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II.	Approve Agenda
III.	Minutes
IV.	Medical Issues
	A. CAM Update
	B. Air Q Trial Study
	C. Other
V.	New Business
	A. LVAD training – Cedars Sinai
	B. VCBH Crisis Team
	C. 705.18 Overdose /Poisoning – Charcoal discussion
	D. 301 – EMT Certification
	E. 302 – EMT Recertification
	F. Other
VI.	Old Business
	A. 705.19 – Pain Control – Morphine, ondansetron, cardiac monitor and dosage discussion
	B. 1200 – Air Unit
	C. Other
VII.	Informational/Discussion Topics
	A. HIPAA Compliance – Fire Departments
VIII.	Policies for Review
	A. 304 – EMT -1 Completion by Challenge
	B. 450 – Stroke Center Standards
	C. 451 – Stroke System Triage
	D. 703 – Medical Control at Scene, Private Physician
	E. 704 – Guidelines for Base Hospital Contact
	F. 723 – Continuous Positive Airway Pressure
	G. 920 – Reddi-Net Policy
IX.	Agency Reports
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	B. Ambulance Providers
	C. Base Hospitals
	D. Receiving Hospitals
	E. ALS Education Programs
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	G. Other
X.	Closing

Public Health Administration
 Large Conference Room
 2240 E. Gonzales, 2nd Floor
 Oxnard, CA 93036

Pre-hospital Services Committee
 Agenda

July 11, 2013
 9:30 a.m.

Topic	Discussion	Action	Assigned
I. Introductions	Meeting called to order at 0935. Jeff asked that a PSC e-mail list be distributed to all members.		Jeff Winter
II. Approve Agenda			Approved by Dr. Russell Seconded by Dr. Patterson
III. Minutes			Approved by Debbie Licht Seconded by Dr. Patterson
IV. Medical Issues			
A. CAM Update	Chad Panke stated that they are getting positive feedback from field.. Other agencies will be brought on throughout summer and into fall.		
B. Lasix Study	Dr. Salvucci presented the study regarding use of Lasix in the field.	Lasix will be removed from the field August 1, 2013. EMS will change Policy and send out informational bulletin.	Approved by Dr. Salvucci Seconded by Dr. Chase
C. Other	Robert Sebree asked that the dose of Versed be increased for combative patients or possibly add another med to control the patient.	Increase field dose of Versed to 10mg prior to contact.	Send out in Aug. 1 st packet
V. New Business			
A. Morphine/ondansetron	Dr. Salvucci presented the information from new study.	Dede Utley and Chad Panke will work on adding new information to the Policy. Consider lower dose of Morphine for elderly patients - address in training.	Dede Utley and Chad Panke will develop draft policy for discussion.
B. Air Q Trial Study	Dr. Salvucci presented information/background on the Air Q. Reduces aspiration of emesis. Field trials will be conducted in ICEMA, San Bernardino and Pasadena.	Look into this further. Wait for info on trials.	
C. Cardiac monitor for	Dr. Salvucci would like to have all	Handle in training.	

	ondansetron	patients monitored with administration of ondansetron.		
	D. LVAD Training	Should we mandate LVAD training for field personnel? S.Huhn and R. Shedlowsky suggested doing an introductory type training/in service for field personnel. In-depth training is too time consuming and retention is low.	Invite Cedars or UCLA to next PSC to discuss the LVAD and direct us on what training our field personnel should have.	Julie Frey will make contact.
	J. Other			
VI	Old Business			
	A. Sidewalk CPR Update	Randy thanked everyone for their participation. The event was a great success by American Heart Assoc. standards.	Continue to teach Sidewalk CPR to the jury pool on a quarterly basis.	
	B. Other			
VII.	Informational/Discussion Topics			
	A. 1402 – Trauma Committees	The comm. met to approve changes this week. They will bring the finalized version to next PSC for approval.		Katy Haddock
VIII.	Policies for Review			
	A. 150- Unusual Occurrences	Chris presented changes to this policy.		Approved Chad Panke Seconded by Debbie Licht
	B. 350 –PCC Duties	Committee discussed changing the wording on #3		
	C. 604- Transport Guidelines			
	D. 1200 – Air Unit		Change VCSD to VCSO throughout policy.	Approved by LeAnn Wilke Seconded by Don Hadland
	E. Other			
XI	TAG Report			No meeting
X.	Agency Reports			
	A. ALS Providers	VCFPD – Norm gave an overview of the Simi Valley Fireworks MCI. The First Responders did a great job. State Fire Marshalls are working with VCFPD on the investigation. Thank you to all who assisted in the treatment area.		

B. BLS Providers	<p>SPA nothing</p> <p>OFD – The dept. will begin their largest Fire Academy on August 5, 2013. The dept. has been working with the Ventura County Rapid Response Team (Crisis Team) from Ventura County Behavioral Health. S. Huhn stated they have been a great resource and should be utilized more in pre-hospital issues.</p>	Julie Frey will invite a rep. from the Crisis Team to the next PSC meeting.
C. Base Hospitals	<p>SVH nothing.</p> <p>LRHMC nothing</p> <p>SJRM - Sandi Hernandez is no longer the ER Director at SJRM. She is now the ER Director at PVH (Pleasant Valley Hospital). The new ER Director for SJRM is Janeanne Morgan.</p> <p>VCMC - They have implemented the new Electronic Data/Cerner Program and having lots of issues. Construction will begin soon at the facility. LeAnn will set up a meeting with providers to discuss new ambulance drop off.</p>	
D. Receiving Hospitals	<p>SPH - Implemented Electronic Data program.....very slow-going!</p> <p>CMH - The construction is going well at the facility. On August 8, 2013, there will be a Nurse's Assoc. Conference at the Crown Plaza in Ventura.</p> <p>OVH nothing</p> <p>SJRM nothing</p>	
E. ALS Education Programs	nothing	
F. EMS Agency	<p>Chris Rosa thanked everyone for their help with the EPCR Project. Katy Haddock is going to be a grandma in 2 weeks!!</p> <p>There will be an MCI drill in January, tentatively located at CSUCI. EMS will plan a meeting to discuss the July 4th MCI.</p>	
G. Other		
XI. Closing	Meeting adjourned at 1145.	

Prehospital Services Committee 2013

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/10/2013	2/14/2013	3/14/2013	4/11/2013	5/9/2013	6/13/2013	7/11/2013	8/8/2013	9/12/2013	10/10/2013	11/14/2013	12/12/2013	%
AMR	Stefansen	Adriane		AS		AS			AS						
AMR	Panke	Chad		CP		CP			CP						
CMH - ER	Canby	Neil		NC					NC						
CMH - ER	Cobb	Cheryl		CC		CC			CC						
CSUCI PD	Drehesen	Charles		CD					CD						
CSUCI PD	Rice	Al		AR		AR									
FFD	Herrera	Bill		BH											
FFD	Scott	Bob													
GCA	Norton	Tony		TN		TN			TN						
GCA	Stillwagon	Mike													
Lifeline	Rosolek	James		BK		JR									
Lifeline	Winter	Jeff		JW		JW			JW						
LRRMC - ER	Beatty	Matt		MB		MB			MB						
LRRMC - ER	Licht	Debbie		DL		DL			DL						
OFD	Carroll	Scott		SC		SC			SC						
OFD	Huhn	Stephanie		SPH		KS			SH						
OVCH	Boynton	Stephanie													
OVCH	Patterson	Betsy		BP		BP			BP						
SJPVH	Hernandez	Sandi		SH		SH			SH						
SJPVH	Davies	Jeff		JD		MR			JD						
SJRMC	Russell	Mark							MR						
SJRMC	McShea	Kathy		KM		KM			KM						
SJRMC - SJPVH	Larsen	Todd		TL		XX									
SPFD	Dowd	Andrew				AD			AD						
SVH - ER	Tilles	Ira		IT		IT			IT						
SVH - ER	Hoffman	Jennie		JH		JH			JH						
V/College	O'Connor	Tom		TO		TO									
VCFD	Tapking	Aaron		AT		AT			AT						
VCFD	Utley	Dede				DU			DU						
VNC	Plott	Norm		NP		NP			NP						
VNC	Black	Shannon		SB											
VNC	Shedlosky	Robin		RS					RS						

Agency	LastName	FirstName	1/10/2013	2/14/2013	3/14/2013	4/11/2013	5/9/2013	6/13/2013	7/11/2013	8/8/2013	9/12/2013	10/10/2013	11/14/2013	12/12/2013	%
VCMC - ER	Chase	David		DC		DC			DC						
VCMC - ER	Wilkie	LeeAnn		LW		LW			LW						
VCMC-SPH	Daucett	Michelle				MD			MD						
VCSO SAR	Hadland	Don		DH		DH			DH						
VCSO SAR	White	Don		DW		DW									
VFF	Rhoden	Crystal				CR									
VFF	Jones	Brad													
Eligible to Vote			Date Change/cancelled - not counted against member for attendance												
Non Voting Members															
AMR	Whitmore	Geneva		GW											
AMR	Taigman	Mike		MT		MT									
CSUCI PD	Rice	Lynn				LR									
EMS	Carroll	Steve		SC		SC			SC						
EMS	Buhain	Ruth		RB											
EMS	Frey	Julie							JF						
EMS	Hadduck	Katy		KH		KH			KH						
EMS	Perez	Randy				RP			RP						
EMS	Rosa	Chris		CR		CR			CR						
EMS	Salvucci	Angelo		AS		AS			AS						
LMT	Frank	Steve													
VCMC	Duncan	Thomas		TD											
VNC	Gregson	Erica													
VNC	Komins	Mark							MK						



TEMPORARY PARKING PASS

Expires September 12, 2013

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

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

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

2240 Gonzales Rd. location

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

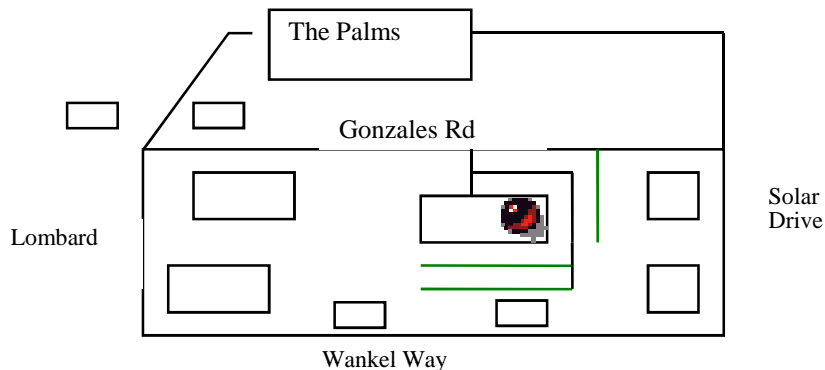
2100 Solar Drive

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

The Palms - shopping mall

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

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



Overdose/Poisoning	
ADULT	PEDIATRIC
BLS Procedures	
Decontaminate if indicated and appropriate Administer oxygen as indicated	Decontaminate if indicated and appropriate Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
IV access Oral ingestion within 1 hour and gag reflex present: <ul style="list-style-type: none"> • Activated Charcoal <ul style="list-style-type: none"> ○ PO – 1 gm/kg <ul style="list-style-type: none"> • Max 50 gm Suspected opiate overdose with respirations less than 12/mi and significant ALOC: <ul style="list-style-type: none"> • Narcan <ul style="list-style-type: none"> ○ IM – 2 mg ○ IV – 0.4 mg q 1 min <ul style="list-style-type: none"> • Initial max 2 mg ○ May repeat as needed to maintain respirations greater than 12/min 	IV/IO access <ul style="list-style-type: none"> • IO access only if pt in extremis Oral ingestion within 1 hour and gag reflex present: <ul style="list-style-type: none"> • Activated Charcoal <ul style="list-style-type: none"> ○ PO – 1 gm/kg <ul style="list-style-type: none"> • Max 25 gm Suspected opiate overdose with respirations less than 12/min: <ul style="list-style-type: none"> • Narcan <ul style="list-style-type: none"> ○ IV/IM/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Initial max 2 mg ○ May repeat as needed to maintain respirations greater than 12/min
Base Hospital Orders only	
Tricyclic Antidepressant Overdose <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV – 1 mEq/kg Beta Blocker Overdose <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available Calcium Channel Blocker Overdose <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV – 1 gm over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available Stimulant/Hallucinogen Overdose <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IV – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg Organophosphate Poisoning <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> ○ IV – 2 mg q 1 min <ul style="list-style-type: none"> • Repeat until symptoms are relieved 	Tricyclic Antidepressant Overdose <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg Beta Blocker Overdose <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available Calcium Channel Blocker Overdose <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available Stimulant/Hallucinogen Overdose <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg Organophosphate Poisoning <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> ○ IV/IO – 0.02 mg/kg q 1 min <ul style="list-style-type: none"> • Minimum dose – 0.1mg • Repeat until symptoms are relieved
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information: <ul style="list-style-type: none"> • For Caustic/Corrosive or petroleum distillate ingestions, DO NOT GIVE CHARCOAL OR INDUCE VOMITING • For Tricyclic Antidepressant Overdose, DO NOT GIVE CHARCOAL • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN • Organophosphate poisoning – SLUDGE <ul style="list-style-type: none"> ○ S – Salivation ○ L – Lacrimation ○ U – Urination ○ D – Defecation ○ G – Gastrointestinal Distress ○ E – Elimination (vomiting) • Narcan – it is not necessary that the patient be awake and alert. Administer until max dosage is reached or RR greater than 12/min. When 	

Effective Date: December 1, 2012

Date Revised: August 12, 2012

Next Review Date: August, 2014

Last Reviewed: August 12, 2012

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VCEMS Medical Director

Admin\Committees\PSC\2013\12_Sept\0705_18_Overdose_Poisoning_Aug_12.D

OCX

given to chronic opioid patients, withdrawal symptoms may present. IM dosing is the preferred route of administration.

Effective Date: December 1, 2012 | Date Revised: August 12, 2012
Next Review Date: August, 2014 | Last Reviewed: August 12, 2012

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VCEMS Medical Director

OCX

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Medical Technician Certification		Policy Number 301	
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P		Date: June 1, 2013	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: June 1, 2013	
Origination Date: June 1, 1984		Effective Date: June 1, 2013	
Date Revised: April 19, 2013			
Date Last Reviewed: April 19, 2013			
Review Date: March 31, 2015			

- I. PURPOSE: To identify the procedure for certification of Emergency Medical Technician.
- II. AUTHORITY: California Code of Regulations (CCR) Section 100079; 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 written examination and skills examination of the National Registry of Emergency Medical Technicians:
 - 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 also see Section III.C.2.c,
 - b. Have documentation of successful completion of an approved out of state initial EMT training course, within the last two years which meets the requirements of CCR 100079, or
 - c. A current and valid out-of-state EMT certificate.
 2. Possess a current and valid National Registry EMT-Basic registration certificate.
 3. Possess a current and valid out-of-state or National Registry EMT-Intermediate or Paramedic certificate.
 4. Possess a current and valid California Advanced EMT or EMT-II certification or a current and valid California Paramedic license.
 - B. In addition to meeting one of the criteria listed in Section III.A, to be eligible for initial certification, an individual shall:
 1. Be eighteen years of age or 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 a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2010 Guidelines for CPR and ECC, within the previous two years,
 6. VCEMS will administer a CPR skills evaluation using a recording/reporting manikin and will require a pass rate of 80% prior to issuance of an EMT Certification.
 7. Provide a government issued form of identification,
 8. Pay the established State and County certification 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 as follows:
 - a. For an individual who meets the criteria listed in III.A.1.a or III.A.1.b of this policy, the expiration date shall be the last day of the month two years from the effective date of the initial certification
 - b. For an individual who meets the criteria listed in III.A.1.c, III.A.2, III.A.3, or III.A.4 of this policy, the expiration date shall be the lesser of the following:
 1. The last day of the month two (2) years from the effective date of the initial certification; or
 2. The expiration date of the certificate or license used to establish eligibility under III.A of this policy
 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. Recertification of an Expired California EMT Certificate:
1. The following requirements apply to individuals who wish to be eligible for recertification 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.B 3-8.
 - 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 2-11,
 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 2-11,
 2. Complete an additional twenty-four hours of continuing education,
 3. Pass the EMT written and skills certification exam.
 - d. For a lapse of greater than twenty four months or more the individual shall complete an entire EMT course and comply with the requirements of Sections III A and B of this policy.
- E. Challenge and Reciprocity
1. An individual currently licensed in California as a Paramedic or is certified in California as an EMT Advanced (except when the Paramedic license or EMT Advanced certification is under suspension) is deemed to be certified as an EMT with no further testing upon fulfilling the requirements of III.B 1-8.
 - a. For those individuals that possess a current and valid Paramedic License, the expiration date shall be the same date as the expiration date on the Paramedic License.
 2. Certification as an EMT shall be valid for a maximum of two (2) years from the date that the individual passes the National Registry EMT-Basic certifying exam, except in the following cases:
 - a. A person who possesses a current and valid out-of-state EMT-Intermediate or Paramedic license, the expiration date shall be the same expiration date as stated on the out-of-state certification/license but in no

case shall exceed two (2) years from the effective date upon fulfilling the requirements of III.B 1-8.

- b. A person who possesses a valid National Registry issued EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be two (2) years from the date of passing the National Registry examination, but in no case shall the expiration date of certification exceed two (2) years from the effective date upon fulfilling the requirements of III.B 1-8.
- c. An individual who possesses a current and valid out-of-state EMT certificate shall be eligible for certification upon fulfilling the requirements of III.B 1-8.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medication Technician Recertification		Policy Number 302	
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P		Date: June 1, 2013	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: June 1, 2013	
Origination Date: June 1, 1984		Effective Date: June 1, 2013	
Date Revised: April 19, 2013			
Date Last Reviewed: April 19, 2013			
Review Date: March 31, 2015			

- I. PURPOSE: To identify the procedure for recertification of the Emergency Medical Technician.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220, 1798. California Code of Regulations (CCR), Sections 100080 and 100081.
- III. POLICY: In order to maintain certification, an EMT shall participate in either continuing education courses or complete a refresher course approved by the Agency. Approved continuing education courses shall be accepted statewide.
 - A. In order to recertify, an EMT shall:
 1. Possess a current EMT Certification issued in California.
 2. Obtain at least twenty-four (24) hours of continuing education hours (CEH) from an approved CE provider in accordance with VCEMS policy 1130, or successfully complete a twenty-four (24) hour refresher course from an approved EMT training program. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for CEH earned as a Paramedic, Advanced EMT or EMT-II to satisfy the CE requirement for EMT recertification.
 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. A new applicant to VCEMS, or an applicant whose certification has lapsed, must 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

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Emergency Medical Services Authority. Submit the second copy of the "Request for Live Scan Services" form along with EMS application for certification as proof the service has been completed.

6. Have successfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2010 Guidelines for CPR and ECC, within the previous two years,
 7. Unless employed by a VCEMS provider, VCEMS will administer a CPR skills evaluation using a recording/reporting manikin; will require a pass rate of 80% prior to EMT recertification. If employed by a VCEMS Provider, will submit printed documentation of successful completion of CPR Skills using a recording/reporting manikin and will require a pass rate of 80% within the previous 90 days.
 8. Provide a government issued form of identification,
 9. Pay the established State and County recertification fee.
 10. Submit a completed skills competency verification form, EMSA-SCV (08/10). Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by a VCEMS approved CE, EMT, Paramedic training program, or an approved VC EMS provider agency. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.
- B. The individual will be issued a wallet size card after certification requirements are completed.
- C. If the EMT recertification requirements are met within six (6) months prior to the current certification expiration date, VCEMS shall make the effective date of recertification the date immediately following the expiration date of the current certification. The certification will expire two (2) years from the day prior to the effective date.
- D. If the EMT recertification requirements are met greater than six (6) months prior to the expiration date, VCEMS shall make the effective date of recertification the date the individual has applied for recertification. The certification expiration date will be the last day of the month two (2) years from the effective date.
- E. A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the requirements outlined in Section III.

A 2-10 of this policy. In order to qualify for this exception, the individual shall submit proof of their membership in the Armed Forces of the United States and documentation of their deployment starting and ending dates. Continuing education shall be in any of the topics contained in the current National Standard Curricula for training EMS personnel.

F. Recertification of an Expired California EMT Certificate.

1. The following requirements apply to individuals who wish to be eligible for recertification after their California EMT Certificates have expired:
 - a. For a lapse of less than six (6) months, the individual shall complete the requirements outlined in Section III.A 2-10 of this policy.
 - b. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall:
 1. Complete the requirements outlined in Section III.A 2-10 of this policy,
 2. Complete an additional twelve (12) hours of continuing education.
 - c. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall:
 1. Complete the requirements outlined in Section III.A 2-10 of this policy,
 2. Complete an additional twenty-four (24) hours of continuing education, and
 3. Pass the written and skills certification exams.
 - d. For a lapse of greater than twenty-four (24) months the individual shall complete an entire EMT course and comply the requirements of initial EMT certification, as outlined in VCEMS policy 301.



See back of form for instructions for completion

1a. Name as shown on EMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Patient examination, trauma patient;	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Automated external defibrillation	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

A completed EMT Skills Verification Form is required to accompany an EMT recertification application for those individuals who are either maintaining EMT certification without a lapse or to renew EMT certification with a lapse in certification less than one year.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the EMT certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the EMT certification number from the current or lapsed EMT certificate of the EMT certificate holder who is demonstrating competency.

1c. Signature

Signature of the EMT certificate holder who is demonstrating competency. By signing this section the EMT is verifying that the information contained on this form is accurate and that the EMT certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority

Provide the name of the EMT certifying authority for which the individual will be certifying through.

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the EMT Skills Competency Verification Form (EMSA-SCV 07/03) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT, EMTI, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date- Enter the date that the individual demonstrates competency in each skill.
6. Print Name: Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for EMT-I recertification for a maximum of two years from the date of verification.

Pain Control	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in position of comfort Administer oxygen as indicated	Place patient in position of comfort Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
<p>IV access</p> <p>Cardiac Monitor</p> <p>Ondansetron</p> <ul style="list-style-type: none"> IV/IM/ODT – 4 mg <p>Morphine – Pain 5 out of 10 or greater</p> <p>Initial IV Dose</p> <ul style="list-style-type: none"> Slow IVP - 0.1 mg/kg Slow IVP - 0.05 mg/kg – <i>Special Considerations</i> <ul style="list-style-type: none"> Slow IVP over at least 2 minutes <ul style="list-style-type: none"> Initial Max Dose is 10mg FOR IV USE: Dilute 10 mg (1 mL) Morphine with 9 mL NS for a final volume of 10 mL concentration of 1 mg/mL <p>Initial IM Dose</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg IM - 0.05 mg/kg – <i>Special Considerations</i> <ul style="list-style-type: none"> Initial Max Dose is 10mg <p>Second IV/IM Dose</p> <ul style="list-style-type: none"> Repeat half of the initial Morphine dose if pain persists after 5 minutes and round to the nearest 10th. Slow IVP – 0.05 mg/kg IM – 0.05 mg/kg <ul style="list-style-type: none"> Max repeat dose 10 mg <p>Third IV/IM Dose</p> <p>Ondansetron(only if third dose of Morphine needed)</p> <ul style="list-style-type: none"> IV/IM/ODT – 4 mg Repeat half of the initial Morphine dose if pain persists after 5 minutes and round to the nearest 10th. Slow IVP – 0.05 mg/kg IM – 0.05 mg/kg <ul style="list-style-type: none"> Max repeat dose 10 mg <p>Recheck vital signs before and after each administration</p> <ul style="list-style-type: none"> Hold if SBP < 100 mmHg 	<p>IV access</p> <p>Cardiac Monitor</p> <p>Ondansetron:Patient 4 years of age or older</p> <ul style="list-style-type: none"> IV/IM/ODT – 4mg <p>Morphine – Pain 5 out of 10 or greater</p> <p>Morphine – given for burns and isolated extremity injuries only. Consider early base contact for other pediatric complaints of pain (i.e. Dog Bite, Cancer)</p> <p>Initial IV Dose</p> <ul style="list-style-type: none"> Slow IVP - 0.1 mg/kg Slow IVP - 0.05 mg/kg – <i>Special Considerations</i> <ul style="list-style-type: none"> Slow IVP over at least 2 minutes Initial Max Dose is 10mg FOR IV USE: Dilute 10 mg (1 mL) Morphine with 9 mL NS for a final volume of 10 mL concentration of 1 mg/mL <p>Initial IM Dose</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg IM - 0.05 mg/kg – <i>Special Considerations</i> <ul style="list-style-type: none"> Initial Max Dose is 10mg <p>Second IV/IM Dose</p> <ul style="list-style-type: none"> Repeat half of the initial Morphine dose if pain persists after 5 minutes and round to the nearest 10th. Slow IVP – 0.05 mg/kg IM – 0.05 mg/kg <ul style="list-style-type: none"> Max repeat dose 10 mg <p>Third IV/IM Dose</p> <p>Ondansetron (only if third dose of Morphine needed and patient is 4 years of age or older)</p> <ul style="list-style-type: none"> IV/IM/ODT – 4 mg Repeat half of the initial Morphine dose if pain persists after 5 minutes and round to the nearest 10th. Slow IVP – 0.05 mg/kg IM – 0.05 mg/kg <ul style="list-style-type: none"> Max repeat dose 10 mg

Effective Date: December 1, 2012
Next Review Date: March 31, 2015
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Date Revised: April 11, 2013
Last Reviewed: April 11, 2013

VCEMS Medical Director

<p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>	<p>Recheck vital signs before and after each administration</p> <p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>
<p>Communication Failure Protocol</p>	
<p>Base Hospital Orders only</p>	
<p>Consult with ED Physician for further treatment measures</p>	<p>Consult with ED Physician for further treatment measures</p>
<p>Additional Information:</p> <ol style="list-style-type: none"> 1. Special considerations include: <ul style="list-style-type: none"> • Chest pain not resolved by Nitroglycerine (NTG) • Consider lower dose for elderly patients greater than 65 years of age or pediatric patients less than 12 years of age • Patient with history of adverse reaction to Morphine Sulfate • Adult Patients with SBP <110mm/Hg 2. Slow IVP over at least 2 minutes to lessen adverse effects 	

DRAFT

Submitted by Chad Panke and Dede Utley

Pain Control	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in position of comfort Administer oxygen as indicated	Place patient in position of comfort Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
<p>IV access</p> <p>Morphine – Pain 5 out of 10 or greater</p> <ul style="list-style-type: none"> • IVP/IM – 0.1 mg/kg <ul style="list-style-type: none"> ○ Max 10 mg • IVP/IM – 0.05 mg/kg – <i>Special Considerations</i> <ul style="list-style-type: none"> ○ Max 10 mg • Repeat half of the original dose if pain persists after 5 minutes. Base contact is needed if initial dose and subsequent dose exceed 10mg when added together. <p>Ondansetron</p> <ul style="list-style-type: none"> • IV/IM/ODT – 4 mg <p>Recheck vital signs before and after each administration</p> <ul style="list-style-type: none"> • Hold if SBP < 100 mmHg <p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>	<p>IV access</p> <p>Morphine – given for burns and isolated extremity injuries only. Contact base for other pediatric complaints of pain.</p> <ul style="list-style-type: none"> • IVP – 0.1 mg/kg over 2 min <ul style="list-style-type: none"> ○ Max 10 mg • IM – 0.1 mg/kg <ul style="list-style-type: none"> ○ Max 10 mg • Repeat half of the original dose if pain persists after 5 minutes. Base contact is needed if initial dose and subsequent dose exceed 10mg when added together. <p>Patient 4 years of age or older:</p> <p>Ondansetron</p> <ul style="list-style-type: none"> • IV/IM/ODT – 4mg <p>Recheck vital signs before and after each administration</p> <p><i>If patient has significant injury to head, chest, abdomen or is hypotensive, DO NOT administer pain control unless ordered by ED Physician</i></p>
Communication Failure Protocol	
<p>If significant pain continues:</p> <p>Morphine</p> <ul style="list-style-type: none"> • IVP/IM – 0.1 mg/kg <ul style="list-style-type: none"> ○ Max repeat dose of 10 mg 	<p>If significant pain continues:</p> <ul style="list-style-type: none"> • Morphine <ul style="list-style-type: none"> ○ IV – 0.1 mg/kg over 1-2 min <ul style="list-style-type: none"> • May repeat x 1 after 3 min as needed for pain relief • Max repeat dose of 10 mg • Max total dosage of 0.4 mg/kg or 20 mg ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • May repeat x 1 after 20 minutes • Max repeat dose of 10 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
<p>Additional Information:</p> <ol style="list-style-type: none"> 1. Special considerations include: <ul style="list-style-type: none"> • Chest pain not resolved by Nitroglycerine (NTG) • Consider lower dose for elderly patient greater than 65 years of age • Patient with history of adverse reaction to Morphine Sulfate 	

Effective Date: December 1, 2012
Next Review Date: March 31, 2015

Date Revised: April 11, 2013
Last Reviewed: April 11, 2013

LB	KG		IM	IVP
		Morphine	Morphine undiluted (10mg/mL)	1mL Morphine diluted in 9 mL NS = 1mg/mL
		mg	mL	mL
5	2	0.2	0.02	0.2
10	5	0.5	0.05	0.5
15	7	0.7	0.07	0.7
20	9	0.9	0.09	0.9
25	11	1.1	0.11	1.1
30	14	1.4	0.14	1.4
35	16	1.6	0.16	1.6
40	18	1.8	0.18	1.8
45	20	2.0	0.20	2.0
50	23	2.3	0.23	2.3
55	25	2.5	0.25	2.5
60	27	2.7	0.27	2.7
65	30	3.0	0.30	3.0
70	32	3.2	0.32	3.2
75	34	3.4	0.34	3.4
80	36	3.6	0.36	3.6
85	39	3.9	0.39	3.9
90	41	4.1	0.41	4.1
95	43	4.3	0.43	4.3
100	45	4.5	0.45	4.5
105	48	4.8	0.48	4.8
110	50	5.0	0.50	5.0

LB	KG		IM	IVP
		Morphine	Morphine undiluted (10mg/mL)	1mL Morphine diluted in 9 mL NS = 1mg/mL
		mg	mL	mL
115	52	5.2	0.52	5.2
120	55	5.5	0.55	5.5
125	57	5.7	0.57	5.7
130	59	5.9	0.59	5.9
135	61	6.1	0.61	6.1
140	64	6.4	0.64	6.4
145	66	6.6	0.66	6.6
150	68	6.8	0.68	6.8
155	70	7.0	0.70	7.0
160	73	7.3	0.73	7.3
165	75	7.5	0.75	7.5
170	77	7.7	0.77	7.7
175	80	8.0	0.80	8.0
180	82	8.2	0.82	8.2
185	84	8.4	0.84	8.4
190	86	8.6	0.86	8.6
195	89	8.9	0.89	8.9
200	91	9.1	0.91	9.1
205	93	9.3	0.93	9.3
210	95	9.5	0.95	9.5
215	98	9.8	0.98	9.8
220	100	10.0	1.00	10.0

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Program		Policy Number 1200	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 06/01/2008	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 06/01/2008	
Origination Date: May, 1999		Effective Date: June 1, 2008	
Date Revised: April 10, 2008			
Date Last Reviewed: December 11, 2010			
Review Date: June, 2013			

- I. **PURPOSE:** The Ventura County Emergency Medical Services agency recognizes the need for air transport of patients in certain circumstances. This policy will establish minimum standards for the integration of Emergency Medical Services (EMS) aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.
- II. **AUTHORITY:** Health and Safety Code Section 1797.200 and California Code of Regulations Division 9, Chapter 8, Section 100300.
- III. **POLICY:**
EMS aircraft must be authorized by Ventura County (VC) EMS in order to provide prehospital patient transport within Ventura County. Authorized air unit service providers will comply with this and other VC EMS Policies and Procedures relating to provision of air transport for emergency patients.
- IV. **DEFINITIONS:**
The following definitions will be used when referring to air units in the VC EMS system.
 - A. Advanced Life Support (ALS) means those procedures and skills contained in the Paramedic Scope of Practice as listed in VC EMS Policy 310.
 - B. Basic Life Support (BLS) means those procedures and skills contained in the EMT-I scope of practice as listed in VC EMS Policy 300.
 - C. Medical Flight Crew means the individual(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
 - D. Emergency Medical Services Aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
 - E. Air Ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or

licensed in advanced life support.

- F. Rescue Aircraft means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with VC EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.
 - 1. Advanced Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
 - 2. Basic Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-I .
 - 3. Auxiliary Rescue Aircraft means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in CCR Title 22 Section 100283.
- H. Air Ambulance Service means an air transportation service which utilizes air ambulances.
- I. Air Rescue Service means an air service used for emergencies, including search and rescue.
- J. Air Ambulance or Air Rescue Service Provider means the individual or group that owns and/or operates an air ambulance or air rescue service.
- K. Classifying EMS Agency means the agency which categorizes the EMS aircraft into the groups identified in CCR Section 100300(c)(3). This shall be VC EMS in Ventura County and, for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard , the EMS Authority.
- L. Designated Dispatch Center means an agency which has been designated by VC EMS for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within Ventura County.
- M. Rescue Incident: An incident where the use of the helicopter is the most appropriate method of locating, reaching, and/or extricating the victim.
- V. PROCEDURE:
 - A. VC EMS Policies and Procedures for medical control shall apply to air unit service providers and medical flight crews. This includes approval by the VC EMS Medical Director of provider Medical Director medical control policies and procedures.
 - B. The VC EMS Policies and Procedures for record keeping, quality assurance, and continuous quality improvement shall apply to EMS aircraft operations in Ventura County.

C. VC EMS shall:

1. Classify EMS aircraft.
 - a. EMS aircraft classifications shall be limited to the following categories:
 - 1) Air Ambulance.
 - 2) Rescue Aircraft.
 - a) Advanced Life Support Rescue Aircraft.
 - b) Basic Life Support Rescue Aircraft.
 - 3) Auxiliary Rescue Aircraft
 - b. EMS Aircraft classification shall be reviewed at 2 year intervals.
Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category.
2. Maintain an inventory of the number and type of authorized EMS aircraft, the patient capacity of authorized EMS aircraft, the level of patient care provided by EMS aircraft personnel, and receiving facilities with landing sites approved by the State Department of Transportation, Aeronautics Division.
3. Establish policies and procedures to assure compliance with Federal, State and local statutes.
4. Develop written agreements with air unit service providers specifying conditions to routinely serve the County.

D. Representation of provision of air unit transport services

No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services unless that person or organization has aircraft which have been classified by VC EMS or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the EMS Authority.

E. Operation of State or Federal aircraft in Ventura County

A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government.

F. Responsibilities of Ventura County Sheriff's Department (~~VCSO~~, ~~VCSD~~) Air Unit

1. Respond to all requests for dispatch per VC EMS policies.
2. Respond to all scenes when ground personnel determine the need for air transport meets VC EMS policies.
3. Consider requests for interfacility transfers from hospitals within Ventura County when use of an air or ground ambulance is inappropriate or unavailable.

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G. Medical Flight Crew Less Qualified than Ground Personnel.

In situations where the medical flight crew is less medically qualified than the ground crew personnel from whom they receive patients, they may assume patient care responsibility when the care required is within scope of practice of flight crew or a higher medically qualified person joins crew.

H. Mutual Aid

If air transport services are needed and ~~VCSO~~ VCSO-SAR is not available,

~~VCSO~~ VCSO/VCFD mutual aid procedures will be activated.

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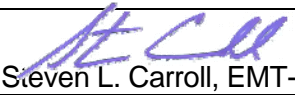

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I. Addressing and Resolving Formal Complaints

Formal complaints will be directed to the Medical Director and Administrator of the Ventura County Emergency Medical Services Agency.

J. Integration of aircraft into prehospital patient transport system

In order to be integrated into the prehospital patient transport system, an air transport service will have a written agreement with VC EMS.

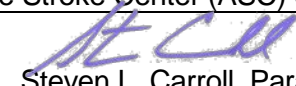

COUNTY OF VENTURA		EMERGENCY MEDICAL SERVICES	
HEALTH CARE AGENCY		POLICIES AND PROCEDURES	
Policy Title: EMT Course Completion by Challenge Examination		Policy Number 304	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2010	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2010	
Origination Date:	June 1, 1984	Effective Date: December 1, 2010	
Date Revised:	October 14, 200		
Date Last Reviewed:	October 14, 2010		
Review Date:	October 31, 2013		

- 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, Section 100078 – Health and Safety Code Section 1797.107, 1797.170, 1797.208 and 1797.210.
- III. **POLICY:**
 - A. **General Eligibility**
In order to be eligible to challenge EMT exam, an individual shall:
 1. Be a currently Licensed Physician, Registered Nurse, Physician Assistant, or Vocational Nurse, , OR
 2. The person provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces within the preceding two (2) years which meets the United States Department of Transportation EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994, which can be accessed through the U.S. Department of Transportation’s website, <http://www.nhtsa.gov/people/injury/ems/pub/emtbnscc.pdf>. 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, 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. Examination

1. 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.
2. An approved EMT training program shall offer an EMT challenge examination (skills) on an as needed basis
3. The EMT certifying authority will administer the written test (National Registry) and designate such test as the certifying examination.
4. An eligible person shall be permitted to take the EMT course challenge examination only one time.
5. 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.

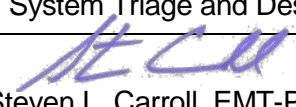
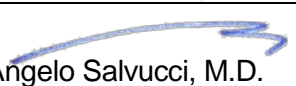
COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Acute Stroke Center (ASC) Standards		Policy Number 450	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2012	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2012	
Origination Date:	October 11, 2012	Effective Date:	December 1, 2012
Date Revised:			
Last Review:			
Review Date:	October 31, 2013		

- I. PURPOSE: To define the criteria for designation as an Acute Stroke Center in Ventura County.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100147 and 100169.
- III. POLICY:
 - A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VC EMS) shall meet the following requirements:
 1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
 2. Certification as a Primary Stroke Center (PSC) by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.
 3. Participate in the Ventura County Stroke Registry.
 4. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
 5. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician.
 - B. Designation Process:
 1. Application:
Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County ASC Standards.
 2. Approval:

- a. Upon receiving a written request for ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.
 - c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VC EMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
 4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
 5. ASCs shall be reviewed on a biannual basis.
 - a. ASCs shall receive notification of evaluation from the VCEMS.
 - b. ASCs shall respond in writing regarding program compliance.
 - c. On-site ASC visits for evaluative purposes may occur.
 - d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.
- C. Provisional Designation Process
- VC EMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification as a PSC by an approving body. Only when the following requirements are satisfied will VC EMS grant a provisional designation:
1. Application:
Eligible hospitals shall submit a written request for provisional ASC designation to VC EMS no later than 30 days prior to the desired date of

provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.

2. Provisional Approval:
 - a. Upon receiving a written request for provisional ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. Provisional ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
 - c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VC EMS.
3. VC EMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. VC EMS may deny, suspend, or revoke the provisional designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Stroke System Triage and Destination		Policy Number 451	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2012	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2012	
Origination Date:	October 11, 2012	Effective Date: December 1, 2012	
Date Revised:			
Date Last Reviewed:			
Review Date:	October 31, 2013		

- I. PURPOSE: To outline the process of prehospital triage and transport of suspected acute stroke patients to facilities designated as an Acute Stroke Center (ASC).
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798, California Code of Regulations, Title 22, Division 9, Sections 100147, and 100169
- III. DEFINITIONS:

Acute Stroke Center (ASC): Hospitals that are designated as an Acute Stroke Center, as defined in VCEMS Policy 450

Stroke Alert: An early notification by prehospital personnel to the base hospital that a patient is suffering a possible acute stroke.
- IV. POLICY:
 - A. Stroke System Triage: A patient meeting the following three criteria shall be triaged into the VC EMS stroke system and transported to the nearest ASC.
 1. Identification of any abnormal finding of the Cincinnati Stroke Scale (CSS).

Facial Droop

Normal: Both sides of face move equally

Abnormal: One side of face does not move normally

Arm Drift

Normal: Both arms move equally or not at all

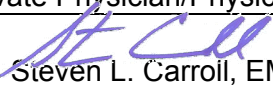

Abnormal: One arm does not move, or one arm drifts down compared with the other side

Speech

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute
 2. Patient was last seen normal within the last 4.5 hours.

3. Blood Glucose is greater than sixty (60) OR patient continues to exhibit signs and symptoms of an acute stroke after prehospital treatment of abnormal blood glucose levels.
- B. Stroke Alert: Upon identification of a patient meeting stroke system criteria, Base Hospital Contact (BHC) will be established and a Stroke Alert will be activated.
1. The base hospital will determine the closest appropriate ASC based on several factors including patient presentation, hospital availability, and transport time. Upon receipt of the Stroke Alert, the Base Hospital will notify the appropriate ASC, unless the base hospital receiving the Stroke Alert will also be the receiving the patient.
- C. Destination Decision: patients meeting stroke system criteria shall be transported to the nearest ASC, except in the following cases:
1. Stroke patients in cardiac arrest shall be transported to the nearest receiving hospital. Patients who have greater than thirty seconds of return of spontaneous circulation (ROSC) shall be transported to the nearest STEMI Receiving Center (SRC).
 2. The nearest ASC is incapable of accepting a stroke alert patient due to CT or neuro diversion. In the event of CT or neuro diversion, the patient shall be transported to the next closest ASC.
 3. The patient requests transport to an alternate facility, not extending transport by more than twenty (20) minutes, and approved by the Base Hospital.
- D. Documentation
1. Care and findings related to an acute stroke patient shall be documented in the Ventura County electronic patient care reporting (VCePCR) system in accordance with VCEMS policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control At Scene, Private Physician/Physician On Scene		Policy Number: 703	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 06/01/2010	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2010	
Origination Date:	January, 1985	Effective Date: June 1, 2010	
Revised Date:	August 11, 2005		
Date Last Reviewed:	November 12, 2009		
Review Date:	August, 2013		

- I. Purpose: To establish guidelines for medical control of patient care at the scene of a medical emergency. To assist the paramedic who, arrives on the scene of a patient who is being attended by a California licensed physician.
- II. Authority: Health and Safety Code, Division 2.5, Sections 1798 & 1798.6. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. Policy: paramedics shall use the following procedure to determine on-scene authority for patient care.
- IV. Procedure:
 - A. When a bystander at the scene of a medical emergency identifies himself/herself as a physician, the paramedic shall:
 - 1. Obtain proper identification from the individual (preferably California licensure as M.D., or D.O.) and document name on the PCR.
 - 2. Present the CMA card "Note to Physician on Involvement with EMT-II and Paramedic" to him/her to read and choose level of involvement.



STATE OF CALIFORNIA 
CALIFORNIA
MEDICAL ASSOCIATION

NOTE TO PHYSICIAN ON INVOLVEMENT WITH EMT-IIs and EMT-Ps (PARAMEDIC)

A life support team (EMT-II or EMT-P (Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO, and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the "Good Samaritan Code" (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

(over)

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the State of California, and, if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,
3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure. (Whenever possible, remain in contact with the base station physician.)

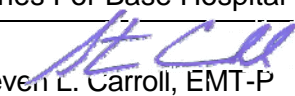
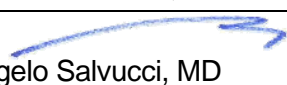
(REV. 7/88) 88 49638 Provided by the Emergency Medical Services Authority

- 3. Contact the Base Hospital and advise them that there is a physician on scene.
- 4. Determine the level of involvement the physician wishes to have and inform the Base Hospital.
- B. If the physician chooses not to assume patient care, the Base Hospital shall retain medical control and the paramedic's will utilize the physician as an "assistant" in patient care activities.



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- C. If the physician chooses to take medical control, the paramedic's will instruct the physician in radio operation procedures and have the physician at the scene communicate with the Base Hospital physician. The Base Hospital physician may do either of the following:
1. Retain medical control, but consider and/or utilize suggestions offered by the physician at the scene.
 2. Request that the physician at the scene function in an observer capacity only.
 3. Delegate medical control to the physician at the scene.
 4. If the physician at the scene has been given medical control by the Base Hospital physician, the paramedic shall:
 - a. Make ALS equipment and supplies available to the physician and offer assistance.
 - b. Ensure that the physician accompany the patient in the ambulance to the hospital, and signs for all instructions and medical care given.
 - c. Keep the Base Hospital advised.
- D. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.
- E. The Base Hospital shall:
1. Speak to the physician on scene, unless a delay would be detrimental to patient care, or the physician is the patient's personal physician, to determine qualification regarding emergency treatment and level of involvement chosen by the physician.
 2. Document the physician's intent to assume patient care responsibility.
 3. Relinquish patient care to the patient's personal physician, if he/she has arrived after Base Contact has been made and wishes to assume control.
 4. In cases where a dispute arises regarding medical care, the ultimate decision as to patient care shall be made by the Base Hospital, except when the personal physician is present.

F. Private Physician On Scene

1. If the private physician is present and assumes responsibility for the patient care, the paramedic shall advise the Base Hospital that the patient is under the care of his/her private medical doctor (PMD) and inform the Base Hospital of the PMD's instructions.
2. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines For Base Hospital Contact		Policy Number: 704	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2010	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: December 1, 2010	
Origination Date:	October 1984		
Date Revised:	October 14, 2010	Effective Date: December 1, 2010	
Date Last Reviewed:	October 14, 2010		
Review Date:	October 31, 2013		

- I. PURPOSE: To define patient conditions for which EMT-Ps shall establish BH contact.
- II. AUTHORITY: Health and Safety Code Sections 1798, 1798.102 and 1798.2
- III. POLICY: A paramedic shall contact a Base Hospital in the following circumstances:
 - A. Any patient to which ALS care is rendered under VCEMS Policy 705: County Wide Protocols.
 - B. Patients with traumatic injuries who triage into steps 1-4 of VCEMS Policy 1405: Field Triage Decision Scheme.
 - C. General Cases
 1. Significant vaginal bleeding (OB or non-OB related).
 2. Pregnant female in significant distress (e.g., symptoms of placenta previa, placenta abruptio, toxemia, retained placenta, etc.).
 3. Syncope / Near Syncope
 4. AMA involving any of the conditions listed in this policy.
 5. AMA including suspected altered level of consciousness
 6. Any patient who, in paramedic's opinion, would benefit from base hospital consultation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuous Positive Airway Pressure (CPAP)		Policy Number: 723	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director  Angelo Salvucci, MD		Date: 12/01/07	
Origination Date: December 2004		Effective Date: December 1, 2007	
Date Revised: September 13, 2007			
Last Reviewed: August 11, 2011			
Review Date: September 30, 2013			

- I. PURPOSE: To define the indications, procedure and documentation for the use of Continuous Positive Airway Pressure (CPAP) by paramedics
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Division 9, Section 10063.
- III. POLICY: Paramedics may utilize CPAP on patients in accordance with Ventura County Policy 705.
- IV. PROCEDURE:
 - A. Training: Prior to using CPAP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.
 - B. Indications: Patients age 8 and above with one or more of the following:
 1. Congestive Heart Failure with acute pulmonary edema
 2. Near drowning
 3. Any cause of respiratory failure.
 - C. Contraindications:
 1. Absolute
 - a. Respiratory or cardiac arrest
 - b. Agonal respirations
 - c. Unconsciousness
 - e. Pneumothorax
 - f. Inability to maintain airway patency
 - g. Head injury with increased ICP
 2. Relative:
 - a. Decreased LOC
 - b. Unable to tolerate mask



- c. Systolic blood pressure < 90
- d. Vomiting

E. Patient Treatment

1. Place patient in a seated position with legs dependant
2. Monitor ECG, Vital signs, SpO2
3. Set up CPAP system
4. Explain procedure to patient.
5. Apply mask while reassuring patient.
6. Frequently reevaluate patient. Normally, the patient should improve in the first 5 minutes with CPAP, as evidenced by a decreased heart rate, respiratory rate and/or blood pressure and an increased SpO2. Should the patient become worse with CPAP, remove the CPAP device and assist ventilations with BVM as needed.

D. DOCUMENTATION

1. The use of CPAP must be documented.
2. Vital signs and SpO2 must be documented every 5 minutes.
3. Narrative documentation should include a description of the patient's response to CPAP.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: ReddiNet Communications Policy		Policy Number 920	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2010	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2010	
Origination Date:	April 26, 2007	Effective Date: December 1, 2010	
Date Revised:	October 14, 2010		
Date Last Reviewed:	October 14, 2010		
Review Date:	October 31, 2013		

- I. **PURPOSE:** The Rapid Emergency Digital Data Network (REDDINET) is the computerized system that links hospitals, the EMS Agency, and Public Health for a variety of purposes; including but not limited to **daily** (Q24 hr) reports of diversion status, multiple casualty incidents (MCI), assessment communication, disease surveillance, and current HAVBED status. This policy defines the expectation for the use and maintenance of ReddiNet by all facilities.
- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Chapter 1, Section 1797.204 and Chapter 6, Section 1798.100.
- III. **POLICY:**
 - A. The ReddiNet System is to be maintained by each individual facility. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.
 - B. It is the responsibility of each facility to ensure that any staff expected to use the ReddiNet System be properly trained and refreshed on a routine basis (at least twice per year). At least one staff member who is knowledgeable on the use of the ReddiNet System is to be on duty at all times.
 - C. The ReddiNet System is to remain online at all times unless there is a hardware or software problem that disables the system, in which case every effort shall be made to correct the problem as quickly as possible.
 - D. The sound volume on the ReddiNet System is to be maintained at an adequate level to alert staff within a facility at all times, and is never to be placed on mute.
 - E. The ReddiNet System shall be placed in an easily accessible location within each facility.
 - F. The use of the ReddiNet computer is limited to operation of the ReddiNet System and access to EMS educational materials only. Accessing the Internet or other applications on the system is prohibited.
 - G. VCEMS may send an Assessment Poll as needed. Each facility is to acknowledge and respond to this poll as directed by the system.
 - H. The ReddiNet System is not to be used to disseminate non-system information such as conference flyers, educational opportunities, and other like materials.

IV. PROCEDURE:

- A. Emergency Department and other appropriate hospital staff will use ReddiNet for the following information:
1. Status – Hospitals will utilize the Reddinet System to update all diversion status pursuant to VCEMS Policy 402. Hospitals should note that the ReddiNet System also displays diversion status for other facilities within the region.
 2. Multi Casualty Incidents (MCI) – During an MCI, the designated Base Hospital will coordinate response activities with other hospitals using ReddiNet unless relieved by EMS Agency personnel. The Base Hospitals will initiate an MCI using the ReddiNet MCI function. All patients received by hospitals during an MCI are to be recorded in ReddiNet, within the MCI function. The System will send an alert tone when a facility is being included in an MCI response.
 3. Assessment – This function within the ReddiNet System allows a facility or the EMS Agency to assess the status of other facilities and other resources (such as staffing, equipment, etc). Assessments are polls that ask specific questions and require a response. All facilities are to respond as quickly as possible to active polls. Assessments contain one or more questions whose answers are formatted (I.e., Yes/No, numeric, multiple choice, text, etc) The System will send an alert tone when Assessments are received.
 4. Public Health Surveillance – The Public Health Department may initiate disease surveillance programs utilizing Reddi-Net. These will be in the form of assessment polls that ask for specific information on a routine basis. Each facility is to ensure that these assessments are answered in a timely manner. This will likely require involvement of Infectious/Communicable Disease staff at each facility. This does not replace the obligation of health care providers to report certain diseases on a Confidential Morbidity Report (CMR) pursuant to Title 17, California Code of Regulations, §2500 (rev. 1996)
 5. Messages – All facilities are expected to utilize the ReddiNet messaging function to communicate appropriate information within their facility, with other hospitals, the EMS Agency and the Public Health Department. The system is similar to email. All messages that are appropriate for dissemination to other staff are to be printed or otherwise shared with affected staff. The System will send an alert tone when messages are received.
 6. HAvBED Status – Hospitals are expected to update their current HAvBED status by 9:00 AM on a daily basis. Updates ideally should be done twice per day, morning and

evening shift. Hospitals should update their bed availability after their normally scheduled daily discharge time. HAvBED shall be the only function utilized on Reddinet for the purposes of assessing bed capacity.

7. Daily HAvBED status updates allow facilities to meet Federal bed availability guidelines. The HAvBED status board carries over all fields from the previous bed availability menu as well as adding two additional fields: ventilators (owned, stockpiled or committed by vendor to the facility), and whether or not a mass decontamination system is available at the facility during the specified time frame.

B. ReddiNet System Failure or Disruption

1. If the ReddiNet System is not functioning due to an internal hospital issue (ie: computer or internet failure), facilities are to utilize the following procedure:
 - a. Attempt to resolve the problem at the computer. Check for correct power and internet connections as well as correct log-in and password.
 - b. Notify the facility ReddiNet coordinator or IT department according to facility policy.
 - c. Notify the EMS Agency of the status of the ReddiNet System and the anticipated return to service.
 - d. Fax Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. If available, the EMS Agency will update facility status on the Reddinet System. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
 - e. Notify other hospitals, EMS Agency and FCC via ReddiNet when connection is restored.
2. If the ReddiNet System is not functioning due to a systemwide issue, (ie: ReddiNet server or internet service provider failure), facilities are to utilize the following procedure:
 - a. Notify the EMS Agency of the ReddiNet System failure.
 - b. FAX Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
 - c. ReddiNet and/or the EMS Agency will notify all facilities and FCC when service is restored.

- C. Hospital Groupings: The following hospital groupings are to be used for faxed diversion status notifications during a ReddiNet failure. The hospital with a diversion status change will send a fax to the EMS Agency and to each of the hospitals in their group.

<u>Hospital</u>	<u>Hospital Grouping</u>
Community Memorial Hospital	(OVCH, SJRMC, SPH, VCMC)
Los Robles Hospital and Medical Center	(SVH, SJRMC, SJPVH)
Ojai Valley Community Hospital	(CMH, SPH, VCMC)
Santa Paula Hospital	(CMH, OVCH, SJRMC, VCMC)
Simi Valley Hospital	(LRHMC, SJPVH, SJRMC, VCMC)
St. Johns Regional Medical Center	(CMH, SJPVH, VCMC)
St. Johns Pleasant Valley Hospital	(SJRMC, LRHMC, SVH, VCMC)
Ventura County Medical Center	(CMH, SPH, OVCH, SJRMC)



County of Ventura Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

Date: _____

ReddiNet Failure Reason: _____

Time: _____

Name: _____

Hospital:

Diversion Category:

CMH

SJPVH

ICU / CCU Saturation

LRRMC

SJRMC

ED Saturation

OVCH

SVH

Neuro / CT Scanner

SPH

VCMC

Internal Disaster

**All Diversion Categories, send FAX to VCEMS at (805) 981-5300
and to each location in your hospital grouping:**

Hospital

Fax Number

Hospital Grouping

Community Memorial Hospital

(805) 648-6170

(OVCH, SJRMC, SPH, VCMC)

Los Robles Hospital and Medical Center

(805) 370-4579

(SVH, SJRMC, SJPVH)

Ojai Valley Community Hospital

(805) 640-2360

(CMH, SPH, VCMC)

Santa Paula Hospital

(805) 525-6778

(CMH, OVCH, SJRMC, VCMC)

Simi Valley Hospital

(805) 527-9374

(LRHMC, SJPVH, SJRMC, VCMC)

St. Johns Regional Medical Center

(805) 981-4436

(CMH, SJPVH, VCMC)

St. Johns Pleasant Valley Hospital

(805) 383-7465

(SJRMC, LRHMC, SVH, VCMC)

Ventura County Medical Center

(805) 652-3299

(CMH, SPH, OVCH, SJRMC)

For diversion due to Internal Disaster, also send FAX to:

Ventura County Fire Communications Center

(805) 383-7631