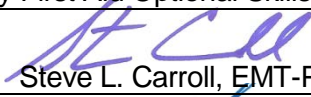



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety First Aid Optional Skills Approval and Training		Policy Number 1602	
APPROVED: Administration:  Steve L. Carroll, EMT-P		Date: July 28, 2017	
APPROVED: Medical Director:  Daniel Shepherd, M.D.		Date: July 28, 2017	
Origination Date: July 13, 2017			
Date Revised:		Effective Date: July 28, 2017	
Date Last Reviewed:			
Review Date: August, 2018			

- I. PURPOSE: To establish the application and approval process for the utilization of optional skills by Public Safety First Aid (PSFA) agency personnel in Ventura County, and to establish the requirements and responsibilities of the Ventura County EMS Agency (VCEMS) approved PSFA optional skill providers
 - A. The PSFA program shall be operated by approved providers in accordance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulations and with all applicable VCEMS policies and procedures.
 - B. This program shall be implemented and maintained under the authority of the Ventura County EMS Medical Director.
 - II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798; California Code of Regulations, Title 22, Section 100019
 - III. POLICY:
 - A. Any PSFA agency utilizing optional skills shall be approved by the VCEMS Medical Director, and continually meet all requirements outlined in the California Code of Regulations and VCEMS policies and procedures.
 - B. No entity may operate as a PSFA optional skills agency or provide optional skills unless authorized by the VCEMS Medical Director.
 - C. PSFA optional skills providers must be employed by a government public safety agency functioning within Ventura County as a part of the EMS system and may only provide optional skills while on duty.
 - D. Providers must meet the requirements and perform each optional skill as described in this policy.
 - E. The optional skills authorized for use by a PSFA agency shall be limited to:
 1. Administration of intranasal (IN) naloxone for suspected narcotic overdoses with respiratory depression.
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2. Administration of epinephrine by auto-injector for suspected anaphylaxis
3. Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care.

IV. PROCEDURE:

A. PSFA Optional Skills Application and Approval Process

1. Providers requesting to utilize PSFA optional skills shall submit an application to VCEMS for approval. A complete application shall include the following:
 - a. Identification of optional skill(s) being requested for authorization
 - b. A letter of intent to provide the PSFA optional skill(s) being applied for, signed by a chief officer of the agency, agreeing to adhere to all applicable VCEMS policies and procedures.
 - c. A description of the geographic area within which the PSFA Optional Skill(s) will be utilized (size, population, population distribution and any other unique characteristics associated with the area that may impact the program, such as; tourist impact, recreational activities, etc.).
 - d. A description of the need for use of the PSFA Optional Skill(s), including the number of patients that may have benefited from the use of PSFA optional skill(s) for the previous year.
 - e. A description of the plans for initial training and ongoing PSFA Optional Skills competency verification for authorized PSFA personnel.
 - f. Procedures for collection and retention of required medical records.
 - g. Written procedure for ongoing Quality Improvement activities specific to each skill utilized with a staff member assigned to complete this responsibility on a regular and on-going basis.
 - h. Identification of the individual at the agency responsible for program oversight and coordination of quality improvement.

B. Program Notification

1. VCEMS shall notify the PSFA agency within seven (7) working days of receipt of the request for PSFA optional skills approval and shall specify what information, if any, is missing.
 2. PSFA optional skills approval or denial shall be made within thirty (30) calendar days of receipt of all required application materials.
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3. PSFA Optional Skill(s) providers shall notify VCEMS of any Instructor change. Any new Instructor shall be approved by VCEMS prior to providing course instruction.
- C. PSFA Optional Skill(s) Provider Requirements and Responsibilities
1. Training Requirements
PSFA optional skills provider agencies shall:
 - a. Provide initial PSFA Optional Skills training and testing utilizing curriculum approved and provided by VCEMS
 - b. Provide all necessary training equipment (manikins, audiovisual aids, training auto-injectors, etc.).
 - c. Ensure that each authorized PSFA individual demonstrates competency in the utilization of all approved optional skills, a minimum of once every twelve (12) months.
 - d. Maintain on file a course completion record for all personnel successfully completing the approved training, for a minimum of four (4) years. This record shall be made available to VCEMS upon request
 2. Records and Data Collection Requirements:
 - a. A PSFA Optional Skills Utilization Patient Care Report (Appendix A) shall be completed for each patient on whom any of the PSFA Optional Skill(s) are utilized and submitted within 24 hours to the EMS Agency via secure email or fax as specified on the form.
 - b. The provider shall develop procedures for collection, disposition, and retention of all pertinent medical records
 - c. The PSFA provider agency shall submit an annual report, no later than January 31st of each year that summarizes program activities and performance for the previous calendar year. At a minimum, this report shall include:
 - i. Competency records for all PSFA optional skill providers working within the agency
 - ii. An update of any and all program changes or updates that occurred within the PSFA optional skills provider agency over the previous twelve months, as it relates to the utilization of PSFA optional skills.
- D. Continuous Quality Improvement (CQI) Requirements
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1. PSFA optional skills provider agencies shall maintain adequate program staff to ensure:
 - a. There is a timely and adequate review of each incident in which an optional skills has been utilized
 - b. There is adequate documentation of each incident in which an optional skill has been utilized
 - c. Each utilization of an optional skills has been in accordance with VCEMS policies and procedures.
 2. A monthly report outlining all utilizations of any PSFA optional skills over the previous calendar month shall be completed by the PSFA provider agency and submitted to VCEMS by the fifteenth (15th) day of each month.
- E. Denial, Revocation, or Suspension of Program Approval
1. Non-compliance with any criteria required for PSFA training program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provisions of the California Code of Regulations, may result in suspension, or revocation of PSFA program approval by VCEMS.
 2. VCEMS will notify PSFA program in writing of any deficiency and shall correct any identified problem within thirty (30) days.
 3. Failure to correct deficiencies and/or otherwise respond to directions will be cause for VCEMS to place the program on a probationary status with conditions for improvement, or deny, revoke, or suspend the program approval.
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VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY



PUBLIC SAFETY FIRST AID TRAINING PROGRAM APPLICATION

Application Type	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		
PSFA Agency Name				
Mailing Address				
	Street	City	Zip	
Phone Number				
Chief Officer				
Principal Instructor				
Program Eligibility	<input type="checkbox"/> Local Government Public Safety Agency approved by the Ventura County EMS Agency, in compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulation and Ventura County EMS Agency policies and procedures.			
Optional Skills Requested	<input type="checkbox"/> Administration of intranasal (IN) naloxone for suspected opioid overdose with respiratory depression.			
Description of Geographic Area Naloxone will be Deployed				
Description of Department Need				
Letter of Intent	<p>I certify that I have read and understood the requirements in VCEMS Policies and Procedures to be an approved PSFA Optional Skills Provider, and will comply with the requirements as described. I certify that all information contained in this application, to the best of my knowledge, is true and correct. I understand that failure to comply with the requirements outlined in VCEMS policies and procedures may result in revocation of this program approval.</p>			
Chief Officer Signature			Date	
Email Address			Phone	
VCEMS Use Only				
App. Received Date	App. Review Date	Approval Date	Expiration Date	Reviewed By

Supporting Documents Attached			
PSFA Agency Training Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Items Needed
PSFA Agency Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Items Needed