Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	May 8, 2014 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A.	Choking in Cardiac Arrest
	B.	Cardioversion
	C.	Other
V.	**New Business**	
	A.	111 – Ambulance Company Licensing Procedure (Policy will be provided at meeting)
	B.	334 – Prehospital Personnel Mandatory Training Requirements
	C.	504 – ALS and BLS Unit Equipment and Supplies
	D.	905 – Ambulance Provider Response Unit Required Frequencies
	E.	Other
VI.	**Old Business**	
	A.	131 – Multi-Casualty Incident Response
	B.	722 – Interfacility transfer of patients with IV Heparin and Nitro
	C.	I.O. Success Rates
	D.	PRESTO Trial – Dr. Salvucci
	E.	Other
VII.	**Informational/Discussion Topics**	
	A.	Other
VIII.	**Policies for Review**	
	A.	321 – MICN Authorization Criteria
	B.	322 – MICN Reauthorization Criteria
IX.	**Agency Reports**	
	A.	Fire Departments
	B.	Ambulance Providers
	C.	Base Hospitals
	D.	Receiving Hospitals
	E.	Law Enforcement
	F.	ALS Education Program
	G.	TAG
	H.	EMS Agency
	I.	Other
X.	**Closing**	

Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	March 13, 2014 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda			Approved by Tom Gallegos Seconded by Betsy Patterson
III. Minutes	.		Approved by Tom Gallegos Seconded by Betsy Patterson
IV. Medical Issues			
A. DuoDote shortage and shelf life extension	Chris told the committee that our DuoDote will be expiring and there is a nationwide shortage of this. FDA said that we can extend for 1 year.	Angelo and the Committee agreed that the DuoDote should be extended for 1 year.	
B. Normal Saline Shortage	Karen stated that there is a shortage of Normal Saline throughout California.	Ambulance Companies are OK for up to 4 months. VCFPD is good for 6 months. Hospitals are looking at Saline Locks and 500 cc bags of NS. Ringers are also an option for some.	
C. Humeral I.O Access	Mark K. asked that we approve the use of Humeral I.O Access in the field. There have been many situations where the Tibial access is not avail.	Angelo asked that anyone with data on this issue would forward it to him. He will also run reports on Tibial failures and we will discuss further at the next meeting.	
V. New Business			
A. Other	Robin S. is concerned that fire eng's only carry 1 amp of Bicarb. Some patients require additional on Cardiac Arrests. Amb. carry 1 in bag and 2 in rig. During training, some fire personnel have reported that they only have 1 Bicarb.	Steve requested each department to look into this issue.	
VI Old Business			
A. 705.17 – Nerve Agent Poisoning - Draft	Chris discussed changes that were made. Committee members pointed out additional changes that should be	Chris will work on suggested changes, check Scope per Steve C. and bring back to next meeting.	

		considered.		
VII.	**Informational/Discussion Topics**			
VIII.	**Policies for Review**			
	A. 306 – Requirements to Staff an ALS Unit	Committee pointed out format changes that are needed. Steve and Chris requested that Randy set up a meeting to review and make required AED changes.		
	B. 330 **–** EMT**/**Paramedic/MICN Decertification and Discipline	Committee requested that "EMT-1" be changed to "EMT"		
	C. 613 – Do Not Resuscitate	Table until May		
	D. 625 - POLST	Table until May		
	E. 701 – Medical Control: Paramedic Liaison Physician	Remove from Agenda. Previously reviewed.		
	F. 722 – Interfacility Transport of Patient with IV Heparin	Angelo will check current dosages at each hospital and bring back to committee in May.		
	G. 802 – EMT – I Defibrillation (EMT- ID) Medical Director	Bring back in May; Angelo wants additional time to review.		
	H. 803 – EMT AED Service Provider Program Standards	Add CAM to page 2, #7. Have Randy review this policy in his sub-committee. Bring back in May.		
	I. 805 – EMT – ID Medical Cardiac Arrest**.**	Randy will research how private AED providers are handled. Committee should review and make recommendation on whether to keep this policy or re-do it. Tabled until May.		
	J. 1400 – Trauma Care System	Trauma Policy was changed by TORC. Policy for information only.		
	K. 1406 – Trauma Center Standards	Policy for information only.		
XI	**TAG Report**			

X.	**Agency Reports**			
	A.	Fire departments	**VCFPD** – This is Norm's last meeting before promotion. Chief Scott Zeller will be replacing him and attend future meetings. **Good Luck Norm and thanks for all your input and support.** Chief Gurrola and Chief LaPlant are retiring in the next few months. **VCFD** – Dede announced that Dave Endaya is VCFD's new Fire Chief. **OFD** – Steph thanked GCA for their assistance with OFD's MCI training. **FFD** – **Fed. Fire** –	
	B.	Transport Providers	**VCSO –** **AMR/GCA** – Hiring PM's, have 7 new ambulances. The 911 fleet will soon be all brand new.	
	C.	Base Hospitals	**SVH –** **LRRMC** – New CEO. Skills lab with AMR. Cardiac Support Group still very helpful, Dr. Alves will talk on ICD's. The survivors are great advocates for the Sidewalk CPR program. **SJRMC –** March 26th is Countywide MICN class. All Dignity Health hospitals are getting Cerner. **VCMC** –	
	D.	Receiving Hospitals	**CMH** – Rolling out new Stroke and Sepsis Program. Still under construction. Let them know if there are any parking or access issues. **PVH -** **OVCH** – Rolling out new Stroke and Sepsis Program. Thanks to Lifeline for their CAM presentation.	
	E.	ALS Education Programs	**Ventura College** – Students have completed hospital rounds. Thanks to all the agencies for taking them. Eleven will graduate.	
	F.	EMS Agency	**Angelo –** Thank you to everyone for putting down your encounter numbers on e-PCR's. It has worked very well. Santa Barbara **has seen** **Steve** – We are still holding interviews for our front office. Please be patient with us. There will be a region wide sidewalk CPR event. Health-Trans are starting a Gurney Van Service. Let Steve know if there are any issues/problems. Katy and Steve met with CHP; they are concerned about traffic lanes being blocked for too long. Please remind your personnel to clear units as soon as possible. **Chris** – Working on OMB exercise. We will contact you about resource requests and appreciate your help in the past. **Julie** – Behavior Health follow-up meeting today after PSC.	
	G.	Other	EMSAAC Conference May 28 and 29 at Lowes Coronado Resort	
XI.	**Closing**		**Meeting adjourned at 1130.**	

Prehospital Services Committee 2014

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/9/2014	2/13/2014	3/13/2014	4/10/2014	5/8/2014	6/12/2014	7/10/2014	8/14/2014	9/11/2014	10/9/2014	11/13/2014	12/11/2014	%
AMR	Stefansen	Adriane			AS										
AMR	Panke	Chad	CP		CP										
CMH - ER	Canby	Neil	NC		NC										
CMH/OVCH-ER	Cobb	Cheryl	CC		CC										
OVCH	Patterson	Betsy	BP		BP										
CSUCI PD	Drehsen	Charles	CD		CD										
CSUCI PD	Rice	Al	AR		AR										
FFD	Herrera	Bill			BH										
FFD	Scott	Bob			BS										
GCA	Norton	Tony	TN		TN										
GCA	Shultz	Jeff	JS		JS										
Lifeline	Rosolek	James	JR		JR										
Lifeline	Winter	Jeff	JW		JW										
LRRMC - ER	Beatty	Matt	MB		MB										
LRRMC - ER	Licht	Debbie	DL		DL										
OFD	Carroll	Scott	SC		SC										
OFD	Huhn	Stephanie	SH		SH										
SJPVH	Hamilton	Shay													
SJPVH	Davies	Jeff													
SJRMC	Russell	Mark	MR		MR										
SJRMC	McShea	Kathy	KM		KM										
SPFD	Dowd	Andrew	AD		AD										
SVH - ER	Tilles	Ira	IT		IT										
SVH - ER	Hoffman	Jennie	JH		JH										
V/College	O'Connor	Tom	TO		TO										
VCFD	Tapking	Aaron	AT												
VCFD	Utley	Dede	DU		DU										
VNC	Zeller	Scott	NP		NP										
VNC	Dullam	Joe	JD		JD										
VNC - Dispatch	Shedlosky	Robin	RS		RS										
VCMC - ER	Chase	David	DC		DC										
VCMC - ER	Gallegos	Tom	TG		TG										

Agency	LastName	FirstName	1/9/2014	2/13/2014	3/13/2014	4/10/2014	5/8/2014	6/12/2014	7/10/2014	8/14/2014	9/11/2014	10/9/2014	11/13/2014	12/11/2014	%
VCMC-SPH	Gautam	Pai	MD												
VCMC-SPH	Melgoza	Sarah	SM												
VCSO SAR	Hadland	Don													
VCSO SAR	Golden	Jeff	JG												
VFF	Rhoden	Crystal													
VFF	Jones	Brad													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
AMR	Whitmore	Geneva													
AMR	Taigman	Mike	MT		MT										
CSUCI PD	Rice	Lynn	LR		LR										
EMS	Carroll	Steve	SC		SC										
EMS	Buhain	Ruth													
EMS	Frey	Julie	JF		JF										
EMS	Hadduck	Katy	KH		KH										
EMS	Perez	Randy	RP		RP										
EMS	Rosa	Chris	CR		CR										
EMS	Salvucci	Angelo	AS		AS										
EMS	Beatty	Karen	KB		KB										
LMT	Frank	Steve			SF										
VCMC	Duncan	Thomas													
VNC	Gregson	Erica	EG												
VNC	Hatch	Heather													
VNC	Komins	Mark	MK		MK										

TEMPORARY
PARKING PASS
Expires May 08, 2014

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

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

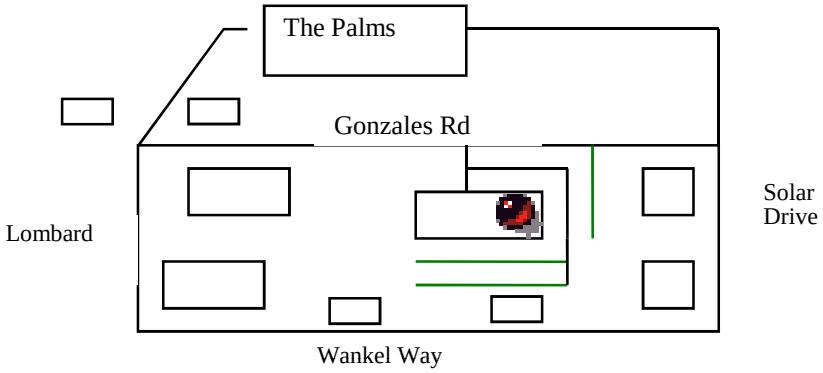
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location
If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

2100 Solar Drive
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

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

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



Ventricular Tachycardia Sustained – Not in Arrest

BLS Procedures

Administer oxygen as indicated

ALS Prior to BaseHospital Contact

IV Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
  - IVPB**-** 150 mg in 50mL D_5W infused over 10 minutes.

Unstable – ALOC, signs of shock or CHF

- **Midazolam**
  - IV – 2 mg
    - Should only be given if it does not result in delay of synchronized cardioversion
    - For IV use – Dilute 5 mg (1mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL
- **Synchronized Cardioversion**
  - Use the biphasic energy settings that have been approved by service provider medical director
- If patient needs sedation and there is a delay in obtaining sedation medication:
  - **Amiodarone**
    - IVPB**-** 150 mg in 50mL D_5W infused over 10 minutes

Unstable polymorphic (irregular) VT:

- **Defibrillation**
  - Use the biphasic energy settings that have been approved by service provider medical director

If recurrent VT, perform synchronized cardioversion at last successful biphasic energy setting

Base Hospital Orders only

Torsades de Pointes

- **Magnesium Sulfate**
  - IVPB – 2 gm in 50 mL D_5W infused over 5 min
    - May repeat x 1 if Torsades continues or recurs

Consult with ED Physician for further treatment measures

ED Physician Order Only: After defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IVPB in D_5W infused over 10 minutes.

Additional Information:

- Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.
- Ventricular tachycardia (VT) is a rate > 150 bpm

Effective Date: December 15, 2011
Next Review Date: January 31, 2015
Date Revised: April 11, 2013
Last Reviewed: February 14, 2013

VCEMS Medical Director

Supraventricular Tachycardia

ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated	Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
Valsalva maneuver IV access Stable– Mild to moderate chest pain/SOB Unstable– ALOC, signs of shock or CHF • Place on backboard and prepare for synchronized cardioversion	Valsalva maneuver IV access Stable– Mild to moderate chest pain/SOB Unstable– ALOC, signs of shock or CHF • Place on backboard and prepare for synchronized cardioversion
Communication Failure Protocol	
Stable • **Adenosine** o IV – 6 mg rapid push immediately followed by 10-20 mL NS flush No conversion or rate control • **Adenosine** o IV – 12 mg rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control Unstable • **Midazolam** o IV – 2 mg • Should only be given if it does not result in delay of synchronized cardioversion • For IV use – Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL • IO Access for unstable adults only. • **Synchronized Cardioversion** o Use the biphasic energy settings that have been approved by service provider medical director.	Stable • **Adenosine** o IV – 0.1 mg/kg (max dose 6 mg) rapid push immediately followed by 10-20 mL NS flush No conversion or rate control • **Adenosine** o IV – 0.2 mg/kg (max dose 12 mg)rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control Unstable • **Synchronized Cardioversion** o Use the biphasic energy settings that have been approved by service provider medical director.
Base Hospital Orders only	
Consult with ED Physician for further treatment measure	

Additional Information:

- Adenosine is contraindicated in pt with 2° or 3rd° AV Block, Sick Sinus Syndrome (except in pt with functioning pacemaker), or known hypersensitivity to adenosine.
- Unless the patient is in moderate or severe distress, consider IV access and transport only. Consider withholding adenosine administration if patient is stable until ED Physician evaluation.
- Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.)
- Document all ECG strips during adenosine administration and/or synchronized cardioversion.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Pre-Hospital Personnel Mandatory Training Requirements		Policy Number: 334
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2009
APPROVED: Medical Director	Angelo Salvucci, MD	Date: June 1, 2009
Origination Date: Date Revised: Date Last Reviewed: Review Date:	September 14, 2000 December 11, 2008 December 11, 2008 December 31, 2012	Effective Date: June 1, 2009

I. PURPOSE: To define the requirements for mandatory training sessions for EMT-1s, Paramedics, EMT-ALS Assist SAR EMT-1s, MICNs and Flight Nurses in Ventura County.

II. AUTHORITY: Title 22, California Code of Regulation, Division 9, Section 100175 and Chapter 6. Health and Safety Code Section 1797.214, 1797.220 and 1798.200.

III. POLICY: All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. These requirements are outlined in VCEMS Policy 318 for Paramedics, 306 and 803 for EMTs, 1201 for Flight Nurses and SAR EMT-1s and 322 for MICNs.

III. PROCEDURE:

A. EMS Updates – Applies to all personnel listed above except EMT-1's.
Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the Base Hospitals in May and November each year (minimum of 12 opportunities to attend each session). Prehospital Services Committee members who attend 75% of the scheduled meetings over the previous 6 months may have this requirement waived.

B. MCI Training – Applies to all personnel listed above except MICN's.
Personnel shall attend initial Basic or Advanced MCI training within 6 months of initially starting the certification or accreditation process and complete bi-annual refreshers as indicated in VC EMS Policy 131.

C. Grief Training – Applies to all personnel listed above except MICN's.
All personnel shall be provided the self-study packet titled "Dealing with Grief: A Workbook for Prehospital Personnel." After finishing the self-study packet, personnel shall complete the post-test and evaluation and mail them to VC EMS for a course completion and 2 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.

D. Emergency Response to Terrorism – Applies to all personnel listed above.
All personnel shall be provided the self-study packet titled “Emergency Response to Terrorism.” After finishing the self-study packet, personnel shall complete the post-test and mail it to VC EMS for a course completion and 3 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.

E. Paramedic Skills Refresher – Applies to Paramedics only
1. Paramedics shall attend one skills refresher session during the first year of licensure and one skills refresher in the second year of licensure.
2. Skills Refreshers will be offered at least 4 times in March and 4 times in September and will be offered over a 3 week period. Dates, times, and locations for the Skills Refreshers will be published one year in advance. Late arrivals will not be admitted into the Skills Refresher.

F. Nerve Agent Training – Applies to Paramedics only
All personnel shall be provided the self study PowerPoint presentation entitled “Ventura County EMS Nerve Agents: Recognition and Treatment”. Providers shall forward a copy of the attendance roster to VCEMS to verify completion of the training. New employees shall complete training within 6 months of initially starting the accreditation process.

G. Field Intubation Refresher Training– Applies to Paramedic and SAR Flight Nurses only
One intubation refresher session per six (6) month period based on license cycle as described in Policy 318.

H. Advanced Cardiac Life Support (ACLS)- Applies to all personnel listed above except EMT-1’s and SAR-EMT-1’s.
ACLS course completion certificate shall be obtained within three months of initially starting the certification or accreditation process and remain current.

I. Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP)- Applies to Paramedics only.
PALS or PEPP course completion certificate shall be obtained within six months of initially starting the accreditation process and remain current.

J. Failure to complete mandatory requirements:
1. Level II Paramedics who fail to complete any of these requirements will immediately revert to a Level I Paramedic according to VCEMS Policy 318. The Paramedic’s accreditation to practice in Ventura County will be suspended after the State required 15 day notice until the following remediation criteria has been

met. All other required personnel who fail to complete these requirements will have their authorization immediately suspended.

2. Reinstatement of authorization or accreditation:
   a. Personnel who have not completed MCI Training, Grief Training or Emergency Response to Terrorism must complete the requirements and provide documentation of completion to VC EMS for determination on reinstatement.
   b. Personnel not attending EMS Update must complete the following remediation criteria.
      1) Personnel will attend a make-up session to be scheduled by VC EMS within 2 weeks of the last regularly scheduled EMS Update session.
      2) Personnel will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
      3) Submit a $125.00 fine.
      4) A written post-test will be administered, and must be successfully completed by achieving a minimum passing score of 85%.
      5) If the VC EMS make up session is not attended, the employer may elect to assist the person in completing the requirement.
         a) The employer shall use the materials and test supplied by VC EMS.
         b) The employer will be responsible to forward the written statement and $125.00 fine to VC EMS.
         c) The employer will administer the written test and will forward it to VC EMS for scoring. Minimum passing score will be 85%.
         d) A make up session arranged by an employer will be approved by VC EMS before it is presented.
   c. Paramedics not attending Skills Refresher must complete the following remediation criteria.
      1). Paramedic will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
      2) Submit a $125.00 fine.
      3) Paramedic will attend a remediation session on documentation and review of VC EMS Policy 318 to be administered by VC EMS.

4) ALS provider will confirm paramedic has read and reviewed VC EMS Policy and Procedure Sections 6 & 7.
5) ALS provider will be responsible to coordinate a Skills Refresher make-up session conducted by either an ALS Service Provider Medical Director, base hospital physician or their designee. Skills Refresher make-up will include all skills covered at the most recent Skills Refresher.
6) ALS provider will submit a written plan of action to VC EMS to include: course curriculum, date and location of Skills Refresher make-up, equipment to be used and names of instructors.
7) Completed reinstatement checklist, will be submitted to VC EMS for review and determination on reinstatement of paramedic accreditation.

PARAMEDIC SKILLS REFRESHER REINSTATEMENT CHECKLIST

Paramedic Name: _____ **CA License No.:** _____

Action	Date	Signature
1. Read and reviewed EMS Policy and Procedure Sections 6 & 7 (signed by provider).		
2. Orientation at EMS Office, Policy 318 review.		
3. Documentation Station: Administered by EMS		
4. Skills refresher verification: The skills must be signed off by a BH physician or Medical Director associated with your employer.		
a.		
b.		
c.		
d.		
e.		
f.		
g.		

After the above is completed, please forward the checklist to the EMS Agency for review and determination on reinstatement of paramedic accreditation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: BLS And ALS Unit Equipment And Supplies		Policy Number: 504
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date:
APPROVED: Medical Director	Angelo Salvucci, MD	Date:
Origination Date: Date Revised: Last Reviewed: Review Date:	May 24, 1987 April 12, 2012 April 12, 2012 April 30, 2014	Effective Date:

I. PURPOSE: To provide a standardized list of equipment and supplies for Response and/or Transport units in Ventura County.

II. POLICY: Each Response and/or Transport Unit in Ventura County shall be equipped and supplied according the requirements of this policy.

III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218 and California Code of Regulations Section 10017

IV. PROCEDURE:

The following equipment and supplies shall be maintained on each Response and/or Transport Unit in Ventura County.

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS				
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 infant
Bag valve units Adult Child	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3
Nasopharyngeal airway (adult and child or equivalent)	1 each	1 each	1 each	1 each
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.
Portable suction equipment	1	1	1	1
Transparent oxygen masks Adult nonrebreather Child Infant	 3 3 2	 2 2 2	 2 2 2	 2 2 2
Bandage scissors	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	 12 6	 12 2 0	 12 6 2	 5 4 2
Blood pressure cuffs Thigh Adult Child Infant	 1 1 1 1	 1 1 1 1	 1 1 1 1	 1 1 1 1
Emesis basin/bag	1	1	1	1
Flashlight	1	1	1	1
Half-ring traction splint or equivalent device	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	4	4	4
Potable water or saline solution	1 gallon	1 gallon	1 gallon	1 gallon
Cervical spine immobilization device	2	2	2	2
Spinal immobilization devices KED or equivalent 60" minimum with straps	 1 1	 1	 1 1	 1
Sterile obstetrical kit	1	1	1	1

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
Tongue depressor	4	4	4	4
Cold packs	4	4	4	4
OPTIONAL EQUIPMENT				
Nerve agent antidote – (3 kits per person suggested)				
Tourniquet				
Impedance threshold device				
B. TRANSPORT UNIT REQUIREMENTS				
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1
Automated External Defibrillator (if not equipped with ALS monitor/defibrillator)	1	1	1	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1	0	0	1
Ankle and wrist restraints. Soft ties are acceptable.	1	0	0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0
Bedpan	1	0	0	0
Urinal	1	0	0	0
Personal Protective Equipment per State Guideline #216				
Rescue helmet	2	1	0	0
EMS jacket	2	1	0	0
Work goggles	2	1	0	0
Tyvek suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Tychem hooded suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Nitrile gloves	1 Med / 1 XL	1 Med / 1 XL	0	0
Disposable footwear covers	1 Box	1 Box	0	0
Leather work gloves	3 L Sets	1 L Set	0	0
Field operations guide	1	1	0	0

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS TRANSPORT UNIT REQUIREMENTS				
Cellular telephone Two-way radio for alternative base hospital contact	1 1	1 1	1 1	1 1
Alternate ALS airway device	2	1	1	1
Arm Boards 9” 18”	 3 3	 0 0	 1 1	 0 0
Blood glucose determination devices	2	1	1	1
Cardiac monitoring equipment	1	1	1	1
CO_2 monitor	1	1	1	1
Continuous positive airway pressure (CPAP) device	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets
Endotracheal intubation tubes, sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
Intraosseous infusion needles	2	1	2	1
Intravenous Fluids (in flexible containers) • 5% Dextrose in water, 50 ml • Normal saline solution, 500 ml • Normal saline solution, 1000 ml	 2 2 6	 1 1 2	 2 1 4	 1 1 3
IV admin set - microdrip	4	1	2	2
IV admin set - macrodrip	4	1	4	3
IV catheter, Sizes l4, l6, l8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries Curved blade #2, 3, 4 Straight blade #1, 2, 3	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each
Magill forceps Child	1 1	1 1	1 1	1 1
Nebulizer	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1
Needle Thoracostomy kit	2	2	2	2
Pediatric length and weight tape	1	1	1	1
SAO_2 monitor	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)				
Flexible intubation stylet				
EZ-IO intraosseous infusion system				

	ALS ~~/ BLS~~ Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	
D. ALS MEDICATION, MINIMUM AMOUNT				
Activated charcoal, adult and pediatric	1	1	1	0
Adenosine, 6 mg	3	3	3	3
Aspirin, 162 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg
Amiodarone, 50mg/ml 3ml	6	3	6	3
Atropine sulfate, 1 mg/10 ml	2	2	2	2
Diphenhydramine (Benadryl), 50 mg/ml	2	1	1	2
Bronchodilators, nebulized beta-2 specific	6	2	3	1
Calcium chloride, 1000 mg/10 ml	2	1	1	1
Dextrose 50%, 25 GM/50	5	2	2	2
Dopamine, 400 mg/250ml D5W, premixed	2	1	1	2
Epinephrine 1:1,000, 1mg/ml	4	2	2	2
Epinephrine 1:10,000, 1 mg/10ml	6	3	6	4
Epinephrine 1:1,000, 30 ml multi-dose vial	1	1	1	1
Glucagon, 1 mg/ml	2	1	2	1
~~Furosemide (Lasix), 20 mg/2ml~~	~~80 mg~~	~~40 mg~~	~~80 mg~~	~~40 mg~~
Lidocaine, 100 mg/5ml	2	2	2	2
Magnesium sulfate, 1 gm per 2 ml	4	1	2	2
Morphine sulfate, 10 mg/ml	2	2	2	2
Naloxone Hydrochloride (Narcan), adult and pediatric doses	10 mg	4 mg	4 mg	4mg
Nitroglycerine preparations, 0.4 mg	1 bottle	1 bottle	1 bottle	1 bottle
Normal saline, 10 ml	2	2	2	2
Oral glucose 15gm unit dose	1	1	1	1
Sodium bicarbonate, 50 mEq/ml	2	1	1	1
Ondansetron 4 mg IV single use vial	4	4	4	4
Ondansetron 4 mg oral	4	4	4	4
Midazolam Hydrochloride (Versed)	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Ambulance Provider Response Units: Required Frequencies		Policy Number 905
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date:
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date:
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	July 1, 1999 ~~August 9, 2012~~ ~~August 9, 2012~~ ~~August, 2015~~	Effective Date:

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I. PURPOSE: To define the communications frequencies required on VCEMS licensed ambulance provider response units.

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204

III. POLICY: Ambulance provider response units shall be equipped as listed in this policy.

IV. PROCEDURE:

A. Ambulance provider response unit mobile radios shall be programmed with the first 64 channels of the current Ventura County Fire Protection District radio plan. To reduce confusion, assignments for channels 1-64 will be programmed exactly as listed in the radio plan on all vehicle mounted mobile radios. It is recommended that all portable radios also utilize the same program list; however, providers may adjust the portable lists to accommodate agency specific issues.

B. Channels 30, 31 and 32, in the Ventura County Fire Protection District radio plan, are available for the ambulance provider to program agency specific frequencies, if desired. Frequencies on channels 65 and above may be programmed at provider's discretion.

C. Any VCEMS licensed ambulance provider units ~~that respond to 911 calls~~ shall have a minimum of one mobile radio and one portable radio compliant with this policy.

D. Ambulance providers will post a list of frequency channel assignments in each response unit.

E. A list of frequency channel assignments will be submitted to VCEMS by each ambulance provider.

COUNTYOFVENTURAHEALTHCAREAGENCY		EMERGENCYMEDICALSERVICES POLICIESANDPROCEDURES
PolicyTitle: MultiCasualtyIncidentResponse		PolicyNumber 131
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date:4 / 2 9 / 2 0 1 3
APPROVED: MedicalDirector:	AngeloSalvucci,M.D.	Date:4 / 2 9 / 2 0 1 3
OriginationDate:DateRevised:ReviewDate:	September1991 4/29/2013 April 2015	EffectiveDate: June 1, 2013

I. PURPOSE: TodevelopastandardizedprotocolforMulti-CasualtyIncident(MCI)responseandtraininginVenturaCounty.

II. AUTHORITY: California HealthandSafetyCode, Section1797.151, 1798, and 1798.220.

III. California Code of Regulations, Sections 100147 and 100169.APPLICATION:Thispolicydefinestheon-scenemedicalmanagement,transportationofcasualties,anddocumentationforamulticasualtyincidentutilizingtheprinciplesoftheincidentcommandsystemasoutlinedintheMCIPlan.

IV. DEFINITIONS:

A. **MCI/LevelI-**asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment.(Approx.3-14victims)

B. **MCI/LevelII–**asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment.(Approx.15-49victims)

C. **MCI/LevelIII-**asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment.(Approx.50+victims)

V. TRAINING:

Thefollowingtrainingwillberequired:

A. **BasicMCITraining**forfirecompanies, fieldEMSproviders, and Mobile Intensive Care Nurses (MICNs).

Focus:Hands-onfunctionsasdescribedinthe Ventura County EMS (VCEMS)basicMCIcurriculum

1. Initialbasiccourse:4hours
2. Prerequisiteforthecourse(for fire companies and EMS providers):Introduction to the Incident Command System(ICS100), and ICS for Single Resource and Initial Action Incidents (ICS 200).There is no prerequisite for MICNs.
3. Coursewillbevalidfortwoyears

B. **AdvancedMCITraining**forbattalionchiefs,EMSmanagers, fieldsupervisors, and pre-hospital care coordinators

Focus:commandandmajorfunctionintegrationasdescribedintheVCEMSadvancedMCIcurriculum.

1. TheadvancedMCIcourseisdividedintotwomodules.Themorningsession(module1)is designedfornewsupervisorypersonnelandwillcoverspecificprinciplesofon-scenemedical

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management,transportationofcasualtiesanddocumentationformulti-casualtyincidents.The afternoonsession(module2)willconsistofacurriculumreviewandadvancedMCItabletop scenarios.ParticipantsattendingtheirinitialadvancedMCIcoursearerequiredtoattendboth module1andmodule2.

2. Initial advancedMCItrainingwillbeofferedannually in January.
3. InitialAdvancedMCICourse:8hours
4. PrerequisitefortheCourse:Introduction to the Incident Command System (ICS100), ICS for Single Resource and Initial Action Incidents (ICS200), and National Incident Management System, an Introduction (ICS 700)
5. Coursewillbevalidfortwoyears

C. **BasicMCIRefresherTraining**

Focus:Overviewofmulti-casualtyoperationsasdescribedintheVCEMSMCIBasicCurriculum

1. RefresherCourse:2hours
2. Coursewillbevalidfortwoyears

D. **AdvancedMCIRefresherTraining**(Module2oftheAdvancedMCICourse)

Focus:OverviewofCommandandMajorFunctionIntegrationasdescribedintheVCEMSAdvanced MCICurriculum

1. RefresherCourse:4hours
2. Advanced MCI refresher course will be offered twice annually, in January and July.
3. Coursewillbevalidfortwoyears

VI. ACTIVATIONOFTHEMULTICASUALTYINCIDENTRESPONSEPLAN:

A. ReportofIncident

Thereportofamulticasualtyincident(MCI)willordinarilybemadetoaVenturaCountyPublicSafetyAnswe ringPoint(PSAP)inthefollowingmanner:

- Citizen/witnessreportvia9-1-1PublicServiceAnsweringPoint(fireservicewillactivatetheMCIplan).
- HospitalpersonnelalertVCEMS.
- Directreportfromlawenforcement,oranEMSProviderwithcapabilitytocontactaPSAP.

B. PrehospitalResponse

~~1.~~ Thefirstresponderagencyorotherpublicsafetyofficialwilldeterminethatthenumberand extentofcasualtiesexceedsthecapacity of the day-to-dayEMSresponseand/or EMS system (depending on the level of the MCI)andwillrequesttheirPSAPtocontact theEMSAgencyandactivatetheMCIPlan.TheIncidentCommander(IC)orappropriatepublicsafetyof ficialwillrequestactivationand/orresponseof any ~~y~~

~~2.~~1. supportingpublicsafety/serviceagencieswhichmaybeneeded,forexample:

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- Transportationresources;suchasadditional ambulancesorbuses
- VenturaCountyChapterAmericanRedCross
- PublicHealth/EMSEmergencyPreparedness Office
- DisasterCaches

~~3.~~2. TheICwillappointa PatientTransportationGroupSupervisor.ThePatientTransportationGroup SupervisorwillretainordelegatetheMedicalCommunicationsCoordinator (MEDCOMM)positionto communicateallcasualtytransportationinformationtothebasehospitalordesignatedVCEMS representative. Periodically,arequestwillbemadeofinvolvedhospitalstoupdatetheirstatusinordertoaccom modatethenumberofcasualtiesremainingtobeevacuatedfromthescene.(Thefirstresponde rswillprovideforthe initial triageandtreatmentofcasualtiesutilizing S.T.A.R.T.criteria.)

C. Ventura County Trauma System Considerations

~~1.~~ For any level MCI in which a traumatic mechanism exists, the base hospital shall be the trauma center in whose trauma catchment area the incident occurred. ~~The base hospital for any level MCI in which one or more patients present with traumatic injuries will be the trauma center for the area where the incident is located, based on the Ventura County trauma center service area map.~~

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~~2.~~1. On an MCI/Level I, patients with traumatic injuries ~~will~~ shall be triaged utilizing the Ventura County Field Triage Decision Scheme, in addition to S.T.A.R.T. triage. On anMCI/Level I, the applicable VC trauma step ~~will~~ shall be relayed to the base hospital by MEDCOMM for all patients with traumatic injuries, in addition to S.T.A.R.T triage category, age, and gender.

~~3.~~2. Patients ~~will~~ shallbe transported in accordance with VCEMS 131 Attachment ~~C "~~C"MCI Trauma Patient Destination Decision Algorithm."

~~a. Refer to VCEMS 131 Attachment D "Initial Trauma Patient Care Capacity" for guidelines on initial capacity for hospitals within Ventura County.~~

D. VenturaCountyEMSAgency UponreceivingMCIinformationandarequestfromscenepublicsafetypersonneltoactivatetheMCIPla n,EMSmaycontacttheBaseHospitalthatMEDCOMMhascommunicatedwithduringtheinitialphases oftheMCI,andrequestanupdatebeforerelievingtheBaseHospitalofthisduty.TheEMSAgencymayth enactasthemedicalclearinghouseandperformthefollowing:

1. AlertallhospitalsthatanMCIhasoccurredandrequestthattheypreparetoreceivecasualties fromthescene.Thiscommunicationwillinclude:
   - Thetype,size,andlocationoftheincident.
   - Theestimatednumberofcasualtiesinvolved.
   - Adviseareahospitalstobepreparedtoconfirmtheirstatusandmakepreparationsforthepossiblereceiptofpatients.
2. Updateallhospitalsperiodicallyorwhenneworroutineinformationisreceived. Hospitalsinunaffectedareasmayormaynotberequestedtoremaininastand-byreadinessmode.
3. InformMEDCOMMofeachhospital'savailability.
4. Relayallrequests/informationregardinghospitalresourceneedsorsurplustothe RegionalDisasterMedicalHealthCoordinator(RDMHC)representative, when appropriate. Coordinateresponseofadditionalmedicalequipmentandpersonnel.
5. Informallhospitalswhenremainingcasualtieshavebeenclearedfromthe MCIscene.
6. ReceiveMCIinformationfromPSAPandalertttheappropriateVCEMSandVentura County Health Care Agency (HCA)personnel.
7. InitiatetheVCEMSEmergencyResponseplantoalevelappropriatetotheinformationprovided.
8. ActivatetheHealthCareAgency–DepartmentOperationsCenter,whenappropriate.
9. InformtheVenturaCountySheriff'sOfficeofEmergencyServices(OES)and/ortheOperationalAreaEOCofEMSactivity, when appropriate.
10. AlerttheRDMHCrepresentative,whenappropriate.
11. Requestout-of-countymedicalresources,whennecessary,withEMS/HCA management approval.CoordinaterequestswithOESstaffandRDMHCrepresentative.
12. Assistinthecoordinationoftransportationresources.
13. Assistinthecoordinationofhealthcarefacilityevacuation.
14. Communicatewithhospitals,skillednursingfacilitiesandappropriateEOCswhenwarranted.
15. Assistincoordinationofincidentevaluationsanddebriefings.

E. HospitalResponse
1. Receive/acknowledgeincidentinformationandinformhospitaladministration.
2. Activatethehospital'sdisaster/emergencyresponseplantoanappropriatelevelbaseduponheMCI'slocationtypeandnumberofcasualties.
3. HospitalsexperiencingdifficultyinobtainingneededresourcestomanagecasualtiesshouldmakeneedsknowntotheEMSAgencyrepresentative.

F. Documentation

1. Level1MCI:Thecareofeachpatientwillbedocumentedusingthe Ventura County electronic patient care reporting system (VCePCR)

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2. Level2and3MCI:Eachpatienttransportedtoahospitalshallhavetheircaredocumentedonamulti-casualtypatientrecord(Policy131,AttachmentA).
   a. Thetransportingagencyisresponsibleforcompletionofthemulti-casualtypatientrecord.Therecordisdesignedtobecompletedbythetransportingcrewenroutetothereceivinghospital.
   b. Thetransportingagencyretainstheoriginalofthemulti-casualtypatientrecord.Acopyshallbeleftwiththepatientatthereceivinghospital.Thetriagetagshallbeattachedtothiscopyandisincludedasofficialdocumentationinthepatient'smedicalrecord.
   c. Thetransportingagencyshalldistributecopiesofthemulti-casualtypatientrecord tothebasehospitalandEMSAgencywithintwenty-fourhoursof ~~de-mobilization~~de-mobilizationoftheincident.
   d. PatientsnottransportedfromaLevelIIorLevelIIIMCI,maybedocumentedusing themulti-casualtynon-transportrecord,(Policy131,AttachmentB).
3. VenturaCountyEMSApprovedMCIWorksheets
   a. VenturaCountyEMSProvidersshallutilizetheapprovedMCIworksheetsdescribedin theBasicandAdvancedMCIcoursesandattachedtothispolicyasfollows:
      1. Form 131-C MCI Trauma Patient Destination Decision Algorithm (Policy 131, Attachment C)
      ~~2. Form 131-D Initial Patient Care Capacity – MCI All Levels (Policy 131, Attachment D)~~
      ~~3.~~2. Form131-1Level1MCIWorksheet(Policy131,AttachmentE)
      ~~4.~~3. Form131-2HospitalWorksheet(Policy131,AttachmentF)
      ~~5.~~4. Form 131-3 Out of County Hospital Worksheet (Policy 131, Attachment G)
      ~~6.~~5. Form131-4TreatmentTarpUpdates(Policy131,AttachmentH)
      ~~7.~~6. Form131-4AImmediateTreatmentArea(Policy131,AttachmentI)
      ~~8.~~7. Form131-4BDelayedTreatmentArea(Policy131,AttachmentJ)
      ~~9.~~8. Form131-4CMinorTreatmentArea(Policy131,AttachmentK)
      ~~10.~~9. Form131-4DMorgueArea(Policy131,AttachmentL)

~~11.~~10. Form306TransportationWorksheet(Policy131,AttachmentM)

~~12.~~11. Form310StagingManager(Policy131,AttachmentN)

4. MobileDataComputer(MDC)EquippedAmbulances

a. Inanefforttoenhancepatienttracking,transportpersonneloperatingambulancesequippedwithMDC's,whenable,willdocumentthetriagetagnumber,patientname, and destinationinthecommentsectionofthedispatchticketontheMDC.

VII. DE-MOBILIZATIONOFTHEMULTICASUALTYINCIDENTRESPONSEPLAN:

A. Prehospitalde-mobilization

1. TheIncidentCommander(IC)willnotifyEMSthattheMCIhasbeenclearedwhenallcasualtieshavebeenremovedfromtheMCIscene.
2. VCEMSwillnotifyallhospitalsthattheMCIscenehasbeencleared.
3. VCEMSwilladvisehospitalsthatcasualtiesmaystillbeenroutetovariousreceivingfacilities.
4. HospitalswillsupplyEMSwithdataoncasualtiestheyharereceivedviaReddiNet,telephone,faxorRACES.
5. VCEMSwillmaintaincommunicationwithallparticipantsuntilallactivityrelevanttocasualtyscenedispositionandhospitalresourceneedsareappropriatelyaddressed.
6. VCEMSwilladviseallparticipantswhenVCEMSisbeingde-activated.

VIII. CRITIQUEOFTHEMULTICASUALTYINCIDENT:

A. VCEMSAgencymayconductapost-incidentanalysisoftheMCIattheirdiscretionoratthereequestofagenciesinvolvedintheincident.Allmedicallyinvolvedparticipantswillbeinvited.

B. VCEMSAgencymaypublishawrittenreportfollowingthepost-incidentanalysis.Thereportwillincludeminutesfromthepostincidentanalysismeeting,anysummarydataavailable,andwrittenreports.

VenturaCountyHealthCareAgency

EMERGENCYMEDICALSERVICES
ADivisionofPublicHealth

MULTICASUALTYMEDICAL RESPONSEPLAN

Steven L Carroll, Paramedic
Ventura County EMS Administrator

Angelo Salvucci, MD, FACEP
Ventura County EMS Medical Director

June 2013

CountyofVenturaEmergenc yMedicalServicesAgency

MULTICASUALTYMEDICALRESPONSEPLAN

SECTIONI INTRODUCTION

A. Purpose

Thepropermanagementofalargenumberofmedicalinjuriesfollowinganaturalorhuman-induced~~eventis~~event is imperativeifmorbidityandmortalityaretobeminimized.Therecognitionofthetypeandnumberofinjured(intelligence),andarapiddisseminationofknowninformation(communication)arenecessaryelementstobeginaneffectiveresponsetoamedicaldisaster.Awell-organizedmedicalcommunity,whichhasaviablecommunicationsystem,aneffectiveintelligence-gatheringnetworkandscheduledexercisesofitsdisasterresponseplan,willthenbepreparedtorespondtotheneedsoftheinjuredcommunity.

TheVenturaCountyMultiCasualtyMedicalResponsePlanistheresultofon-goingcooperativeeffortofmanypublic/privateagenciesandindividualscommittedtothepreventionoffurthersufferingandlossoflifefollowingalargemedicalincident.

TheVenturaCountyEmergencyMedicalServicesAgency(VCEMS)isresponsibleforleadingeffortstodefinethestructureandcoordinatingvariouscomponentsoftheCounty'sMultiCasualtyMedicalResponsePlan.Thisplanisdevelopedinconcertwith State,municipalandotherVenturaCountyagencies.Itoutlinesthescopeofresponsibilityforthe County'smulticasualtyresponders;however,itdoesnotdetailalldutiesentrustedtoaparticularorganization.

TheCountyofVenturaMultiCasualtyMedicalResponsePlanismodeledaftertheState'sEmergencyMedicalServicesAuthorityDisasterMedicalResponsePlan(September 2007),topromotestandardizationandcontinuityofresponsethroughouttheStateofCalifornia.Acknowledgementisgivenhereintothe California EMSAuthority'scommitmenttothisgoal.

B. Goal

Itisthegoalofthisplantoprovidedefinition,structureandcoordinationtothemedicalresponseelementswithinVenturaCountytoreducemulticasualtyrelatedmorbidityandmortalityatanytimeorlocationwithintheCounty.

C. PlanOrganization

TheCountyofVenturaMultiCasualtyMedicalResponsePlanisdividedintofivesections:

- SectionI- Introduction
- SectionII- ResponseOrganizations
- SectionIII- ResponseNarrative
- SectionIV- PlanningConcepts
- SectionV- InformationManagement
- SectionVI- ResourceAcquisition

InSectionI,theplangoal,organizationandauthoritiesarereferenced.Alsoincludedinthissectionisabriefdiscussiononthesubjectofmedicaldisasterplanningandthenatureandimplicationsofamedicaldisaster.

D. PlanningforMedicalDisasters

1. LevelsofMedicalDisaster

   Whenamedicaldisasteroccursitwillbeimportanttorapidlyascertaintheactual(andprojected)numberofmedicalinjuries.Thenumberofvictimsinjuredwillgovernthecommunity'smedicalresponse.Responsibilitylieswithresponderstoaccuratelyreportincidentinformationandcasualtydata.DirectorsofEMSresourcesmusthavereliableknowledgeofareaandcountywidemedicalcapabilities.Itisimportantfordecision-makerstoknowtheEMSsystemscapabilitiesatanygiventimeduringamedicalincidentresponseandrecoveryphase.Together,incidentinformationandresourceknowledgecanbecombinedtoaddresstheresponsetomedicalincidents.

   InVenturaCountythreelevelsofvictimeventshavebeendefined.Allinvolvemorethanonepersoninjured;theseparationoflevelsliesintheresourcesmobilizedtorespondtoeachsituation.ThelistinginSectionIIbeginstodelineatetherespondersandtheiractivities.

   Thefollowingdescribesthethreelevelsofvictimsituationsasrecognizedby VCEMS:

   MCI/LevelI: asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment(Approx.3-14victims).

   MCI/LevelII: asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment.(Approx.15-49victims)

   MCI/LevelIII: asuddenlyoccurringeventthatexceeds the capacity oftheroutinefirstresponseassignment.(Approx.50+victims)

2. AddressingMedicalDisasters

   Whenplanningthemitigationofamedicaldisaster,therearecertainpointswhichmustbeassumedpriortobeginningtheprocess:TheMCI/LEVELIispracticedregularlybylocalemergencyagencies.AnMCI/LEVELIIislessfrequentandoccursseveraltimesayear.AnMCI/LEVELIIIoccursrarelyandthefollowingassumptionsareprimarilyapplicabletothesesituations:

   Theverynatureofamedicaldisasterwillinjureandkillalargeamountofpeoplewithinarelativelyshortperiodoftime.Thiswillcreateamedicalneed,whichwillimmediatelyorveryquicklyoverwhelmtheday-to-dayEMSresponsesystem.Thissituationmayoccurinoneormoregeographicallocations ofVenturaCounty,ormayincludetheentireCounty.

   Theinitialassessmentofmedicalinjuriesmaycausethedisastertobeclassifiedasadisasterscenearatonelevel;however,furtherassessmentmaycallforanupgradeofthesizeorclassification.Forexample:anaccidentatachemicalplant,whichinitiallyinjures15people,maybeatfirstclassifiedasanMCI/LEVELII.However,ifatoxicmaterialcloudinjures100more,theincidentmaybere-classified.

   Toassessthemedicaldisasterappropriately,twocomponentsmustbeavailabletorespondingofficials:1)intelligenceregardingthecomplexityoftheincidents,thenumbersandtypesofinjuries,and:2)communicationstorelaythisintelligencetoothersupportingagencies.

   Torespondtoamedicaldisasterappropriatelytwoelementsarenecessary:1)anticipationofneededmedicalresources,and:2)earlyrequest(activation)ofthoseresources(inadvanceofwhentheyareneededifpossible.)

   Therequestedmedicalresourcesmustberapidlyavailableatthedesignatedareaiflifeandlimbaretobesaved.TheseresourcesmaybefoundinsideVenturaCounty,orsoughtoutsidetheCounty.

F. SECTIONII RESPONSEORGANIZATIONS

Thefollowingisalistoftheorganizationsthatmayplayaroleinthemedicalresponsetoan MCI.Includedisabriefdescriptionofthescopeofresponsibilityofeachorganization.Thisinventoryreflectstheprimarycharge(s),however,otherduties/responsibilitiesmaybeundertakenwhicharenotlistedhere.

1. VenturaCountyHealthCareAgency(HCA)

HCA Is the parent organization of all ofthe County'shealthservices.Inawidespread,declaredmedicalcrisis, policyand thegeneraldirectionofmedicalservices willcomefrom the Agency'sDirector andtheCountyHealthOfficer.ThedivisionsoftheHealthCareAgencyarePublicHealth,Hospitals (Ventura County Medical Center and Santa Paula Hospital), Clinics / Ambulatory Care, Behavioral Health, and the Medical Examiner.

HealthCareAgencyresponsibilitiesduringanMCIinclude:

- ProvidingoveralldirectionofmedicalandhealthcareresponsetoanMCI.
- Requesting/offeringofmedicalmutualaidfrom/toothercountiesthroughtheHealthOfficer.
- CommunicatingwithStateagencies(DepartmentofHealthService,EmergencyMedicalServicesAuthority,California Emergency Management Agency (CalEMA)inordertoreportonconditionsand/orrequestneededservices.
- CallingfortheactivationofaFieldTreatmentSite(FTS).

2. VenturaCounty/EmergencyMedicalServices(VCEMS)

VCEMS isa divisionofthePublicHealthdepartmentwithinthe HCA.VCEMScoordinatesandsupportsmedicalresourcesrespondingtoanMCI;particularlythoseagenciesandinstitutionsofferingemergencyandacutemedicalcare.EMSmaintainsworkingrelationshipswiththeStateEmergencyMedicalServicesAuthority(EMSAuthority),VenturaCountytransportandfireserviceproviders,baseandreceivinghospitals,theHospitalAssociationofSouthernCalifornia,andmunicipalemergencyplanningcoordinators.

VCEMSresponsibilitiesduringanMCImay include some or all of the following:

- Coordinatingdestinations
- Ascertaininghospitalavailability
- Coordinatingmedicalresources(inandoutofcounty)
- Communicatingwiththe County HealthOfficer
- CoordinatingthedisseminationofPublicHealthinformation
- Responsetothescene,primarydispatchcenter,HCADepartmentOperationsCenter(DOC)orEmergencyOperationsCenter(EOC)
- Obtainingbriefingfrombasehospitalfortransition
- EstablishingcommunicationwithOES(considerEOC activation)
- WorkingwithintheIncidentCommandstructure,as the medical/health branch of theOperationsSectionattheCounty'sEOC
- AdvisingtheCountyHealthOfficerastothestatusofmedicalresourcesinVenturaCounty
- EstablishingaliaisonwiththeEMSAuthoritythroughtheRegionIRegionalDisasterMedical/HealthCoordinator (RDHMC)
- Coordinatingresourcerequestsandavailabilitybetweenacutecarehospitals,advancedlifesuppo

rtproviders,basiclifesupporttransportproviders,skillednursingfacilities,andmentalhealthfaciliti es

- Maintain communications with receiving hospitals with Ventura County and throughout the region through the use of the Reddinet hospital communications system.
- EstablishingdirectcommunicationswiththeHospitalDisasterSupportCommunicationsRadioAmat eurCivilEmergencyServices(RACES)
- EstablishingcontactwithmedicalcoordinatorswithincityemergencyoperationscentersviatheVentura CountyEOCtoascertainstatusandconditionsatlocalMedicalAidStations(MAS)andanyothermedical lyrelatedconcerns
- Activate the Ventura County Medical Reserve Corps (MRC) as indicated and coordinate all MRC operations through VCEMS and HCA DOC.
- RequestingDisasterMedicalAssistanceTeams through the RDMHCtoimplementaField Treatment Site (FTS) operation.
- AssistingintherequestandcoordinationofdeploymentofCriticalIncidentStressManagementteams
- Gatheringinformation and documentationfromMedicalCommunications(MedComm)
- Initiating/coordinatinganincidentreview
- Collectingdataoncasualties

3. MunicipalGovernments

Havetheresponsibilityandmostlikelythebestcapabilitiesforassessmentoflocalcommunitydamageandin jury.Publicsafety,NeighborhoodWatchteams,DisasterAssistanceResponseTeams(D.A.R.T.), Community Emergency Response Teams (C.E.R.T.), andRACESoperatorsaresomeofthedatagatheringgroupswhichmayreportonconditionstocity/countyE OCs.Maintaining effective communications between VCEMS and the EOC managers/coordinators at the city level through the use of a medical/health branch liaison is essential in verifying emergency medical care and available medical resources within the city or county jurisdictions. ThecityandVCEMSwillcoordinateeffortstofacilitatemedicalaidstationsandhospitalsinthemanag ementofcasualtycare.

ResponsibilitiesofmunicipalgovernmentsduringanMCIinclude:

a. VenturaCountyOfficeofEmergencyServices

- ActivatingtheEOC,coordinatelargeincidents
- Coordinatingnotificationsandnon-medicalmutualaidrequests(regional,state,etc.)
- Obtainingresourcesforonscenepersonnel
- Coordinatingresourcerequests

b. LawEnforcement

- Providingforceprotection
- ProvidingSearchandRescue(SAR)
- ProvidingSceneControl
- ProvidingTrafficControl
- AssistingwithIncidentCommandSystem(ICS)establishment/UnifiedCommand
- ProvidingBodyprotection(morgue)
- ConductingInvestigations
- ProvidingaPublicInformationOfficer(PIO)
- ConductingDamageAssessment
- ManagingLawEnforcementAirOperations

c. Coroner / Medical Examiner

- Responsetothescene
- Processingfatalities
- Providingbodyremovalbags
- Investigatingwithlawenforcement
- DesignatingMorgueManager
- Conductingfamilynotifications
- Requestingadditional personnel or resources through the California Coroner / Medical Examiner Mutual Aid Plan (this includes Federal Disaster Mortuary Teams)

d. FireDepartments

The firedepartments willengage inpublic safetyactivity.Fire suppression,rescue, medicalaidand mitigation ofhazardousconditionswilloccupy theirresourcesalong withintelligencegatheringoperations.FireagencieswillreporttomunicipalandCountyEOCsasappropriate.

FireagencyresponsibilitiesduringanMCIinclude:

- Providingcommunityassessmentofdamageandcasualties
- ConductingMitigationofphysicalhazards
- Performingtriageandtreatment (including setting up, managing and staffing of treatment areas with First Responder ALS resources.
- ConductingSceneAssessment
- Determiningresourceneeds
- AssistingwithICSestablishment/UnifiedCommand
- ConductingHazardControl
- ProvidingRescue
- ProvidingaPublicInformationOfficer(PIO)
- SettingIncidentObjectives
- Providingscenedocumentation
- Drivingtransportvehiclesasneeded
- Providingcommunicationsasneeded(NotifyEMSandCoroner)
- ProvidingDispatch(automaticresponses,coordinatewithotherfiredispatch,communicatewithIC)
- Managingfireandmedicalairoperations
- Providingcomfortmeasures

4. Media

Localtelevision,radio,andnewspapersresponsibilitiesduringanMCIinclude:

- Publicawareness(traffic,safetyissues,etc.)
- WorkingwithPIOs

5. TransportationAgencies

Thetransportationagenciesarethoseprivateair/groundambulanceoperatorslicensedwithinVenturaCounty.Duringatimeofmedicalcrisisthisdefinitioncouldbeexpandedtoincludeprivateandpublicprovidersfromoutsidethecounty,aswellasothermedicaltransportationproviderssuchaswheelchairvansandbuses(seeVenturaCountyTransportationAuthoritybelow).

ResponsibilitiesoftransportationagenciesduringanMCIinclude:

a. Ground

- ProvidingMEDCOMM
- Settingupandstaffingtreatmentareas
- Providingmedicalsupplies(initialandongoing)
- Conductingtriage
- Providingdocumentation (collect and forward information to VCEMS and base/receiving hospitals as needed).
- Providingtransport
- Providingsceneassessment
- Determiningresourceneeds
- Providingscenedocumentation(collectdocumentationandforwardtoEMS)
- Providingcommunications
- Advisingreceivinghospitalofnumberofpatientstheywillreceive

b. Air

AirAmbulance
- Providingtransport
- Providingdocumentation
- Conductingtransfers
- Providingadditionalaircraftasneeded

RescueAircraft
- Providingtransport
- Providingdocumentation
- Conductingtransfers
- Providingadditionalaircraftasneeded

6. Hospitals(AcuteCareHealthFacilities)

Hospitalsareconsideredbymanytobethefrontlineormainhealthcareprovidersfollowingamedicaldisaster.Thebasestationhospitalswillberesponsibletocoordinatepatientdestinationsuntilrelievedofthatdutyby VCEMSstaff.

Theprimaryresponsibilitiesofahospitalinamedicalcrisisinclude:

BaseHospital
- CommunicatingwithMEDCOMM at the scene(s) of an MCI
- Determininginitialbedavailability
- Establishingdestinationdecisions
- Providingmedicalcontrol

- Providingtreatment
- Establishingpatienttracking
- Activatingin-houseplan(asdeterminedbyhospitalprotocol)
- CoordinatingwithVCEMS
- CommunicatingcasualtydatatoVCEMS
- Providingongoing resourcestatus and patient transport/destination informationthroughthe use of theReddiNetsystem

ReceivingHospital

- Providingtreatment
- Establishingpatienttracking
- Activatinginhouseplan(asdeterminedbyhospitalprotocol)
- CommunicatingcasualtydatatoVCEMS
- Providingongoing resourcestatus and patient transport/destination informationthroughthe use of theReddiNetsystem

7. AmericanRedCross-VenturaCountyChapter

AmericanRedCrosswillassistinavarietyofhumanitarianwaystoeasethenegativeconsequencesfollowingamedicaldisaster.

AmericanRedCrossidentifieddutiesduringanMCImayinclude:

- Deploymentofmentalhealthteamsforciviliancriticalincidentstressmanagement(FederalMandateduringairdisasters).
- Establishingthedisasterwelfareinquiryserviceforthepurposeofidentifyingandtrackingmedical disastervictims.
- Providingcareandshelterforvictimslefthomelessordisplaced.
- Providingfood/comfortservicesforemergencyrespondersandvictims.

8. Calfiornia EMS AuthorityRegionIDisasterMedical/HealthCoordination(RDMHC)Area

RDMHCwillactasacontactpointforneededresourceswhenanMCIexceedsthecapabilityoftheoperational area (Ventura County)tomanagetheinjuries.

TheRDMHCisanetworkofregionalcounties,whichareformedtogetherinanefforttoaccessmedicalmutual aidfollowinga large incident or widespread disaster.ThisregionincludesSanLuisObispo,SantaBarbara,Ventura,LosAngelesandOrangeCounties. ContactbetweentheRegionIRDMHCandVenturaCountyistheresponsibilityoftheCounty'sMedical Health Operational Area Coordinator (MHOAC), or his designee..

DutiesoftheRDMHCfollowinganMCI/LEVELIIImayinclude:

- Assessingthedisaster-affectedcountytoascertainneededresources.
- AccessingothercountieswithinRegionItoacquireresourcesfortherequestingcounty.
- ContactingtheStateEMS Authoritytorequestadditionalresourcesandcoordinatethosealreadyobtained.

9. StateofCaliforniaEmergencyMedicalServicesAuthority

TheEmergencyMedicalServicesAuthorityensuresqualitypatientcarebyadministeringaneffective,state widesystemofcoordinatedemergencymedicalcare,injuryprevention,anddisastermedicalresponse.

StateEMSAuthorityidentifieddutiesduringanMCImayinclude:

- Activateand/orliaisonwiththeRegionIRDMHC.
- Liaisonbetweenstateandfederalmedicaldisasterrelief.
- MaintainingcommunicationwithVCEMSrelativetothestatusofthemedicaldisasterandaffecte dresources.

10. HospitalAssociationofSouthernCalifornia(HASC)

TheHASCconsistsofmorethan200hospitals(public,private,not-for-profit,for-profitandspecialtyhospitals).Theregioncoverssixcounties:LosAngeles,Orange,SantaBarbara,Ventura ,RiversideandSanBernardino.

HASCidentifieddutiesduringanMCImayinclude:

Providingsupportandliaisontoitsmemberhospitalsduringatimeofmedicalcrisis.

11. VenturaCountyTransportationAuthority

VCTAwillrespondattherequestofpublicsafetytoassistwiththeevacuationofmedicalcasualtiesfromthesc ene.Buses,bothlargeandsmall,maybeusedtotransportcasualtiestoandfromhospitals,medicalaidstatio nsorfieldtreatmentsites.

12. SalvationArmy

SalvationArmyiscalledupontoassistinthefeedingandshelteringofemergencyworkersandthoseinnee d.

13. StateandFederalAgenciesthatmaybeinvolvedinanincidentinclude:

- NationalTransportationandSafetyBoard
- FederalAviationAdministration
- StateOfficeofEmergencyServices
- StateEmergencyMedicalServicesAuthority
- RegionalDisasterMedicalHealthCoordinator / Specialist
- FederalBureauofInvestigation
- NationalGuard
- Military
- Alcohol,TobaccoandFirearms
- HazardousMaterialsOrganizations
- CaliforniaDepartmentofForestry
- FederalEmergencyManagementAdministration
- StateParks
- National Disaster Medical System (NDMS – DMAT, DMORT, etc).
- CoastGuard

SECTION III RESPONSENARRATIVE

Thissectionprovidesanarrativepictureofthesituations,whichmaytypicallyunfoldintheevolutionofthethreediff erenttypesofmedicaldisasterlevels.

A. MultiCasualtyIncident(MCI)LEVELI

IntheMCI/LEVELI,firstresponderssuchasparamedics,fireservicecompaniesorBLSambulanceproviderswil lbedispatchedtothescenebythe9-1-1system.Uponarrivaltheywillbepresentedwithasituationwhich,byvirtueofpatientnumbers,overwhelmsthe medicalresourcesinitiallydispatched.Thefirstresponderswillnotifytheiragency'sdispatchoftheneedforadditi onalresources.Inordertoorganizationallyaddressthisincident,theIncidentCommandSystemwillbeutilizedw ithemphasisupontheMultiCasualtyBranchoftheOperationsSection.

The paramedic base hospital will provide direction primarily by assigning those patients involved to a receiving hospital destination; and when necessary, by directing the medical control of those acutely injured victims.

Patient care information transmitted to the paramedic base hospital will be abbreviated and patients will be placed in "immediate", "delayed" and "minor" categories in keeping with the Simple Triage and Rapid Treatment (S.T.A.R.T.) triage plan. Patients with traumatic injuries will also be triaged into the Ventura County trauma system and will be transported to a trauma center in accordance with VCEMS Policy 131 Attachment C - MCI trauma patient destination decision algorithm.Patient care is focused upon life stabilizing treatments and expeditious transport of victims to appropriate receiving hospitals.

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Receivinghospitalsreceivethosecasualtiesasdirectedbythebasehospitalandprovideemergencyhospitalcar e.Theywillbenotifiedofthenumberofpatientsandclassificationspriortotheirarrivalandmaybegivenaminimalac countingofthepatient'sinjuries.

Review of the medical component of an MCI/LEVEL I is coordinated and managed by the base hospital. VCEMS will act primarily in a supportive role for this level incident, but may coordinate certain aspects of the incident as needed. VCEMS Agency may conduct a post-incident analysis of the MCI at their discretion or at the request of agencies involved in the incident. Should a post-incident analysis be conducted,all medically involved participants will be invited. VCEMS Agency will publish a written report following the post-incident analysis. The report will includeminutesfromthepostincidentanalysismeeting,anysummarydataavailableandwrittenreports.

B. MultiCasualtyIncident(MCI)LevelII

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TheinitialphaseofanMCI/LevelIIissimilartothatoftheMCI/Level I;firstrespondersaredispatchedtoanincidentviathe9-1-1system.However,uponarrival,rescuersareimmediatelypresentedwithascenariowhichprovidesalargenumb erofpatientstoonumeroustotreatdefinitivelyinthefield.Thestabilizationandtransportationofprioritizedcasualtie stoanappropriatereceivinghospitalisthemostimmediateobjective.ManagementoftheMCI/LevelIIispredicated ontheassumptionthattherearenoughprehospitalmedicalresponders,adequatetransportationresources,suffi

cientcasualtyreceivinghospitals,andanintactcoordinatedhospitalcommunicationsystem.VCEMSwillcoordinatewithlocaldispatchcenterstoassesscurrentresourcesanddetermineadequacy.

Additionalprehospitalmedicalandpublicsafetyresourcesarerequestedthroughtheappropriatecommunication center.TheIncidentCommandSystemisutilizedinmanagementofthecasualtyscene, in accordance with principles and practices outlined in the National Incident Management System (NIMS).Becauseofthegreaternumberofinjuries,morebranchesandpositionsoftheICSwillbeactivated.Allscenereresponders,fire,law enforcement,ALS,BLS,firstaidteams,andotherswillfallunderthedirectionoftheIncidentCommanderor Unified Command.

Initialresponderswillestimatethenumberofresourcesneededtotriageandtransportthecasualties.AmongtheresourcesrequestedbytheIncidentCommanderintheveryearlystagesoftheMCI/LevelIIwillbetheassistanceof VCEMS.WhenVCEMSisactivated,arepresentativewillcontactthebasehospitalMICNforanupdateandmayrelievethematthattime.VCEMSwillalsobeginfillingrequestsforadditionalappropriateresourcesforonscenesupport.Hospitalsmayactivatedisasterplansandpreparetoreceivecasualties.Victimswillbetransportedfromthesceneassoonasonscenepersonnelhaveclassifiedpatientsaccordingtothe S.T.A.R.T.triagesystemandwhentransportationresourcesareavailable. Patients with traumatic injuries, who are triaged as immediate, will be prioritized to a trauma center whenever possible, in accordance with VCEMS Policy 131 Attachment C. ~~Considerations for transporting appropriate patients to a trauma center should be made~~. Because of the number of patients, trauma centers may become quickly inundated at which point patients should be transported to non-trauma hospitals.

IfVCEMSisactivatedtosupporttheonscenepersonnel,arepresentativewillrespondtothescene,theHealth Care AgencyDepartmentOperationsCenter(DOC)orVenturaCountyFireCommunications Center.TheVCEMSrepresentativewillthencontactthebasehospitalandMEDCOMM.Iftheincidentrequiresmoremedicalresourcesthanthecountycanprovide,those resources will be requested by the MHOAC (or designee) through the regional disaster medical health system.

TheactivationoftheCounty'sEOCmayormaynottakeplacedependinguponthecomplexityandneedsoftheincident.ActivationofmunicipalEOC(s)maytakeplace,again,dependinguponthecomplexityandneedsoftheincident.IfaffectedcitiesdoactivateEOCs,alimitedactivationoftheCounty'sEOCisrequired.

TheMCI/LevelIIwillbegindemobilizationasdeterminedbytheIncidentCommander.TheICwillnotifyEMSwhenthescenehasbeencleared.VCEMSwilladviseallhospitalsthatthescenehasbeenclearedofcasualties,butthere maystillbepatient'senroutetoparticipatingfacilities.

VCEMSmayconductapost-incidentanalysisoftheMCIattheirdiscretionorattherequestofagenciesinvolvedintheincident.Allmedicallyinvolvedparticipantswillbeinvited.VCEMSAgencywillpublishawrittenreportfollowingthepost-incidentanalysis.Thereportwillincludeminutesfromthepostincidentanalysismeeting,anysummarydataavailableandwrittenreports.

C. Multi Casualty Incident (MCI) Level III

TheMCI/LEVELIIIbringsaboutasituationwhereoneormoreofthemajorcomponentsoftheemergencymedicalsystemareoverwhelmedbeyondtheresourcesfoundwithinVenturaCounty.

IndicationsofanMCILevelIIIlmaybeidentifiedbymanypublicsafetyagenciessimultaneously.Iftelephonecommunicationsareintact,afloodof9-1-1callswillmostlikelybereceived.Firstresponders willimmediatelygointoaninformation-gatheringmodeinordertoattempttoestablishthemagnitudeofthesituation.Individualpublicsafetyagencies,localmunicipalitiesandotheremergencymedicalresponderswill,inmostinstances,bethefirsttorecognizetheinabilityoflocalresourcestomanagethemedicalcasualties.TheCountyofVenturaSheriff'sOfficeofEmergencyServiceswillbenotifiedandinitiatetheopeningoftheCountyEOCwhendirectedbytheVentura County SherifforChairoftheVentura County BoardofSupervisors.

Similar to that of an MCI/Level II, Initialresponderswillestimatethenumberofresourcesneededtotriageandtransportthecasualties.AmongtheresourcesrequestedbytheIncidentCommanderintheveryearlystagesoftheMCI/LevelIIIwillbetheassistanceofVCEMS.WhenVCEMSisactivated,arepresentativewillcontactthebasehospitalMICNforanupdateandmayrelievethematthattime.VCEMSwillalsobeginfillingrequestsforadditionalappropriateresourcesforonscenesupport.Hospitalsmayactivatedisasterplansandpreparetoreceivecasualties.Victimswillbetriaged and classifiedaccordingtotheS.T.A.R.T.triagesystemandwhentransportationresourcesbecome available, transport to the most appropriate location will be initiated. Patients with traumatic injuries, who are triaged as immediate, will be prioritized to a trauma center whenever possible, in accordance with VCEMS Policy 131 Attachment C. Because of the number of patients, trauma centers may become quickly inundated at which point patients should be transported to non-trauma hospitals.

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Overwhelmingnumbersofvictimsmayrequirenon-traditionalmedicalresourcessuchascitiesandtheirlocalclinics,urgentcarecenters,MRC, D.A.R.T,C.E.R.Tormedicalpracticesinordertoprovideinitialemergencymedicalassistance.SpontaneousAid Stationsmaybeactivatedbycities,clinics,or the countyandmaybeusefulfortreatingwalkingwounded.Theneighborhoodmedicalfirstaidplanisbuiltuponathree-waypartnershipbetweenthecityandpre-registered/pre-trainedvolunteers;allofwhooperateunderICS.MedicalAidStations(MAS)willbequicktoappear,relativelyspeaking,consideringthatthestaffofparticipantshasbeenrecruitedfromthelocalneighborhood.Considerationshouldbegiventotheproximityof MAStopublicshelters.TheMASformofcommunityEMSmaybequiteimportantifthecauseofthemedicaldisasterhasasignificantimpactupontransportationsystems,communicationnetworksandotherinfrastructure.Furtherinstructiononutilizationwillbegivenatthetimeoftheevent.

Hospitalswillbecompletingassessmentsoftheirowncapabilities.Itispresumedthatsomehospitalsmaybeabletoreceivepatients,whileothersmayalreadybeoverwhelmedwithcasualtiesormayhavebecomevictimsthemselves. VCEMSwillconduct assessments of all hospitals(aswellasothermedicalcareresources)todetermine each facility's capabilities and needs following a major incident.RACESandVCEMSpersonnelattheCountyEOCorHCADOCwillhandletheprocessofhospitalassessment.

Withdatagatheredfromthehospitals,medicalaidstations,EMS providers,skillednursingfacilitiesandotherinformationsources,VCEMSwillbeabletoproceedwithanumberofactionswhichincludethefollowing;1)AdvisetheHealthOfficertodesignateFieldTreatmentSites(FTS).FTS'swillbestrategicallylocatedaround the county, ideally near hospitals. 2)ProvidetheMHOAC and County HealthOfficerwithalistofmedicalresourcesneededandsuggestthatmutualaidberequestedthroughtheRegionIRDMHsystem. TheMHOAC willdirectmedicalresourcestoappropriatelocations.

TheHealthOfficerorhis/herdesigneewillestablishFTSsasneeded.TheFTSwillbeareceptionsiteforthepatientswhohavebeeninjuredorareillandunabletoreceiveahospitaldisposition.AttheFTS,patientswillreceivealevelofmedicalcarecommensuratetothelevelofstaffandmaterialresourcesavailable.TheFTSwillalsofunctionunderthe Incident Command System,thuspromotingcontinuitythroughouttheVenturaCountyemergencymedicalcaresystem.PatientssenttoaFTSwillbetreatedandhelduntilareceivinghospitalcanbelocated.LocationofadefinitivemedicalreceivingfacilitywillbedonethroughthecooperativeeffortsofthedispositionpersonnelattheFTSandVCEMS.Telephoneoramateurradiowiththeassistanceofa Countydesignatedcommunicatorwillhandlecommunicationbetweenthesetwoentities,ifavailable.

TherequestedactivationofanFTSimpliesthatthemagnitude,complexityanddurationoftheMCI/LevelIIImedicaldisasterhaveexceededallavailablemedicalresourceswithinVenturaCounty.Itmayalsobeapparenttolocaloffi cialsatthispointthatlargeamountsofout-of-countyresources,suchasthemilitarymaybenecessarytoassistwiththemovementofcasualtiestoothersitesofdefinitivemedicalcare.VCEMSmaymakearequesttotheCountyHealthOfficertoseektheassistanceoftheStateorFederalauthoritiesintheestablishmentofaRegionalEvacuationPointatadesignatedairport.TheDisasterMedicalAssistanceTeam(DMAT)orState/Federal/militaryoperatedRegionalEvacuationPoint (REP)willbethatconduitfortherelocationoutsideoftheCountyofcasualtiesneedingdefinitivehospitalcare.Itneedstobeemphasizedthatthisendeavorisratherdrasticandanextremelylargeundertaking.Itwillonlybeconsideredwhenthosehospitalsin theSouthernCaliforniaarea(withinrange of rotary wing aircraft)havereachedamaximumpatientsaturationlevel.

ThemedicaloperationsoftheMCI/LEVELIII,unlikethoseoftheMCI/LEVELIwhichmaylastafewhoursortheMCI/LevelIIwhichmaybesustainedforanumberofhours,maygoonfordaysorweeksbeforeallcasualtiesaredispositioned.Theactivationanddeploymentofpersonnelandmaterialresourcesnecessarytooperateа MAS,FTSorREPwillrequireasignificantmobilizationofequipmentandpersonnel.Itwilltakedaystoestablishtheentiremedicalresponsematrix,withsomecomponentsoperationalbeforeothers.

LocalofficialsatthemunicipalandcountylevelswilldirectdemobilizationoftheMCI/LEVELIII.MASincommunicationwiththeirindividualcityEOCswillmutuallydeterminewhentheirservicesarenolongerneeded.Thisinformationwillbepassedonfromthecity EOCtotheVCEMS.InturnVCEMS,incontactwiththeparticipatinghospitals,willrequesttobeadvisedwhenhospitalshavedecidedto"standdown"fromtheirdisaster or surgemodesandhavereturnedtooperationsasusual.Thecollectivestatusofthecity EOCs,theirMAS,theacutecarehospitals,andthegeneralstateofthepublic'shealthwilldeterminewhenVCEMSmedicaldisasteroperationsaretobediscontinued.TheordertodemobilizeVCEMSmedicaldisasteroperationswillbeissuedbytheMHOACorhis/herdesignee.

VCEMSAgencymayconductapost-

incidentanalysisoftheMCIattheirdiscretionoratthe requestofagenciesinvolvedintheincident.Allmedicallyinvolvedparticipantswillbeinvited.VCEMSAgencyshallpublishawrittenreportfollowingthepost-incidentanalysis.Thereportwillincludeminutesfromthepostincidentanalysismeeting,anysummarydataavailableandwrittenreports.

SECTIONV INFORMATIONMANAGEMENT

VCEMSisdependentuponamultitudeofresourcesforacquiringandprocessinginformation;itiscalledupontocollectcredibleinformationandshareitwiththemedicalcommunity.

DuringanMCI/LEVELI,informationwillbeexchangedthroughtheday-to-daybasehospitalcommunicationsmethod.Informationanddataiscollectedandsharedbetweenthebasehospital, receiving hospitalsand theprehospitalcareproviders. When appropriate,VCEMSwillreceivedatainapost-incidentreviewprovidedprimarilybythebasehospital.
Thisinformationincludesscenedescription,casualtynumbersandacuitywhichisgatheredandreportedby therespondingfireservice(orotherpublicsafetyagency),willberelayedtohospitals,transportprovidersandVCEMSofficials.Inter-jurisdictionalfrequenciesnormallyusedtocoordinatepublicsafetymutualaidwillalsobeemployed.

DuringanMCI/LevelIIandabove,VCEMSmayassumecommunicationsatthescene,attheFireCommunicationsCenter(FCC)orHCADOC(Department~~al~~OperationsCenter),contactbasehospitalMICN,andwilladviseMEDCOMMofhospitalavailability.Casualtyreceivinghospitalswillreceivedataaboutexpectedpatientarrivalsandinformationabout eventsrelatedtothedisaster(suchasconditionsonscene)viaReddiNet,FCCortheHCADOC.Itwillbethecasualtyreceivinghospital'sresponsibilitytorelaybackviathedesignatedradiofrequency orphone,informationregardingtheactualcasualtiesreceived.RACESAmateurradiooperatorsmayprovideprimary orbackupcommunications,whenappropriate,topassorconfirmmessages.Theymayalsobeusedasanalternativemeansforrelayinganydatatoandfromtheparticipatingacutecarefacilities.

ThenatureofinformationgatheredandtransmittedduringanMCI/LEVELIIIwillbedifferentthanthatoftheMCI/LevelII.Informationwillbeslowertocompileanddisseminatebecauseofthemagnitudeofthedisasterandprobabledisruptiontocommunicationsystems.ItwillbethelargerMCI/LEVELIII,whichwilltrulytesttheprimaryandbackupcommunication paths.Thereisspeculationastothereliabilityoftheeverydaycommunicationssystemsinan MCI/LEVELIII;ifthisistrue, thenthereisanurgencytoseethatthosesecondarycommunicationspathwaysareinplace.VCEMSplanstoactasthe medicalresourcestatuscenterafteranMCI/LEVELIII.VCEMSwilltakeaproactivepostureinassuringthatallcontacts, Stateandlocal,arekeptinformedwiththemostcurrentintelligenceconcerningthedisasterandtherelatedmedicalresponse.

SECTION VI RESOURCEACQUISITION

TheMCI/LEVELIIIscenarioassumesashortageofmedicalresourceswithinVenturaCounty.VCEMSwilllogresourcerequestsandresourceavailabilityofhealthcarefacilitiesandmedicaltransportation.WiththeapprovaloftheMHOAC or designee,VCEMSwilldirectavailablemedicalresourcestoareasofgreatestneedbasedonthebestpossibleintelligence.VCEMSwillmakeresourceneedsknowntotheCounty'sEOC,and RDMHC.

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GLOSSARYOFTERMS

ARC AmericanRedCross
TheFederallycharteredrelieforganization,whichischargedtosupplyreliefservicestothosewithphysicaland emotionalneedsintimeofwarordisaster.

BaseHospital
AhospitalthathasbeenapprovedbythelocalEMSAgencytoprovidemedicaldirectiontoprehospitalemerg encymedicalcarepersonnelwithinitsareaofjurisdiction.

C.E.R.T. CommunityEmergencyResponseTeam
Anorganizationoftrainedvolunteerswhoassistofficialemergencyagencies.

D.A.R.T. DisasterAssistanceResponseTeam
AnorganizationofvolunteerDisasterServiceWorkersservingagovernmentalagencyfortheprotectionofpubl ichealth,safetyandwelfare;inaccordancewiththeCaliforniaEmergencyServicesAct.

Deceased(patient)
Fourth(last)priorityinpatienttreatmentaccordingtotheS.T.A.R.T.triagesystem.

Delayed(patient)
SecondpriorityinpatienttreatmentaccordingtotheS.T.A.R.T.triagesystem.Thesepatientsrequireaid,butinjurie sarelesssevereorposenoimmediatethreattolife.

EOC EmergencyOperationsCenter-CityorCounty
Asecuredlocationwheredisasterrecoveryeffortsmaybedirectedandcoordinated bythosedesignatedauthorities.

EMS EmergencyMedicalServices
Alocalgovernment(county)agencywiththeprimaryresponsibilityofcoordinatingthemedicalresponsetoadisast erandfacilitatingtheacquisitionofadditionalresourcestocarryoutthemedicalrecoverymission.

EMSA EmergencyMedicalServicesAuthority-StateofCalifornia
ThatagencywithintheStateHealthandWelfareAgencywhichisdevotedtothecoordinationofpolicyandpractice relativetoemergencymedicalservicesthroughouttheStateofCalifornia.Thisincludesdisastermitigationandpl anningefforts.

FTS FieldTreatmentSite
Amedicaloperationcalledforbythelocalhealthofficerfortheestablishedpurposeofcollectinginjureddisastervict imswhoareinneedofdefinitivemedicalcare.

HCA HealthCareAgency-CountyofVentura
Thelocalgovernment(county)agency,whichisdesignatedtodevelop,issueandregulatepolicyinareasof publichealthandwelfare.

H~~E~~ICS HospitalEmergencyIncidentCommandSystem
AgenericmedicalresponsetemplatedevelopedbyVenturaCountyEMStoprovidehealthcarefacilitieswithanin cidentcommandbased,standardizedemergencyresponseplan.

HospitalInventory
Thenumberof"Immediate"and"Delayed"patientswhichahospitalhasidentifiedthatitmaycareforatanygiventimeasaresultofanMCI.

Immediate(patient)
FirstlevelofpatientpriorityaccordingtotheS.T.A.R.T.triagesystem.Apatientwhorequiresrapidassessmentandmedicalinterventioninordertoincreasechancesofsurvival.

MAS **MedicalAidStation**
Aneighborhooddisastermedicalresourcecenter;whichmaybeorganizedunderathree-waypartnership;1)asponsoringcity,
2)hostmedicalsite,and3)communityvolunteers.

MCI **MultiCasualtyIncident**
Asuddenlyoccurringincident,whichinjuresmorethanoneindividual,andpresentsconditionswhichmayrequirefireandambulanceservicemutualaidresourcesandtheassistanceofVCEMS.

Minor(patient)
ThirdpriorityofpatientintheS.T.A.R.T.triagesystem.Apatientrequiringonlysimple,rudimentaryfirst-aid.Thesepatientsareconsideredambulatory.

MRC **Medical Reserve Corps**
A group of volunteers primarily comprised of medical personnel that is intended to strengthen the medical and health infrastructure of the community they serve.

NDMS **National Disaster Medical System**
NDMS **is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters. Components of NDMS include Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), International Medical Surgical Response Teams (IMSURT), and National Veterinary Response Teams (NVRT).**

RACES **RadioAmateurCivilEmergencyServices**
RACESprovidesforamateurradiooperationforemergencycommunicationspurposesonlyduringperiodsoflocal,regional,ornationalemergencies.MembersofRACESorganizationsmaketheirvolunteerservicesavailabletomunicipal,countyandstategovernments;additionally,RACESwillprovidecommunicationserviceswhereverthereisaneedforlifesavingandpropertypreservingassistance.

ReceivingHospital
AhospitalthathasbeenapprovedbytheEMSAgencytoreceivepatientsrequiringemergencymedicalservices.

ReddiNet **RapidEmergencyDigitalDataInformationNetwork**
Webbasedcomputersystemtocoordinatehospitalandparamedicservicesintheeventofamajoremergency.Innon-emergencysituations,ReddiNetprovideshospitalswithdailydiversionstatusupdatestodeterminewhichhospitalscanprovideappropriatepatientcare.

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S.T.A.R.T. **SimpleTriageandRapidTreatment**
AprehospitalpatientprioritizingsystemdevelopedbyHoagHospitalandNewportBeachFireDepartmentforuseduringanMCI/LEVELI,IIorIII.TheS.T.A.R.T.systemisbasedonfourlevelsofprioritization:Deceased,Minor,Delayed,orImmediate.

VCEMS **VenturaCountyEmergencyMedicalServices**
ThatagencywithintheCountyofVenturaHealthCareAgency,whichisresponsibleforthoseduties,assignedtothelocalgovernmentEMS.

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: January, 10, 2008
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: January, 10, 2008
Origination Date: June 15, 1998 Date Revised: January 10, 2008 Date Last Reviewed: February 9, 2012 Review Date: January 31, 2014	Effective Date :January 10, 2008

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

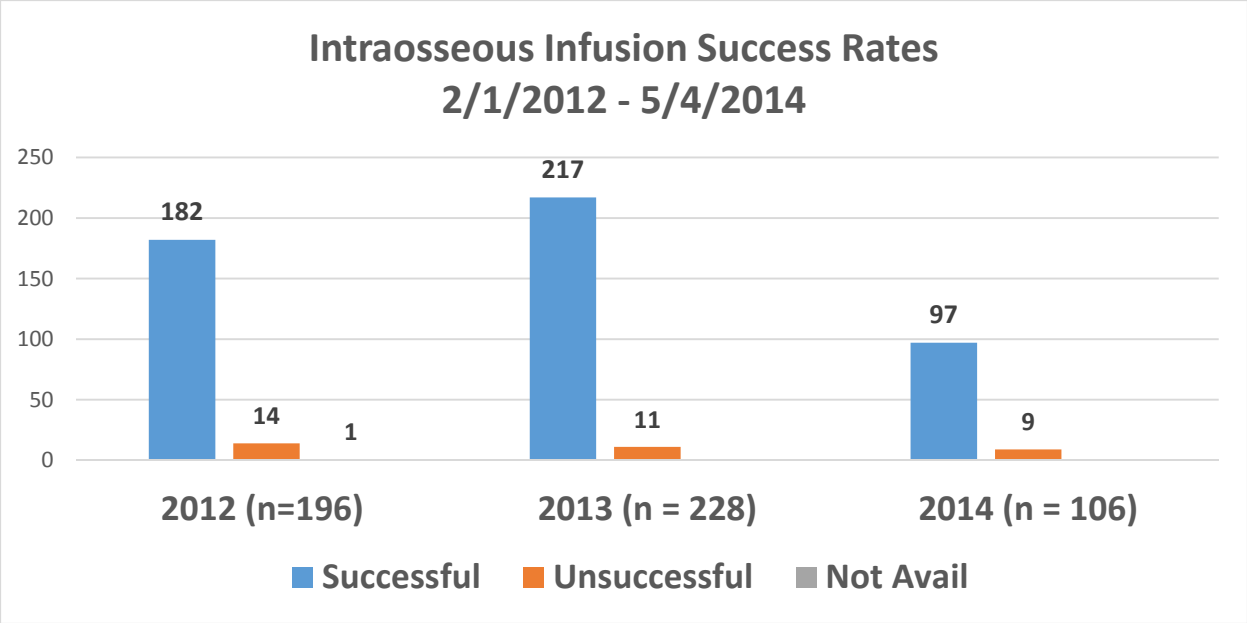
B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:

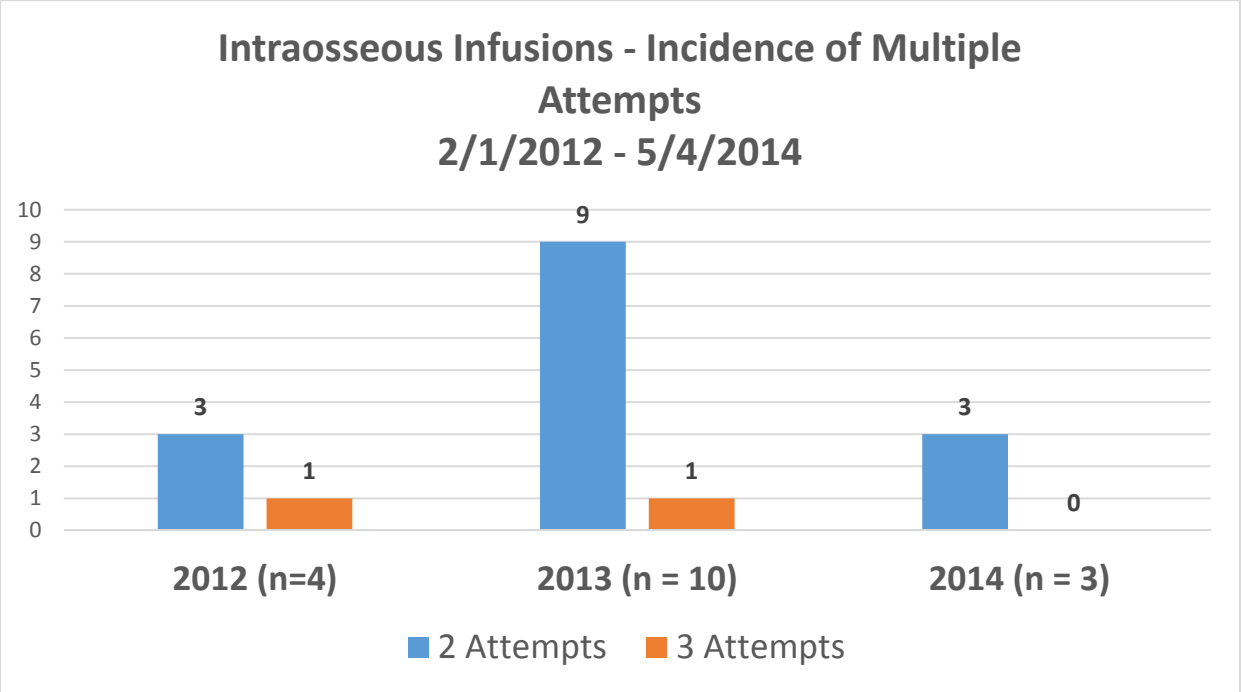
1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250ml or 50 mg/250ml.
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe hypotension, the medication drip will be discontinued and the receiving hospital notified.
4. Drip rates will not exceed 50 mcg/minute.
5. Vital signs will be monitored and documented every 5 minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:

1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/ml of IV fluid (25,000 units/250ml or 50,000 units/500 ml).
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe uncontrolled bleeding, the medication drip will be discontinued and the base hospital notified.
4. Drip rates will not exceed 1600 units/hour.
5. Vital signs will be monitored and documented every 10 minutes.

D. QI: All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.


Intraosseous Infusion Success Rates
2/1/2012 - 5/4/2014
250
200
150
100
50
0
182
14
1
217
11
97
9
2012 (n=196)
2013 (n = 228)
2014 (n = 106)
Successful
Unsuccessful
Not Avail


Intraosseous Infusions - Incidence of Multiple Attempts
2/1/2012 - 5/4/2014
10
9
8
7
6
5
4
3
2
1
0
3
1
9
1
3
0
2012 (n=4)
2013 (n = 10)
2014 (n = 3)
2 Attempts
3 Attempts

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Authorization Criteria		Policy Number: 321
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: December 1, 2008
APPROVED: Medical Director	Angelo Salvucci, MD	Date: December 1, 2008
Origination Date: Date Revised: Last Date Reviewed: Next Review Date:	April 1, 1983 August 14, 2008 June 9, 2011 June 30, 2014	Effective Date: December 1, 2008

I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.

II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.

III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Emergency Medical Technician-Paramedic's (EMT-P) at the scene of an emergency.

IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:

- A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
- B. Successfully completes an approved MICN Developmental Course.
- C. Ride with an EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
- D. Be recommended for MICN authorization by his/her employer.
- E. Successfully complete the authorization examination process.
- F. Complete an MICN internship.

V. AUTHORIZATION REQUIREMENTS

- A. Professional Experience:

  The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
- B. Prehospital Care Exposure

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

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

C. MICN Developmental Course

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

D. Field Observation

Candidates shall ride with an approved Ventura County EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response requiring Base Hospital contact and performance of ALS skills by the EMT-Ps.

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

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Paramedic Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.
3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

   The recommendation shall include:

a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).

b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.

c. Verification that each candidate has successfully completed an approved MICN Developmental Course.

d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.

F. Examination Process

1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.

a. The examination's overall minimum passing score shall be 80%.

b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.

c. The examination shall be scheduled in conjunction with class completion dates.

2. Examination Failure

a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.

b. A minimum score of 80% must be attained on repeat examination.

c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.

3. Failure to Appear

a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.

b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.

c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (l0) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (l0) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

Appendix A

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

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

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

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

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

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

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

_____
Emergency Department Medical Director/
Paramedic Liaison Physician

_____
Emergency Department Nursing Supervisor

_____
Prehospital Care Coordinator

Date: _____

Appendix B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301

Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.

Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ( )	Work Phone: ( )	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	

Initial Authorization:

- ☐ Pass the Ventura County EMS MICN Exam with a score of 80% or higher.
- ☐ Provide a copy of a valid and current license as a registered nurse in California
- ☐ Provide a copy of a valid and current ACLS card (front and back of card)
- ☐. Field Observation Verification (VCEMS Policy 321, appendix C)
- ☐. Documentation of Critical Care Experience (VCEMS Policy 321, appendix A)
- ☐. Documentation of Ventura County Emergency Department Experience
- ☐. Letter of Recommendation
- ☐ Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D)

Reauthorization

- ☐ Provide a copy of a valid and current license as a registered nurse in California
- ☐ Provide a copy of a valid and current ACLS card (front and back of card)
- ☐ Verification of employment as an MICN at a designated base hospital
- ☐ Letter of Recommendation (VCEMS Policy 322, appendix A)
- ☐ Continuing Education Log (VCEMS Policy 322, appendix D)

Applicant Signature: Date

Prehospital Care Coordinator Signature: Date

POLICY 321
APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.:_____

EMPLOYER: _____ RIDE-ALONG DATE: _____

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

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED:YES: _____# _____ NO_____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

EMT-P Signature EMT-P Signature

_____ _____

MICN Signature PCC Signature

(Use other side for additional comments)

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

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

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

Policy 321
Appendix E

VERIFICATION OF INTERNSHIP COMPLETION

_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:

Category	Rating	Comments
Understands and operates equipment properly		
Sets correct priorities		
Requests additional information as needed		
Orders are specific, complete and appropriate		
Understands treatment rationale		

NOTE:
In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:

1. Poor
2. Fair
3. Average
4. Good
5. Excellent

ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Signatures:

_____
BH Medical Director/Paramedic Liaison Physician

_____
Prehospital Care Coordinator

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements	Policy Number: 322
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2008
APPROVED: Medical Director Angelo Salvucci, MD	Date: December 1, 2008
Origination Date: April 1983 Date Revised: August 14, 2008 Date Last Reviewed: June 9, 2011 Next Review Date: June 30, 2014	Effective Date: December 1, 2008

I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).

II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.

II. POLICY:

Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).

III. PROCEDURE:

A. Ventura County MICNs shall:

1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
   a. Field Care Audits (Field care audit): Twelve hours per two years.
   b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
      1) EMS Updates (Mandatory, up to two times per year, as offered).
      2) ACLS recertification - 4 hours credit
      3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.
         a) Self study CE shall be documented by a certificate from the sponsor of the self study opportunity (e.g., EMS journals mail courses, etc.).

b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A post test shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.

c) Ride along with an approved Ventura County EMT-P unit may be required at PCC discretion.

c. Miscellaneous Education: Twelve hours per two years.
Miscellaneous education Includes:

1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,

2) ALS level teaching, maximum of 8 hours.

3) Additional field care audit and/or lecture/ seminar, or

4) Administrative assistance to PCC.

d. Verification of attendance must be retained by the MICN.

1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.

2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the EMT-P/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.

3) Credit shall be given only for actual time in attendance at CE.

4) Credit may be received for a class one time only in an authorization cycle.

2. To Maintain MICN Authorization

a. Function as an MICN for an average of 32 hours per month over a six-month period or

b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.

3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
4. Maintain current ACLS certification.

B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.