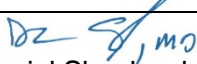


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment Protocols		Policy Number 705	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2018	
Origination Date:	January 1988		
Date Revised:	See individual algorithms		
Date Last Revised:	See individual algorithms		
Review Date:	See individual algorithms		
	Effective Date:	As indicated on individual algorithms	

- I. PURPOSE: To provide uniform protocols for prehospital medical control in Ventura County.
- II. AUTHORITY: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Sections 100063, 100064, and 100146.
 - A. DEFINITIONS:
 1. Unless otherwise specified in an individual treatment protocol or policy, the following definitions shall apply:
 - a. Adult: Age 12 or greater (12th birthday and older)
 - b. Pediatric: Age less than 12 (up to 12th birthday)
 - B. Exceptions to the pediatric definition rule are in the following policies:
 1. Policy 606: Withholding or Termination of Resuscitation and Determination of Death
 2. Policy 710: Airway Management
 3. Policy 717: Intraosseous Infusion
 - C. Cardiac Monitor/12 Lead EKG
 1. When cardiac monitoring or a 12 Lead ECG is performed, copies of rhythms strips and 12 Lead ECGs shall be submitted to the ALS Provider(s), Base Hospital, and Receiving Hospital.
- IV. POLICY: Treatment protocols shall be used as a basis for medical direction and control for prehospital use.
 - A. Effective July 1, 2018 BLS personnel are authorized to administer the following medications and/or perform the following procedures for certain conditions as outlined below. BLS personnel shall not administer these medications and/or perform these procedures until all required training has been completed, and all

necessary equipment has been distributed. Training and equipment deployment shall be completed by all agencies no later than July 1, 2019.

1. Epinephrine for anaphylaxis or severe respiratory distress as a result of asthma.
 2. Naloxone for suspected opioid overdose
 3. Nerve Agent Antidote Kit (Pralidoxime Chloride and Atropine Sulfate) for suspected nerve agent or organophosphate exposure.
 4. Determination of blood glucose level for altered neurological function and/or for suspected stroke
 5. Continuous Positive Airway Pressure (CPAP) for shortness of breath.
- B. In the event BLS personnel administer naloxone, epinephrine or a nerve agent antidote kit, ALS personnel will assume care of the patient as soon as possible and continue care at an ALS level, in accordance with all applicable VCEMS policies and procedures.
- C. Hypoglycemic patients with a history of diabetes, who are fully alert and oriented following determination of blood glucose level and a single administration of 15g of oral glucose may be transported at a BLS level of care.
- V. PROCEDURE: See the following pages for specific conditions.

Contents

- 00 - General Patient Assessment
- 01 - Trauma Assessment/Treatment Guidelines
- 02 - Allergic Reaction and Anaphylaxis
- 03 - Altered Neurological Function
- 04 - Behavioral Emergencies
- 05 - Bites and Stings
- 06 - Burns
- 07 - Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)
- 08 - Cardiac Arrest – VF/VT
- 09 - Chest Pain – Acute Coronary Syndrome
- 10 - Childbirth
- 11 - Crush Injury/Syndrome
- 12 - Heat Emergencies
- 13 - Hypothermia
- 14 – Hypovolemic/Septic Shock
- 15 - Nausea/Vomiting
- 16 - Neonatal Resuscitation
- 17 - Nerve Agent / Organophosphate Poisoning
- 18 - Overdose
- 19 - Pain Control
- 20 - Seizures
- 21 - Shortness of Breath – Pulmonary Edema
- 22 - Shortness of Breath – Wheezes/Other
- 23 - Supraventricular Tachycardia
- 24 - Symptomatic Bradycardia
- 25 - Ventricular Tachycardia – Not in Arrest
- 26 – Suspected Stroke
- 27 – Sepsis Alert
- 28 – Smoke Inhalation