Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	February 9, 2017 9:30 a.m.
I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Presto Update	Dr. Sumeet Chugh
	B. 717 – Intraosseous Infusion – 15mm/Pink10 Needle	Adriane Stefansen
V.	**New Business**	
	A. Terrorism and Grief - Self Study and Exam	Julie Frey
	B. 1000 – Documentation of Prehospital Care	Chris Rosa
	C. Ambulance Patient Offload Time (APOT)	Chris Rosa
VI.	**Old Business**	
	A. 304 – EMT Course Completion by Challenge Exam	Chris Rosa
VII.	**Informational/Discussion Topics**	
	A. STEMI Updates	Dr. Shepherd
	B. 450 - Acute Stroke Center (ASC) Standards	Dr. Shepherd
	C. Phosphodiesterase Inhibitors	Dr. Shepherd
	D. 105 - PSC Operating Guidelines (March Election)	Julie Frey
VIII.	**Policies for Review**	
	A. 306 - EMT: Requirements To Staff An ALS Unit	
	B. 601 - Medical Control at the Scene: EMS Prehospital Personnel	
	C. 1100 - Emergency Medical Technician Training Program Approval	
IX.	**Agency Reports**	
	A. Fire Departments	
	B. Ambulance Providers	
	C. Base Hospitals	
	D. Receiving Hospitals	
	E. Law Enforcement	
	F. ALS Education Program	
	G. EMS Agency	
	H. Other	
X.	**Closing**	

Prehospital Services Committee 2016

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
AMR	Stefansen	Adriane				AS		AS		AS		AS		AS	
AMR	Carmona	Yoni		YC		YC		YC		YC		YC			
CMH - ER	Canby	Neil		NC		NC		NC				NC		NC	
CMH - ER	Querol	Amy		AQ		AQ		KW		AQ		AQ			
OVCH - ER	Pulido	Ed		ED		ED				EP				EP	
OVCH - ER	Patterson	Betsy		BP				BP						BP	
CSUCI PD	Drehsen	Charles		CD		CD				CD		CD		CD	
CSUCI PD	DeBoni	Curtis		CD		CD						GR			
FFD	Herrera	Bill				BH		BH				BH		BH	
FFD	Scott	Bob		BS				BS		BS				BS	
GCA	Panke	Chad		CP		CP						CP			
GCA	Sanders	Mike						MS		MS		MS		MS	
Lifeline	Rosolek	James		JR		JR		JR		JR		JR		JR	
Lifeline	Winter	Jeff		JW		JW		JW		JW		JW		JW	
LRRMC - ER	Brooks	Kyle		MB		MB				KB		KB		KB	
LRRMC - ER	Licht	Debbie		DL		DL		DL		DL					
OFD	Hernandez	Andrew		AH		AH						AH		GW	
OFD	Schroepfer	Kevin		BM		BM		KS		KS				KS	
SJPVH - ER	Hutchison	Stacy		EH		SH		SH				KM		SH	
SJPVH - ER	Chauhan	Chris		BD		BD				CC				CC	
SJRMC - ER	Larsen	Todd		TL		TL		TL		TL		TL		TL	
SJRMC - ER	McShea	Kathy		KM		KM		KM		KM		KM		KM	
SPFD	Zeller	Tyler								TZ				TZ	
SVH - ER	Tilles	Ira		IT		IT		IT		IT		IT		IT	
SVH - ER	Vorzimer	Nicole		JH		NV		NV		NV		NV		NV	
V/College	O'Connor	Tom		TO		TO		TO		TO		TO		TO	
VCFD	Tapking	Aaron		AT		AT		AT				AT		AT	
VCFD	Ellis	Heather		HE		HE		HE		HE				HE	
VNC	Zeller	Scott		SZ		SZ		SZ		SZ		SZ		SZ	
VNC	Seabrook	Jeff		JD		JS		JS		JD		JS		JS	
VNC - Dispatch	Gregson	Erica		EG		EG		EG				EG		EG	
VCMC - ER	Chase	David		SR		DC		DC		SR		DC		DC	

Agency	LastName	FirstName	1/14/2016	2/11/2016	3/10/2016	4/14/2016	5/12/2016	6/9/2016	7/14/2016	8/11/2016	9/8/2016	10/13/2016	11/10/2016	12/8/2016	%
VCMC - ER	Gallegos	Tom		TG		TG				TG		TG		TG	
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah		SM		SM								SM	
VCSO SAR	Hadland	Don		DH		DH		DH				DH		DH	
VCSO SAR	Seabrook	Jeff		JS		JS		JS				JS		JG	
VFF	Santillo	Dave								DS					
VFF	Bond	Timothy								TB					
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
EMS	Carroll	Steve		SC		SC		SC		SC				SC	
EMS	Frey	Julie		JF		JF		JF		JF		JF		JF	
EMS	Hadduck	Katy		KH		KH		KH		KH		KH			
EMS	Perez	Randy		RP		RP		RP		RP				RP	
EMS	Shepherd	Daniel										DS		DS	
EMS	Rosa	Chris		CR		CR		CR		CR		CR		CR	
EMS	Salvucci	Angelo		AS		AS		AS		AS		AS			
EMS	Hansen	Erik				EH									
EMS	Beatty	Karen		KB		KB		KB		KB		KB		KB	
LMT	Frank	Steve		SF											
VCMC	Duncan	Thomas		TD		TD		TD		TD		TD			
VNC	Shedlosky	Robin		RS		RS		RS				RS		RS	
VNC	Komins	Mark		MK		MK						MK			

TEMPORARY
PARKING PASS
Expires February 9, 2017

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

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

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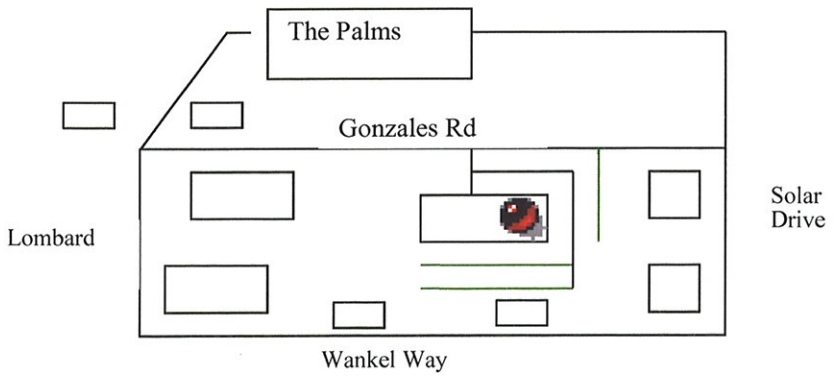
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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.

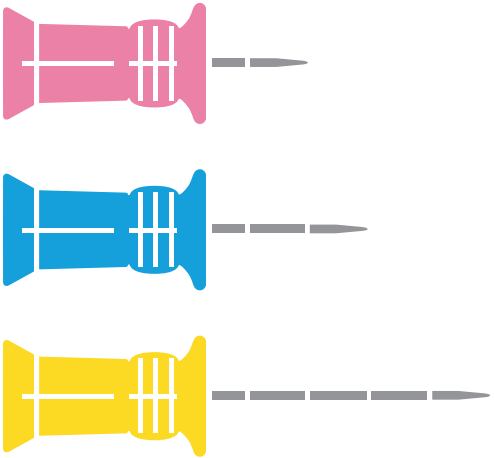


ARROW® EZ-IO®

INTRAOSSEOUS VASCULAR ACCESS

EZ-IO® INTRAOSSEOUS VASCULAR ACCESS NEEDLES

Instructions for Use



Teleflex®

INDICATIONS FOR USE:

For intraosseous access anytime in which vascular access is difficult to obtain in emergent, urgent or medically necessary cases.

ADULTS
- Proximal humerus
- Proximal tibia
- Distal tibia

PEDIATRICS
- Proximal humerus
- Proximal tibia
- Distal tibia
- Distal femur

CONTRAINDICATIONS FOR USE:
- Fracture in target bone.
- Previous, significant orthopedic procedure at the site, prosthetic limb or joint.
- IO catheter use in past 48 hours of the target bone.
- Infection at the area of insertion.
- Excessive tissue (severe obesity) and/or absence of adequate anatomical landmarks.

WARNINGS AND PRECAUTIONS FOR EZ-IO® INTRAOSSEOUS VASCULAR ACCESS SYSTEM:

CAUTION: Use aseptic technique.

CAUTION: Check skin, adipose and muscle thickness before insertion.

CAUTION: Extra care should be taken during insertion and site monitoring when used in patients with bone diseases that increase the likelihood of fracture, extravasation and dislodgement.

CAUTION: Do not recap Needle Sets or reconnect separated components. Use biohazard and sharps disposal precautions.

CAUTION: Before administering vesicant, toxic, or highly-concentrated drugs, check the IO Catheter again for placement and patency.

CAUTION: Use caution with chemotherapeutic agents.

CAUTION: Monitor insertion site frequently for extravasation.

CAUTION: Stylet and Catheter are **NOT** MRI compatible.

CAUTION: Do not leave the Catheter inserted for longer than 24 hours.

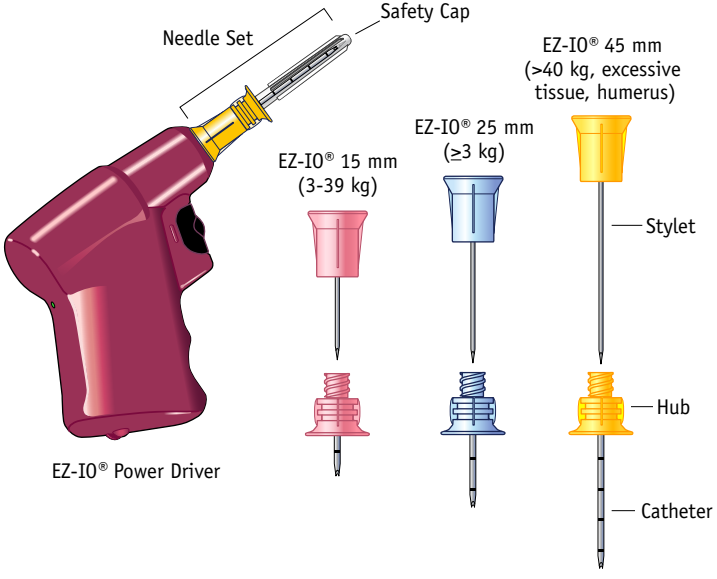
CAUTION: Needle Sets are single use only.

STORAGE: -20°C to 50°C (-4°F to 122°F).

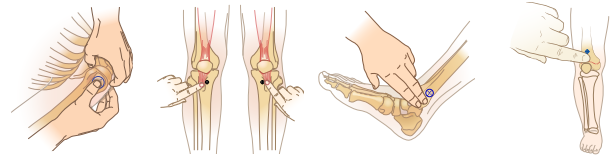
EZ-IO® NEEDLE SETS: DESCRIPTION

- Comprised of Catheter with Luer-lock connection, Stylet, Safety Cap.
- 15 gauge, 304 stainless steel in 15 mm, 25 mm and 45 mm lengths.
- Sterile, non-pyrogenic, in protective packaging.
- Intended for use with EZ-IO® Power Driver.

EZ-IO® Power Driver and Needle Sets: Description



ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS



Proximal Humerus | Proximal Tibia | Distal Tibia | Distal Femur

1. Clean insertion site per institutional protocol/policy.

2. Prepare supplies.

a. Prime EZ-Connect®.
- Unlock clamp.
- Prime set and purge air.

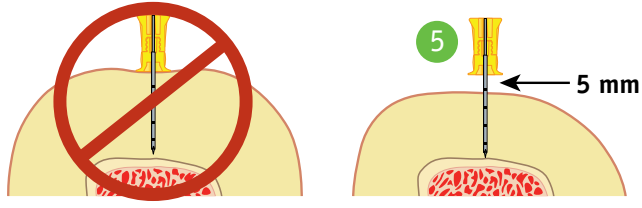
b. Open EZ-Stabilizer™ package.

3. Attach Needle Set to EZ-IO® Power Driver and remove Safety Cap from Catheter.

IMPORTANT: Only handle Needle Set by the plastic Hub.

IMPORTANT: Control patient movement prior to and during procedure.

4. Push Needle Set through skin until tip touches bone.



5. 5 mm of the Catheter (at least one black line) must be visible outside the skin.

6. **Squeeze trigger and apply moderate steady pressure.**

IMPORTANT: DO NOT USE EXCESSIVE FORCE. Use moderate steady downward pressure and allow Needle Set rotation to penetrate the bone.

Note: *If Driver stalls and Needle Set will not penetrate the bone, operator may be applying too much downward pressure to penetrate bone.*

Note: *In the event of a Driver failure, disconnect the Power Driver, grasp the Needle Set Hub by hand and advance into the medullary space while twisting.*

7. **Advance Needle Set and release Trigger.**

Pediatrics: Release trigger when sudden "give" or "pop" is felt, indicating entry into medullary space.

Adult: Advance Needle Set approximately 1-2 cm after entry into medullary space; in Proximal humerus for most adults Needle Set should be advanced 2 cm or until Hub is flush or against the skin.

8. **Stabilize Needle Set Hub, disconnect Driver, and remove Stylet.**

9. **Place Stylet into NeedleVISE® for sharps containment.**

Note: *Place the NeedleVISE® on a flat stable surface. Immediately following use of a Needle and while still holding it with one hand away from the sharp end, firmly insert the sharp pointed tip straight down into the opening in the NeedleVISE® until it stops, making sure to* ***KEEP YOUR FREE HAND AWAY FROM THE SHARPS SECURING DEVICE DURING INSERTION. DO NOT HOLD NeedleVISE® WITH FREE HAND WHILE INSERTING NEEDLE. ALWAYS USE ONE-HANDED TECHNIQUE WHEN INSERTING SHARP*** *into NeedleVISE®. Dispose of opened sharp into NeedleVISE® whether or not it has been used.*

10. **Obtain samples for lab analysis, if needed.**

Note: *Only attach a Syringe directly to the EZ-IO® Catheter Hub when drawing blood for laboratory analysis (stabilize Catheter) or removal.*

11. **Use of the EZ-Stabilizer™ is strongly recommended for all EZ-IO® insertions.**

a. Place Stabilizer over Catheter Hub.

12. **Attach a primed EZ-Connect® extension set to the Hub, firmly secure by twisting clockwise.**

Note: *Do NOT use any instruments to tighten connections.*

Note: *To prevent valve damage, Do NOT use needles or blunt cannula to access the swabable valve. Non-standard syringes or connectors can damage the swabable valve.*

Note: *Operator may use a sterile alcohol wipe, to swab the surface of the EZ-Connect® valve and let it air dry.*

ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

13. **Attach EZ-Stabilizer™ dressing by pulling the tabs to expose the adhesive and adhere to skin.**

14. **For patients responsive to pain, consider 2% preservative and epinephrine free lidocaine (intravenous lidocaine), follow institutional protocols/policy.**

a. Local anesthetics intended for the medullary space must be administered very slowly until desired anesthetic effect is achieved.

15. **Flush the EZ-IO® with normal saline (0.9% Sodium Chloride) (5-10 mL for adults; 2-5 mL infant/child).**

a. Prior to flush, aspirate slightly for visual confirmation of bone marrow.

b. Failure to appropriately flush the EZ-IO® Catheter may result in limited or no flow. Repeat flush as needed.

c. Once EZ-IO® Catheter has been flushed, administer fluids or medications as indicated.

16. **Confirm Catheter placement with the following recommended methods:**

- Stability of Catheter in the bone.
- Ability to aspirate after flush.
- Adequate flow rate.

17. **Document date/time of insertion and apply EZ-IO® wristband.**

CAUTION: Monitor insertion site frequently for extravasation.

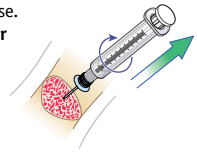
CAUTION: Do not leave the Catheter inserted for longer than 24 hours.

To remove EZ-IO® from patient:

a. Remove EZ-Connect®.

b. Lift & remove EZ-Stabilizer™ adhesive dressing.

c. Attach Luer-lock Syringe to Hub of Catheter. Withdraw the Catheter by applying traction while rotating the Syringe and Catheter clockwise. Maintain axial alignment during removal, **do NOT rock or bend the Catheter**.



d. Once removed, immediately place Syringe/Catheter in appropriate sharps container.

e. Dress site per institutional protocol/policy.

Education and training materials available at **EZIOaccess.com**

EZIOaccess.com

EMERGENCY NUMBER:

+1.800.680.4911

Teleflex®

Customer Service: +1.866.479.8500

EC REP

European Authorized Representative Service

VIDACARE LLC
4350 Lockhill Selma Road, Suite 150
Shavano Park, TX 78249
United States

EMERGO EUROPE
Molenstrat 15
2513 BH, The Hague
The Netherlands

AUSTRALIAN SPONSOR
Emergo Australia
Level 20, Tower II Darling Park
201 Sussex Street
Sydney NSW 2000 Australia

STERILE EO
Sterilize Using Ethylene Oxide

Do Not Use if Package is Damaged

Single Use

Do Not Resterilize

At the completion of the Power Driver's service life, proper disposal is the responsibility of the institution or service (directive 2012/19/EU).

4001639

℞ ONLY
This device is restricted for sale by or on order of a physician.

SN Serial Number

Degree of protection against electric shock BF Applied part.

CE 0086
The System Conforms to the Medical Device Directive (93/42/EEC)

Consult Instructions For Use

8082 Rev A (07/2014)

FEMA/USFA/NFA-ERT:SS
June 1999

EMERGENCY RESPONSE TO
TERRORISM
SELF-STUDY

U. S. Department of Justice
Office of Justice Programs – *Bureau of Justice Assistance*
Federal Emergency Management Agency
United States Fire Administration - National Fire Academy

FEDERAL EMERGENCY MANAGEMENT AGENCY

UNITED STATES FIRE ADMINISTRATION

NATIONAL FIRE ACADEMY

FOREWORD

The Federal Emergency Management Agency (FEMA) was established in 1979. FEMA's mission is to focus Federal effort on preparedness for, mitigation of, response to, and recovery from emergencies encompassing the full range of natural and manmade disasters.

FEMA's National Emergency Training Center (NETC) in Emmitsburg, Maryland, includes the United States Fire Administration (USFA), its National Fire Academy (NFA), and the Emergency Management Institute (EMI).

To achieve the USFA's legislated mandate (under Public Law 93-498, October 29, 1974), "to advance the professional development of fire service personnel and of other persons engaged in fire prevention and control activities," the U.S. Fire Administration has developed an effective program linkage with established fire training systems which exist at the State and local levels. The field courses of the USFA's National Fire Academy have been sponsored by the respective State fire training systems in every State.

The USFA is proud to join with State and local fire agencies in providing educational opportunities to the members of the nation's fire services.

TABLE OF CONTENTS

Module 1: Terrorism In Perspective defines terrorism, presents a historical perspective, and provides an overview of potential threats (biological, nuclear, incendiary, chemical, and explosive).

Module 2: Incidents and Indicators identifies criteria for recognizing suspicious incidents; presents onscene key indicators, including those for locating terrorist incidents; and lists outward warning signs and detection clues.

Module 3: Self-Protection includes the types of potential harm encountered at the scene of an incident, and means of protection.

Module 4: Scene Control describes initial response and arrival considerations and the appropriate course of action for scene isolation and evacuation.

Module 5: Notification and Coordination provides procedures for activating response resources.

The **Glossary**, located at the end of the final module, contains definitions of terms related to first-responder awareness responsibilities and operations.

A **Related Course List** and a **Bibliography** are included to help you continue learning after you have completed the course. They consist of a list of references and other recommended courses that may be helpful in learning about emergency response to terrorism.

TARGET AUDIENCE

The primary target audience for this course includes three groups of people, ideally trained to the awareness level in hazardous materials response:

- fire personnel;
- emergency medical service responders; and
- hazardous materials responders.

In addition, this course also is designed to benefit

- law-enforcement personnel;
- emergency communications personnel;
- jurisdictional emergency coordinators;
- emergency management personnel;
- public works management;
- public health workers;
- Armed Forces, Reserves, National Guard; and
- disaster response agencies.

HOW TO COMPLETE THIS COURSE

Just a few suggestions to help you gain more from your self-study learning experience.

You will benefit most if you do not rush through this course. Do not try to read it cover-to-cover in one sitting. Throughout the text the authors have inserted questions that encourage you to stop reading, reflect a bit on what you have read, and apply it to your local situation. These questions are called, "*Thinking About My Situation...*" You may not be able to answer all of the questions completely, but the more you reflect on them and try to find answers, the more valuable the learning experience will be. Some of the questions encourage you to go beyond the text and find information in other sources. The questions are designed to apply the module objectives to your local situation.

At the end of each module is a final learning activity: "*What I Will Do As Followup To This Module...*" asking you to apply what you have just learned to your local situation. If used correctly, these final questions could be the springboard to some very worthwhile postcourse action steps for you and your department.

THE IMPORTANCE OF THIS TRAINING

You are one of the first to arrive on the scene of a suspected terrorist incident. As a first responder trained at the awareness level, you are among the first to witness or discover an incident involving criminal activity or terrorism and to initiate an emergency response sequence by notifying the proper authorities. In this role you need the following competencies which you can acquire through training and professional experience:

- an understanding of what terrorism is and the risks associated with such an incident;
- an understanding of the potential outcomes associated with a terrorist incident;
- the ability to recognize the presence of, and identify, criminal activity or terrorism in an emergency;
- an understanding of the role of the first responder as it relates to components of an emergency response plan, including site security and the U.S. Department of Transportation's (DOT) *North American Emergency Response Guidebook*;
- the ability to realize the need for additional resources, and to make appropriate notifications to an emergency communication center; and
- the ability to self-protect, keeping responder safety as a priority.

CURRICULUM OVERVIEW

In October 1996, at the USFA, a number of prominent subject matter experts performed a needs assessment and formulated a curriculum direction for the USFA, including the NFA, in the area of emergency response to terrorism. As a result, the NFA will offer new courses as part of its existing Hazardous Materials Curriculum.

The USFA's NFA will use the five-level hazardous materials training model in designing these Emergency Response to Terrorism training courses. OSHA CFR 1910.120 is the basis for this five-level model. These levels are awareness, operations, technician, specialist, and incident command. Occasionally, the material touches on operational and managerial issues. However, the intent is to introduce first responders to the consequences of emergency response to terrorism. The response to terrorism track will include, in addition to this course, basic concepts for first responders (complementing and enhancing this self-study module for individuals trained to the operations level), tactical considerations (for individuals trained to the technician or specialist levels), and incident management (for incident command personnel). The USFA's response to terrorism training, like its hazardous materials training, is consistent with the National Fire Protection Association's Professional Qualifications 471, 472, and 473. The NFA plans to release all these courses during 1997 and 1998.

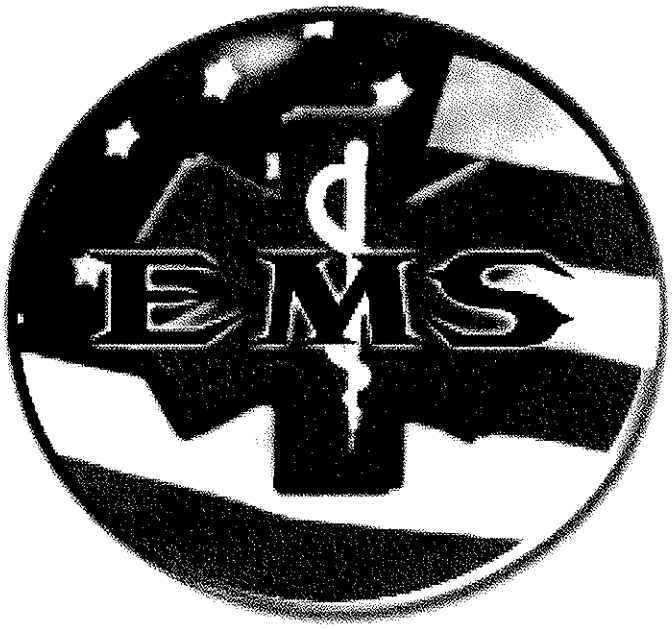
COURSE OVERVIEW

This self-study course is designed to provide you with a general introduction to the basic concepts for first-responder awareness at the scene of a potential terrorist incident. To master the basics more thoroughly, it is recommended that you complete this course as well as the NFA's corresponding 16-hour course, *Emergency Response To Terrorism: Basic Concepts* (ERT:BC) (available as of September 1997).

This course includes five modules, a Glossary, a Curriculum Guide, Appendix A: Terrorism Annex to the Federal Response Plan, Appendix B: Presidential Decision Directive 39 (Unclassified), and Appendix C: Related Course List.

"Dealing with Grief"

A Workbook for Prehospital Personnel



Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES

April 2004

GRIEF TASK FORCE OVERVIEW

This self-study module has been created after much discussion, research and thought. Several years ago, Ventura County Emergency Medical Services leaders began discussion on stopping resuscitation efforts for asystolic patients who were not responding to ALS intervention. It seemed to be the "right thing" to do. We wanted to avoid giving false hope to family members who see their loved one being whisked away in the ambulance and to allow a dignified and respectful death in a more familiar environment as well as avoiding hospital and ambulance transportation bills for families.

Our "Grief" Task Force was created to investigate this issue and provide support to both families and rescue personnel. After an extended delay due to task force member changes and difficulty dealing with supplies/reimbursement concerns, the Grief task force began working with renewed energy in October, 1996. In our desire to reduce some of the emotional and financial burden for the family, we realized we would be increasing the emotional and professional burden for the emergency responders. The goals of the task force were:

- **To provide a resource pamphlet for EMS providers to leave with families**
- **To provide a self-study workbook for EMS providers including grief theory, family intervention, legal requirements, resources and documentation**
- **To provide EMS educators with the tools necessary for the grief education process**

It is our hope that this workbook will help you as you deal with the family/friends of all critically ill or injured patients. We hope you find the resource pamphlet beneficial as you try to support the needs of the family or significant others. And we hope you remember to provide support for each other as you deal with this often difficult task.

GRIEF TASK FORCE – June 1999

Task Force members (*past & present*):

Bob Benedetto
Carolyn Giguere
David Chase
Jim Eads
Julie Bridges-Frey
Kathleen Percival
Lisa Brumit
Lynn Tadlock
Meredith Mundell
Stephanie Huhn
Steve Frank

TABLE OF CONTENTS

OBJECTIVES

1. The Grief Process

At the end of this section the participant will be able to:

a. Define grief

b. List four common reactions a family member may exhibit after the death of a loved one.

c. Demonstrate the use of brief, honest terminology when informing family members of the patient's death.

d. Identify five common emotional reactions family members may exhibit when informed of a patient's death.

e. Discuss the desired reaction of EMS personnel when anger is directed at them by grieving families.

f. Demonstrate appropriate EMS response to the person experiencing guilt at the death of a family member.

g. State the actions EMS personnel can take to help a person who is fearful after the death of their family member.

2. Facts and Myths

At the end of this section the participant will be able to:

a. List different ethnic perspectives on death or dying.

b. Describe the ways in which different cultures may react to pronouncement of death.

c. State the desirable characteristics when interacting with various ethnic groups.

3. Grief and Family Needs

At the end of this section the participant will be able to:

a. Describe appropriate ways to help the family or significant other deal with a situation in which death is imminent or has occurred.

b. Explain how a preschool age child may view death and what responses are appropriate when discussing death.

c. Compare a school age child's and an adolescent's typical view and understanding of death.

Objectives (Cont'd.)

4. Response to Grieving Persons

At the end of this section the participant will be able to:

a. Define bereavement.

b. List three ways to provide support and aid to a grieving family.

c. Identify ways of acknowledging a family's loss.

5. Transition Period

At the end of this section the participant will be able to:

a. List the four phases involving death that occurs outside of the hospital environment.

b. State the main focus of the EMS personnel during the transition period.

c. State the average time frame requiring EMS attendance after law enforcement arrives.

6. Requests of the Medical Examiner's Office

At the end of this section the participant will be able to:

a. State field personnel's primary responsibility on calls that may become a Medical Examiner's case.

b. List five ways on-scene care can assist the Medical Examiner with the investigation.

c. List actions that can be taken to preserve the scene while waiting for law enforcement to arrive.

d. List the required areas of field documentation following determination of death.

e. State what information must be communicated to law enforcement.

f. State the type of information that must be communicated to the Medical Examiner's Office.

Objectives (Cont'd.)

7. CISD/When to ask for help

At the end of this section the participant will be able to:

a. List four common physical and behavioral reactions to stress.

b. List two steps that enhance recovery from a stressful event.

c. State the two major goals of a Critical Incident Stress Debriefing.

d. List four examples of critical incidents.

e. Identify the services offered through the Critical Incident Stress Management Team.

f. Identify the emotional impact of a SIDS incident on emergency medical personnel.

8. Resources

At the end of this section the participant will be able to:

a. Identify local resource telephone numbers specific to their area.

b. Identify and summarize the information included in the "Dealing with the Death of a Loved One" pamphlet..

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Documentation of Prehospital Care		Policy Number 1000
APPROVED: Administration:	Steven Carroll, Paramedic	Date: **DRAFT**
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date: **DRAFT**
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 15, 1998 ~~March 12, 2015~~ ~~March 12, 2015~~ ~~March 31, 2017~~	Effective Date: **DRAFT**

I. PURPOSE: To define the use of standardized records to be used by Ventura County Emergency Medical Service (VCEMS) providers for documentation of pre-hospital care.

II. AUTHORITY: California Health and Safety Code, Sections 1797.225, and 1798; California Code of Regulations, Title 22, Division 9, Section 100147.

III. Definitions:

National EMS Information System (NEMSIS): The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC)

California EMS Information System (CEMSIS): The California data standard for emergency medical services, as defined by the California EMS Authority (CalEMSA). This data standard includes the NEMSIS standards and state defined data elements.

VCEMS Data Standard: The local data standard, as defined by VCEMS. This data standard includes the NEMSIS and CEMSIS standards, in addition to locally defined data elements.

Ventura County Electronic Patient Care Report (VCePCR): The electronic software platform that allows for real time collection of prehospital patient care information at the time of service.

IV. POLICY: Patient care provided by first responders and ambulance personnel will be documented using the appropriate method.

~~I~~V. PROCEDURE:

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A. Provision of Access

VCEMS will provide access to the approved Ventura County ~~Electronic Patient~~Electronic Patient Care Report (VCePCR) system and software to EMS system stakeholders required to enter, edit, or analyze data.

B. Documentation

1. The VCEMS VCePCR will be used to document the care provided by pre-hospital personnel for every patient contact and/or incident to which a particular unit or provider is attached. An incident will be defined as any response involving Ventura County pre-hospital personnel to any event in which there is an actual victim, or the potential for a victim, regardless of whether the responding unit was cancelled enroute or not. A patient contact is defined as any encounter involving Ventura County pre-hospital personnel with any person consenting, either implied or informed, to assessment and/or treatment. Documentation shall be completed on any person with obvious injury or significant mechanism regardless of consent. The following are exceptions:
   a. If a First Responder Advanced Life Support (FR ALS) Paramedic initiates care of the patient, the FR ALS Paramedic shall document all care provided to the patient on VCePCR.
   b. If care is turned over to another ALS agency, a VCePCR shall be completed by all pre-hospital provider agencies who delivered patient care and/or transport.
   c. ~~The appropriate level VCePCR shall be completed to correspond to the level of care provided to the patient. If an ALS provider determines a patient to only require basic level care, a VCePCR-BLS report can be utilized. If a unit or provider is attached to an incident, but cancelled enroute, a VCePCR-Cancelled Call form shall be completed and posted.~~
   d. ~~A minimum validation score of 95 shall be required for all VCePCRs prior to completion and locking of the~~

~~document.~~All relevant fields pertaining to the EMS event will be appropriately documented on the VCePCR.

e. Patient side documentation is encouraged and should be practiced whenever patient care would not be negatively affected.

f. In the event of multiple patients, documentation will be accomplished as follows:

1) Level 1 MCI: The care of each patient shall be documented using an VCePCR.

2) Level 2 and 3 MCI: Each patient transported to a hospital shall have their care documented on a Ventura County Multi-Casualty Patient Record.

a) The transporting agency is responsible for completion of the multi-casualty patient record. The record is designed to be completed by the transporting crew enroute to the receiving hospital.

b) The transporting agency retains the original of the multi-casualty patient record. A copy shall be left with the patient at the receiving hospital. The triage tag shall be attached to this copy and is included as official documentation in the patient's medical record.

c) The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within twenty-four hours of demobilization of the incident.

C. Transfer of Care

1. Transfer of care between two field provider teams and between field provider and hospital shall be documented on ~~on appropriate~~ the VCePCR. The first arriving agency will post to the server and

perform a coordinated electronic transfer of care ~~whenever possible~~ within the VCePCR system to the next incoming unit. The unit receiving the electronic transfer will download the correct corresponding report prior to completion of the ePCR. This includes intra-agency units and inter-agency units.

2. A VCePCR shall be completed in accordance with training administered by VCEMS, or designee.
3. The time that patient care is transferred to hospital staff shall be documented by the primary provider handling patient care in all circumstances where a patient is transported to a hospital.
   a. Transfer of care to the receiving facility is complete when:
      1) The patient is moved off of the EMS gurney, and;
      2) Verbal patient report is given by transporting EMS personnel and acknowledged by Emergency Department medical personnel and a signature of patient receipt is obtained in the VCePCR.
         a) The signature time shall be the official transfer of care time, and will be documented in eTimes.12 – Destination Patient Transfer of Care Date/Time.

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D. In the event the cardiac monitor is attached as required by any of the VCEMS 705 policies, a complete ECG data transfer shall be recorded and attached to the corresponding VCePCR. ECG data shall be downloaded by each provider agency involved in that incident and attached to the corresponding VCePCR. An original 12 lead ECG shall be printed and submitted upon transfer of care to hospital staff for any patient where a 12 lead ECG was performed.

E. Submission to VCEMS
   1. In the following circumstances, a complete VCePCR shall be completed and posted by any transporting unit, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination:

a. Any patient that falls into Step 1 or Step 2 (1.1 – 2.8) of the Ventura County Field Triage Decision Scheme
b. Any patient that is in cardiac arrest, or had a cardiac arrest with ROSC.
c. Any patient with a STEMI positive 12 lead ECG.
d. Any patient with a positive Cincinnati Stroke Screening (CSS +).
e. Any patient that is unable to effectively communicate information regarding present or past medical history.
f. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.

2. For circumstances not listed above, in which the patient was transported to a hospital, the entire data set found ~~on~~ within the VCePCR 'REPORT' tab shall be completed and electronically posted to the server by transporting agencies, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination. This includes all assessments, vital signs, procedures, and medications performed as part of the response.
   a. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.
3. All other reports not falling into the above criteria shall be completed and posted to the server as soon as possible and no later than the end of shift.
4. In all circumstances in which a person is transported to a receiving hospital from the scene of an emergency, or as part of an emergent/urgent transfer, the transporting personnel shall obtain and document the eOutcome.04 – Hospital Encounter Number.

F. Dry Run/Against Medical Advice

Every patient contact resulting in refusal of medical attention/transport must be documented with the following information, the reason dispatched and/or chief complaint, assessment and vital signs, base

hospital contact (when appropriate), patient advised to seek medical attention and completion of AMA. The AMA checklist as well as patient signatures shall be captured whenever possible by each applicable agency at the time of patient contact/refusal. If, at any point, a signature is not obtained for any reason, explanation shall be documented in the narrative section of the VCePCR.

G. ALS Inter-facility Transfers (Acute Care Facility to Acute Care Facility)
Documentation shall be completed on all ALS Inter-facility transfers only. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment.
If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the VCePCR.

H. The completion of any VCePCR ~~should~~ shall not delay patient transport to ~~the hospital~~hospital receiving facility.

I. Patient Medical Record
The VCePCR and Ventura County Multi-Casualty Patient Record shall be considered a legal document and part of the patient's medical record. The first responder agency, transport agency, and hospital are custodians of record. Printing should only be performed as needed, and an electronic copy of the VCePCR should be utilized and referred to whenever feasible. A print log and reason for printing shall be monitored regularly to help ensure security of protected health information within the system.

Attachment A

These abbreviations have been accumulated from the California approved EMT Curriculum and various other resource material. The abbreviations were collected by the Ventura County ALS CQI Team to assist EMS field, hospital and dispatch personnel in providing consistent medical documentation.

Term	Abbreviation
5% Dextrose in Water	D5W
Abdomen	Abd
Above knee amputation	AKA
Acquired Immunodeficiency Syndrome	AIDS
Ad Libitum (as desired)	Ad lib
Advanced Life Support	ALS
Against medical advise	AMA
Alcohol	ETOH
Alert and oriented	A & O
Also known as	AKA
Altered Level Of Consciousness	ALOC
Amount	Amt
Ampule	Amp
Antecubital	AC
Anterior	Ant
Anterior/Posterior	AP
Appointment	Appt
Arterial Blood Gas	ABG
Arteriosclerotic Heart Disease	ASHD
As necessary	prn
As soon as possible	ASAP
Aspirin	ASA
At	@
Atrial Fibrillation	A fib, AF
Attention Deficit Hyperactivity Disorder	ADHD
Automated external Defibrillator	AED
Automatic Implantable Cardiac Defibrillator	AICD
Bag Valve Mask	BVM
Basic Life Support	BLS
Birth Control Pill	bcp
Bowel Movement	BM
Bundle Branch Block	BBB
By Mouth	p.o.
By Order Of	per
Cancer	CA
Carbon Dioxide	CO_2
Carbon Monoxide	CO
Cardio Pulmonary Resuscitation	CPR

Term	Abbreviation
Central Nervous System	CNS
Cerebrospinal Fluid	CSF
Cerebrovascular Accident	CVA
Cervical Spine	C-Spine
Chief Complaint	CC
Chronic Obstructive Pulmonary Disease	COPD
Circulation, Sensation, Motor	CSM
Clear	Cl
Continuous Positive Airway Pressure	CPAP
Coronary Artery Bypass Graft	CABG
Coronary Artery Disease	CAD
Date of Birth	DOB
Dead on Arrival	DOA
Defibrillated	Defib
Delirium Tremens	DTs
Diabetes Mellitus	DM
Dilation and curettage	D & C
Discontinue*	D/C*
Distal Interphalangeal Joint	DIP
Deformity, Contusion, Abrasion, Penetration, Burn, Tenderness, Laceration, Swelling	DCAPBTLS
Do Not Resuscitate	DNR
Doctor of Osteopathy	DO
Drops	gtts
Dyspnea On Exertion	DOE
Electrocardiogram	ECG
Electroencephalogram	EEG
Emergency Department	ED
Emergency Medical Services	EMS
Emergency Medical Technician	EMT
Endotracheal	ET
Equal	=
Estimated	Est
Estimated Time of Arrival	ETA
Etiology	Etiol.
Every	q
Every day*	qd*

Term	Abbreviation
Evening	pm
Extended Care Facility	ECF
Eye, ear, nose, throat	EENT
Fahrenheit	F
Female	F
Fetal Heart Rate	FHR
Fluid	Fl
Foot	Ft
Foreign body	FB
Four times a day	QID
Fracture	Fx
Gallbladder	GB
Gastrointestinal	GI
Genitourinary	GU
Glasgow Coma Score	GCS
Grain	Gr
Gram	g
Gravida 1,2,3, etc	G1, G2, G3
Gun Shot Wound	GSW
Gynecological	Gyn
Heart Rate	HR
Hematocrit	Hct
Hemoglobin	Hgb
Hepatitis A Virus	HAV
Hepatitis B Virus	HBV
Hepatitis C Virus	HCV
History	Hx
History and Physical	H & P
Hour of Sleep (bedtime)*	hs*
Human Immunodeficiency Virus	HIV
Hydrochlorothiazide	HCTZ
Hypertension	HTN
Immediately	STAT
Insulin Dependent Diabetes Mellitus	IDDM
Intake and Output	I & O
Intensive Care Unit	ICU
Intercostal Space	ICS
Intracranial Pressure	ICP
Intralingual	iL
Intramuscular	IM
Intraosseous	IO
Intrauterine Device	IUD
Intravenous	IV
Intravenous Push	IVP
Irregular	Irreg
Jugular venous distention	JVD
Kilogram	kg
Kilometer	Km
Labor and Delivery	L & D
Laceration	Lac
Last Menstrual Period	LMP
Lateral	Lat
Left	L
Left Eye*	OD*
Left Lower Extremity	LLE

Term	Abbreviation
Left Lower Lobe	LLL
Left Lower Quadrant	LLQ
Left Upper Extremity	LUE
Left Upper Lobe	LUL
Left Upper Quadrant	LUQ
Less Than	<
Lower Extremity	LE
Lumbar Puncture	LP
Male	M
Medical Doctor	MD
Metered Dose Inhaler	MDI
Microgram	mcg
Milliequivalent	mEq
Milligram	mg
Milliliter	ml
Millimeter	mm
Minute	Min
Morning	am
Morphine Sulphate*	MS*
Motor Vehicle Collision	MVC
Mouth	MO
Moves all Extremities	MAE
Multiple Casualty Incident	MCI
Multiple sclerosis	MS
Myocardial Infarction	MI
Nasal cannula	NC
Nausea/Vomiting	NV
Negative	neg
Night	Noc
Nitroglycerine	NTG
No Acute Distress	NAD
No Known Allergies	NKA
No Known Drug Allergies	NKDA
Non Insulin Dependent Diabetes Mellitus	NIDDM
Non Rebreather Mask	NRBM
Non Steroidal Anti-inflammatory Drugs	NSAID
Normal Saline	NS
Normal Sinus Rhythm	NSR
Not applicable	NA
Nothing by Mouth	NPO
Obstetrics	OB
Occupational Therapy	OT
Oral Dissolving Tablet	ODT
Operating Room	OR
Organic Brain Syndrome	OBS
Ounce	oz
Over the Counter	OTC
Overdose	OD
Oxygen	O2
Palpable	Palp
Para, number of pregnancies	Para 1,2,3, etc
Paramedic	PM
Paroxysmal Supraventricular Tachycardia	PSVT

Term	Abbreviation
Paroxysmal Nocturnal Dyspnea	PND
Past Medical History	PMH
Pediatric Advanced Life Support	PALS
Pelvic Inflammatory Disease	PID
Per Rectum	pr
Percutaneously Inserted Central Catheter	PICC
Phencyclidine	PCP
Physical Exam	PE
Positive	+, pos
Pound	lb
Pregnant	Preg
Premature Ventricular Contraction	PVC
Primary Care Physician	PCP
Private/Primary Medical Doctor	PMD
Privately Owned Vehicle	POV
Pro Re Nata – As Needed	PRN
Pulmonary Embolism	PE
Pulse, Motor, Sensation	PMS
Pulseless Electrical Activity	PEA
Pupils Equal Round and Reactive to Light	PERRL
Range of Motion	ROM
Registered Nurse	RN
Respiration	R
Respiratory Rate	RR
Respiratory Therapist	RT
Right	Rt
Right Eye*	OD*
Right Lower Extremity	RLE
Right Lower Lobe	RLL
Right Lower Quadrant	RLQ
Right Middle Lobe	RML
Ringer's Lactate	RL
Rule Out	R/O
Sexually Transmitted Disease	STD

Term	Abbreviation
Shortness of Breath	SOB
Sinus Bradycardia	SB
Sinus Tachycardia	ST
Sodium Bicarbonate	NaHCO3
Sodium Chloride	NaCl
Streptococcus	Strep
Subcutaneous*	SQ*
Sublingual	SL
Sudden Acute Respiratory Syndrome	SARS
Sudden Infant Death Syndrome	SIDS
Supraventricular Tachycardia	SVT
Temperature	T
Temperature, Pulse, Respiration	TPR
Three Times a Day	TID
Times	X
To Keep Open	TKO
Tracheostomy	Trach
Traffic Collision	TC
Transient Ischemic Attack	TIA
Transcutaneous Pacing	TCP
Treatment	Tx
Tuberculosis	TB
Twice a day	BID
Upper Respiratory Infection	URI
Urinary Tract Infection	UTI
Ventricular Fibrillation	VF
Ventricular Tachycardia	VT
Vital Signs	VS
Volume	Vol
Water	H20
Weight	Wt
With	w/
Within Normal Limits	WNL
Without	w/o
Wolf-Parkinson-White	WPW
Year	Yr
Years Old	y/o

*JOINT COMMISSION and ISMP have indicated these abbreviations have a high likelihood of misinterpretation; thereby leading to medical errors, therefore, they are ***not*** to be used in ***handwritten*** documentation.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Course Completion by Challenge Examination	Policy Number 304
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: DRAFT
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: DRAFT
Origination Date: June 1, 1984 Date Revised: October 14, 2010 Date Last Reviewed: September 12, 2013 Review Date: September, 2016	Effective Date: DRAFT

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

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

III. POLICY:

A. General Eligibility

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

1. Have successfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), within the previous two (2) years.

~~1.~~2. Be a currently Licensed Physician, Registered Nurse, Physician Assistant, or Vocational ~~Nurse, , OR~~Nurse; OR,

~~2.~~3. The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets

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

B. ~~Examination~~Challenge Process

1. An approved EMT training program shall have a defined process for any EMT challenge request/application, and shall offer the EMT challenge skills and written examination on an as needed basis.

~~1.~~2. The course challenge examination shall consist of a competency based written and skills examination (National Registry) to test knowledge of the topics and skills per CCR 100078.

~~2. An approved EMT training program shall offer an EMT challenge examination (skills) on an as needed basis~~

~~3. The EMT certifying authority will administer the written test (National Registry) and designate such test as the certifying examination.~~

4. An eligible ~~person~~ individual shall be permitted to take the EMT course challenge examination only one (1) time.

5. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

6. Upon successful completion of the written and skills challenge examination, the challenge applicant will be eligible to take the National Registry written examination.

7. Proof of successful completion of the National Registry written and skills examination will make the applicant eligible to apply for EMT certification in California, in accordance with VCEMS Policy 301 – EMT Certification.

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Acute Stroke Center (ASC) Standards	Policy Number 450
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: June 1, 2016
APPROVED: Medical Director: Daniel Shepherd, MD	Date: June 1, 2016
Origination Date: October 11, 2012 Date Revised: December 10, 2015 Last Review: December 10, 2015 Review Date: December, 2018	Effective Date: June 1, 2016

I. PURPOSE: To define the criteria for designation as an Acute Stroke Center in Ventura County.

II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100147 and 100169.

III. POLICY:

A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VC EMS) shall meet the following requirements:

1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
2. Certification as a Primary Stroke Center (PSC) , Acute Stroke Ready Hospital, or Comprehensive Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.
3. Participate in the Ventura County Stroke Registry.
   a. All data must be documented in the registry no later than 60 days after the end of the month of hospital admission.
4. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
5. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician.

B. Designation Process:

1. Application:

   Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County ASC Standards.

2. Approval:

   a. Upon receiving a written request for ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.

   b. ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.

   c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VC EMS.

3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.

5. ASCs shall be reviewed on a biannual basis.

   a. ASCs shall receive notification of evaluation from the VCEMS.

   b. ASCs shall respond in writing regarding program compliance.

   c. On-site ASC visits for evaluative purposes may occur.

   d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Provisional Designation Process

VC EMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification as a PSC by an approving body. Only when the following requirements are satisfied will VC EMS grant a provisional designation:

1. Application:
   Eligible hospitals shall submit a written request for provisional ASC designation to VC EMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Provisional Approval:
   a. Upon receiving a written request for provisional ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
   b. Provisional ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
   c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VC EMS.
3. VC EMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. VC EMS may deny, suspend, or revoke the provisional designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Services Committee Operating Guidelines	Policy Number 105
APPROVED: Administration: Steve L. Carroll, EMT-P	Date: December 1, 2014
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2014
Origination Date: March, 1999 Date Revised: September 11, 2014 Date Last Reviewed: September 11, 2014 Review Date: September, 2017	Effective Date: December 1, 2014

I. Committee Name

The name of this committee shall be the Ventura County (VC) Prehospital Services Committee (PSC).

II. Committee Purpose

The purpose of this committee shall be to provide input to the VC Emergency Medical Services (EMS) Medical Director and VC EMS administration on matters pertaining to emergency medical services, including, but not limited to, dispatch, first responders, ambulance services, communications, medical equipment, training, personnel, facilities, and disaster medical response.

III. Membership

A. Voting Membership

Voting membership in the committee shall be composed of 2 representatives, as appointed by the organization administrator, from each of the following organizations:

Type of Organization	Member	Member
Base Hospitals	PCC	PLP
Receiving Hospitals	ED Manager	ED Physician
First Responders	Administrative	Field (provider of "hands-on" care)
Ambulance Companies	Administrative	Field (provider of "hands-on" care)
Emergency Medical Dispatch Agency	Emergency Medical Dispatch Coordinator (1 representative selected by EMD Agency coordinators)	
Air Units	Administrative	Field (provider of "hands-on" care)
Paramedic Training Programs	Director (1 representative from each program.)	

B. Non-voting Membership

Non-voting members of the committee shall be composed of VC EMS staff to be determined by the VC EMS Administrator and the VC EMS Medical Director.

C. Membership Responsibilities

Representatives to PSC represent the views of their agency. Representative should ensure that agenda items have been discussed/reviewed by their agency prior to the meeting.

D. Voting Rights

Designated voting members shall have equal voting rights.

E. Attendance

1. Members shall remain as active voting members by attending 75% of the meetings in a (calendar) year. If attendance falls below 75%, the organization administrator will be notified and the member will lose the right to vote.
   (a) Physician members may have a single designated alternate attend in their place, no more than two times per calendar year.
   (b) Agencies may designate one representative to be able to vote for both representatives, no more than two times per calendar year.
2. The member whose attendance falls below 75% may regain voting status by attending two consecutive meetings.
3. If meeting dates are changed or cancelled, members will not be penalized for not attending.

IV. Officers

A. The chairperson of PSC is the only elected member. The chairperson shall perform the duties prescribed by these guidelines and by the parliamentary authority adopted by the PSC.

B. A nominating committee, composed of 3 members, will be appointed at the regularly scheduled March meeting to nominate candidates for PSC Chair. The election will take place in May, with duties to begin at the July meeting.

C. The term of office is one (1) year. A member may serve as Chair for up to three (3) consecutive terms.

V. Meetings

A. Regular Meetings

The PSC will meet on the second Thursday of each month, unless otherwise determined by the PSC membership. VCEMS will prepare and distribute electronic PSC Packet no later that one week prior to a scheduled meeting.

B. Special Meetings

Special meetings may be called by the chairman, VC EMS Medical Director, VC EMS Administrator or Public Health Director. Except in cases of emergency, seven (7) days notice shall be given.

C. Quorum

The presence a simple majority (1/2 of committee membership plus 1) of voting members shall constitute a quorum. The presence of a quorum at the beginning of the meeting shall allow the committee to continue to do business until adjournment, regardless of the number of members who leave during the meeting.

VI. Task Forces and Ad-hoc Committees

The PSC Chair, VC EMS Administrator, VC EMS Medical Director or Public Health Director may appoint task forces or ad-hoc committees to make recommendations to the PSC on particular issues. The person appointing the task force or ad-hoc committee will name the chair. A task force or ad-hoc committee shall be composed of at least three (3) members and no more than seven (7) individuals. Persons other than voting members may be appointed to task forces or ad-hoc committees.

VII. Calendar Year

The Prehospital Services Committee will operate on a calendar year

VIII. Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order, newly revised, shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these guidelines, and any special rules of order the PSC may adopt.

IX. Submission of Agenda Items

Agenda items shall be received by the Ventura County EMS Office 14 days before the meeting it is to be presented. Items may be submitted by US mail, fax or e-mail and must include the following information:

A. Subject

B. Reason for request

C. Description/Justification

D. Supporting medical information/other research as applicable

E. List of affected VC EMS policies, if a requested policy change

F. Agenda Category:

1. Operational
2. Medical

COUNTY OF VENTURA PUBLIC HEALTH DEPARTMENT	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT: Requirements To Staff An ALS Unit	Policy Number: 306
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: June 1, 2011
APPROVED: Medical Director Angelo Salvucci, MD	Date: June 1, 2011
Origination Date: June 1, 1997 Date Revised: February, 2011 Date Last Reviewed: February, 2011 Next Review Date: February, 2014	Effective Date: June 1, 2011

I. PURPOSE: To define the requirements for an EMT to staff an ALS unit and assist a Paramedic in delivering ALS care.

II AUTHORITY: Health and Safety Code, Sections 1797.214, 1798.200.

III. POLICY: EMTs who are scheduled to staff an ALS unit and assist a paramedic in ALS care shall meet the criteria outlined in this policy.

A. EMTs assigned to work with Paramedics shall:

1. Successfully complete a comprehensive training module as described in Section III. B. below.
2. Assist a paramedic with a minimum of 10 ALS contacts (a maximum of 5 may be simulated).
3. Be evaluated and approved by the employer and Medical Director or designee. For agencies without a medical director, the BH PLP or PCC may evaluate and approve the EMT.

B. Training Module

This training module defines the minimum training needed for an EMT to be assigned to staff an ALS unit and assist a paramedic in ALS care shall:

1. Be developed in conjunction with the Base Hospital.
2. Include, at a minimum, the following topics and time intervals:
   a. Airway Management
      1) General Assessment
      2) Endotracheal Intubation equipment set up
      3) VC EMS approved alternate airway equipment set up
      4) Bag-Valve-Mask/ET/alternate airway ventilation review
      5) Assembly of in line nebulizer
      6) Airway placement confirmation devices
      7) O_2 delivery devices

8) Suctioning

b. Trauma Skills

1) Trauma Assessment Review
2) C-Spine immobilization review
3) Traction Splint review (e.g., Sager/Hare)
4) Needle thoracostomy equipment

c. Medical Control

1) Ventura County Policies 306 and 705
2) Paramedic Scope of Practice
3) EMT Scope of Practice
4) EMT Base Hospital communications

d. IV and Medication Setup

1) Aseptic Technique
2) Assembly of preloaded medication containers
3) Catheter taping
4) Blood drawing
5) Sharps precautions

e. Testing

C. Duties and Responsibilities

1. The EMT shall perform only those patient-care items described in VCEMS Policy 300: EMT Scope of Practice.
2. If necessary, the EMT may communicate with the Base Hospital on ALS calls as follows:
   a. The EMT will clearly identity him/herself as an EMT.
   b. The EMT can provide vital signs, vital sign updates, assessment information and initial scene information.
   c. The EMT shall not ask for or pass on ALS orders.

E. EMT AED

EMTs trained to use an AED will successfully complete skills testing using the form in Appendix B.

F. Documentation

1. Documentation of initial training, in the form of a VCEMS Attendance roster, shall be submitted to VCEMS.
2. Documentation of testing of EMT shall be completed using the form in Appendix A and maintained by the provider agency.

4. Documentation of approvals shall be done using the form in Appendix C, and will be submitted to VCEMS.
6. In the event that an EMT has had to attend a retraining class, a letter stating that the individual has successfully completed the retraining and testing will be submitted to VCEMS.

APPENDIX A

Name: _____ Date: _____

EMTALS ASSIST SKILLS TESTING

TRAUMA SCENARIO	PASS	FAIL
Assess airway patency		
Administers high flow O_2 via non-rebreather mask		
Completes spinal immobilization		
Demonstrates head-to-toe assessment		
Assembles IV bag and tubing		
Maintains sterility of IV		
Correctly immobilizes upper extremity		
Successful completion of this station _____ Evaluators Signature		

Cardiac Arrest Scenario	PASS	FAIL
Assesses ABC's		
Ensures compressions are being done		
Chooses correct size of oral airway		
Correctly inserts oral airway		
Adequately ventilates using bag-valve-mask		
Assembles intubation equipment		
Adequately ventilates using bag-valve-ET		
Verbalizes safety concerns for defibrillation		
Correctly places monitor patches and leads		
Assembles IV bag and tubing		
Assembles preload medications		
Verbalizes that paramedic must administer medications		
Verbalizes safety considerations for needles		
Successful completion of this station _____ Evaluators Signature		

LEGAL ISSUES STATION	PASS	FAIL
Identifies proper radio responsibilities		
Identifies limits of EMT scope of practice		
Discusses briefly prior to contact protocols		
Discusses briefly communication failure protocols		

Appendix B (1 page)

EMT ALS ASSIST
SKILLS EXAM
AUTOMATIC EXTERNAL DEFIBRILLATOR

NAME: _____
EMT# _____
DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Patient Assessment	1. Confirms cardiopulmonary arrest. Unconscious, no breathing or agonal breathing, no pulse. 2. Patient 1 years or older and not a victim of major trauma.		
Defibrillator Operation (must pass)	A. If collapse **before dispatch**, begin CPR (1.5 to 3 minutes CPR may be considered) 1. For defibrillators that analyze automatically when turned on: a. Attach pads in correct position (may be done during CPR if there are more than 2 rescuers) b. Turn on machine c. Clears patient and presses to analyze 2. For defibrillators that require the operator to press "Analyze" for first analysis: a. Turn on machine b. Attach pads in correct position. (may be done during CPR if there are 2 or more rescuers) c. Clears patient and presses analyze		
Shockable Rhythms	1. Delivers shock when prompted 2. Restart CPR for two minutes after shock. 3. Deliver additional shocks as needed.		
No Shock Advised Rhythms.	1. Checks pulse after analysis reveals "no shock advised". 2. If no pulse, restarts CPR for 2 minutes. 3. After 2 minutes, analyzes. 4. Checks pulse after analysis reveals "no shock advised". 5. If no pulse, restarts CPR for 2-3 minutes.		
Patient Support/Assessment	1. If pulse returns, monitors respiration and ventilates as needed. 2. If pulse, takes BP. 3. Continues to monitor for presence of pulse. 4. If pulse is less than 30, continues CPR.		
Safety	1. Clears prior to EVERY shock. 2. Checks for causes		
Speed (must pass)	1. Can hook up, assess, charge and deliver 1st shock for VF in no more than 90 seconds once AED sequence is initiated.	Actual time (seconds) _____	

_____
Evaluator's Signature

APPENDIX C

Employer: Please instruct the EMT to complete the requirements in the order listed.

_____, EMT has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

EMT ALS-Assist
_____ Employer Approval _____ Completed appropriate EMT Training Module _____ BH or Provider Medical Director or Designee Evaluation _____ Notification to VC EMS Reference Policy 306

Please sign and date below for approval.

Employer Signature	Date:
MD, PLP Provider MD or designee EMT ALS-Assist authorization Only)	Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: MEDICAL CONTROL AT THE SCENE: EMS PREHOSPITAL PERSONNEL		Policy Number: 601
APPROVED: Administration:	Barbara S. Brodfuehrer, RN	Date: 5/2/00
APPROVED: Medical Director	Angelo Salvucci, MD	Date: 5/4/00
Origination Date: Date Revised: Review Date:	October 1, 1993 October, 1999 June 1, 2002	Effective Date: June 1, 2000

I. PURPOSE: To establish guidelines for medical control at the scene of a medical emergency.

II. POLICY: Authority for patient health care management in an emergency shall be vested in that licensed and/or certified health care professional, which may include any paramedic or other prehospital emergency medical personnel, at the scene of an emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency. (Health and Safety Code, Section 1796(a))

III. PROCEDURE: The following shall be utilized to determine authority for medical control on scene:

A. Prehospital care personnel, certified and/or accredited in Ventura County, have authority for health care management in the following ascending order:

1. EMT-IA
2. EMT-I with transporting capability
3. EMT-D with cardiac patient
4. EMT-P, under medical control from a BH or under Ventura County Policies, or who is providing care under the direct order of a physician.

   This does not allow the EMT-P to receive orders from medical personnel at the scene who are not MD's or DO's. This order is determined by training hours, scope of practice, and available supplies and equipment.

   a. When there is an EMT-P and SAR nurse, the SAR nurse will have medical control of the patient except for the airway, which will remain the responsibility of the paramedic.

5. When there is a flight nurse on scene the medical control will be with the flight nurse.

6. The first EMT-P on scene assumes initial medical control of the patient. The First Responder EMT-P transfers medical authority to the transporting EMT-P at the time that the patient is placed on the transport gurney, unless the patient condition requires that continued attendance of the first responder EMT-P during transport. In that case the initial treating EMT-P shall maintain medical authority throughout the run.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Technician Training Program Approval	Policy Number 1100
APPROVED: Administration: Steven L. Carroll	Date: June 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: February 2001 Date Revised: April 19, 2013 Date Reviewed: April 19, 2013 Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To identify the procedure for approval of Emergency Medical Technician programs in Ventura County in accordance with CCR, Title 22, Article 2 and 3.

II. AUTHORITY: California Code of Regulations, Title 22, Chapter 9, Article 3, Section 100065 – 10078,

III. POLICY: The Approving Authority for Emergency Medical Technician (EMT) training programs that will be managed or conducted by a qualified statewide public agency shall be the Director of the State of California Emergency Medical Services Agency. This shall apply to the California Highway Patrol, California Department of Forestry, etc.

A. The Approving Authority for Emergency Medical Technician training programs shall be the local emergency medical services agency (Ventura County Emergency Medical Services Agency).

B. Programs eligible for program approval shall be limited to:

1. Accredited universities and colleges including junior and community colleges, school districts, and private post secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
2. Medical training units of a branch of the Armed Forces of the United States including the Coast Guard.
3. Licensed general acute care hospitals which meet the following criteria:
   a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
   b. Provide continuing education to other healthcare professionals.
4. Agencies of government
5. Public safety agencies
6. Local EMS Agencies

IV PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for EMT program approval to the Ventura County EMS Agency (VCEMS).
2. The Ventura County EMS Agency shall review and approve the following prior to approving an EMT training program.
   a. A statement verifying usage of the United States Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
   b. A statement verifying CPR training equivalent to the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT Basic course.
   c. Samples of lesson plans including:
      1) At least two lecture or didactic sessions, and
      2) At least two practical (skills or psychomotor) sessions.
   d. Samples of periodic examinations or assessments including:
      1) At least two written examinations or quizzes.
      2) Statement of utilization of the National Registry EMT-B Skills Check-Off Sheets
   e. The certification written examination shall be the National Registry EMT Examination. National Registry examinations will be administered by the approved National Registry testing site.
   f. The final skills examination shall be administered by the approved EMT training program. Each training program shall adopt the National Registry EMT skills examination. For those skills not covered by the National Registry Skill examination.
   g. Educational Staff:
      Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.
      1) Program Director: Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology.

Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology;

a) California State Fire Marshal Fire Instructor 1A and 1B,
b) National Fire Academy's Instructional Methodology,
c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

2) Duties of the Program Director, in coordination with the Clinical Coordinator, shall include but not be limited to:

a) Administering the training program
b) Approving course content
c) Approving all written examinations and the final skills examination.
d) Coordinating all clinical field activities related to the course.
e) Approving the principal instructor(s) and teaching assistant(s).
f) Assuring that all aspects of the EMT training program are in compliance with all applicable VCEMS policies.

3) Clinical Coordinator: Must be either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California or a paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five years. Duties of the program clinical coordinator shall include, but are not limited to:

a) Responsibility for the overall quality of medical content of the program;
b) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

4) Principal Instructor:

a) Must be a physician, registered nurse, physician assistant or paramedic licensed in California; or,
b) Be an EMT or Advanced EMT who is currently certified in California

c) Have at least two years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five years.

d) After January 1, 2006, shall be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. See IV.A.2.g.1)a)-c) for examples of courses that meet this requirement.

e) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.

f) All principal instructors from approved EMT training programs shall meet the minimum qualifications out lined in this policy.

5) Teaching Assistants

a) Each training program may have teaching assistants who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

h. Provisions for Clinical Experience

1) Each program shall have a written agreement with one or more general acute care hospital(s) and/or operational ambulance provider and/or rescue vehicle provider sufficient to ensure clinical rotations for every student. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s).

2) Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.

3) No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

4) Every student shall be aware of clinical expectations and exactly what skills and/or assessments they may utilize during the session.

5) Students shall be clearly identified as an "EMT Student" by an easily identifiable means such as a nametag, smock, etc.

6) The EMT Training Program shall develop a check sheet for verification of no less than five patient contacts during the session. Patient care simulations may be utilized to meet the contact requirements if less than five patients have been evaluated in the course of the clinical experience.

i. Provisions for Course Completion by Challenge, including a challenge examination (if different from the program's final examination)

All applicants who wish to challenge course completion and certification shall be approved by the Ventura County EMS Agency. Each EMT Training Program shall provide a statement of understanding to the Ventura County EMS Agency.

j. Provisions for a twenty-four (24) hour refresher course including subdivisions (1)-(6) above, required for recertification.

1) A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website, http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf

Refer to VCEMS policy 302, EMT Recertification

k. Course Location, Time, and Instructor Ratios

1) Each EMT Training Program shall submit an annual listing of course dates and locations.

2) In the event that an approved EMT Training Program wishes to add a course to the schedule, notification must be received in writing to the Agency no less than sixty days prior to the proposed start date.

3) No greater than ten students shall be assigned to one instructor during the practical portion of course.

l. Table of contents listing the required information detailed in this policy with corresponding page numbers

m. Facilities and Equipment

1) Facilities must comfortably accommodate all students including those with disabilities.

2) Restroom access must be available.

3) Must permit skills testing so that smaller break-out groups are isolated from one another.

4) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.

n. Quality Assurance and Improvement

1) Each program shall submit a Quality Assurance and Improvement Plan that addresses the following:

a) Methods of student remediation.

b) A plan for continuous update of examinations and student materials.

c) Identify the text and resource materials that will be utilized by the program.

d) Student course evaluations

o. Research Agreement Decree

1) Each approved program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services systems in Ventura County.

3. Program Approval Time Frames

a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:

1) The request for approval has been received,

2) The request does or does not contain all required information, and

3) What information, if any, is missing from the request.

b. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program, within a reasonable period of time, after receipt of all required documentation, not to exceed three (3) months.

c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.

e. Approved EMT training programs shall also receive approval as a continuing education (CE) provider effective the same date as the EMT training program approval. The CE program expiration date shall be the same expiration date as the EMT training program. The CE program shall comply with all requirements outlined in VCEMS policy 1130.

f. VCEMS will notify the California EMS Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval / expiration date of the program approval.

4. Withdrawal of Program Approval

a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by VCEMS.

b. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

1) VCEMS shall notify the EMT training program director in writing, by registered mail, of the provisions of this policy with which the EMT training program is not in compliance.

2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMT training program shall submit in writing, by registered mail, to VCEMS one of the following:

a) Evidence of compliance with the provisions outlined in this policy, or

b) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.

c. Within fifteen (15) working days of the receipt of the response from the approved EMT training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMT training program, VCEMS shall notify the California EMS Authority and the approved EMT training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMT training program approval.

d. If the EMT training program approving authority decides to suspend, revoke, or place an EMT training program on probation the notification specified in IV.A.4.c of this policy shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of VCEMS' letter of decision to the California EMS Authority and the EMT training program.

B. Program Review and Reporting

1. All program materials are subject to periodic review by the Agency.
2. All programs are subject to periodic on-site evaluation by the Agency.
3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
4. Approved programs shall issue a tamper resistant Course Completion Record to each student who successfully meets all requirements for certification. This Course Completion Record shall include:
   a. Student full legal name.
   b. The date the course was completed
   c. The name of the course completed "Emergency Medical Technician"
   d. Number of hours of instruction completed.
   e. The name and signature of the Program Director.
   f. The name and location of the training program.
   g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)
   h. The following statements in bold print:
      1) "THIS IS NOT AN EMT CERTIFICATE"
      2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and is recognized statewide.

5. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. Students will not be processed for certification until the Course Completion Roster is received by the Agency.

C. Required Course Hours

1. The minimum course hours shall consist of not less than one hundred sixty (160) hours. These hours shall be divided as follows:
   a. A minimum of one hundred thirty-six (136) hours of didactic instruction and skills laboratory; and
   b. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.
2. Existing EMT training programs approved prior to April 1, 2013 shall have a maximum of twelve (12) months to meet the minimum hourly requirements specified in this section. The minimum hours shall not include the examinations for EMT certification
   3. The minimum hours shall not include CPR.

EMT TRAINING PROGRAM APPROVAL CHECKLIST

PROGRAM APPROVAL APPLICATION PROCEDURE

TRAINING PROGRAM AFFILIATION:

The Training Program is affiliated with a:	**Name of Agency of Affiliation**
☐ Accredited University or College	
☐ Junior or Community College	
☐ School District	
☐ Private Post-Secondary School (Submit Post-Secondary School Approval Document)	
☐ Armed Forces Medical Unit	
☐ Licensed Acute Care Hospital (Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)	
☐ Agency of Government	
☐ Public Safety Agency	

PROGRAM ADMINISTRATION AND INSTRUCTION

Name of Program Director: ☐ Copy of Current License received ☐ Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1) for examples of qualifying education)	Title (MD, RN, PA, Paramedic)
Name of Clinical Coordinator: ☐ Copy of Current License received ☐ Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received.	Title (MD, RN, PA, Paramedic)
Name of Principal Instructor: ☐ Copy of Current License received ☐ Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3) for examples of qualifying education)	Title (MD, RN, PA, Paramedic, Advanced EMT or EMT)
Name(s) of Teaching Assistant(s) ☐ Copy of Current License received	Title (MD, RN, PA, EMT-P, EMT Advanced, or EMT)

Submission of the following:	**Date Received**
☐ Written request for program approval	
☐ Statement verifying use of the US DOTNational EMS Education Standards (DOT HS 811 077A, January 2009)..	
☐ A statement verifying implementation of the current American Heart Association Guidelines for CPR and ECC.	
☐ Session guides or lesson plans	
☐ Samples of skills and written exams used for periodic testing	
☐ Final skills competency exam	
☐ Final written exam	

PROGRAM APPROVAL APPLICATION PROCEDURE	
☐ Provisions for field/clinical experience for EMT (24 hrs. and 10 patient contact minimum)	
☐ Provisions for course completion by challenge, including a challenge examination (if different from final course examination).	
☐ Provisions for refresher course and/or continuing education	
☐ Location and proposed dates at which the course(s) are to be offered.	

Signature of person completing Checklist

Date

Typed or printed name

==========

All Requirements submitted Date:

Approval letter sent Date:

Re-approval date Date

Ventura County Emergency Medical Services Agency
EMT COURSE COMPLETION ROSTER

Program Name: _____ ☐ Initial ☐ Recert

Program Director: _____ Course End Date: _____

- Do not attach any additional paperwork unless your program is adding or updating instructional staff records (i.e.: copies of certifications, resume, etc. Do not attach copies of completion certificate, CPR cards, etc.).
- Fax or mail this form to the EMS Agency within fifteen days following the course completion date. ***Students will not be processed until this form has been received by the VCEMSA.***

Primary Instructor

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

Clinical Coordinator

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

Assisting Instructors

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

Practical Instructors (skills)

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

_____ ☐ MD ☐ RN ☐ Paramedic ☐ Other

Total number of students enrolled on the first course day _____

Total number of students who successfully completed the course _____

Program Name: **Course Completion Date:**

Last Name, First Name, MI	Last 4 digits SSN	Contact Information (Mailing address, City, State, Zip Code, e-mail address)

Program Instructor Signature: _____ Date: _____