG							

Agency	LastName	FirstName	1/11/2018	2/8/2018	3/8/2018	4/12/2018	5/10/2018	6/14/2018	7/12/2018	8/9/2018	9/13/2018	10/11/2018	11/8/2018	12/11/2018	%
VCMC - ER	Chase	David			DC	DC		DC		DC					
VCMC - ER	Gallegos	Tom	TG		TG	TG		TG		TG					
VCMC-SPH	Holt	Carrie	SM		SM	SM									
VCSO SAR	Hadland	Don	DH			DH									
VCSO SAR	Tolle	Jonathon								JT					
VFF	Santillo	Dave													
VFF	Vilaseca	James								JV					
Below names a Date Change/cancelled - not counted against member for attendance															
EMS	Carroll	Steve	SC		SC	SC		SC		SC					
EMS	Frey	Julie	JF		JF	JF		JF		JF					
EMS	Haddock	Katy	KH		KH	KH		KH		KH					
EMS	Perez	Randy			RP	RP		RP							
EMS	Shepherd	Daniel			DS	DS		DS		DS					
EMS	Rosa	Chris	CR		CR	CR		CR		CR					
EMS	Salvucci	Angelo													
EMS	Hansen	Erik													
EMS	Beatty	Karen	KB		KB	KB		KB		KB					
EMS	Garcia	Martha				MG		MG		MG					
LMT	Winter	Jeff	JW		JW	JW				JW					
LMT	Frank	Steve													
State Parks	Futoran	Jack			JF	JF									
VCMC	Hill	Jessica								JH					
VCMC	Duncan	Thomas				TD		TD							
CMH	Hall	Elaina				EH		EH		EH					
VNC	James	Lauri						LJ		LJ					
VNC	Shedlosky	Robin	RS		RS	RS		RS		RS					
VNC	Komins	Mark	MK		MK	MK		MK							



TEMPORARY PARKING PASS

Expires September 13, 2018

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

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

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

2240 Gonzales Rd. location

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

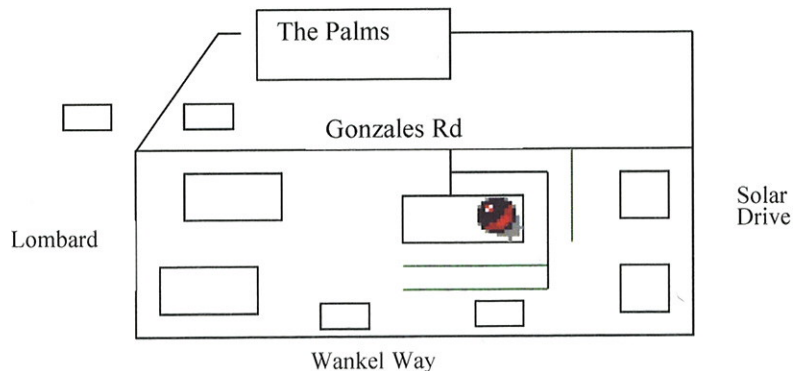
2100 Solar Drive

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

The Palms - shopping mall

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

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



Ventricular Tachycardia Sustained – Not in Arrest

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

IV/IO Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
 - IV/IOPB - 150 mg in 50mL D₅W infused over 10 minutes.

Unstable – ALOC, signs of shock or CHF

- **Midazolam**
 - IV/IO – 2 mg
 - Should only be given if it does not result in delay of synchronized cardioversion
 - For IV/IO 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
 - Consider BHC for sedation (midazolam IV/IO 2mg) prior to cardioversion for special circumstances
 - If patient needs sedation and there is a delay in obtaining sedation medication:
 - **Amiodarone**
 - IV/IOPB - 150 mg in 50mL D₅W 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

After successful cardioversion, obtain an ECG per Policy 726.

Base Hospital Orders only

Torsades de Pointes

- **Magnesium Sulfate**
 - IV/IOPB – 2 g in 50 mL D₅W 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 IV/IOPB in D₅W 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 greater than 150 bpm

Effective Date: June 1, 2018
Next Review Date: March 31, 2020

Date Revised: March 8, 2018
Last Reviewed: March 8, 2018

VCEMS Medical Director

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, EMT-P		Date: December 1, 2014	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: December 1, 2014	
Origination Date: March, 1999		Effective Date: December 1, 2014	
Date Revised: September 11, 2014			
Date Last Reviewed: September 11, 2014			
Review Date: September, 2017			

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

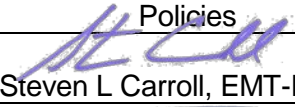

VIII. Parliamentary Authority

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.

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: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106
APPROVED: Administration	 Steven L Carroll, EMT-P	Date: 12/01/09
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 12/01/09
Origination Date:	March 7, 1990	Effective Date: December 1, 2009
Date Revised:	June 11, 2009	
Last Reviewed:	July 12, 2012	
Review Date:	June 30, 2015	

- I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies
- II. AUTHORITY: Health and Safety Code Section 1797.220
- III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below
- IV. PROCEDURE:
 - A. New Policies and/or Procedures
 1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS using the attached form. Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
 2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
 3. A first draft will be developed from the proposal by VC EMS staff for presentation at the PSC meeting.
 4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/procedure to be assessed.
 5. If special committees are assigned:

- a. The evaluation will take place as quickly as possible.
Representatives of the special committees will confer as needed.
 - b. The consensus evaluation and consensus recommendations will be presented to the PSC for further action.
 6. The EMS Medical Director and EMS Administrator will receive copies of all comments to proposals and draft policies for review and comment.
 7. Proposals and policies may be distributed to potentially affected provider agencies and/or organizations, as appropriate for review and comment.
- C. Amendments/Revisions to Existing Policies
1. Suggestions for amendment/revision to an existing policy will be submitted to VC EMS for review by the EMS Medical Director and EMS Administrator using the attached form.
 2. The item will be placed on the agenda of the next meeting of the PSC.
 3. Information regarding discussion and recommendations will be submitted to the EMS Medical Director for appropriate action.



Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by: _____ Date: _____

Representing: _____

A. Description

Title of Agenda Item: _____

Description of Item

B. Analysis

How will this enhance the Ventura County EMS System?

Advantages

Disadvantages

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

C. EMS Agency Review

Received by VC EMS Agency: _____

Reviewed by EMS Administrator: _____

Assigned to:

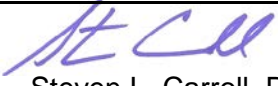

_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____

EMS Staff Review Summary

D. Disposition

- Add as PSC Agenda item on: _____
- Inadequate or incomplete information - return submission
- Not to be addressed at this time, resubmit in _____.
- Adopt item
- Refer to: (for review and comment)
 - CQI Subcommittee
 - EMD Subcommittee
 - Prehospital Educators
 - MCI Subcommittee
 - Other: _____

EMS Administrator Signature: _____ Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: County Ordinance No. 4099: Ambulance Business License Code		Policy Number 110	
APPROVED: Administration	 Steven L. Carroll, Paramedic	Date: 12/01/07	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 12/01/07	
Origination Date:	July 10, 1994	Effective Date:	December 1, 2007
Revised Date:	September 13, 2007		
Last Reviewed:	September 11, 2014		
Review Date:	September, 2017		

See following pages.

ORDINANCE NO. 4099

AN ORDINANCE AMENDING SPECIFIED PROVISIONS OF THE VENTURA COUNTY ORDINANCE CODE RELATING TO REGULATION OF EMERGENCY MEDICAL SERVICES.

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 2421 - DEFINITIONS - Unless otherwise specified, the term:

- (a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.
- (b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.
- (c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.
- (d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.
- (e) "COUNTY" or "VC" shall mean County of Ventura.
- (f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.
- (g) "EMERGENCY CALL" shall mean any of the following:
 - 1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.
 - 2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.
 - 3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.
- (h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.
- (i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.
- (j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.
- (k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.
- (l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

- (m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.
- (n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.
- (o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

Section 2423 - GENERAL PROVISIONS

Section 2423-I - Ambulance Company License Required - No person, either as owner, agent, or otherwise, shall operate an ambulance or conduct, advertise, or otherwise be engaged in or profess to be engaged in the provision of emergency or non-emergency ambulance service upon the streets or any public way or place of the County, unless he holds a current valid license for an ambulance issued pursuant to this ordinance. An ambulance operated by or contracted for by an agency of the United States or the State of California shall not be required to be licensed hereunder.

Section 2423-1.1 - Application for Ambulance Company License -An application for an ambulance company license shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.

Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

Section 2423-1.3 - Exception - Licensing requirements of this article - Licensing requirements of this article shall not apply to an ambulance company or to the EMT-IAs or EMT-Ps who are:

- (a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.
- (b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.
- (c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura, or with the approval of the County of Ventura.
- (d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

Section 2423-2 - Ambulance Operators and Personnel

Section 2423-2.1 - Ambulance EMT-IA and EMT-P Certification - Ventura County Requirements - Ambulance personnel in Ventura County shall be certified as EMT-IA or EMT-P pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.2 - Ambulance Operations Requirements - No vehicle shall be operated for ambulance purposes and no person shall drive, attend or permit to be operated for such purpose on the streets, or any public way or place of County unless it shall be under the immediate supervision and direction of two (2) people who are at least EMT-IA certified and authorized by the Ventura County, except under conditions cited in Section 2423-1.3. Applications shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.3 - EMT-IA AND EMT-P Certification and California State Ambulance Driving Certificate requirements - No person shall drive an ambulance vehicle unless he or she is holding a currently valid California State Ambulance Driver's Certificate and is also at least EMT-IA certified.

Section 2423-2.4 - Certification Fees - The VCEMSA may charge a certification fee, the rate for which is to be established by the Board of Supervisors.

Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a license, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

Section 2424 - SUSPENSION AND REVOCATION - Any license or permit issued pursuant to the provisions of this Article may be suspended or revoked by the Director of the Health Care Agency upon grounds and after following the procedures outlined in the VC EMSD P/P Manual.

Section 2424-1 - Mandatory License Denial, Suspension or Revocation - The DIR-HCA shall deny, suspend or revoke the license of an ambulance company if the operator:

- (a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or
- (b) Habitually or excessively uses or is addicted to the use of narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or
- (c) Has falsified or failed to disclose a material fact in his application; or

- (d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or
- (e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

Section 2424-2 - Discretionary License Denial, Suspension or Revocation - The DIR-HCA may deny, revoke or suspend the license of an ambulance company if the operator has violated the standards and regulations set out in the VCEMSA P/P Manual.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions

Section 2120-1 - Hearing - A license issued pursuant to the provisions of this division may be suspended or revoked only after complying with the following procedures.

Section 2120-1.1 - Statement of Charges - Upon an alleged violation of any of the regulations set forth in the VCEMSA P/P Manual, the VCEMSA Admin/MedDir shall file with the Clerk of the Board a statement of charges.

Section 2120-1.2 - Acts or Omissions Charged - It shall specify the ordinance code sections, policies or regulations allegedly violated.

Section 2120-1.3 - Notice and Request for Hearing - Upon the filing of a statement of charges, the Clerk of the Board shall serve a copy thereof upon the respondent named therein in a manner provided by Ordinance Code Section 14. It shall be accompanied by a statement that respondent may request a hearing by filing a written request with the Clerk of the Board within ten (10) days after service.

Section 2120-1.4 - Waiver of Hearing - If no request for a hearing is received, the hearing is deemed waived and the VC EMSD may proceed with suspension or revocation. Notice shall be sent respondent of suspension or revocation.

Section 2120-1.5 - Hearing Officer - The Tax Collector or his deputy is hereby designated as hearing officer for any hearing conducted pursuant to this article. The hearing officer shall hear all evidence presented and at the conclusion of the hearing, rule on the charges presented.

Section 2120-1.6 - Time, Place and Notice of Hearing - Upon receipt of request for hearing, the Clerk of the Board shall contact the hearing officer and arrange a date, time and place for the hearing. Notice thereof shall be given all parties at least ten (10) days prior to the hearing.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions
Section 2133 - Appeals

Any person whose application for a license is disapproved or whose license is suspended or revoked after a hearing, may appeal to the Board of Supervisors within thirty (30) days after the date of such denial, suspension or revocation by filing with the Clerk of the Board of Supervisors a request that the Board review denial, suspension or revocation. The appeal shall be in the form of a written notice filed with the Clerk of the Board of Supervisors and signed by the appellant. The notice shall have attached a copy of the written application, suspension or revocation, and shall state clearly and concisely the reasons upon which the appellant relies for his appeal. The Clerk of the Board of Supervisors shall set the matter for hearing within fifteen (15) days after the notice is filed, and shall notify the appellant and VC EMSD of the setting. At the hearing, the appellant shall have the burden of establishing to the satisfaction of the Board that he is entitled to relief, or otherwise the denial of the application, the suspension, or revocation of the license or permit shall stand.

Ord. 4033/215/227.1 April 27, 1993

AN ORDINANCE OF THE COUNTY OF VENTURA
AMENDING VENTURA COUNTY ORDINANCE CODE
SECTION 2423-3 RELATING TO SETTINGS OF AMBULANCE RATES

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 1. Section 2423-3 of the Ventura County Ordinance Code is hereby amended to read as follows:

"Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a licensee, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except for consumer price index or other changes as provided for in ambulance provider agreements or as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA except that consumer price index or other changes provided for in ambulance provider agreements shall be in accordance with such agreements. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the informational Agenda of any changes made pursuant to this subsection (c). the Board of Supervisors, after public hearing, may overrule any changes made by the VCEMS pursuant to this subsection (c).

Section 2. This Ordinance shall take effect thirty (30) days following final passage and adoption.
PASSED AND ADOPTED this day of , 1996, by the following vote:

AYES: Supervisors



NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

ATTEST:
RICHARD D. DEAN, County Clerk
County of Ventura, State of
California, and ex officio
Clerk of the Board of Supervisors
thereof:

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title AMBULANCE COMPANY LICENSING PROCEDURE		Policy Number 111	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date: June 1, 2014	
Origination Date:	June 1, 1997	Effective Date: June 1, 2014	
Date Revised:	May 8, 2014		
Date Last Reviewed:	May 8, 2014		
Next Review Date:	June 2017		

- I. Purpose: All ambulance companies conducting business within Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency (VCEMS) Policy 110, Ventura County Ordinance No. 4099.
- III. Policy:
 - A. License Application:

Every applicant for an ambulance company license shall submit the application fee, if any, along with an ambulance license application packet, containing the following elements:

 1. Letter of interest on company letterhead, labeled as "Attachment I", stating at minimum:
 - a. Company's interest in providing services in Ventura County.
 - b. Brief statement of your company's service history and background, including the trade or other fictitious name, if any, under which the applicant does business and/or proposes to do business.
 - c. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance(s).
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. The applicant shall contact VCEMS for the fingerprinting procedure. A copy of the completed Live Scan form(s) shall accompany the application labeled as "Attachment II".
 3. Documentation of the training and experience of the applicant and managers involved in the transportation and care of patients, labeled as "Attachment III". Evidence shall include applicant and manager resumes showing type and duration of transportation experience, including at least five (5) years of increasingly

responsible experience in the operation or management of a basic or advanced life support service. Each applicant and/or manager must complete, sign, and submit a written statement, (1) identifying all licenses and franchises held during the last ten (10) years, (2) disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, and (3) describing the applicant and/or manager's prior conviction of any misdemeanor or felony, and/or any pending criminal proceedings at the time of application.

4. The location and descriptions of the place or places from which ambulances are intended to operate, labeled as "Attachment IV". Prior to approval of an ambulance license, applicant must establish at least one ambulance station within Ventura County, with the capability of supporting ambulance operations on a continuous 24-hour-per-day basis.
 - a. All such locations will comply with all applicable zoning, building, and occupational health and safety regulations and shall be sufficient for all personnel in accordance with all local, state and federal regulations.
 - b. Each ambulance station will be adequate to house the ambulance crew(s) required for the ambulance(s) based at that location. Each ambulance based at that location must be available as a disaster resource within one hour of VCEMS request.
 - c. Ambulance stations are subject to announced or unannounced VCEMS inspection.

Upon approval and issuance of an ambulance license, applicant will provide a minimum of one on-duty ambulance on a continuous 24-hour-per-day basis within the County of Ventura. Additionally, applicant must have a supervisor on duty 24 hours per day who will be available in Ventura County within one hour of a request from VCEMS.

5. Description of each ambulance proposed to be operated by the applicant, labeled as "Attachment V". Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulances and a description of the total number of vehicles operated by applicant and the number of ambulance licenses that applicant is requesting. For each ambulance listed for licensure, provide the unit number, license number, vehicle identification number (VIN), make, model

year, model type, mileage, projected vehicle life, and patient capacity of each vehicle. Attach copies of the current vehicle registration issued by the Department of Motor Vehicles (DMV), the California Highway Patrol (CHP) emergency vehicle license and the results of the most recent CHP inspection for each vehicle to be licensed. Prior to approval of an ambulance license, all ambulances proposed to operate in Ventura County will be inspected and shall meet the following:

- a. Primary ambulances assigned to Ventura County must be less than six (6) years old and have less than 250,000 miles at time of initial licensure. Ambulances exceeding these maximums may be authorized for use in a reserve capacity following an annual inspection.
- b. BLS transport unit equipment and supply requirements as established in VCEMS Policy 504.
- c. Radio communication capabilities as provided in VCEMS Policy 905.
- d. Radio identification number shall be clearly marked on all four sides of ambulances assigned to Ventura County.
- e. All ambulances authorized to operate within Ventura County will be required to install and continuously operate automatic vehicle location (AVL) equipment compatible with the Ventura County Fire Department's regional communications system. Applicant shall contact VCEMS for AVL requirements and procurement procedure.

Any costs for procurement, installation and the continuous operation of the equipment/supplies, radio and AVL requirements are the sole responsibility of the ambulance provider. Only ambulances equipped as described above will be permitted to operate in Ventura County. Ambulances will be subject to announced and unannounced inspection by VCEMS.

6. A statement listing any facts which the applicant believes tend to prove that public convenience, safety and necessity require the granting of a license, labeled as "Attachment VI". Facts shall include written statements or other evidence of either inadequate response times or inadequate care from existing providers. To establish public convenience, safety, or necessity, the applicant shall demonstrate to the satisfaction of the VCEMS Administrator that it has complied with each of the following requirements:

- a. The applicant has complied with all provisions of this policy.
 - b. The applicant is, under normal conditions, serving or likely to serve the public adequately.
 - c. The applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
 - d. The applicant meets the minimum requirements to have an ambulance license.
7. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm, labeled as “Attachment VII”. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to documentation provided in response to Section III.A.3 above. The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations. All applicants must also submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even formulas), and describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed. If approved, applicant will submit annual financial statements to VCEMS within three (3) months of the end of the applicant's fiscal year.
8. Applicant shall establish a VCEMS approved EMT AED Service Provider program which, at a minimum, meets all requirements of VCEMS Policies 802 and 803. Documentation of EMT AED Service Provider program and VCEMS approval shall be labeled as “Attachment VIII”.
9. Applicant shall provide verification of a VCEMS approved Continuous Quality Improvement Program (CQIP), labeled as “Attachment IX”. Applicant’s CQIP must meet the requirements of VCEMS Policy 120 and applicant must agree to fully participate in VCEMS CQI projects and committees.

10. Applicant shall provide copies of its medical dispatch policies and procedures, labeled as "Attachment X". Applicant must submit copies of dispatch logs for the thirty (30) day period immediately prior to the date of the application and a description of the qualifications for dispatchers. Applicant must also submit a letter of agreement to use the VCEMS approved "Dispatch Call Entry Form" for any Ventura County based ambulance requests.
11. Applicant shall provide a description of the company's accounts receivable management system, labeled as "Attachment XI". Documentation should include the location of the closest physical billing office to Ventura County and the training and experience of billing staff and billing management. If the location is not in Ventura County, applicant must provide staff specifically trained and available to address billing inquiries from Ventura County patients.
12. A list of insurance and liability coverage, including certificates of insurance or other evidence of coverage, labeled as "Attachment XII". The minimum insurance coverage types and limit requirements for ambulance companies include general liability insurance with limits of not less than \$1 million each occurrence and \$2 million aggregate; automobile liability insurance with limits of not less than \$1 million each accident covering all vehicles used by the applicant; worker's compensation and employers' liability insurance, or an equivalent program of self-insurance coverage which complies with California Labor Code requirements; and professional liability insurance covering applicant's errors and omissions with limits of not less than \$1 million per each claim and \$2 million aggregate. Such insurance shall be provided by insurer(s) satisfactory to VCEMS and upon licensure approval, the general and auto liability insurance policies shall name the County of Ventura as an additional insured.
13. Applicant shall provide a written statement, labeled as "Attachment XIII", of intent to comply with the Multi-Casualty Incident Response plan as addressed in VCEMS Policy 131. During multi-casualty incidents (MCIs), the capability of the 911 ambulance providers to provide necessary prehospital emergency care and transportation may be insufficient for the number of casualties. Therefore, it is necessary that all non-911 ambulances operating in Ventura County be available to assist during an MCI. For this reason, each ambulance provider will make available, and place into service, all available licensed units upon VCEMS request. All ambulance providers, in the event of an MCI, will:

- a. Provide immediate ambulance resource availability within Ventura County when requested by VCEMS.
- b. Have an emergency response plan which includes a personnel call-back plan.
- c. Have all management and field personnel trained for compliance with VCEMS Policy 131 within 6 months of licensure.
- d. Provide, within reason, immediate response to any polls or surveys from VCEMS.
- e. Provide, within reason, equipment, facilities, and personnel as requested by VCEMS.
- f. When funding is available, the County of Ventura may assist the participating providers in seeking reimbursement for its costs from any disaster relief funding. The County of Ventura will have no financial responsibility for these costs or charges.

When requested by VCEMS, the licensed ambulance provider will participate in a Ventura County organized disaster exercise by assigning a minimum of one (1) fully staffed ambulance and one (1) supervisor. VCEMS will request participation from licensed providers with a minimum of thirty (30) days written notice. All costs associated with participation in the disaster exercise will be the sole responsibility of the licensed provider.

14. The applicant shall provide a written statement, labeled as "Attachment XIV", of intent to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.
15. Attach evidence of support for applicant and label as "Attachment XV". Applicant must provide a minimum of three (3) written statements of support, on letterhead, from responsibly positioned, Ventura County-based, residents, institutions, or users of the service.
16. Submit the completed application packet and payment, if any, and five (5) copies of the entire application (including all attachments) to:
EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd. #130
Oxnard, CA 93036

The original and all copies of the application packet must be submitted in a 3-ring loose leaf binder, with labeled dividers for each attachment identified above. Do not place documents or pages of the application in page protectors or covers. Two sided copies are encouraged, whenever possible. Applications determined to be incomplete will be returned to the applicant and will not be processed.

B. Procedure for Processing Application for Ambulance Company License:

1. VCEMS shall commence processing an application within fifteen (15) calendar days from the date the application is filed and determined to be complete. Application packets will initially be reviewed by VCEMS staff for compliance with the application requirements in Section III.A of this policy. Once all sections of the application have been reviewed for compliance, the VCEMS Administrator will determine if the application is complete or if the application is deficient in any area. If the application is determined to be deficient, the application will be denied and the applicant will be notified in writing. The applicant will have thirty (30) calendar days in which to respond. Failure to provide the requested information within thirty (30) days will result in the abandonment of the application and the complete application process, including fees, must be restarted in order to be considered for licensure. If the application is determined to be complete, the review process will continue as follows:
 - a. VCEMS Administrator will notify all ambulance companies licensed by the County, members of the Prehospital Services Committee (PSC), and EMS Advisory Committee of the receipt of the application and the name and address of the applicant.
 - b. VCEMS staff will thoroughly investigate the conditions and requirements listed in Section III.A (except for Sections III.A.7, III.A.11 and III.A.12) of the application packet to verify the information submitted as they relate to the applicant's ability to provide ambulance service in compliance with the standards of this policy.
2. Specific Ventura County departments will review sections of the application that are pertinent to their area of responsibility as follows:
 - a. The Ventura County Auditor/Controller's Office shall be requested to review and comment on the financial statement and accounts receivable documents provided in response to Sections III.A.7 and

- III.A.11, as they relate to the applicant's ability to meet the financial obligations of the business.
- b. The Ventura County Risk Management Division shall be requested to review the insurance and liability documents provided in response to Section III.A.12, as they relate to the minimum coverage requirements.
3. The VCEMS Administrator shall conclude evaluation of the application and prepare an administrative report that summarizes each of the application sections and verifies the applicant's compliance with all of the required elements of this policy.
 4. VCEMS will present the administrative report and all information received regarding the application to the PSC within one hundred twenty (120) days of the date the application was determined to be complete. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials. PSC members from current Ventura County licensed ambulance providers will be excused during the review process.
 - a. PSC shall review the application and develop a written report of its findings to submit to the EMS Advisory Committee.
 - b. The findings shall include:
 - (1) Whether the applicant has substantially met all elements of the ambulance licensing procedure described in this policy.
 - (2) Whether or not public convenience, safety and necessity requires the issuance of an ambulance license.
 - (3) Whether the applicant's experience and past performance meets the standards in the VCEMS Policies and Procedures Manual.
 - (4) Any other pertinent information.
 5. The EMS Advisory Committee shall convene; within ninety (90) days from the date PSC completes its review, to evaluate the application packet, the VCEMS administrative report and the PSC report. The EMS Advisory Committee will develop a written report recommending approval or denial of the application and shall include:
 - a. Whether the applicant has complied with all provisions of this policy.

- b. Whether the applicant is, under normal conditions, serving or likely to serve the public adequately.
- c. Whether the applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
- d. Whether the applicant meets the minimum requirements to have an ambulance license.
- e. Whether additional information is needed.

An approval recommendation by the EMS Advisory Committee is required before proceeding with the application process. Failure to receive an approval recommendation from the EMS Advisory Committee will result in an administrative denial of the application.

- 6. A denial recommendation from the EMS Advisory Committee may be appealed to the Ventura County Board of Supervisors by following the appeal provisions in Ventura County Ordinance No. 4099.
- 7. If the EMS Advisory Committee issues an approval recommendation, the Director of the Health Care Agency, Director of the Public Health Department and the VCEMS Administrator and/or their designee(s), will take the application, the VCEMS administrative report, the PSC report and the EMS Advisory Committee recommendation to the Ventura County Board of Supervisors for final action of approval or denial.
- 8. The VCEMS Administrator shall notify the Ventura County Auditor/Controller of approved applications and shall indicate the service area for which the license is valid.
- 9. Upon payment of the established license fee by the applicant, VCEMS shall issue the license.
- 10. The license shall be valid for two (2) years from the date of issue or until surrendered by the licensee, until sale of the company, or until revoked or suspended in accordance with the provisions of the VCEMS Policies and Procedures Manual.
- 11. The Director of the Health Care Agency or designee(s) shall deny, suspend or revoke an ambulance license in accordance with Sections 2424-1 and 2424-2 of Ventura County Ambulance Ordinance No. 4099.

12. Application for ambulance license renewal, and license renewal fee, if any, shall be received by VCEMS at least sixty (60) days prior to the expiration of the current ambulance license.
13. Ambulance providers that contract with the County to provide emergency ambulance service and which are required by contract to meet all the required conditions for license applicants, may be deemed by the VCEMS Administrator to meet the qualifications for a license and for ongoing license renewals. In such cases, the providers will not be required to comply with the application and re-application procedure described in Section III.A.



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospital Emergency Services Reduction Impact Assessment		Policy Number 124	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: December 1, 2004	
Origination Date:	June 1999	Effective Date:	December 1, 2004
Date Revised:	May 13, 2004		
Date Last Reviewed:	August 13, 2015		
Review Date:	August, 2018		

- I. PURPOSE: To provide a mechanism for Ventura County to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system of the reduction or closure of emergency services in hospitals.
- II. AUTHORITY: Health and Safety Code Section 1300 (c).
- III. POLICY: Acute care hospitals intending to implement either a reduction or closure of emergency services must advise the EMS agency as soon as possible, but at least 90 days prior to the proposed change.
 - A. The notification of change proposal must include:
 1. Reason for the proposed change(s).
 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 3. Description of the local geography, surrounding services, the average volume of calls.
 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Evaluation Process
 1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.
 2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a

minimum, the Impact Evaluation report shall include:

- a. Assessment of community access to emergency medical care.
 - b. Effect on emergency services provided by other entities.
 - c. Impact on the local EMS system.
 - d. System strategies for accommodating the reduction or loss of emergency services.
 - e. Potential options, if known.
 - f. Public and emergency services provider comments.
 - g. Suggested/recommended actions.
3. Within fifty (50) days of notification, the EMS Agency will release the draft impact evaluation report to prehospital and hospital emergency services personnel, with a 10 working day comment period; and conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearings may be incorporated with other public meetings held by the Public Health Department, Board of Supervisors and/or other government agencies, commissions, or committees.
 4. Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation, and submit those findings to the California Department of Health Services, State EMS Authority, Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, planning/zoning authorities, local EMS participants and other interested parties.
 5. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the affected county.
 6. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
 7. The hospital proposing a reduction or closure of service(s) will be charged a \$750.00 fee by Ventura County Emergency Medical Services for the impact evaluation.

Time Line (in calendar days) for Development of Report of Impact on the EMS System in the Event of Closure or Reduction of Emergency Department Services in Local Hospitals					
Day 0	By Day 7	By Day 35	By Day 50	By Day 60	By Day 90
VC EMS is notified of pending closure or reduction in emergency services	Hospital has formally received necessary information relating to impact study	1. Draft EMS Impact Evaluation Report completed and distributed. to prehospital and hospital emergency medical services personnel with a 10 working day comment period 2. Public Hearing Date set.	1. At least one public hearing has been conducted 2. Results of comments and hearing(s) are incorporated into the final Impact Evaluation.	VC EMS will prepare Final Impact Evaluation VC EMS will submit the report to agencies listed in Section III.4	The hospital will serve notice of the public hearings regarding closure / reduction of services and hold such hearings.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medication Error Reporting		Policy Number 151	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2013	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2013	
Origination Date:	November 1, 2003		
Date Last Reviewed:	November 14, 2013	Effective Date: December 1, 2013	
Date Revised:	November 14, 2013		
Review Date:	November, 2016		

- I. PURPOSE: To provide a mechanism for prehospital care providers to report medication errors. The information obtained may be used for education and continuous quality improvement to promote a medication error-free environment.
- II. AUTHORITY: Health and Safety Code 1797.220
- III. POLICY: Medication Errors are reported to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer in accordance with the following procedure. Persons reporting the error are immune from any disciplinary action by VC EMS Agency under the following conditions:
 - A. The event was unintentional
 - B. There were no major adverse outcomes
 - C. The law has not been broken
 - D. An action plan is developed and carried out
- IV. DEFINITIONS: Medication Errors include:
 - A. Wrong dosage
 - B. Variation from VC EMS 705 Policies
 - C. Calculation error
 - D. Exceeding maximum dose
 - E. Wrong route
 - F. Wrong medication
 - G. Medication omitted
 - H. Incorrect time
 - I. Wrong person
- V. STATEMENT: If a medication error is made whether or not it resulted in an adverse patient outcome, it is an Unusual Occurrence and must be reported as such per Policy 150.

- VI. PROCEDURE:
- A. Upon discovering a medication error, immediately notify treating physician.
 - B. Discovering party will complete Medication Error Reporting Form and submit it to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer
 - C. The VC EMS Agency will be notified within 24 hours if it is reportable, and immediately if it is a sentinel event per VC EMS Policy 150: Unusual Occurrences.
 - D. The appropriate PCC will conduct and complete the investigation within 10 working days after being assigned the case by VC EMS Agency, and shall submit a report and action plan to VC EMS Agency where it will be evaluated and tracked.
- VII. IMMUNITY: VC EMS will grant immunity from disciplinary action to personnel who report medication errors within the guidelines of this policy *and* if there is no adverse patient outcome, no criminal intent and the event was unintentional. No immunity will be granted in cases where knowledge of a medication error is intentionally omitted or not reported. If a person is unaware that they have committed a medication error until notification by VC EMS, they are still eligible for immunity as long as it is found that they did not intentionally withhold reporting.

ATTACHMENT: Medication Error Reporting

VENTURA COUNTY EMS AGENCY Medication Error Reporting Form



Date of Report:

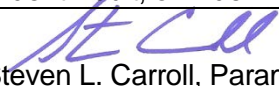

Brief description of event:

Date of event	Time of event	Fire Incident Number	Reporting Party Name and Phone	Reporting Party Agency

AGENCY INVOLVED:	MEDICATION:
<input type="checkbox"/> AMR <input type="checkbox"/> FLM <input type="checkbox"/> GCA <input type="checkbox"/> LMT <input type="checkbox"/> VEN <input type="checkbox"/> VNC <input type="checkbox"/> VCSAR <input type="checkbox"/> SVH <input type="checkbox"/> LRHMC <input type="checkbox"/> SJRMC <input type="checkbox"/> VCMC	

TYPE OF ERROR:	
<input type="checkbox"/> WRONG DOSAGE <input type="checkbox"/> VARIATION FROM 705 POLICIES <input type="checkbox"/> CALCULATON ERROR <input type="checkbox"/> EXCEEDING MAX DOSE	<input type="checkbox"/> WRONG ROUTE <input type="checkbox"/> WRONG MEDICATION <input type="checkbox"/> MEDICATION OMMITED <input type="checkbox"/> INCORRECT TIME <input type="checkbox"/> WRONG PERSON

EXPLANATION: (include any patient signs/symptoms/outcomes)

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Child, Dependent Adult, or Elder Abuse Reporting		Policy Number 210	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2014	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2014	
Origination Date:	June 14, 1984		
Date Revised:	October 9, 2014	Effective Date: December 1, 2014	
Last Review:	October 9, 2014		
Review Date:	October, 2017		

- I. PURPOSE: To define child, dependent adult and elder abuse and outline the required reporting procedure for prehospital care personnel in all cases of suspected child, dependent adult and elder abuse.
- II. AUTHORITY: Welfare and Institutions code Section 15630-15632
- III. POLICY: EMS Provider will report all suspected cases of abuse.
- IV. DEFINITIONS:
 - A. "Abuse of an elder or a dependent adult" means physical abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, isolation, or treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.
 1. "Isolation" means any of the following:
 - a. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor, where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
False imprisonment, as defined in Section 236 of the Penal Code.
Physical restraint of an elder or dependent adult for the purpose of preventing the elder or dependent adult from meeting with visitors.
 - b. The acts set forth in paragraph a. shall be subject to a rebuttal presumption that they do not constitute isolation if they are

performed pursuant to the instructions of a physician licensed to practice medicine in the State of California, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.



- c. The acts set forth in paragraph a. shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.
2. "Child" means any person under the age of 18 years.
3. "Child abuse" means physical injury which is inflicted by other than accidental means on a child by another person....sexual assault of a child....neglect of a child or abuse in out-of-home care.
4. "Dependent Adult" means any person residing in this state between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
5. "Dependent adult" includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
6. "Elder" means any person residing in this state, 65 years of age or older"
7. "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision © of Section 4980.03 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

8. "Physical abuse means all of the following:
 - a. Assault, as defined in Section 240 of the Penal Code
 - b. Battery, as defined in Section 242 of the Penal Code
 - c. Assault with a deadly weapon or force likely to produce great bodily injury, as defined by Section 245 of the Penal Code
 - d. Unreasonable physical constraint or prolonged or continual deprivation of food or water.
 - e. Sexual Assault, which means any of the following:
 - 1) Sexual battery, as defined in Section 243.4 of the Penal Code
 - 2) Rape, as defined in Section 261 of the Penal Code
 - 3) Rape in concert, as described in Section 264.1 of the Penal Code
 - 4) Incest, as defined in Section 285 of the Penal Code
 - 5) Sodomy, as defined in Section 286 of the Penal Code
 - 6) Oral copulation, as defined in Section 288a of the Penal Code
 - 7) Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
 - f. Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - 1) For punishment
 - 2) For a period significantly beyond that for which the restraint or medication was authorized pursuant to the instructions of a physician licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
9. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate, on his or her training and experience, to suspect child abuse.

V. PROCEDURE:

1. Report by telephone to a county child or adult protective agency (Ventura County Human Services Agency at (805-654-3200) or to a local law enforcement agency immediately or as soon as possible. The telephone report shall include the following:

- a. Name, address, telephone number, and occupation of the person making the report
 - b. Name and address of the victim
 - c. Date, time and place of the incident
 - d. Other details, including the reporter's observations and beliefs concerning the incident
 - e. Any statement relating to the incident made by the victim
 - f. The name of any individuals believed to have knowledge of the incident
 - g. The name of the individuals believed to be responsible for the incident and their connection to the victim.
 - h. Present location of the child
 - i. Nature and extent of the injury
 - j. Information that led such person to suspect child abuse
2. Report in writing and fax to (805-654-5597) within two working days of receiving the information concerning the incident.
 3. When two (2) or more persons who are required to report are present and jointly have knowledge of a suspected instance of child, dependent adult or elder abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make such report.
 4. The reporting duties are individual, and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:  Steven L. Carroll, Paramedic		Date: December 1, 2008	
APPROVED: Medical Director  Angelo Salvucci, MD		Date: December 1, 2008	
Origination Date: June 1, 1997		Effective Date December 1, 2008	
Date Revised: July 10, 2008			
Last Date Reviewed: September 11, 2014			
Next Review Date: September, 2017			

- I. PURPOSE: To establish minimum requirements for designation as a Ventura County Paramedic Preceptor.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798.
- III. POLICY:
 - A. A Paramedic may be designated a Paramedic preceptor upon completion of the following:
 1. 6 months, (minimum 1440 hours) practice in Ventura County as a Level II Paramedic.
 2. Written approval submitted to VC EMSA by employer.
 3. Written approval submitted to VC EMSA by the Prehospital Care Coordinator at the base hospital of the area where the Paramedic practiced the majority of the time.
 4. Successful completion of The Ventura County Emergency Medical Services Agency (VC EMSA) Paramedic Preceptor Training course.
 5. Written notification of intent to practice as a Paramedic Preceptor shall be submitted to VC EMSA prior to preceptor working in this capacity.
 - B. The Paramedic Preceptor will be responsible for the training, supervision and evaluation of personnel in Ventura County who are preparing for accreditation or completion of requirements for Level I, Level II or EMT ALS Assist authorizations, and Paramedic Interns.
 - C. A preceptor shall not precept or evaluate more than one person at a time.
 - D. Paramedic Interns: Preceptors must directly observe the performance of all "Critical Procedures" and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.

1. Critical Procedures:
 - a. Endotracheal Intubation
 - 1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding).
The intern will not make a second attempt.
 - b. Needle Thoracostomy
 - c. Intraosseous needle insertion
 - d. Childbirth
 - e. Drug Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- E. Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.
- F. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

Employer: Please instruct the Paramedic to complete the requirements in the order listed. Upon employer approval the employer will contact the PCC prior to Paramedic contacting PCC for approval.

_____, Paramedic has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/he has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

Paramedic Preceptor

- _____ All the requirement of level II met.
- _____ 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.
- _____ Successful completion of the VC EMS Preceptor Training course.
- _____ Approval by employer
- _____ Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.
- _____ Notification of VC EMS
- _____ Completion of Curriculum Vitae

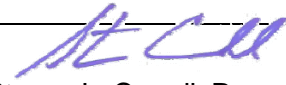

Please sign and date below for approval.

Employer

Date:

PCC, BH

Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Criteria		Policy Number: 321	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2014	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2014	
Origination Date:	April 1, 1983	Effective Date: June 1, 2014	
Date Revised:	May 8, 2014		
Last Date Reviewed:	May 8, 2014		
Next Review Date:	June 30, 2017		

- I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.
- III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Paramedics at the scene of an emergency.
- IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:
 - A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
 - B. Successfully completes an approved MICN Developmental Course.
 - C. Ride with an Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 - D. Be recommended for MICN authorization by his/her employer.
 - E. Successfully complete the authorization examination process.
 - F. Complete an MICN internship.
- V. AUTHORIZATION REQUIREMENTS
 - A. Professional Experience:
The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - B. Prehospital Care Exposure

The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the previous six calendar months, the candidate shall have one or more of the following assignments.

1. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six-(6) months' critical care experience. A Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

1. The MICN developmental course shall include a four (4) hour Mass Casualty Incident (MCI)-Basic training module to be administered by a VCEMS or authorized representative.

D. Field Observation

Candidates shall ride with an approved Ventura County Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response patient contact or simulated drill.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Prehospital Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.

3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

The recommendation shall include:

- a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).
- b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.
- c. Verification that each candidate has successfully completed an approved MICN Developmental Course.
- d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.

F. Examination Process

1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. The examination shall be scheduled in conjunction with class completion dates.
2. Examination Failure
 - a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.
 - b. A minimum score of 80% must be attained on repeat examination.
 - c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.
3. Failure to Appear
 - a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.

- b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.
- c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (10) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period

or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of the MICN Authorization Criteria

_____ Has been employed by _____ in the Emergency Department for at least 520 hours gaining prehospital care exposure.

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301		
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>			
Name:			
Street Address:			
City:	State:	Zip code:	
Home phone: ()	Work Phone: ()		
Base Hospital:			
Current/Prior Authorization Number:		Expiration Date:	
<p>Initial Authorization:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) <p>Reauthorization</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 			
Applicant Signature:		Date	
Prehospital Care Coordinator Signature:		Date	

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

Paramedic Signature

Paramedic Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

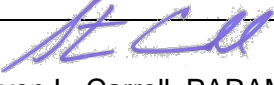

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
<p>MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.</p>		

Date	Incident # <small>(and Pt # of Total as needed)</small>	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VERIFICATION OF INTERNSHIP COMPLETION

<p>_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:</p>								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
<p>NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
<p>Signatures: _____</p> <p style="text-align: right;">BH Medical Director/Paramedic Liaison Physician</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Prehospital Care Coordinator</p>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322	
APPROVED: Administration:	 Steven L. Carroll, PARAMEDIC	Date: June 1, 2014	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2014	
Origination Date:	April 1983	Effective Date: June 1, 2014	
Date Revised:	May 8, 2014		
Date Last Reviewed:	May 8, 2014		
Next Review Date:	June 30, 2017		

- I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).
- II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.
- II. POLICY:
Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
 - a. Field Care Audits (Field care audit): Twelve hours per two years.
 - b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
 - 1) EMS Updates (Mandatory, up to two times per year, as offered).
 - 2) ACLS recertification - 4 hours credit
 - 3) PALS, PEPP, or ENPC recertification – 4 hours credit
 - 3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.

- a) Self-study CE shall be documented by a certificate from the sponsor of the self-study opportunity (e.g., EMS journals mail courses, etc.).
 - b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A posttest shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.
 - c) Ride along with an approved Ventura County Paramedic unit may be required at PCC discretion.
- c. Basic MCI Training for the MICN:
- 1) Four (4) hour initial training required no later than December 31, 2014 for all new and existing MCINs.
 - 2) Two (2) hour refresher training required for MICN re-authorization every two years after the initial training has been completed.
- d. Miscellaneous Education: Ten hours per two years. Miscellaneous education Includes:
- 1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,
 - 2) ALS level teaching, maximum of 8 hours.
 - 3) Additional field care audit and/or lecture/ seminar, or
 - 4) Administrative assistance to PCC.
- e. Verification of attendance must be retained by the MICN.
- 1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.
 - 2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the Paramedic/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.

- 3) Credit shall be given only for actual time in attendance at CE.
 - 4) Credit may be received for a class one time only in an authorization cycle.
2. To Maintain MICN Authorization
 - a. Function as an MICN for an average of 32 hours per month over a six-month period or
 - b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.
 3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
 4. Maintain current ACLS and PALS, PEPP or ENPC certification.
- B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

NAME: _____

EMPLOYER: _____ Authorization #: M_____

Ventura County Authorization Requirements Continuing Education Log

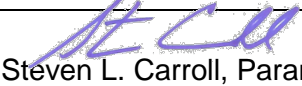

This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reauthorization. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all MICN's reauthorizing and if you are randomly 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.

The EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your MICN authorization.

Field care audit Hours				
(12 hours)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours					
Required Courses		Date	Location	# Of Hours	Provider Number
1.	EMS UPDATE #1 (1 hour)				
2.	EMS UPDATE #2 (1 hour)				
3.	EMS UPDATE #3 (1 hour)				
4.	EMS UPDATE #4 (1 hour)				
EMS Updates are completed as the new or changed policies are put into place. This is usually done every 6 months in May and November.					
5.	ACLS Course (4 hours – additional hours please record in miscellaneous hours section)				
6.	PALS, PEPP or ENPC Course (4 hours – additional hours please record in miscellaneous hours section)				
7.	Basic MCI for the MICN-Refresher (2 Hours)				

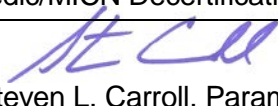
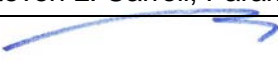
Miscellaneous Hours				
(10 hours are required)				
These hours can be earned with any combination of additional field care audit, lecture, etc.)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: MOBILE INTENSIVE CARE NURSE AUTHORIZATION REACTIVATION		Policy Number 324	
APPROVED: Administration	 Steven L. Carroll, Paramedic	Date: December 1, 2014	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2014	
Origination Date:	December 1991		
Revised:	September 11, 2014	Effective Date: December 1, 2014	
Date Last Reviewed:	September 11, 2014		
Next Review Date:	September, 2017		

- I. Purpose: To define the procedure for reactivating a lapsed or inactive authorization.
- II. Authority: Health and Safety Code 1797.56 and 1797.58, 1797.213 and 1798.
- III. Policy: An individual may reactivate his/her authorization upon completion of the following requirements.
- V. Procedure: An individual whose Mobile Intensive Care Nurse (MICN) authorization has become inactive or lapsed shall be eligible for reauthorization when the following have been met:
 - A. MICN Authorization has lapsed due to failure to meet continuous service requirements and date on authorization has not expired.
 1. Notify VCEMS of intent to reactivate authorization.
 2. Within six (6) months of notification of intent to reactivate, complete a minimum of six - (6) hours of lecture/seminar and six (6) hours field care audit. These hours will be applied to continuing education requirements for reauthorization.
 3. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction to a field unit under the direction of an authorized MICN or MD during minimum of five (5) ALS call-ins requiring ALS care.
 4. Submit recommendations for reactivation of authorization from Base Hospital.
 - B. MICN authorization expired for 1-31 days:
 1. Notify VCEMS of intent to reactivate.
 2. Meet the requirements for authorization reactivation as defined in Policy 322.
 - C. MICN authorization expired less than one (1) year.

1. Notify VCEMS of intent to reactivate. Complete the following in order and within six (6) months.
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of six (6) hours lecture/seminar and six (6) hours field care audit.
 - c. Complete eight (8) hours of Field Observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering the medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of five (5) ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from the Base Hospital to VC EMS.
- D. MICN authorization expired between one (1) and two (2) years.
1. Notify VC EMS of intent to reactivate. In the following order, and within six (6) months:
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of nine (9) hours lecture/seminar and nine (9) hours field care audit.
 - c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during minimum of ten ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- E. Authorization expired for two (2) years or more
1. Notify VC EMS of intent to reactivate. Criteria must be met in the following order and within six (6) months.

2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322
 - b. Complete additional continuing education consisting of an additional twelve (12) hours field care audit and twelve (12) hours lecture/seminar.
 - c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of ten (10) ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- F. EMS Agency Responsibilities
- VC EMS shall issue an authorization card upon successful completion of the requirements for reactivation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT/Paramedic/MICN Decertification and Discipline		Policy Number 330	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2014	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2014	
Origination Date:	April 9, 1985	Effective Date: June 1, 2014	
Date Revised:	March 13, 2014		
Date Last Reviewed:	March 13, 2014		
Review Date:	March, 2017		

- I. **PURPOSE:** To provide disciplinary proceeding regarding prehospital emergency care certificates including provision of counseling, placing certificate holder on probation or suspension, revocation of certificate, denial of renewal of certificate, or denial of certification.
- II. **AUTHORITY:** California Health and Safety Code, Section 1798.200
- III. **POLICY:** The Ventura County Emergency Medical Services Director (VCEMSD) may provide counseling, place on probation, suspend from practice for a designated time period, deny or revoke certification or deliver reprimands to Ventura County Certified EMT, Paramedic, or MICN if their actions, while providing prehospital care, constitutes a threat to public health and safety.

GROUND FOR DISCIPLINARY ACTION:

- A. Evidence that one or more of the following actions that constitute a threat to public health and safety has/have occurred:
 - 1. Fraud in the procurement of any certification, license or authorization.
 - 2. Gross negligence or repeated negligent acts
 - 3. Incompetence.
 - 4. Commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - 5. Conviction of any crime, which is substantially related to the qualifications, functions and duties of prehospital personnel. The record of conviction shall be considered conclusive evidence of conviction.
 - 6. Violation of or an attempt to violate or assistance in or abetting the violation of, or conspiring to violate, any provision of Division 2.5 of the Health and Safety Code, or of the regulations promulgated by the California State Emergency Medical

Services Authority, or the County of Ventura pertaining to prehospital care personnel.

7. Violation of or an attempt to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs or controlled substances.
 8. Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs or controlled substances.
 9. Functioning as a Ventura County certified EMT, accredited Paramedic, or authorized MICN while under the influence of alcoholic beverages, narcotics, dangerous drugs or controlled substances.
 10. Functioning outside the scope of the held certificate or independent of medical controls in the local prehospital emergency medical care system except as authorized by other license or certification.
 11. Unprofessional conduct exhibited by any of the following:
 - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT or Paramedic from assisting a peace officer, or a peace officer that is acting in the dual capacity of peace officer and EMT or Paramedic, from using that force that is reasonably necessary to affect a lawful arrest or detention.
 - b. The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the Civil Code.
 - c. The commission of any sexually related offense specified under Section 290 of the Penal Code.
- B. Failure to pass a certifying or recertifying examination shall be sufficient grounds for the denial of a certificate or the denial of the renewal of a certificate without a formal appeal process.

IV. PROCEDURE:

A. Submission of Claim.

When any of the Grounds for Disciplinary Action are exhibited by a certificate holder, any individual observing such grounds may submit a written claim relative to the infraction as well as any other supporting evidence to the VCEMSD. Discovery through medical audit shall be considered as a source of information for action.

B. Notification of Claim against Certificate Holder.

Before any formal investigation is undertaken, the VCEMSD shall evaluate the claim(s) relative to the potential threat to the public health and safety and determine if further action appears to be warranted.

When such a claim is submitted to the VCEMSD he/she shall notify the PCC and ED Medical Director at the appropriate Base Hospital, and the ALS provider management (if the certificate holder is an EMT or Paramedic) of the claim. Notification of such a claim shall be given verbally within twenty-four (24) hours, or as soon as possible, followed by written notification within ten (10) days. The written notice shall include:

1. A statement of the claim(s) against the certificate holder.
2. A statement which explains that the claim(s), if found to be true, constitute a threat to the public health and safety and are cause for the VCEMSD to take disciplinary action pursuant to Section 1798.200 of the Health and Safety Code.
3. An explanation of the possible actions, which may be taken if the claims are found to be true.
4. A brief explanation of the formal investigation process.
5. A request for a written response to the claim(s) from the certificate holder.
6. A statement that the certificate holder may submit in writing any information, which she/he feels is pertinent to the investigation, including statements from other individuals, etc.
7. The date by which the information must be submitted.
8. A statement that if she/he so chooses, the certificate holder may designate another person, including legal counsel or the certificate holder's employer, to represent him/her during the investigation.

This notification may be combined with notification of disciplinary action if the certificate holder's certificate is being immediately suspended.

The claim shall be responded to by the appropriate individual(s) and relevant information shall be submitted to the VCEMSD within fifteen (15) days after receipt of written notification.

C. Review of Submitted Material.

The VCEMSD shall review the submitted material and determine the appropriate disciplinary action.

1. The nature of the disciplinary action shall be related to the severity of the risk to the public health and safety caused by the actions of the certificate holder or applicant for a prehospital care certificate.
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2. The types of action, which may be taken prior to or subsequent to formal investigation, include:

Immediate suspension: The VCEMSD may immediately suspend a prehospital emergency medical care certificate at any point in the investigative or appeal process if there is evidence which indicates in the expert opinion of the VCEMSD that a continuing threat to the public health and safety will exist if the certificate is not suspended. The certificate holder's relevant employer shall be notified prior to or concurrent with initiation of the suspension. If the certificate is suspended prior to the initiation or completion of a review of the claims by an investigative review panel (IRP), an IRP shall not be required unless the certificate holder requests an IRP review, in writing, within fifteen (15) calendar days of the date that written notification is received. An expedited appeal hearing shall be convened if the certificate holder requests, in writing, such a hearing. Written notification shall be sent by certified mail.
