Virtual	Pre-hospital Services Committee Agenda	November 10, 2022 9:30 a.m.
I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Coronavirus/Flu/Respiratory Virus	Dr. Shepherd/Steve Carroll
V.	**New Business**	
	A. 0111 – Ambulance Company Licensing Procedures	Steve Carroll
	B. 0210 – Abuse Reporting Guidelines	Adriane Gil-Stefansen
	C. 0300 – EMT Scope of Practice	Karen Beatty
	D. 0301 – EMT Certification	Karen Beatty
	E. 0303 – EMT Optional Skills	Chris Rosa
	F. 0304 – EMT Challenge Exam	Karen Beatty
	G. 0711 – Prehospital Capnography	Andrew Casey
	H. 0720 – Guidelines for LBC	Adriane Gil-Stefansen
	I. 1603 – PSFA Nerve Agent Antidote Administration	Chris Rosa
VI.	**Old Business**	
	A. 705.17 – Nerve Agent Organophosphate	Chris Rosa
VII.	**Informational/Discussion Topics**	
	A. NREMT Pass Rates	Chris Rosa
	B. Safety Event/UO/Med Error	Dr. Shepherd
VIII.	**Policies for Review**	
	A. 1604 – Oxygen Administration and Basic Airway Adjuncts	
	B. 1606 – PSFA Epinephrine Administration	
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**	

Virtual	Pre-hospital Services Committee Minutes	October 13, 2022 9:30 a.m.

Topic	Discussion	Action	Approval
II. Approve Agenda		Approved	Motion: Dr. Canby Seconded: Dr. Larson Passed: unanimous
III. Minutes		Approved	Motion: Dr. Larson Seconded: Dr. Canby Passed: unanimous
IV. **Medical Issues**			
A. Coronavirus Update	**Dr. Shepherd** - **Steve** – Hospital screening adjustments from CDC to change AFL on visitor and patient protocols. Workplace screening for non-vaccinated has been rescinded.		
B. Ebola Update	**Rosa** – New Ebola outbreak in Uganda. CDC implementing screening at 10 airports around the country from that region. Monitoring the situation.		
C. Influenza Update	**Steve** – New booster vaccine is available. Flu masking requirements in play if you do not have the influenza vaccine. Notice will be sent out.		
V. New Business			
A. 121 – Safety Event Review	Discussion to retire policy 150 & 151 and have new policy 121 to report Safety Events in place of current U/O and Med Errors and follow a "Just Culture" instead. Chris will look into "Just Culture" training and classes, and Policy 121 will continue to be worked on and brought back to Nov or Dec meeting for more discussion.	Bring back an updated draft.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: Unanimous
B. 302 – EMT Renewal	**Rosa** - Minor changes. Language changes to include both "skills and cognitive testing" for CPR requirements. Removed CE log at the end of the policy as we transition to an online LMS, leveraging that tool instead of a paper fax-in form. Added details of Section 100080 to state training in finger stick blood glucose, epi and Narcan administration. Reinstatement Section includes referral back to Section III A 2-9a for these details.	Approved with changes.	Motion: Dr. Sykes Seconded: Tom O'Connor Passed: unanimous

C. 605 – Interfacility Transfer of Patients	Beatty – add in specialty care transfers. Spell out IFT that's a non-immediate vs a time sensitive transfer. A "How to Transfer a Patient" book has been developed and will be distributed to all 8 ERs to have this reference readily available.	Approved.	Motion: Tom Gallegos Seconded: Dr. Canby Passed: unanimous
D. 612 – Notification of Exposure to a communicable Disease	Minor changes. Pushed out to designated officers and only received a couple changes back. Process and procedures are still relevant, removed LMT from the tracking form on Appendix A, added Sars covid to appendix d to address current bugs out there.	Approved.	Motion: Jaime Villa Seconded: Tom O'Connor Passed: unanimous
E. 705.23 – SVT	Andrew – policy vague regarding a fib / atrial flutter, goal to make it explicit that above mentioned would apply to this policy. Add unstable at 150 HR	Approved with changes.	Motion: Dr. Larsen Seconded: Dr. Tilles Passed: unanimous
F. 1000 – Documentation	Rosa – changes were added to clarify the intent. Removed the section of exception of not completing PCR within 30 minutes due to overload. Will be additional changes come working toward a 3.5 system toward documentation. It is going to require significant updates, changes. Will not be adding a "phone number required" for demented/AOLC patients as this is a field training issue. Discussion of whether the abbreviation list should remain. It was decided to keep abbreviation list with some edits.	Approved with including the abbreviations	Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
G. 1132 – CE Attendance Roster	Rosa – moving toward a countywide LMS to update mandatory training. "Approved electronic CE roster will be utilized" added to the policy. Andrew is working on prodigy implementation. Start date 12/01.	Approved, pending that Prodigy will be live 12/01.	Motion: Dr. Larsen Seconded: Tom O' Connor Passed: unanimous
H. 1133 CE for EMS Personnel	Rosa – added "paramedic" under section D-10 to clarify VCEMS does not require additional CE over the required 48 hours	Approved	Motion: Dr. Larsen Seconded: Tom O'Connor Passed: unanimous
VI. Old Business			
A. Other			
VII. Informational			
A. 150 – UO Reportable Events/Sentinel Event	Rosa – been there for a while with no changes. Process is stagnant. Working with agencies to revise process with education, discussion, ace reviews. Online	Presenting to move in this direction	

	reporting tool to formalize. Associated as a punitive process instead of educational. Changing the name to safety event to help remove the stigma. Brought to show what our hopes are and highlight our plans. Bring 121 back for a formal review to then later retire 150/151. Shepherd – current policies don't match our process. Focus on a collaborative approach. Heather – reporting mechanism that is being used, need a routing method		
B. 151 – Medication Error Reporting	Read above		
C. 1405 – Guidelines for	**Beatty** – 2022 American college of surgeons took policy back from CDC. Yellow highlights show the changes that will go in effect 12/01 or 01/01. Discussed the changes. Education with medics and MICNs will be done through EMS update. It was suggested and accepted to change Step 3.1.2 to children less than 14ys instead of 15 years to match our other pediatric age policies.	Information only- Approved at TORC	
VIII. Policies for review			
A. 600 – Scene Control at Medical Emergencies	Due for review, no changes	Approved	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
B. 737 – PH Emergency Vaccine Administration	Due for review, no changes	Approved	Motion: Tom O'Connor Seconded: Kyle Blum Passed: unanimous
C. 1130 – CE Provider	Rosa - Due for review, no changes. Regulations at state level should open soon.	Approved.	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
IX. Agency Reports			
A. Fire departments	**VCFD** – Currently doing skills testing. Planned completion in November. New EMS nurse starts on 10/31. 10 medics in the new academy. **VFD –** The department thanked all agencies for the support and assistance following the death of FF Clapsaddle**.** **OFD** – none **Fed. Fire** – none **FFD** – none		

B. Transport Providers	**AMR/GCA/LMT** – Jason Avril will be added to PSC for GCA. **AIR RESCUE –** none		
C. Base Hospitals	**AHSV** – none **LRRMC** – none **SJRMC –** none **VCMC** – Dr. Duncan stated that 2260 passed which makes the STB Kits mandatory in all California new buildings. This law starts in 2023.		
D. Receiving Hospitals	**PVH** – CT Scanner problems, just purchased a new tube. Waiting for new CT Scanner to arrive. **SPH** – none **CMH** / **OVCH** – none		
E. Law Enforcement	**VCSO –**none **CSUCI PD –** none **Parks –** none		
F. ALS Education Programs	**Ventura College** – Students are in the field and expected to be done before Thanksgiving. Ventura College is currently looking for paramedic instructors. Paramedic grad is Nov 4th,		
G. EMS Agency	**Carroll** – All Town ambulance, approved start date Nov 1st , two BLS ambulances. **Rosa** – March 18 & 19 2023 – Air Show (Rosa will be Med Branch Leader). Largest event our county sees.100,000 + visitors expected		
H. Other			
X. Close	**Meeting adjourned at 1045**		Motion: Dr Larsen Seconded: Tom O'Connor Passed: unanimous

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, Paramedic	Date: January 3, 2023~~December 1, 2018~~
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: January 3, 2023~~December 1, 2018~~
Origination Date: June 1, 1997 Date Revised: November 10, 2022~~May 8, 2014~~ Date Last Reviewed: November 10, 2022~~September 13, 2018~~ Next Review Date: November 30, 2025~~September 30, 2021~~	Effective Date: January 3, 2023~~December 1, 2018~~

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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.~~

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7~~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.

8~~9~~. Upon payment of the established license fee by the applicant, VCEMS shall issue the license.

9~~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.

10~~1~~. 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.

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11~~2~~. 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.

12~~3~~. 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.

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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: January 3, 2023~~June 1, 2019~~
APPROVED: Medical Director: Daniel Shepherd M.D.	Date: January 3, 2023~~June 1, 2019~~
Origination Date: June 14, 1984 Date Revised: November 10, 2022~~March 14, 2019~~ Last Review: November 10, 2022~~March 14, 2019~~ Review Date: November 30, 2024~~March 31, 2022~~	Effective Date: January 3, 2023~~June 1, 2019~~

I. PURPOSE: To define child abuse or neglect, abuse of an elder or a dependent adult ~~and elder abuse and~~ and outline the required reporting procedure for prehospital ~~care~~ personnel in these cases. ~~all cases of suspected child, dependent adult and elder abuse.~~

II. AUTHORITY: Welfare and Institutions ~~c~~Code ~~Section 15630-15632:~~ ARTICLE 3 Mandatory and Nonmandatory Reports of Abuse [15630-15632]. Child Abuse and Neglect Reporting Act (CANRA): ARTICLE 2.5 Child Abuse and Neglect Reporting Act [11164-11174.3].

III. POLICY: EMS Providers are mandated reporters and will report all suspected cases of child abuse or neglect, and abuse of an elder or a dependent adult.

IV. DEFINITIONS:

A. "Abuse of an elder or a dependent adult" means physical abuse, neglect, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering, or financial abuse.

B. "Child" means any person under the age of 18 years.

C. "Child abuse or neglect" means physical injury or death by other than accidental means upon a child by another person, sexual abuse, neglect, the willful harming or injuring of a child or the endangering of the person or health of a child, and unlawful corporal punishment or injury.

D. "Dependent adult" means a person, regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that 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. Dependent adult also includes

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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.

E. "Elder" means any person residing in this state, 65 years of age or older.

F. "Mandated Reporter" includes an emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

G. "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 the person's training and experience, to suspect child abuse or neglect, or abuse of an elder or a dependent adult.

~~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~~

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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. Battery or assault~~

~~b. Assault with a deadly weapon or force likely to produce great bodily injury~~

~~c. Unreasonable physical constraint or prolonged or continual deprivation of food or water.~~

~~d. Sexual Assault, which means any of the following:~~

~~1) Sexual battery, rape, incest, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object.~~

~~e. 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:

A. Suspected abuse of an elder or a dependent adult

1. Report online at ReporttoAPS.org or call 805-654-3200 within 48 hours of receiving information concerning the incident.
   a. Reporting online satisfies the State requirement for mandated reporters to call in and mail/fax a report.
   b. If online reporting cannot be done, reports may be emailed to HSA-APS-Referrals@ventura.org or faxed to 805-650-1521.
2. Failure to report suspected abuse of an elder or a dependent adult
   a. Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars ($1,000), or by both that fine and imprisonment. A mandated reporter who willfully fails to

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report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals their failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

B. Suspected child abuse or neglect

1. Make an initial report by telephone immediately or as soon as practically possible to the 24-hour hotline 805-654-3200.
2. Submit a written report within 36 hours of receiving the information concerning the incident: (Form BCIA 8572) to HSA-CFS-SCAR@ventura.org.
3. Failure to report suspected child abuse or neglect.
    a. A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals the mandated reporter's failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

~~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~~

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~~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 on line at ReporttoAPS.orgin writing and fax to (805-654-5597 within two working days of receiving the information concerning the incident.~~

C. ~~3.~~ When two (2) or more persons, who are required to report, are present and jointly have knowledge of a suspected instance of child abuse or neglect, or abuse of an elder or a dependent adult, ~~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.

D. ~~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.

Reporting Suspected Abuse

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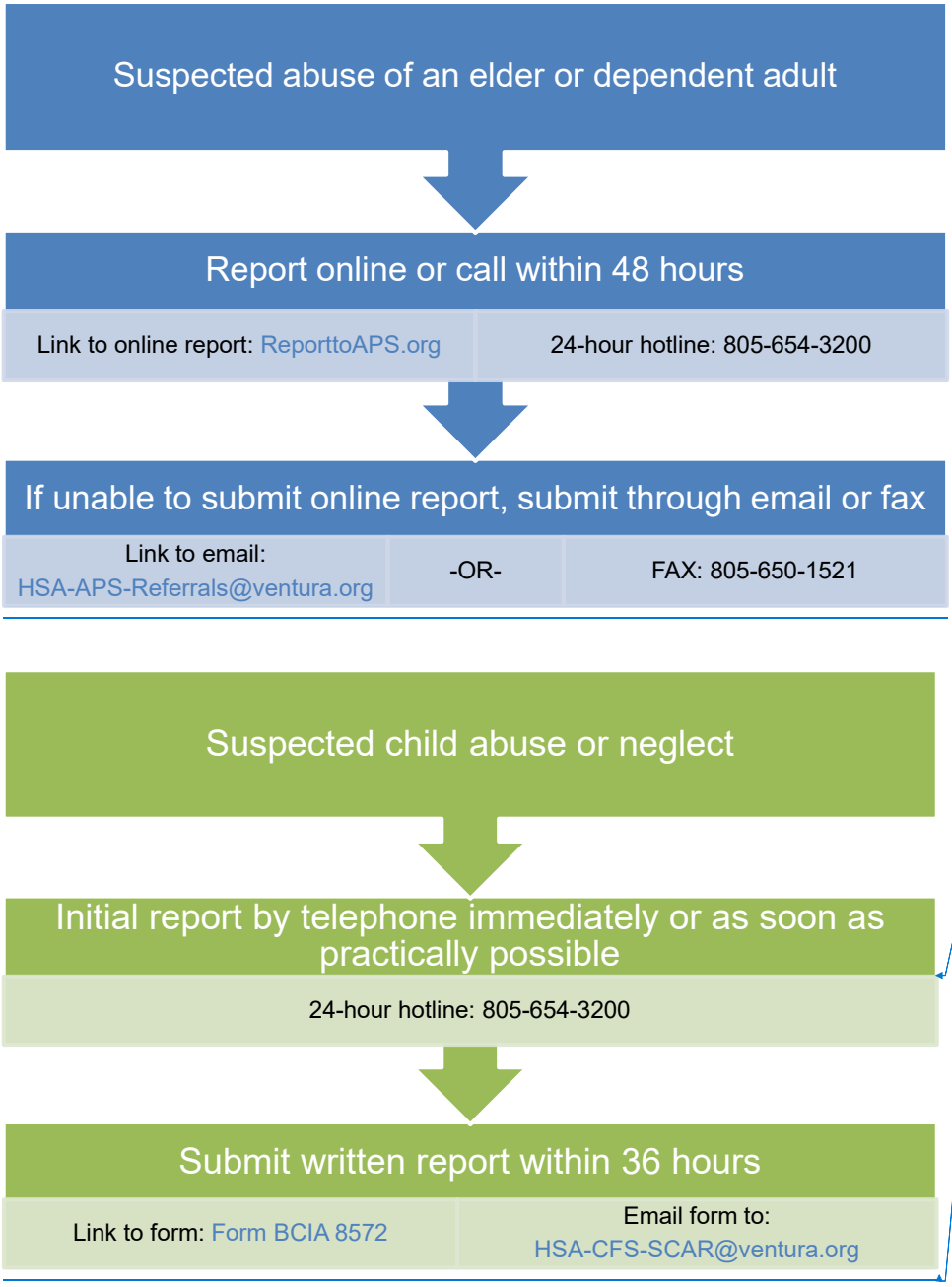

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Technician Scope of Practice	Policy Number 300
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: January 3, 2023~~July 13, 2017~~
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: January 3, 2023~~July 13, 2017~~
Origination Date: August 1988 Date Revised: November 10, 2022~~July 13, 2017~~ Date Last Reviewed: November 10, 2022~~July 13, 2017~~ Review Date: November 30, 2025~~July, 2020~~	Effective Date: January 3, 2023~~July 13, 2017~~

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I. PURPOSE: To define the scope of practice of an Emergency Medical Technician (EMT) practicing in Ventura County.

II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100063, and 100064.

III. POLICY:

A. During training, while at the scene of an emergency and during transport of the sick or injured, or during interfacility transfer, a supervised EMT trainee or certified EMT is authorized to do any of the following:

1. Evaluate the ill and injured
2. Render basic life support, rescue and emergency medical care to patients.
3. Obtain diagnostic signs to include, but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status.
4. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
5. Administer oxygen
6. Use the following adjunctive airway and breathing aids:
   a. Oropharyngeal airway
   b. Nasopharyngeal airway
   c. Suction devices

d. Basic oxygen delivery devices for supplemental oxygen therapy, including but not limited to, humidifiers, partial rebreathers, and venturi masks; and

e. Manual and mechanical ventilating devices designed for prehospital use, including continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP).

7. Use various types of stretchers and spinal immobilization devices.

8. Provide initial prehospital emergency care of trauma, including, but not limited to:

   a. Bleeding control through the application of tourniquets;

   b. Use of hemostatic dressings from a list approved by the California EMS Authority

   c. Spinal motion restriction or immobilization;

   d. Seated spinal motion restriction or immobilization;

   e. Extremity splinting; and

   f. Traction splinting.

9. Administer oral glucose or sugar solutions.

10. Extricate entrapped persons.

11. Perform field triage.

12. Transport patients.

13. Apply mechanical patient restraint

14. Set up for ALS procedures, under the direction of a Paramedic.

15. Perform automated external defibrillation

16. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

B. In addition to the activities outlined in the EMT Basic Scope of Practice, the VCEMS Medical Director may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS System and in the prehospital setting and/or during interfacility transport to:

1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if ~~necessary~~necessary, in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;

2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
3. Administer naloxone by intranasal and/or intramuscular routes for suspected narcotic overdose;
4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;
5. Perform finger stick blood glucose testing, and;
6. Administer over the counter medications, when approved by the VCEMS medical director, including but not limited to:
    a. Aspirin

C. During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by VCEMS within the jurisdiction where the EMT is employed as part of the organized EMS system.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title Emergency Medical Technician Initial Certification	Policy Number 301
APPROVED: EMS Administrator: Steven L. Carroll, Paramedic~~EMT-P~~	Date: January 3, 2023~~July 13, 2017~~
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: January 3, 2023~~July 13, 2017~~
Origination Date: June 1, 1984 Date Revised: November 10, 2022~~July 13, 2017~~ Date Last Reviewed: November 10, 2022~~July 13, 2017~~ Effective Date: January 3, 2023~~July 13, 2017~~ Review Date: November 30, 2025~~July, 2020~~	

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I. PURPOSE: To identify the procedure for certification of Emergency Medical Technician.

II. AUTHORITY: California Code of Regulations (CCR) Section 100079 and 100081; California Health and Safety Code Sections 1797.50 and 1797.175.

III. POLICY:

A. General Eligibility

An individual who meets one of the following criteria shall be eligible for initial certification:

1. Pass the cognitive examination and psychomotor skills examination of the National Registry of Emergency Medical Technicians within two (2) years from the date of application, and have:
   a. A valid EMT course completion record or other documented proof of successful completion of any initial EMT course approved pursuant to Section 100066 of the CCR within two (2) years of the date of application, or
   b. Have documentation of successful completion of an approved out of state initial EMT training course that meets the requirements outlined in Section 100079 of the California Code of Regulations within two (2) years of the date of application, or
   c. A current and valid out-of-state EMT certificate, or.
2. Possess a current and valid National Registry EMT, Advanced EMT, or Paramedic registration certificate, or~~.~~
3. Possess a current and valid out-of-state Advanced EMT or Paramedic certificate.

4. Possess a current and valid California Advanced EMT certification or a current and valid California Paramedic license.

B. In addition to meeting one of the criteria listen in Section III.A, to be eligible for initial certification, an individual shall:

1. Be eighteen (18) years of age or ~~older;~~older,
2. Complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit a copy of the "Request for Live Scan Services" form along with your application for certification as proof the service has been completed.~~-~~
3. Complete the Ventura County EMS (VCEMS) Personnel Application. VCEMS must be notified within 30 days of any change in personal contact information.
4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code),
5. Have successfully completed *both cognitive and skills testing* from a Professional Rescuer or Healthcare Provider level CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), within the previous two years,
7. Provide a current government issued form of identification,
8. Pay the established fee

C. The individual will be issued a wallet size card, pursuant to Section 100344, subdivisions (c) and (d) of Chapter 10 of the California Code of Regulations, after the above steps are completed and the applicant has passed the criminal background clearance.

1. The effective date of initial certification shall be the day the certificate is issued.
2. The certification expiration date for an initial EMT certificate shall be the last day of the month two (2) years from the effective date of the initial certification.
3. An EMT shall only be certified by one (1) certifying entity during a certification period.
4. It is the responsibility of the certified EMT to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

D. Reinstatement of an Expired California EMT Certificate:

1. The following requirements apply to individuals who wish to be eligible for reinstatement after their California EMT certificates have expired:
   a. For a lapse of less than six months, the individual shall comply with the requirements by complying with VCEMS Policy 302, III.A 2-9a~~10~~.
   b. For a lapse of six months or more, but less than twelve months, the individual shall:
      1. Comply with the requirements of VCEMS Policy 302, III.A 2-9a~~10~~, and
      2. Complete an additional twelve (12) hours of continuing education.
   c. For a lapse of twelve months or more, but less than 24 months, the individual shall:
      1. Comply with the requirement in VCEMS Policy 302, III.A 2-9a~~10~~, and
      2. Complete an additional twenty-four (24) hours of continuing education, and
      3. Pass the NREMT cognitive and psychomotor skills certification exams within two (2) years of the date of application for EMT reinstatement, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Optional Skills		Policy Number 303
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: December 1, 2017
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2017
Origination Date: Date Revised: Date Last Reviewed: Review Date:	July 13, 2017 July 13, 2017 March 11, 2021 March 31, 2024	Effective Date: December 1, 2017

I. PURPOSE: To define the process related to authorizing EMT optional skills and EMT trial studies

II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100064

~~II.~~III. ~~DEFINITION:~~

~~III.~~IV. POLICY:

A. In addition to the skills outlined in VCEMS Policy 300 – EMT Scope of Practice, the VCEMS Medical Director may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills specified in this policy. Accreditation for EMTs to practice optional skills shall be limited to those whose EMT certification is active and are employed within the County of Ventura by an employer who is part of the organized EMS system.

1. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

a. Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

1) Names

2) Indications and contraindications

3) Complications
4) Side/adverse effects and interactions
5) Routes of administration
6) Dosage calculation
7) Mechanisms of drug actions
8) Medical asepsis
9) Disposal of contaminated items and sharps
10) Medical administration

b. At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include:

1) Assessment of when to administer epinephrine,
2) Managing a patient before and after administering epinephrine,
3) Using universal precautions and body substance isolation procedures during medication administration,
4) Demonstrating aseptic technique during medication administration,
5) Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
6) Proper disposal of contaminated items and sharps

2. ~~Administration of Atropine and Pralidoxime Chloride (Duodote or Mark I), utilizing the DuoDote auto-injector or atropine auto-injector following an exposure to a nerve agent.~~Administration of the following medications through the use of an auto-injector for the purposes of treating exposure to a nerve agent

a. Atropine

~~2.~~b. Pralidoxime Chloride

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~~a.~~c. In addition to a basic weapons of mass destruction training, the ~~DuoDote/Mark I and atropine auto-injector~~ nerve agent antidote ~~-~~training shall consist of no less than two (2) hours of didactic and skills training to result in competency. Training in the profile of the medications

contained in the DuoDote/Mark I auto-injector and atropine auto-injector shall include, but not limited to:

1) Indications and contraindications
2) Side/adverse effects
3) Routes of administration
4) Dosages
5) Mechanisms of drug action
6) Disposal of contaminated items and sharps
7) Medication administration

~~b.~~d. At the completion of this training, the student shall complete a competency based written and skills examination for the administration of the Duo-dote/Mark I and atropine auto-injector.

1) Assessment of when to administer the ~~DuoDote~~ auto-injector,
2) Managing a patient before and after administering the ~~DuoDote~~ auto-injector
3) Using the universal precautions and body substance isolation precautions during medication administration,
4) Demonstrating aseptic technique during medication administration,
5) Demonstrating the preparation and administration of medications by the intramuscular (IM) route, and
6) Proper disposal of contaminated items and sharps.

B. Competency training in procedures and skills for all EMT optional skills shall be completed at least every two (2) years.

C. VCEMS shall develop and maintain specific plans for each optional skill permitted. These plans will include:

1. A description of the need for use of the optional skill
2. A description of the geographic area within which the optional skills will be utilized
3. A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill
4. The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill

D. For an accredited EMT who fails to demonstrate competency in any of the optional skills outlined in this policy:

1. EMT accreditation shall be immediately suspended pending clinical remediation
2. Employer agency will submit a written plan of action to VCEMS to include: method of remediation, course curriculum, date(s) and location(s) of remediation training.
3. VCEMS will review and approve written plan of action prior to commencement of remediation training
4. Once complete, evidence of satisfactory training and minimum competency in the optional skills will be submitted to VCEMS prior to the reinstatement of the EMT accreditation.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Course Completion by Challenge Examination	Policy Number 304
APPROVED: Administration: Steven L. Carroll, Paramedic~~EMT-P~~	Date: January 3, 2023~~une 1, 2017~~
APPROVED: Medical Director: Daniel Shepherd~~Angelo Salvucci~~, M.D.	Date: January 3, 2023~~une 1, 2017~~
Origination Date: June 1, 1984 Date Revised: November 10, 2022~~February 9, 2017~~ Date Last Reviewed: November 10, 2022~~February 9, 2017~~ Review Date: November 30, 2025~~February 2020~~	Effective Date: January 3, 2023~~June 1, 2017~~

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I. PURPOSE: To identify the procedure for certification of the Emergency Medical Technician by challenge examination.

II. AUTHORITY: California Code of Regulations (CCR) Title 22, Division 9, Article 1, Sections 100066, 100078 – and Health and Safety Code Sections 1797.107, 1797.170, 1797.208 and 1797.210.

III. POLICY:

A. General Eligibility

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

1. Have successfully completed *both cognitive and skills testing* from a Professional Rescuer or Healthcare Provider level CPR course, ~~a BLS CPR course, or equivalent~~, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), within the previous two (2) years; AND,

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2. Be a currently Licensed Physician, Registered Nurse, Physician Assistant, or Vocational Nurse; OR,

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

B. Challenge Process

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Capnography		Policy Number 711
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: June 1, 2021
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: June 1, 2021
Origination Date: Date Revised: Date Last Reviewed: Review Date:	April 8, 2021 April 30, 2022	Effective Date: June 1, 2021

I. PURPOSE: To outline the use capnography in the assessment and treatment of EMS patients.

II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170 and California Code of Regulations, Title 22, §100145 and §100146.

III. PRINCIPLES:

1. Ventilation is an active process, which is assessed with end-tidal CO_2 measurement. End-tidal CO_2 measurement is an indication of air movement in and out of the lungs. The "normal" value of exhaled CO_2 is 35-45 mmHg.

2. Oxygenation is a passive process, which occurs by diffusion of oxygen across the alveolar membrane into the blood. The amount of oxygen available in the bloodstream is assessed with pulse oximetry.

3. Capnography provides both a specific value for the end-tidal CO_2 measurement and a continuous waveform representing the amount of CO_2 in the exhaled air. A normal capnography waveform is square, with a slight upslope to the plateau phase during exhalation. (See figures below) The height of the waveform at its peak corresponds to the $ETCO_2$.

4. Capnography is necessary to monitor ventilation. For patients requiring positive pressure ventilation, capnography is most accurate with proper mask seal (two-hand mask hold for adults during bag-mask ventilation) or with an advanced airway.

5. Capnography can also be applied via a nasal cannula device to measure end-tidal CO_2 in the spontaneously breathing patient. It is useful to monitor for hypoventilation, in patients who are sedated either due to ingestion of substances or treatment with medication with sedative properties such as midazolam, opioids, or alcohol. In a patient with suspected sepsis, an ETCO2 < 25 mmHg further supports this provider impression.

6. Capnography is standard of care for confirmation of advanced airway placement. Unlike simple colorimetric devices, capnography is also useful to monitor the airway position over time, for ventilation management, and for early detection of return of spontaneous circulation (ROSC) in patients in cardiac arrest.

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7. Capnography is the most reliable way to immediately confirm advanced airway placement. Capnography provides an instantaneous measurement of the amount of CO_2 in the exhaled air. The absence of a waveform, and/or values < 10 mmHg, suggest advanced airway misplacement. However, patients in cardiac arrest or profound shock may also have end-tidal CO_2 values <10 despite proper airway placement.

8. Capnography provides the most reliable way to continuously monitor advanced airway position. The waveform provides a continuous assessment of ventilation over time. A normal waveform which becomes suddenly absent suggests dislodgement of the airway and requires clinical confirmation.

9. The value of exhaled CO_2 is affected by ventilation (effectiveness of CO_2 elimination), perfusion (transportation of CO_2 in the body) and metabolism (production of CO_2 via cellular metabolism). In addition to the end-tidal CO_2 value, the ventilation rate as well as the size and shape of the capnograph must be used to interpret the results.

10. Decreased perfusion will reduce the blood flow to the tissues, decreasing offload of CO_2 from the lungs. Therefore, patients in shock and patients in cardiac arrest will generally have reduced end-tidal CO_2 values.

11. A sudden increase in perfusion will cause a sudden rise in end-tidal CO_2 values and is a reliable indicator of ROSC. It is common to have an elevated $ETCO_2$ reading after ROSC. Hyperventilation should not be done to in attempt to normalize the $ETCO_2$.

12. Ventilation can have varied effect on CO_2 measurement. Generally, hyperventilation will reduce end-tidal CO_2 by increasing offload from the lungs. Hypoventilation and disorders of ventilation that reduce CO_2 elimination (e.g., COPD), will cause CO_2 to build up in the body.

13. End-tidal CO_2 can be detected using a colorimetric device ($ETCO_2$ detector). These devices provide limited information about $ETCO_2$ as compared to capnography. Colorimetric devices do not provide continuous measurement of the value of CO_2 in the exhaled air and cannot be used in ongoing monitoring. Colorimetric devices should only be used for confirmation of endotracheal tube placement if capnography is unavailable due to equipment failure.

IV. POLICY:

1. Capnography monitoring is indicated and shall be used for patients meeting any of the following indications:
   a. Patients receiving positive pressure ventilation via CPAP/BiPAP or BVM.
   b. Patients at risk of developing respiratory failure, hypoventilation, or apnea.
   c. Patients in cardiac arrest.
   d. Advanced airway confirmation per policy 0710
   e. Paramedic judgement

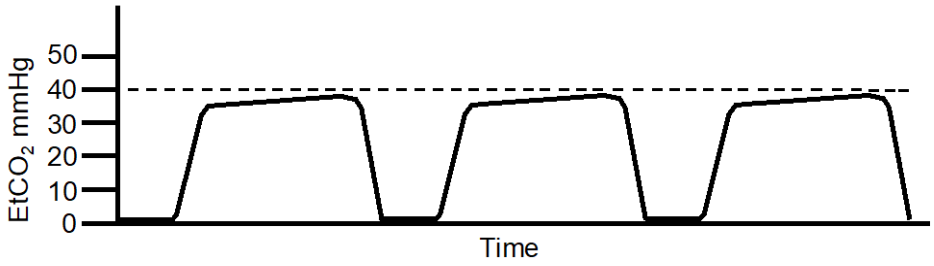
2. Capnography may also be utilized when the paramedic determines it may aid the clinical assessment.
3. Providers will initiate capnography monitoring as soon as feasible and ensure that the capnography waveform is visible on screen throughout patient care or until no longer indicated.

V. PROCEDURE:

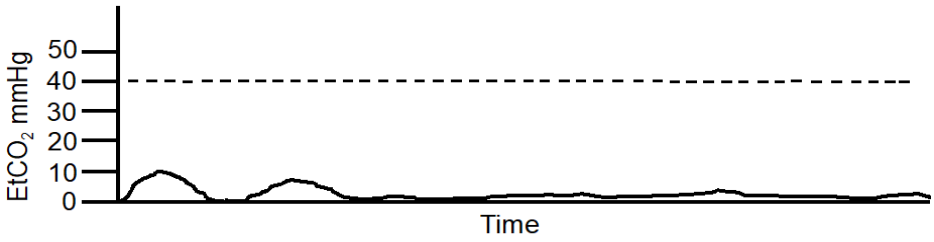
1. Chose the appropriate CO2 measuring device;
   a. Nasal cannula device for spontaneously breathing patients with or without CPAP/BiPAP.
   b. Sidestream or mainstream inline measuring device for patients receiving BVM ventilations via BLS or ALS airway adjunct.
2. Attach measuring device to the monitor, wait for device to initialize, then attach to patient.
3. Assess that a capnography waveform is present with each breath prior to considering measurements to be accurate.
4. Assess EtCO2 value.
5. Assess for abnormalities in capnography waveform or EtCO2 value initially and for trends over time.
6. Endotracheal tube confirmation: per policy 710

VI. WAVEFORM INTERPRETATION

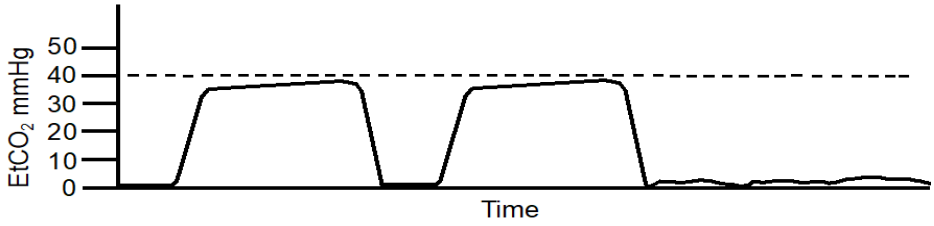
1. Normal shape of the capnograph is depicted below



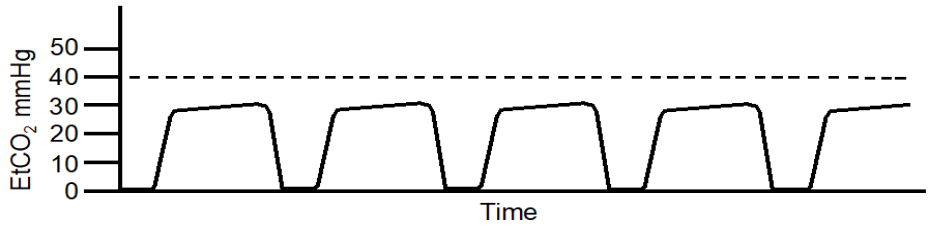
2. Esophageal Intubation (Low values and irregular waveform or flat line).



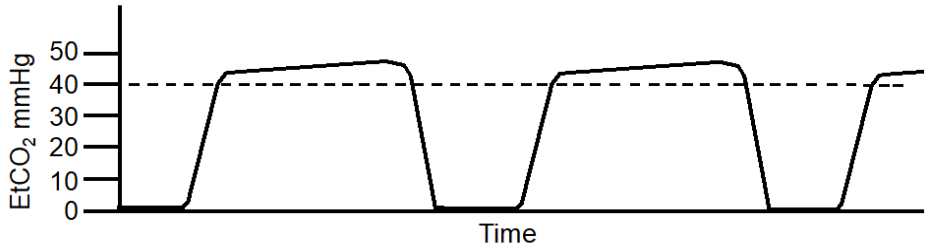
3. Obstructed or dislodged endotracheal tube (sudden loss of normal waveform followed by low irregular waveform or flat line).



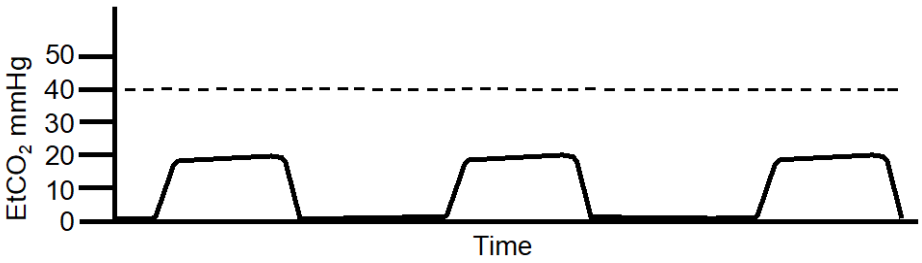
4. Hyperventilation (Normal waveform with reduced height, < 35 mmHg, and high ventilation rate)



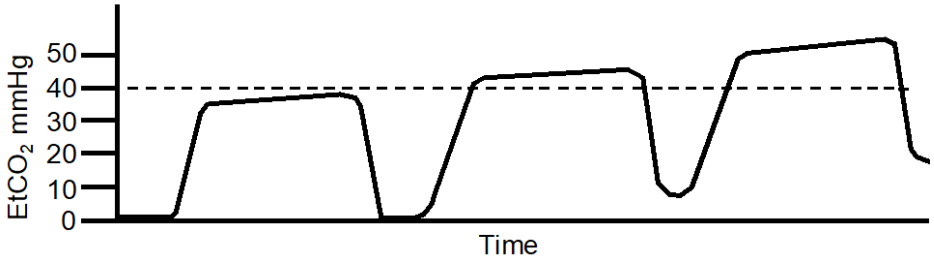
5. Hypoventilation/ Bradypnea (Normal waveform with increased height, > 45 mmHg)



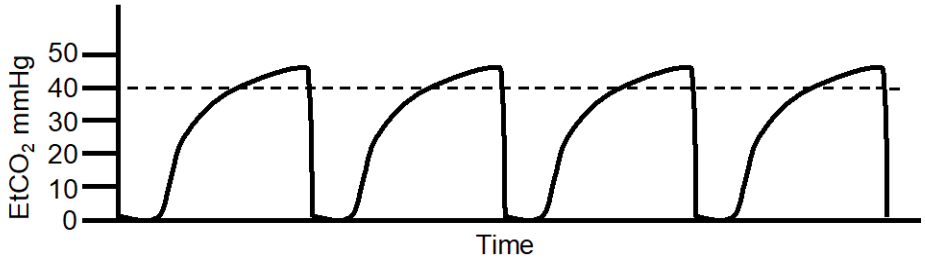
6. Hypoventilation/ Low tidal volumes (Normal waveform with reduced height, < 35 mmHg, and slow ventilation rate; A similar reduced height waveform can also be seen with shock - see progressive hypotension below).



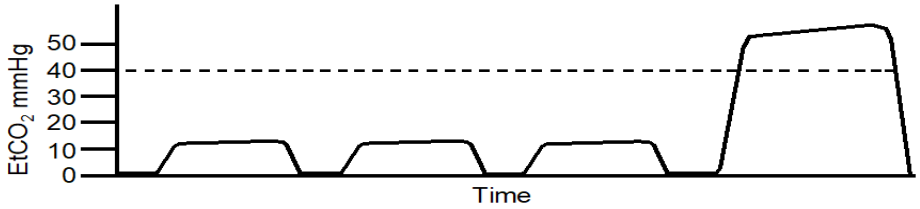
7. Air Trapping / Breath Stacking (Box wave forms that show increasing values with each successive breath)



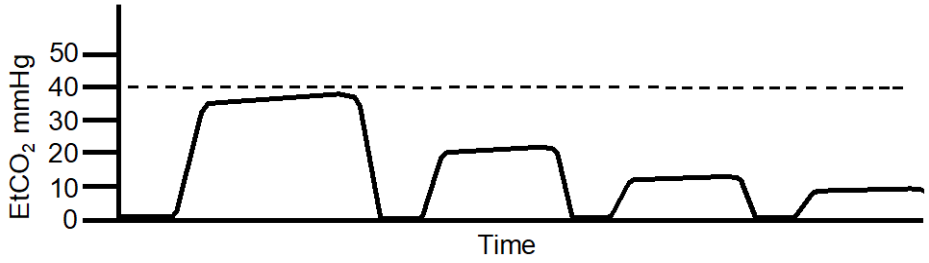
8. Bronchospasm (“Shark Fin Pattern”)



9. Return of Spontaneous Circulation (Sudden increase in values in a patient in cardiac arrest)



10. Progressive Hypotension or Re-arrest (Progressive decrease in values with each successive breath)



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Guidelines for Limited Base Contact		Policy Number 720
APPROVED Administrator:	Steven L. Carroll, Paramedic	Date: January 3, 2023 ~~June 1, 2018~~
APPROVED Medical Director:	Daniel Shepherd, MD	Date: January 3, 2023~~June 1, 2018~~
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 15, 1998 November 10, 2022~~March 8, 2018~~ November 10, 2022~~March 8, 2018~~ November 30, 2023~~March 31, 2021~~	Effective Date: ~~June 1, 2018~~January 3, 2023

I. PURPOSE: To define patient conditions for which Paramedics shall make limited base contact (LBC).

II. AUTHORITY: Health and Safety Code 1797.220.

III. POLICY: Paramedics shall make LBC for uncomplicated cases, utilizing the patient criteria listed below, which respond positively to initial treatment and require no ongoing treatment or further intervention or where symptoms have resolved. Patients who meet Stroke/ELVO, STEMI, or Trauma Triage Criteria are not eligible for LBC.

A. Patient criteria:

1. **Hypoglycemia:** Blood Glucose level less than 60 mg/dl.
2. **Narcotic Overdose**~~.~~
3. **Chest ~~p~~Pain – Acute Coronary Syndrome:** N~~n~~o dysrhythmia, ~~arrhythmia, or associated~~no shortness of breath.
4. **Shortness of Breath - Wheezes/Other**
5. **Seizure:** ~~-~~No drug ingestion, no dysrhythmia~~s~~, ~~Chemstick less than 60 mg/dl (no longer seizing, not status epilepticus,~~ not pregnant~~)~~.
6. **Syncope or near-syncope:** ~~(~~Vital signs stable, ~~vs.~~ no dysrhythmia., ~~Chemstick less than 60 mg/dl.)~~
7. **Pain:** ~~(Except for~~Excluding head/neck/chest/abdominal and/or pelvic pain due to trauma.~~)~~
8. **Nausea/~~ and v~~Vomiting**
9. **BRUE**

B. Treatment ~~to~~ may include BLS Procedures and/or ALS Standing Orders as listed below:

PATIENT CRITERIA	TREATMENT
1. Hypoglycemia	• Treatment has resulted in blood glucose greater than 60 mg/dl
2. Narcotic Overdose	• Naloxone
3. Chest Pain – Acute Coronary Syndrome	• Aspirin • nitroglycerine
4. Shortness of Breath – Wheezes/Other	• albuterol nebulizer -OR- • MDI with spacer
5. Seizure	• midazolam
6. Syncope or near-syncope	• Determine Blood Glucose Level
7. Pain	• Fentanyl or morphine/ondansetron
8. Nausea/Vomiting	• Ondansetron
9. BRUE	• Determine Blood Glucose Level

~~1. Hypoglycemia: Prior to Contact procedure up to Dextrose~~

~~2. Narcotic Overdose: Prior to Contact procedure up to Naloxone~~

~~3. Chest Pain: Prior to Contact procedure up to three sublingual nitroglycerin or nitroglycerin spray (administered by paramedic) and Aspirin 324 mg po.~~

~~4. Shortness of Breath – Wheezes/Other: Prior to Contact procedure up to one nebulized breathing treatment only (administered by paramedic).~~

~~5. Seizure: Prior to contact procedure up to administration of Dextrose and/or Versed.~~

~~6. Syncope or near-syncope: Prior to Contact procedure up to IV Chemstick check.~~

~~7. Pain: Prior to Contact procedure, including administration of Morphine.~~

~~8. Nausea/Vomiting: Prior to Contact procedure, up to and including administration of Ondansetron.~~

~~9. Supportive Care~~

C. Communication

1. The ~~limited BH~~ LBC contact call-in shall include the following information:
   a. ALS unit number
   b. "We have a LBC"
   c. Age/~~Sex~~Gender
   d. Brief nature of call
   e. ETA and destination

D. Documentation

1. ALS Unit
   a. Complete a VCePCR with "ALS (~~Limited~~ Base Hospital Contact)" selected in the "Level of Service Provided." ~~drop-down list~~.
2. MICN
   a. Complete log entry with "LBC" noted in the treatment section.
   b. Call will be documented on digital audio recording.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Nerve Agent Antidote Administration by Public Safety First Aid Personnel		Policy Number 1603
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: January 3, 2023~~December 1, 2021~~
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: January 3, 2023~~December 1, 2021~~
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 13, 2021 May 13, 2021 November 10, 2022 November 30, 2024~~May 31, 2022~~	Effective Date: January 3, 2023~~December 1, 2021~~

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I. PURPOSE:

A. To outline criteria for approved Public Safety First Aid (PSFA) administration of nerve agent antidote for self/peer rescue in the event of confirmed or suspected exposure to a nerve agent / organophosphate pesticide.

B. To provide medical direction and nerve agent antidote administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

A. PSFA personnel shall only be permitted to use the Nerve Agent Antidote Kit on self or other public safety personnel.

B. In Ventura County, the DuoDote® auto-injector and the Mark I auto injector (CHEMPACK only) are the only nerve agent antidote kits approved for use by PSFA and prehospital personnel. Atropine auto injectors are not permitted per regulations.

C. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training

D. PSFA agency training director shall be responsible for the following:

1. Ensuring the agency's supply of nerve agent antidote remains current and not expired at all times.
2. Ensuring proper and efficient deployment of nerve agent antidote kits for use within the agency.
3. Prompt replacement of any nerve agent antidote kit that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.

4. Ensuring all personnel that will be using the nerve agent antidote kit have received appropriate training
5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable nerve agent antidote kit(s).

IV. PROCEDURE:

A. Indications
1. Confirmed or suspected exposure to nerve agent or organophosphate
2. Obvious signs and symptoms of nerve agent / organophosphate exposure (*SLUDGEM* - Salivation, Lacrimation, Urinary incontinence, Defecation, Gastrointestinal distress, Emesis, Miosis)

B. Contraindications
1. No contraindications in the presence of poisoning by nerve agents / organophosphate insecticides.

C. Nerve Agent Antidote Kit Administration
1. If Treating Self:
   a. Avoid continued exposure by exiting from area of exposure; remove contaminated clothing; follow decontamination procedures when available.
   b. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
   c. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
   d. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
   e. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.
2. If treating other public safety personnel:
   a. Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield, gown), avoid cross contamination.
   b. Remove patient from area of continued exposure, remove contaminated clothing, and follow appropriate decontamination procedures.
   c. Assess patient’s respiratory, mental and pupillary status.

d. Open the airway using appropriate BLS techniques and perform rescue breathing, as indicated. Provide oxygen per VCEMS Policy 1604 – Oxygen Administration by Public Safety First Aid Personnel
e. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
f. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
g. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
h. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.

Nerve Agent / Organophosphate Poisoning

The incident commander is in charge of the scene, and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.

BLS Procedures

Patients that are exhibiting obvious signs of exposure (SLUDGEM) of organophosphate exposure and/or nerve agents

Maintain airway and position of comfort

Administer oxygen as indicated

- **Mark I or DuoDote Antidote Kit (If Available)**
  - Mild Exposure: IM x 1
    - May repeat in 10 minutes if symptoms persist
  - Severe Exposure: IM x 3 in rapid succession, rotating injection sites
- If Mark 1 or DuoDote Antidote Kit not available
  - Use Atropine Auto-Injector if available

ALS Standing Orders

ADULT

Patient's that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents
If not already administered by BLS personnel:

- **Mark I or DuoDote Antidote Kit (If Available)**
  - Mild Exposure: IM x 1
    - May repeat in 10 minutes if symptoms persist
  - Severe Exposure: IM x 3 in rapid succession, rotating injection sites

When Mark I or DuoDote Antidote kit is not available:

- **Atropine**
  - Mild or Severe Exposure:
    - IV/IO – 2 mg
    - May repeat q 5 minutes for persistent symptoms

OR

- **Atropine Auto Injector**

For seizures:

- Midazolam
  - IV/IO – 2 mg
    - Repeat 1 mg q 2 min as needed
    - Max 5 mg
  - IM – 0.1 mg/kg
    - Max 5 mg

PEDIATRIC

Patient's that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents
If not already administered by BLS personnel:

- **Mark I or DuoDote Antidote Kit (If Available)**
  - Mild Exposure: IM x 1
    - May repeat in 10 minutes if symptoms persist
  - Severe Exposure: IM x 3 in rapid succession, rotating injection sites

When Mark I or DuoDote Antidote kit is not available:

- **Atropine**
  - Mild or Severe Exposure:
    - IV/IO – 0.05 mg/kg
    - May repeat every 5 minutes for persistent symptoms

OR

- **Atropine Auto Injector**

For seizures:

- Midazolam
  - IV/IO – 0.1 mg/kg
    - Repeat q 2 min as needed
    - Max single dose 2 mg
    - Max total dose 5 mg
  - IM – 0.1 mg/kg
    - Max 5 mg

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

- DuoDote contains 2.1 mg Atropine Sulfate and 600 mg Pralidoxime Chloride.
- **Diazepam** is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure. Paramedics may administer diazepam using the following dosages for the treatment of seizures:
  - **Adult**: 5 mg IM/IV/IO q 10 min titrated to effect *(max 30 mg)*
  - **Pediatric**: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect *(max total dose 10 mg)*
- Mild Exposure symptoms:
  - Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, bradypnea or tachypnea, nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia, SOB, muscle weakness and fasciculations, GI effects.
- Severe Exposure:
  - Strange, confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils, involuntary defecation, urination

Effective Date: December 1, 2022
Next Review Date: February 28, 2024
Date Revised: February 10, 2022
Last Reviewed: February 10. 2022

VCEMS Medical Director

	2017				2018				2019				2020				2021				2022				3 Year Avg - 3 Attempts*
	1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		
CVAS	29 of 37	78%	30 of 37	81%	20 of 34	59%	22 of 34	68%	14 of 30	47%	18 of 30	60%	4 of 13	31%	4 of 13	31%	8 of 14	57%	11 of 14	79%	12 of 14	86%	12 of 14	86%	57%
Moorpark	46 of 58	79%	49 of 58	84%	51 of 71	72%	60 of 71	85%	27 of 46	59%	39 of 46	85%	42 of 45	93%	43 of 45	96%	47 of 52	90%	50 of 52	96%	19 of 24	79%	22 of 24	92%	92%
Oxnard	62 of 127	49%	78 of 127	61%	71 of 127	56%	93 of 127	73%	64 of 136	47%	87 of 136	64%	55 of 114	48%	75 of 114	66%	87 of 147	59%	104 of 147	71%	37 of 62	60%	42 of 62	68%	67%
SVAS	43 of 63	68%	51 of 63	81%	39 of 64	61%	50 of 64	78%	41 of 69	59%	52 of 69	75%	37 of 49	76%	40 of 49	82%	13 of 20	65%	17 of 20	85%	11 of 21	52%	12 of 21	57%	81%
Ventura	54 of 77	70%	58 of 77	75%	52 of 93	56%	70 of 93	75%	55 of 83	66%	61 of 83	73%	24 of 44	55%	28 of 44	64%	51 of 69	74%	578 of 69	83%	15 of 19	79%	16 of 19	84%	73%

*** Calculation based on last 3 full years of data (2019, 2020, 2021)**

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Oxygen Administration and Basic Air Adjunct Use by Public Safety First Aid Personnel		Policy Number 1604
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: January 3, 2023~~December 1, 2021~~
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: January 3, 2023~~December 1, 2021~~
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 13, 2021 May 13, 2021 November 10, 2022 November 30, 2024~~May 31, 2022~~	Effective Date: January 3, 2023~~December 1, 2021~~

I. PURPOSE:

A. To outline criteria for approved Public Safety First Aid (PSFA) administration of oxygen through a nasal cannula (NC), non-rebreather mask (NRB), or bag-valve mask (BVM), and for the use of basic airway adjuncts – specifically oropharyngeal airways (OPA) and nasopharyngeal airways (NPA).

B. To provide medical direction and oxygen administration and basic airway adjunct parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

A. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training

B. PSFA agency training director shall be responsible for the following:

1. Ensuring the agency's supply of oxygen, oxygen delivery devices, and basic airway adjuncts remain current and not expired at all times.
2. Ensuring proper and efficient deployment of oxygen and associated equipment for use within the agency.
3. Prompt replacement of any equipment that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.
4. Ensuring all personnel that will be administering oxygen and/or utilizing any associated equipment have received appropriate training
5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable oxygen and/or associated equipment.

IV. PROCEDURE:

A. Indications

1. Difficulty breathing or shortness of breath with signs and symptoms of poor oxygenation
2. Unresponsive and not breathing

B. Contraindications

1. No contraindications

C. Oxygen Administration

1. Difficulty Breathing or Shortness of Breath
    a. Ensure EMS has been activated through use of the 911 system
    b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
    c. Assess patient's level of responsiveness
    d. Ensure patient's airway is patent and assess patient's respiratory rate and effort
    e. Administer oxygen using nasal cannula or non-rebreather mask as indicated.
    f. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed.
    g. Document administration of oxygen as indicated per PSFA agency policies and procedures.
2. Unresponsive and Not Breathing
    a. Ensure EMS has been activated through use of the 911 system
    b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
    c. Begin chest compressions
    d. Obtain an AED
    e. Ensure patient's airway is patent utilize appropriate basic airway adjunct(s) such as an OPA or NPA as indicated.
    f. Perform ventilations via BVM with oxygen as indicated.
    g. Consider causes for current condition, such as opioid overdose anaphylaxis or exposure to nerve agent and treat those conditions per appropriate VCEMS PSFA policies.

h. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed.
i. Document administration of oxygen as indicated per PSFA agency policies and procedures

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Epinephrine Administration by Public Safety First Aid Personnel		Policy Number 1606
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: January 3, 2023~~December 1, 2021~~
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: January 3, 2023~~December 1, 2021~~
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 13, 2021 May 13, 2021 November 10, 2022 November 30, 2024~~May 31, 2022~~	Effective Date: January 3, 2023~~December 1, 2021~~

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I. PURPOSE:

A. To outline criteria for approved Public Safety First Aid (PSFA) for for the administration of epinephrine by auto injector for treatment of anaphylaxis.

B. To provide medical direction and epinephrine administration for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

A. PSFA personnel shall only be authorized to administer epinephrine via auto-injector for the treatment of anaphylaxis in patients aged 14 and older.

B. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training

C. PSFA agency training director shall be responsible for the following:

1. Ensuring the agency's supply of epinephrine auto injectors remain current and not expired at all times.
2. Ensuring proper and efficient deployment of epinephrine auto injectors and associated equipment for use within the agency.
3. Prompt replacement of any equipment/medication that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.
4. Ensuring all personnel that will be administering epinephrine and/or utilizing any associated equipment have received appropriate training
5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable epinephrine auto injectors and/or associated equipment.

IV. PROCEDURE:

A. Indications

1. Exposure to a known or suspected allergen and any combination of two or more of the following signs and symptoms:
    a. Hives, itchy, swollen tongue/lips
    b. Respiratory compromise (wheezing, shortness of breath, stridor, hypoxia)
    c. Persistent GI distress (vomiting, diarrhea, abdominal pain)
    d. Hypotension (syncopal episode, decreased muscle tone, signs of shock, altered level of consciousness)

B. Contraindications

1. Patient is less than 14 years of age
2. No other contraindications for patients in the above situation

C. Epinephrine Administration

1. Ensure EMS has been activated through use of the 911 system
2. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
3. Provide supplemental oxygen and assist ventilations, if authorized, per VCEMS Policy 1604 – Oxygen Administration and Basic Airway Adjunct Use by PSFA Personnel
4. Administer Epinephrine via auto-injector into outer thigh (may be administered through clothing).
    a. If symptoms persist, may administer one (1) additional auto-injector dose in five (5) minutes for a total of two (2) doses.
5. After Epinephrine administration, observe for improved breathing and level of consciousness. If breathing or level of consciousness do not improve, assist breathing with bag-valve-mask if available as authorized.
6. Begin CPR if patient is not breathing
7. Report administration of epinephrine to prehospital personnel for additional assessment and follow-up care, as needed.
8. Document administration of epinephrine as indicated per PSFA agency policies and procedures.