Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	May 11, 2017 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
V.	**New Business**	
	A. 728 – King Airway (Possible removal)	Dr. Shepherd
VI.	**Old Business**	
	A. 504 - BLS and ALS Unit Equipment and Supplies	Chris Rosa
	B. 603 - Refusal of EMS Services	Dr. Shepherd
	C. 729 – air-Q	Katy Hadduck
VII.	**Informational/Discussion Topics**	
	A. 315 - Paramedic Accreditation To Practice	Mark Komins
	B. 318 - ALS Response Unit Staffing	Mark Komins
	C. XXX – Emergency Medical Responder Training Program Approval	Chris Rosa
	D. XXX – Public Safety First Aid and CPR Training Program Approval	Chris Rosa
VIII.	**Policies for Review**	
	A. 332 – Notification of Personnel Changes	
	B. 342 – EMS Personnel Background Check Requirements	
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**	

Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	April 13, 2017 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda	Mark Komins request add: Ref 710 to new business Ref 306 to old business	Approved with additions	Motion: Heather Ellis Seconded: Jeff Winter Passed unanimous
III. Minutes	Chief Zeller request change "Paramedics" to "Dispatchers" under X.-A. Agency reports "VCFPD"	Approved with changes	Motion: Scott Zeller Seconded: Tom Gallegos Passed: unanimous
Special Presentation	For 26 years of dedicated service to the EMS community.	Service Award Plaque presented to Lynn Tadlock by Steve Carroll on behalf of the PSC	
IV. Medical Issues			
A. Glucometers	Dr. Shepherd discussed some glucometers not giving a reading due to hematocrit abnormality (E4). If medics have clinical suspicion of hypoglycemia but glucometer will not give a reading go ahead and treat the patient.	Language will be added to the Hypoglycemia policy (705-03 Altered Neurologic Function) to address the discussed issue.	Motion: Jeff Seabrook Seconded: Kathy McShea Passed: unanimous
V. New Business			
A. Emergency Medical Responder (EMR) Training Program Approval	Chris Rosa discussed need for LEMSA to develop EMR training program requirements and approvals	Chris requested EMT Education Group as sub-committee to develop requirements and bring back to PSC	
B. Public Safety First Aid (PFSA) Training Program Approval	Chris Rosa discussed need to develop local LEMSA curricula and program approvals based on the State Regulations. Steve Carroll discussed Statewide Agencies are requesting approval from each local agency.	Chris requested sub-committee volunteers. Will develop requirements and bring back to PSC	
C. 315 Paramedic Accreditation To Practice 318 ALS Response Unit Staffing	Mark Komins request that Ref 315 and Ref 318 be reviewed due to Provider staffing issues	Chris agreed to distribute email requesting volunteers to review the policies	
D. 710 Airway Management	Mark Komins discussed Teleflex, sole source manufacturer, discontinued	Providers discontinue use as of June 1, 2017 or until supplies run out. EMSA	

	making Esophageal Detector Device (EDD). Need to remove EDD from policy 710.	will provide memo, update policy and airway lab curriculum. Providers consider sharing stock on hand.	
VI Old Business			
A. Humeral IO Presentation	Heather Ellis provided demonstration for support of Humeral IOs. Discussion of usefulness among PSC Group. Dr. Shepherd discussed need to create comprehensive training if we add to policy.	EMSA to add Humeral IO as alternative route to Policy. Effective June 1st. Training to be provide to field by agencies. Also, remove burns as a contraindication and pink needles as an option. (manufacturer discontinued) EMS update to emphasize updated policy not operational until training completed. Motion to approve Policy to be developed as discussed.	Motion: Kathy McShea Seconded: Yoni Carmona Passed: unanimous
B. PSC Chairman Nominations	Dr. Larsen graciously accepted the PSC Chairperson position for another year		
C. 306 – EMT: Requirements to Staff an ALS Unit	Discussion by Mark Komins regarding Ref 306 obsolete as training of EMTs is covered under other policies. Steve discussed need for accreditation for EMTs	EMSA to take into consideration as EMT Accreditation is developed Providers can submit verification of CAM training in lieu of Appendix A and B of Ref. 306	
VII. Informational/Discussion Topics			
A. 504 – BLS and ALS Unit Equipment and Supplies	Karen Beatty request subcommittee to discuss and determine equipment / supply list	Julie Frey to coordinate sub-committee	
B. 705.20 - Seizure	Karen Beatty led discussion on proposed changes to policy. Clarified: may also give Versed to actively seizing pregnant females.	Motion to approve with proposed changes.	Motion: Ira Tilles Seconded: Yoni Carmona Passed: unanimous
C. 705.09 – Chest Pain: Acute Coronary Syndrome 705.21 – SOB: Pulmonary Edema	Dr. Shepherd led discussion on proposed changes to policy with emphasis on list of medications that make Nitroglycerin contraindicated.	Motion to approve with proposed changes. Also, modify Overdose Policy to withhold Nitro and ASA until EKG	Motion: Jeff Winter Seconded: Debbie Licht Passed: unanimous
D. AMA Sub-committee Update	Dr. Shepherd reports AMA Policy completed and forwarded to County Counsel for review		

	E. Anticoagulant/Antiplatelet List	Discussion by group on access of this document for field personnel. Possibly on EMS Website as supplemental reference.	Chris to evaluate the feasibility of adding to EMS website and creating link for field.	
	F. Policy addition request	Discussion led by Mark Komins requesting policy language requiring a second person, CPR qualified, to ride along during transport. Discussed specific unusual incident where Fire resources were released prior to indications of need and as a result of an additional call in the area.	Conclusion: to leave to judgement of on scene personnel. EMSA to develop reminder for distribution.	
	G. New County Zoll Monitors	Dr. Chase discussed County Fire to purchase Zoll Monitor/Defib capable of transmitting EKG to receiving facilities	If facilities would like to use this service, contact Dr. Chase for more information and Zoll IT contact.	
VIII.	**Policies for Review**			
	A. 705.17 – Nerve Agent poisoning	Mark Komins recommended delete Atropen reference from pediatric treatment algorithm since Atropen is no longer supplied and are being removed from disaster cache. Also change sludge to sludgem		Motion: Debbie Licht Seconded: Tom O'Connor Passed: unanimous
	B. 701 – Medical Control: Paramedic Liaison Physician	Discussion on any needed changes	Motion to approve as is	Motion: Kathy McShea Seconded: Sara Melgoza Passed: unanimous
X.	**Agency Reports**			
	A. Fire departments	**VCFPD** – Graduated one academy, lot of movement. Started new academy on Monday 14 recruits **VCFD –** Four new FFs hit the floor this week 2 more starting the academy. Thanks to all thoughts and prayers for engineer who had cardiac arrest while driving on a call. Great work by all, County Fire used CAM and Engineer was resuscitated on scene and is doing well. **OFD** –Academy starting May 22, 26 recruits. Batt Ch. and engineer promotions coming up **Fed. Fire** – None **PFD** – None **FFD** – Starting academy with 20-21 recruits (3-5 paramedics) Memorial Golf tournament June 3rd, Flyers to follow.		
	B. Transport Providers	**LMT –** Lots of hiring due to Fire hires. Now on Facebook		

		AMR/GCA – Consistent hiring to back fill those hired by Fire Depts. Many interns in field. **AIR RESCUE –** researching helipad sizing and permits, in talks to get new aircraft possibly Firehawk or H-145.	
C.	Base Hospitals	**SVH** – None **LRRMC** – None **SJRMC –** None **VCMC** – Have new Chief Nurse Executive (CNE), 7 MICNs in various stages of training.	
D.	Receiving Hospitals	**PVH –** none **SPH** – none **CMH** – none **OVCH** – none	
E.	Law Enforcement	**VCSO –** none **CSUCI PD –** none	
F.	ALS Education Programs	**Ventura College** – 29 students are done with classwork. Most students in internship. Three students still holding for preceptors. National registry skills test May 20th need help with evaluators. Anticipate graduation in June.	
G.	EMS Agency	**Dr. Shepherd -** none **Chris** – Heidi retiring in approximately one month. Martha will be taking lead until replacement hired. AB-387 State assembly proposes paid clinical internships for allied health. Paid by host agency. Nursing excluded. EMT regs: Final draft is out. At Office of Administrative Law but don't expect any changes. Expected start date of July 1, EMT programs have one year to implement the changes. Also, we have Facebook Page too. **Katy** – Cares National Statistics probably done around middle of April. Upcoming bi-lingual Fall Prevention event in Santa Paula, Sat. Apr. 29th. **Randy** – Sidewalk CPR on June 1st. email invitations sent last week. More to follow. **Karen** – none	
H.	Other		
XI.	**Closing**	**Meeting adjourned at 12:00**	

Prehospital Services Committee 2017

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/10/2017	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
AMR	Stefansen	Adriane				AS									
AMR	Carmona	Yoni				YC									
CMH - ER	Canby	Neil				NC									
CMH - ER	Querol	Amy		AQ											
OVCH - ER	Pulido	Ed		EP											
OVCH - ER	Patterson	Betsy				BP									
CSUCI PD	Drehsen	Charles		CD		CD									
CSUCI PD	DeBoni	Curtis													
FFD	Herrera	Bill				BH									
FFD	Scott	Bob				BS									
GCA	Panke	Chad													
GCA	Sanders	Mike		MS		MS									
Lifeline	Rosolek	James		JR		JR									
Lifeline	Winter	Jeff		AS		JW									
LRRMC - ER	Brooks	Kyle		KB		KB									
LRRMC - ER	Licht	Debbie		DL		DL									
OFD	Martin	Blair		BM		BM									
OFD	Schroepfer	Kevin													
SJPVH - ER	Hutchison	Stacy		KM		SH									
SJPVH - ER	Davies	Jeff		JD		JD									
SJRMC - ER	Larsen	Todd		TL		TL									
SJRMC - ER	McShea	Kathy		KM		KM									
SPFD	Zeller	Tyler													
SVH - ER	Tilles	Ira				IT									
SVH - ER	Vorzimer	Nicole		NV		NV									
V/College	O'Connor	Tom		TO		TO									
VCFD	Tapking	Aaron		AT											
VCFD	Ellis	Heather		HE		HE									
VNC	Zeller	Scott		SZ		SZ									
VNC	Seabrook	Jeff		JS											
VNC - Dispatch	Gregson	Erica		EG											
VCMC - ER	Chase	David		DC		DC									

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/10/2017	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
VCMC - ER	Gallegos	Tom				TG									
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah				SM									
VCSO SAR	Hadland	Don		DH		DH									
VCSO SAR	Seabrook	Jeff		JS		JG									
VFF	Santillo	Dave		DS											
VFF	Bond	Timothy													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
EMS	Carroll	Steve		SC		SC									
EMS	Frey	Julie		JF											
EMS	Hadduck	Katy				KH									
EMS	Perez	Randy				RP									
EMS	Shepherd	Daniel		DS		DS									
EMS	Rosa	Chris		CR		CR									
EMS	Salvucci	Angelo		AS											
EMS	Hansen	Erik													
EMS	Beatty	Karen		KB		KB									
LMT	Winter	Jeff													
LMT	Frank	Steve													
VCMC	Duncan	Thomas		TD		TD									
VNC	James	Lauri		LJ											
VNC	Shedlosky	Robin		RS											
VNC	Komins	Mark		MK		MK									

TEMPORARY
PARKING PASS
Expires May 11, 2017

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

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

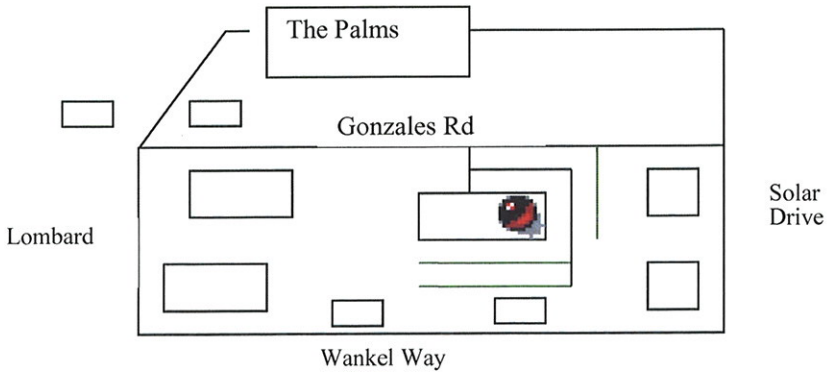
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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.



COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: King Airway	Policy Number: 728
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: April 10, 2008 Date Revised: April 5, 2013 Date Last Reviewed: April 11, 2013 Next Review Date: March 31, 2015	Effective Date: June 1, 2013

I. Purpose: To define the indications and use of the King Airway in the pre-hospital setting by paramedic personnel.

II. Authority: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Section 100175.

III. Policy: Paramedic personnel may use the King Airway in accordance with Policy 705 as an option for ALS Airway Management.

IV. Procedure:

A. Indications: Patients who require assisted ventilation meet criteria for an advanced airway as listed in VC EMS Policy 710, and an endotracheal tube cannot be inserted.

B. The following contraindications shall be observed:

1. Its use will be restricted only to unconscious patients without a gag reflex.
2. It is not to be used on patients under four (4) feet tall.
3. It is not to be used on suspected cases of esophageal diseases or of ingestion of caustic substances.

C. Placement

1, Select appropriately sized King Airway:

a. Size 3 – Patient between 4 and 5 feet tall
b. Size 4 – Patient between 5 and 6 feet tall
c. Size 5 – Patient over 6 feet tall

2. Check King Airway cuffs to ensure patency. Deflate tube cuffs. Leave syringe attached. Lubricate the tip of the tube.

3. Oxygenate with 100% oxygen.

4. Position the head. The ideal position is the “sniffing position”. A neutral position can also be used if trauma is suspected.

5. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.

6. Inflate cuffs with the minimum volume necessary to seal the airway at the peak ventilatory pressure employed. Typical inflation volumes are as follows: Size #3: 40-55 ml, Size #4: 50-70 ml, Size #5: 60-80 ml

7. Attach bag-valve to King Airway. While gently bagging the patient to assess ventilation, withdraw the airway until ventilation is easy and free flowing.

8. Attach bag valve device and verify placement by **ALL** of the following:
   a. Rise and fall of the chest
   b. Bilateral breath sounds
   c. Absent epigastric sounds
   d. CO2 measurement

9. If there is any question about the proper placement of the King Airway, deflate the cuffs and remove device, ventilate the patient with BVM for 30 seconds and repeat.

10. Secure the tube with tape or commercial tube holder. Note depth marking on tube.

11. Continue to monitor the patient for proper tube placement throughout prehospital treatment and transport.

D. Troubleshooting:

- If placement is unsuccessful, remove tube, ventilate via BVM and repeat sequence of steps.
- If unsuccessful on second attempt, BLS airway management should be resumed.
- Most unsuccessful placements relate to failure to keep tube in midline during placement.

E. Additional Information:

- Cuffs can be lacerated by broken teeth or dentures. Remove dentures before placing tube.
- Do not force tube, as airway trauma may occur.

F. Documentation:

a. Document time of placement and results of tube placement checks performed throughout the resuscitation and transport.

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: December 1, 2014
APPROVED: Medical Director	Angelo Salvucci, MD	Date: December 1, 2014
Origination Date: Date Revised: Last Reviewed: Review Date:	May 24, 1987 October 9, 2014 October 9, 2014 October, 2016	Effective Date: December 1, 2014

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
Tourniquet	1	1	1	1
OPTIONAL EQUIPMENT				
Nerve agent antidote – (3 kits per person suggested)				
Occlusive dressing				
Hemostatic guaze per EMSA guidelines				
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 Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
D. ALS MEDICATION, MINIMUM AMOUNT				
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
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

DRAFT #5

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Refusal of EMS Services	
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: 2017
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: 2017
Origination Date Date Revised Last Review: Review Date	Effective Date:

I. PURPOSE: To define the policy and operating procedures for the approach to patients, or potential patients, at the scene of an EMS response who decline services.

II. AUTHORITY: California Health and Safety Code, Division 2.5, sections 1797.204, 1797.206, 1798, and 1798.2, California Code of Regulations Title 22, Division 9, sections 100170(5) and 100128(4), California Welfare and Institution Code, sections 305,625, 5150 and 5170

III. DEFINITIONS:

1. *Adult* – person over 18 years of age

2. *ALS* – advanced level EMS services as defined in the policies and procedures of the Ventura County Emergency Medical Services Agency (VCEMS) and the California Health and Safety Code, section 1797.52

3. *AMA* – when a patient with evidence of an emergency or acute medical condition, or who has required an ALS intervention, refuses transport or other indicated interventions. Patient must be an adult or emancipated minor, and have capacity as defined below, to decline service against medical advice.

4. *BLS* – basic level EMS services as defined in the policies and procedures of VCEMS and the California Health and Safety Code, section 1797.60

5. *Capacity* – a person's ability to make an informed decision after consideration of the risks and benefits of such a decision. Capacity differs from competence, which is a legal definition that extends beyond the act of making specific medical decisions.

6. *Dedicated decision maker* – an individual who has been selected by or legally appointed to make medical decisions on behalf of the patient, including individuals with a power of attorney.

7. *Emancipated minor* – a person under 18 years of age who has been legally separated from their parents and lives independently.

8. *Emergency Medical Condition* – a medical condition that is acute or subacute in nature and requires immediate assessment. Emergency medical conditions typically carry the risk of sudden deterioration and possibly death. These conditions may be readily apparent or suspected based on the reported signs and symptoms, mechanism of injury, or medical history.

9. *Minor* – person under 18 years of age.

10. *Power of attorney* – the authority to act for another person in specified legal, medical or financial matters.

11. *Declination of service* – a contact at the scene of an EMS response who does not demonstrate any evidence of an injury or acute medical condition and is declining any and all EMS services. Example: ambulatory individuals at a minor traffic accident, bystanders at a structure fire.

12. *Declination of transport and/or assessment* – when a patient requests BLS level services but declines transport and/or assessment. These patients meet defined criteria for declining such services and lack any complaints or exam findings indicative of an emergent medical condition.

IV. POLICY:

1. Adults and a select group of minors with decision-making capacity have the right to dictate the scope of their medical care. EMS has an obligation to offer service.
2. All potential patients at the scene of an EMS response shall be offered evaluation and treatment. Transportation is an essential component of EMS care and should be encouraged.

3. Providing care establishes a therapeutic relationship and the expectations therein.
4. Not all EMS patients require ALS care and/or transport.
5. Patients declining care and/or transport should be counseled thoroughly about the pertinent risks of declining such interventions and all discussions should be documented thoroughly.
6. If there is any concern, the BLS providers shall request an ALS provider.
7. BLS providers with concern for an emergency medical condition shall request an ALS provider for an ALS level assessment.
8. Only adults and a select group of minors can refuse care. Persons who refuse care must demonstrate capacity and be free of impairment due to drugs and/or alcohol. Emancipated minors, minors on military duty, and married minors may decline services if they meet the criteria for refusal. Parents of minors and the dedicated decision makers for adults who lack capacity can decline services for others if they themselves meet the criteria for refusal.
9. Criteria for refusal:
    a) Alert, oriented (x3) person, place, and time.
    b) Able to demonstrate capacity by participating in a discussion of the risks of refusal. Must adequately acknowledge risks of declining the relevant services.
    c) Free of impairment due to drugs or alcohol.
    d) No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.

V. PROCEDURE**:**

Cancellation and Declination of Service:

1. Those individuals at an EMS response who have no medical complaints or evidence of an emergency medical condition may decline service. Service will still be offered, and encouraged. An ePCR with no treatment disposition shall be completed.
2. Advise contact of the potential risks of declining service.
3. Document encounter as required by VCEMS policy 1000.
4. Use of the narrative to describe the scene is strongly encouraged.
5. An ePCR is required for all occupants of a vehicle in a minor traffic collision if any individual within the vehicle requires assessment, care, and/or transport or trauma triage criteria are present.
    a) No ePCR is required for an incident in which your unit was canceled en route or by another agency within two minutes of arrival to the scene.
    b) No ePCR is required for the occupants of a vehicle involved in a minor traffic collision in which all occupants in the vehicle are without complaint and no trauma triage criteria are present.

Declination of Transport and/or Assessment:

1. Patients with minor injuries or illness, or those in need of strictly BLS interventions, shall be evaluated and treated per protocol.
2. Transport must be offered and encouraged.
3. Adults and appropriate minors may decline transport and/or assessment if all of the following criteria are met:

a) Alert, oriented x person, place, time, and event.
b) Able to demonstrate capacity by participating in a discussion of the risks and benefits of declining additional service. Must adequately acknowledge risks of declining.
c) Free of impairment due to drugs or alcohol.
d) No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.
e) No need for ALS level intervention.
f) No criteria for ALS assessment and base hospital contact as defined by VCEMS policy 704.

4. Adults and appropriate minors may be released by ALS providers after base hospital contact if ALL of the following criteria are met:
    a) Alert, oriented x person, place, time, and event.
    b) Able to demonstrate capacity by participating in a discussion of the risks and benefits of declining additional service. Must adequately acknowledge risks of declining.
    c) Free of impairment due to drugs or alcohol.
    d) No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.
5. Minors and those lacking capacity may be released from care if a parent or dedicated decision maker is present and meets criteria listed above.
6. Documentation is essential. You MUST document the mechanism of injury or medical complaint, past medical history with medications, a physical exam with vital signs, a general impression or assessment, and a follow-up plan.
7. Discuss the risks of declining and document the discussion in your narrative.
8. Obtain relevant signatures.
9. The relevant documentation shall be completed expeditiously.

AMA:

1. Patient has evidence of an emergency medical condition, required an ALS intervention, or has a complaint and/or condition as described in VCEMS policy 704.
2. Attempt to convince the patient to consent to care and/or transport.
3. Engage patient in a discussion detailing the risks of declining additional services.
4. Contact base hospital for further assistance and/or to document AMA.
5. Direct communication between the MICN and/or base hospital physician and patient is encouraged.
6. Adults and appropriate minors may be released if the appropriate criteria are met:
    a. Alert, oriented x person, place, time, and event.
    b. Able to demonstrate capacity by participating in a discussion of the risks and benefits of refusal. Must adequately acknowledge risks of refusal.
    c. Free of impairment due to drugs or alcohol.
    d. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.
7. These are high-risk contacts for patients, providers, and EMS agencies. Therefore, they must be completed in a thorough and thoughtful manner. This includes detailed documentation of the history, exam, and all pertinent discussions.

8. Have patient and witness complete relevant AMA documentation.
9. If patient does not meet criteria outlined above, or AMA is refused by the base hospital, the ALS unit shall remain on scene. Law enforcement shall be requested to the scene and efforts to convince the patient to agree to transport should be continued.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: air-Q		Policy Number: 729
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: November 13, 2014
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: November 13, 2014
Origination Date: Date Revised: Next Review Date:	November 13, 2014 January 7, 2015 November 4, 2015	Effective Date: January 8, 2015

I. Purpose: To define the indications and use of the air-Q®sp.

II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.

III. Policy: Paramedics may utilize the air-Q®sp according to this policy and Policies 705 and 710. The air-Q®sp is the preferred advanced airway device; endotracheal intubation will be attempted only if the air-Q®sp is contraindicated or unsuccessful and patient cannot be ventilated with BVM.

IV. Procedure:

A. Indications:

1. Cardiac arrest.

a. If BVM ventilation is adequate:

(1) For shockable rhythm (VF/VT), after third defibrillation.

(2) For PEA or asystole, after first analysis or at any later time.

b. If BVM ventilation is inadequate, as early as possible.

c. After ROSC (if no spontaneous respiration).

2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.

B. Contraindications:

1. Intact gag reflex.

2. Weight less than 45 kg (100 pounds).

3. Age less than 18 years.

C. Placement:

1. Sizing: Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient with a mouth too small to accept a size 4.5.

Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.

2. There will be no more than 2 attempts, each no longer than 40 seconds.
3. For patients in cardiac arrest, chest compressions will not be interrupted.
4. Verify the red or purple top is securely seated on the tube.
5. Generously lubricate the entire surface, including the mask cavity ridges.
6. Tilt the patient's head back - unless there is a suspected cervical spine injury.
7. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
8. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.
9. Gently advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw - until fixed resistance to forward movement is felt.
10. Return head to neutral position.
11. Attach swivel connector, capnography airway adapter, and bag-valve device and verify placement by capnography waveform. If using the ITD, insert between the air-Q and swivel connector.
12. If there is any question about the proper placement (e.g., large air leak, airway resistance) pull air-Q back until distal tube at level of teeth, insert index finger to verify bowl is not bent backward, and reinsert gently. If problem not resolved, remove the air-Q, ventilate with BVM for 30 seconds and repeat.
13. If 2 attempts at air-Q placement are unsuccessful, ventilate the patient with BVM. Endotracheal intubation should be considered only if unable to adequately ventilate with BVM.
14. Secure the air-Q with cloth strap from air-Q package.
15. Continue to monitor the patient for proper tube placement throughout treatment and transport.
16. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.

D. Documentation:

1. Documentation per Policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Accreditation To Practice	Policy Number 315
APPROVED Administration: Steven L. Carroll	Date: June 1, 2013
APPROVED Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: January 1, 1990 Date Revised: April 19, 2013 Date Last Reviewed: April 19, 2013 Review Date: March 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To establish a mechanism for a Paramedic to become accredited to practice in Ventura County. The purpose of accreditation is to ensure that the Paramedic has: 1) completed the minimum required education and training, and 2) is oriented to the local EMS system.

II. AUTHORITY: Health and Safety Code Sections 1797.84, 1797.185, 1797.214, 1798 and California Code of Regulations, Title 22, Section 100166.

III. POLICY: Each Paramedic employed by a Ventura County ALS Provider shall be accredited to practice in Ventura County. A Paramedic shall apply for accreditation prior to working on an ALS Unit.

IV. PROCEDURE:

A. Application. Prior to beginning an Accreditation Internship and/or assignment to function as an Paramedic in the Basic Scope of Practice on an ALS Unit in Ventura County,

1. The Paramedic shall

a. Possess a current California Paramedic license. Verification of licensure through Emergency Medical Services Authority website will be allowed provided a copy of the wallet size paramedic license is received by EMS within 30 day of application date.

b. Possess a government issued form of identification.

c. Complete the Ventura County accreditation application process. (Note: Falsification of information on the application will result in immediate suspension of accreditation to practice as a Paramedic in Ventura County.)

1) Fill out a Ventura County Accreditation application. (Attachment A). Paramedic must notify VCEMS within 30 days of any contact information change.

2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code. (Attachment A).

3) Pay the established fee.

4) Complete a California Department of Justice (CA DOJ Live Scan) background check. Results of a CA DOJ background check include Notification of Subsequent Arrests. Background checks will not be repeated as long as accreditation remains active.

5) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

2. The ALS Service Provider shall:

a. Provide the applicant with his/her schedule for orientation, training and testing in skills and field evaluation.

B. Accreditation Internship:

1. Upon completion of the requirements of Section IV.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic Accreditation Intern in Ventura County.

2. During evaluation for accreditation, the accreditation intern shall be the third assigned VCEMS responder at the call and shall be under the direct supervision of a VC preceptor or FTO who is ultimately responsible for the patient care rendered by the Accreditation Intern.

3. An Accreditation Intern may work as the second Paramedic of a two (2) Paramedic team on an ALS unit, but is limited to performance of the Basic Paramedic Scope of Practice, as defined in the California Code of Regulations, Title 22, Division 9, Chapter 4, and Section 100146(c) (1)(A-R). Shifts worked as a second Paramedic and any ALS skills performed

during those shifts will not be considered part of the accreditation evaluation process.

4. The applicant shall successfully complete, and provide written verification of satisfactory completion of a Ventura County Accreditation Process within 45 days of the date of the applicant's hire/start date. If the accreditation process is not completed within 45 days, a new accreditation application and fee to begin a new 45 day period will be required. The applicant may not apply more than three (3) times in one year. (Attachment B).

   a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:

      1) Orientation of ALS Service Provider responsibilities and practices.

      2) PCC Orientation

      3) VCEMS Orientation

   b. Complete a supervised pre-accreditation field evaluation consisting of a minimum of five (5) and maximum of ten (10) ALS patient contacts as the third assigned VCEMS responder with continuous supervision by an FTO from the beginning of assessment to transfer of patient care to hospital staff. An FTO/Clinical Coordinator/Operations Manager will sign off documentation of ALS patient contacts. The FTO will determine that the response included ALS assessment and treatment skills for all ALS patient contacts submitted for accreditation.

   c. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.

   d. An applicant who, with the approval of the instructor, and having completed their internship in Ventura County (40 contacts), may use the last five (5) ALS patient contacts for accreditation purposes. In order to use these ALS patient contacts, an

applicant must have received a rating of three (3) in all categories on each of the five (5) ALS patient contacts.

e. Successful completion of training and testing of the applicant's knowledge of VCEMS optional scope of practice skills, procedures and medications. The applicant may be exempted from some or all of these requirements if s/he provides documentation of previous successful completion of a training program in any other jurisdiction.

f. Successful completion of testing in Ventura County policies and procedures.

C. Accreditation. Upon completion of the above requirements, the Paramedic shall call the EMS office for an appointment to complete the accreditation process or may submit the required documentation by mail.

1. If all requirements are met, a VCEMS Accreditation Card will be issued.

2. If requirements are not successfully completed, the application will be submitted to the VCEMS Medical Director for further action. The VCEMS Medical Director shall notify the applicant of his/her findings within 5 working days.

D. Adverse Accreditation Action.

1. Denial of Accreditation

a. Accreditation may be denied for failure to complete application requirements listed in Section IV.A or for failure to successfully complete the Accreditation requirements listed in Section IV.B.

b. The VCEMS Medical Director will evaluate an applicant who fails to successfully complete the application and internship process and may recommend further education and evaluation as required.

c. Upon failure to successfully complete the requirements of Section IV.A or IV.B, the VCEMS Medical Director will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a complimentary copy to the ALS employer. The notice will include the specific facts and grounds for denial.

2. Suspension of Accreditation

   a. Accreditation may be suspended for failure to meet the requirements listed in Section IV.E.

   b. The VCEMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.

   c. Accreditation will be suspended until such time as the deficiencies are completed and documented to VCEMS.

3. Due Process. This will apply to the decision of the VCEMS Medical Director to either deny or suspend an accreditation.

   a. The Paramedic may request reconsideration in writing, by certified mail or hand delivery. The VCEMS Medical Director will respond to the request by certified mail or hand delivery within 5 working days.

   b. If the matter is not resolved after reconsideration, the Paramedic may request that an Investigative Review Panel (IRP) be convened.

   c. The IRP will be conducted according to VCEMS Policy 330.

   d. The IRP will report its findings to the VCEMS Medical Director who will make a final determination of action.

   e. The VCEMS Medical Director will notify the Paramedic of the final determination of action by certified mail within 5 working days of receipt of the IRP report.

E. Accreditation Period

The accreditation to practice period shall coincide with the individual's Paramedic license. Accreditation to practice shall be continuous as long as the following is maintained:

1, California State Paramedic Licensure

2. The Paramedic continues to meet requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.

F. Lapse of Accreditation. If a Paramedic does not maintain Ventura County accreditation requirements, the following requirements must be met to re-establish eligibility:

1. Completion of application as described in Section IV.A.
2. In addition, the following shall be met:
   a. If the period of lapse of accreditation is 1-31 days, the Paramedic shall complete the requirements for continuing accreditation as defined in Section IV.E.
   b. If the period of lapse of accreditation is greater than 31 days and less than one year, complete requirement described in Section IV.B.4.b and complete any items which are new since the Paramedic was last accredited.
   c. If the period of lapse of accreditation is greater than one year, the applicant must complete all the requirements specified in Section IV.B.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ALS Response Unit Staffing		Policy Number: 318
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director	Angelo Salvucci, MD	Date: June 1, 2013
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 February 12, 2013 February 14, 2013 January 31, 2015	Effective Date: June 1, 2013

I. PURPOSE: To establish medical control standards for ALS response unit paramedic staffing.

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200
22 CCR Division 9, Chapter 4, Sections 100175, 100179

III. DEFINITIONS:

A. ALS Response Unit: First Response ALS Unit, Ambulance Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.

B. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.

IV. POLICY:

A. All ALS Response Units must be staffed with a minimum of one Level II paramedic who meets the requirements in this policy.

B. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT-1 meeting requirements in VCEMS Policy 306.

C. An ALS Response Unit may be staffed with a paramedic who is not authorized as a Level I or II only if is also staffed by an authorized Ventura County Paramedic Preceptor.

V. PROCEDURE:

A. Level I

1. A paramedic will have Level I status upon completion of the following:
   a. Current Paramedic Licensure by the State of California
   b. Current Accreditation in the County of Ventura per VCEMS Policy 315.
2. To maintain Level I status, the paramedic shall:

a. Maintain employment with an approved Ventura County ALS service provider.

b. Complete a minimum of 288 hours of practice as a paramedic or 30 patient contacts (minimum of 15 ALS) every six month period (January 1 – June 30 and July 1 – December 31);

c. Complete VCEMS continuing education requirements, as described in Section V.C.

3. If the paramedic fails to meet these requirements, s/he is no longer authorized as a Level I paramedic.

4. To be reauthorized as a Level I paramedic, the paramedic must complete a minimum of 48 hours as a second or third crewmember of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 5 ALS contacts.

B. Level II

1. A paramedic will have Level II status upon completion of the following:

a. Employer approval.

b. All of the requirements of Level I.

c. A minimum of 288 hours of direct field observation by an authorized Ventura County Paramedic Preceptor.

1) This will include a minimum of 30 patient contacts, (minimum 15 ALS contacts).

2) If a paramedic has a minimum of 4000 hours of prehospital field experience performing initial ALS assessment and care, Ventura County Preceptor observation with the approval of the Paramedic Preceptor and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).

d. Approval by the paramedic preceptor who evaluated the majority of contacts.

e. Successful completion of competency assessments:

1) Scenario based skills assessment conducted by the candidate's preceptor, provider's clinical coordinator, PCC and PLP when possible.

2) Written policy competency assessment administered by VCEMS. Passing score will be 80%.

3) Arrhythmia recognition and treatment assessment administered by VCEMS. Passing score will be 80%.

4) Candidates who fail to attain 80% on either section V.B.e.2)-3) shall attend a remediation session with the Base Hospital PLP or designee or the provider's Medical Director prior to retaking either assessment. Written documentation of remediation will be forwarded to VCEMS.

f. Obtain favorable recommendations of the PCCs who have evaluated the paramedic during the upgrade process. The PCC's recommendations will be based upon a review of the completed performance evaluation standards, review of patient contacts and direct clinical observation. Appeals may be made to the VCEMS Medical Director.

g. Forward Appendix A, Appendix B and copies of the 30 patient contacts to VCEMS.

1) Appendix A shall include all dates and times the upgrading paramedic has spent with the preceptor to total a minimum of 288 hours.

2) Appendix B shall be completed each shift per the Method of Evaluation Key at the bottom of the form.

3) Submit 30 patient contacts, 15 meeting criteria as defined in Section III, Definitions, ALS Patient Contact.

2. To maintain Level II status, the paramedic shall:

a. Maintain employment with an approved Ventura County ALS service provider.

b. Function as a paramedic for a minimum of 576 hours, or have a minimum of 60 patient contacts (minimum 30 ALS), over the previous six-month period (January 1 – June 30 and July 1 – December 31).

1) For those paramedics with a minimum of 3 years field experience, no more than 144 hours of this requirement may be met by documentation of actual instruction at approved PALS, PEPP, ACLS, PHTLS, BTLS, EMT-1 or Paramedic training programs.

2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full time basis, complete a minimum of 288 hours of practice, or 30

patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.

3) A paramedic whose primary duties are administering the ALS Program (90% of the time) for his/her agency and with approval of the EMS Medical Director may maintain his/her level II status by performing a minimum of 5 ALS calls per 6 months (January 1 – June 30 and July 1 – December 31).

4) If the paramedic fails to meet this requirement:

a) His/her paramedic status reverts to Level I.

b) If Level II authorization has lapsed for less than six months, reauthorization will require completion of a minimum of 96 hours of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 10 ALS patient contacts.

c) If Level II authorization has lapsed for less than one year and the paramedic has not worked as a paramedic for 6 months or more during the lapse interval OR if Level II authorization has lapsed for greater than one year, reauthorization will require completion of all of the requirements in Section V.B.1. These requirements may be reduced at the discretion of the VCEMS Medical Director.

d) If the paramedic has been employed as a paramedic outside of Ventura County or has worked in an acute care setting (RN or LVN) during the period of lapse of authorization, these requirements may be reduced at the discretion of the VCEMS Medical Director.

e) Complete VCEMS continuing education requirements, as described in Section V.C.

C. Continuing Education Requirements

Fifty percent (50%) of all CE hours shall be obtained through Ventura County approved courses and 50% of total CE hours must be instructor based.

1. Advanced Cardiac Life Support (ACLS) certification shall be obtained within three months and either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months, and remain current.

2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.
3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:
    a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.
    b. Education and/or testing on updates to local policies and procedures.
    c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.
    d. Successful completion of any additional VCEMS-prescribed training as required. These may include, but not be limited to:
        1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.
        2) Education and/or testing for Local Optional Scope of Practice Skills.
        3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1-hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.
        4) One endotracheal intubation refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VCEMS Medical Director, or the VCEMS Medical Director.
        5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.

4. Courses shall be listed on the Ventura County Accreditation Continuing Education Log and submitted to VCEMS upon reaccreditation. Continuing education listed on the continuing education log is subject to audit.

D. The VCEMS Medical Director may temporarily suspend or withdraw Level I or Level II authorization pending clinical remediation.

E. Failure to comply with the standards of this policy will be considered to be operating outside of medical control.

F. ALS Service Providers must report any change in Level I/II status to VCEMS within 5 days of taking action.

Appendix A

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION FORM

Employer: Please instruct the paramedic to complete the requirements in the order listed. Employer shall contact PCC to schedule appointment.

_____, paramedic has been evaluated and has met all criteria for upgrade to Level II status as defined in Ventura County EMS Policy 318.

Level II Paramedic

_____ All the requirement of level I met.
_____ Completion of 288 hrs of direct field observation by an authorized VC Paramedic Preceptor
_____ Approval by Paramedic preceptor
_____–Submit all appropriate documentation to VCEMS including

	Date	**Hours**	**Preceptor** Print legibly		**Date**	**Hours**	**Preceptor** Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
Total Hours Completed							

Please sign and date below for approval.

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic Preceptor Signature	Print preceptor name legibly	Date:
Employer Signature	Print Employer name legibly	Date

Per section V.B.1.c.2): PCC signature required if paramedic qualifies for shortened upgrade process.

PCC Signature	Print PCC signature legibly	Date

Appendix B

Ventura County EMS Upgrade Procedure			**288 hours or 12 shifts 30 patient contacts (minimum of 15 ALS)**		
Shift	**Policy**	**Procedure/Policy Title to Review**	**Date**	**Preceptor Signature**	**Method of Evaluation (see key)**
1	310 704 705* 726 727 334	Paramedic Scope of Practice Base Hospital Contact General Patient Guidelines SVT VT Cardiac Arrest – Asystole/PEA Cardiac Arrest – VF/VT Symptomatic Bradycardia Acute Coronary Syndrome Transcutaneous Cardiac Pacing 12 Lead ECG Prehospital Personnel Mandatory Training Requirements			
2	720 705 614	Limited Base Contact Trauma Assessment/Treatment Guidelines Altered Neurological Function Overdose Seizures Suspected Stroke Spinal Immobilization			
3	705* 451	Behavioral Emergencies Burns Childbirth Crush Injury Heat Emergencies Hypothermia Hypovolemic Shock Bites and Stings Nerve Agent Nausea/Vomiting Pain Control Sepsis Alert Stroke System Triage			
4	705* 705 1404 1405 1000	Allergic/Adverse Reaction and Anaphylaxis Neonatal Resuscitation Shortness of Breath – Pulmonary Edema Shortness of Breath – Wheezes/other Trauma Assessment/Treatment Guidelines Guidelines for Inter-facility Transfer of Patients to a Trauma Center Trauma Triage and Destination Criteria Documentation of Prehospital Care			
5	710 715 716 717 728 722	Airway Management Needle Thoracostomy Pre-existing Vascular Access Device Intraosseous Infusion King Airway Transport of Pt. with IV Heparin and NTG			

6	600 601 603 606 613 306	Medical Control on Scene Medical Control at the Scene – EMS Personnel Against Medical Advice Determination of Death Do Not Resuscitate EMT-I: Req. to Staff an ALS Unit			
****		Notify PCC of progress and set dates for tests and ride-a-long.			
7	402 612 618	Patient Diversion/ED Closure Notification of Exposure to a Communicable Disease Unaccompanied Minor ECG Review Radio Communication			
8	 131 607 1202 1203	Mega Codes MCI Hazardous Material Exposure-Prehospital Protocol Air Unit Dispatch for Emergency Medical Response. Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation Review Head to Toe Assessments			
10		Practice Tests			
11		Review Policies and Procedures			
12		Review Policies and Procedures			
	*	Review Drugs, rates and routes that are present in that policy			
	**	PCC ride-a-long			
		Written Test			

Paramedic Name: _____ **License. #**_____**Date**_____

Preceptor Signature_____ **Date**_____

PCC Signature_____ **Date**_____

Employer Signature: _____ **Date:** _____

METHOD OF EVALUATION KEY

E = EMEDS Review
S = Simulation/Scenario
D = Demonstration

T = Test/Self Learning Module

DO = Direct Observation in the field or clinical setting
V = Verbalizes Understanding to Preceptor
NA = Performance Skill not applicable to this employee

Appendix C

NAME: _____

EMPLOYER: _____LICENSE #: P_____

Ventura County Accreditation Requirements
Continuing Education Log

This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reaccredidation. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all paramedics reaccrediting and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

When you complete the Ventura County continuing education standards per Policy 318 you will automatically meet the State of California requirements for re-licensure.

Remember that the Skills Refresher and intubation requirements are to be completed yearly based on license cycle.

The Skills Refresher, Intubation refresher session and the EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your paramedic training level.

Field care audit hours (12 hours are required, 6 hours must be completed in Ventura County)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours					
Required Courses		**Date**	**Location**	**# Of Hours**	**Provider Number**
1.	**ACLS** (4 hours)				
2.	**PALS** (4 hours)				
EMS Updates are held in May and November each year. EMS Updates are completed as new or changed policies become effective.					
3.	**EMS UPDATE #1** (1 hour)				
	EMS UPDATE #2 (1 hour)				
	EMS UPDATE #3 (1 hour)				
	EMS UPDATE #4 (1 hour)				
4.	**Ventura County MCI COURSE** (2 hours)				
Any hours that are in addition to the noted amounts in the above categories, should be noted in the additional hours section of this log.					
Skill Refreshers are held in March and September each year. The following requirements must be completed in each year of your license cycle (for example: If your re-licensure month is June 2006, you must complete year one requirement between June 2004 and June 2005 and year two requirement between June 2005 and June 2006).					
5.	**Skills Refresher year 1** (3 hours)				
	Skills Refresher year 2 (3 hours)				
6.	**Endotracheal intubations refresher session (1 session every 6 months based on your license expiration date.)**				
	#1				
	#2				
	#3				
	#4				
Additional Hours (12 hours) These hours can be earned with any combination of additional field care audit, lecture, etc.)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Responder (EMR) Training Program Approval	Policy Number
APPROVED: Administration: Steve L. Carroll, EMT-P	Date: **DRAFT**
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: **DRAFT**
Origination Date: April 13, 2017 Date Revised: Date Last Reviewed: Review Date:	Effective Date**:** **DRAFT**

I. PURPOSE: As the Ventura County EMS Agency has primary responsibility for approving and monitoring the performance of EMR training programs located with the County of Ventura, this policy has been established to outline the process for approval of Emergency Medical Responder training programs to ensure their compliance with local policy, as well as national standards and guidelines.

II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1797.210, and 1797.212; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100026

III. POLICY: The approving authority for Emergency Medical Responder (EMR) training programs operating within the County of Ventura will be the Ventura County EMS Agency (VCEMSA). This does not apply to statewide public safety agencies such as California Highway Patrol, California State Parks, etc.

A. 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.~~, and approved Continuing Education Providers (CEP).
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 EMR program approval to VCEMSA.
2. VCEMSA shall review and approve the following prior to approving an EMR training program.
   a. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at http://www.ems.gov/pdf/811077b.pdf.)
   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.~~Emergency Cardiovascular Care guidelines.
   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 EMR Skills Check-Off Sheets
   e. A final psychomotor skills competency examination
   f. A final cognitive (written) examination
   g. Educational Staff:

      Each EMR 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:

Each EMR training program shall have an approved program director who 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 adult teaching methodology or a k-12 teaching credential. ~~Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology.~~ 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) Approving the principal instructor(s) and teaching assistant(s).

e) Signing all course completion records.

f) Assuring that all aspects of the EMR training program are in compliance with applicable California Code of Regulations, local VCEMS policies and procedures and any other applicable regulations, guidelines, or laws.

~~2) Clinical Coordinator:~~

~~Each training program shall have an approved clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, Paramedic or EMT currently licensed or certified 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).~~

~~3)~~2) Principal Instructor:

Each training program shall have principal instructor(s), who may also be the program director ~~and/or clinical coordinator~~, who shall be qualified by education and experience with at least forty (40) hours of documented adult teaching methodology instruction or a k-12 teaching credential ~~in areas related to methods, materials, and evaluation of instruction~~ and shall meet the following qualifications:

a) Be a Physician, Registered Nurse, Physician Assistant or Paramedic licensed in California; or,

b) Be an EMT, Advanced EMT, ~~, or an Emergency Medical Responder~~ who is currently certified in California.

c) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

d) 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.

e) All principal instructors from an approved EMR training programs shall meet the minimum qualifications out~~-~~lined in this policy.

~~4)~~3) Teaching Assistants

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~~,~~ and the program director ~~and/or the program clinical coordinator~~..

~~j. Provisions for a refresher and/or continuing education courses required for recertification.~~

~~1) A statement verifying usage of the US DOT First Responder Refresher : National Standard Curriculum (Available at http://www.nhtsa.gov/people/injury/ems/refresh2.pdf) for refresher training and/or~~

~~2) A Statement verifying Continuing Education Courses conforming to US DOT NHTSA National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009)~~

k. Course Location, Time, and Instructor Ratios

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

2) In the event that an approved EMR Training Program wishes to add a course to the schedule, notification must be received in writing by VCEMSA 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. A 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 psychomotor 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 training 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 EMR training programs shall also be required to apply for approval as a continuing education (CE) provider effective the same date as the EMR training program approval. The CE program expiration date shall be the same expiration date as the EMR training program. The CE program shall comply with all requirements outlined in VCEMS policy 1130.~~

4. Withdrawal of Program Approval

Noncompliance with any criterion required for EMR training program approval, use of any unqualified personnel, or noncompliance with any other applicable

regulation, guidelines or laws may result in suspension or revocation of program approval by VCEMS. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

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

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

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

   2) 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 EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, VCEMS shall notify the California EMS Authority and the approved EMR 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 EMR training program approval.

d. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in 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 EMR training program.

B. Program Review and Reporting

1. All program materials are subject to periodic review by VCEMSA.

2. All programs are subject to periodic on-site (scheduled or unscheduled) evaluation by VCEMSA.

3. VCEMSA 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. The name of the individual
    b. The date the course was completed
    c. The name of the course completed "Emergency Medical Responder"
    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 issuing the course completion.
    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 EMR 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 shall be recognized statewide.

V. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. This roster shall include the name and address of each person receiving a course completion record and the date of course completion.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Public Safety First Aid (PSFA) and CPR Training Program Approval	Policy Number
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: April 13, 2017 Date Revised: Date Last Reviewed: Review Date:	Effective Date: DRAFT

I. PURPOSE: The Ventura County EMS Agency shall establish minimum requirements for Public Safety First Aid and CPR training programs.

II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1997.210 and 1797.212; California Code of Regulations, Title 22, Division 9 Chapter 1.5

III. POLICY: The approving authority for Public Safety First Aid (PSFA) and CPR training programs, not meeting the definition of a statewide public safety agency operating within the County of Ventura shall be the Ventura County EMS Agency (VCEMS). This does not apply to PSFA CPR programs authorized by statewide public safety agencies such as the California Highway Patrol, California State Parks, etc. and approved by the California EMS Authority This also does not apply to PSFA CPR programs authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority.

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

1. A course in public safety first aid, including CPR and AED, developed and/or authorized by the California Department of Forestry and Fire Protection (Cal Fire); or
2. A course in public safety and first aid, including CPR and AED, authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority. No later than 24-months from the adoption of these regulations, POST, in consultation with the California EMS Authority, shall develop the course curriculum and testing competency standards for these regulations as they apply to peace officers; or
3. A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the California EMS Authority; or

4. A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the California EMS Authority; or
5. The U.S. Department of Transportation's emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by the VCEMS; or
6. A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Section 100017 of the California Code of Regulations, and approved by the VCEMS; or
7. An EMT or Paramedic training program approved pursuant to established VCEMS policies and procedures; or
8. An EMR course approved by the California EMS Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the California EMS Authority.

B. Approved training program course content shall meet or exceed all requirements outlined in Chapter 1.5, Section 100017 of the California Code of Regulations.

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for Public Safety First Aid and CPR training program approval to VCEMS
2. VCEMS shall review and approve the following prior to approving a PSFA CPR training program:
    a. Name of the sponsoring institution, organization, or agency.
    b. A statement verifying the initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours of first aid and CPR training.
    c. A statement verifying CPR training equivalent to the current Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.
    d. A detailed course outline
        1) Any and all optional skills, as outlined in Section 100019 of the California Code of Regulations, the program chooses to apply to

its curriculum shall have prior written authorization by VCEMS Medical Director.

e. Final written examination with pre-established scoring standards; and

f. Skill competency testing criteria, with pre-established scoring standards.

g. Provisions for the retraining of public safety first aid personnel in accordance with Section 100022 of the California Code of Regulations.

h. Educational Staff

Validation of the instructor's qualifications shall be the responsibility of the agency or organization whose training program has been approved by VCEMS. Training in public safety first aid and CPR program shall be conducted by an instructor who is:

1) Proficient in the skills taught; and

2) Qualified to teach by education and/or experience

i. Testing Requirements

1) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in sections 100017 and 100018 of Chapter 1.5 of the California Code of Regulations

2) A passing standard shall be established by the training program before administration of the examination and shall be in compliance with the standard submitted to and approved by VCEMS

3) PSFA CPR training programs shall test the knowledge and skills specific in chapter 1.5 of the California Code of Regulations and have a passing standard for successful completion of the course and shall ensure competency of each skill.

j. Course Completion Records

PSFA CPR training programs shall outline a process for validation of course completion, in accordance with Section 100029 of the California Code of Regulations.

1) A sample of the course completion certificate shall be submitted to VCEMS as part of the program approval application.

2) The PSFA CPR training program shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
3) All training records shall be made available for inspection by VCEMS upon request.

k. A table of contents listing the required information detailed in this policy with corresponding page numbers.
l. Facilities and Equipment
1) Facilities must comfortably accommodate all students, including those with disabilities
2) Restroom access must be available
3) 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.

3. Course approval is valid for four (4) years from the date of approval.
a. Requests for re-approval shall be submitted in the form of a formal training program approval packet and shall include all items outlined in Section IV.A.1-2
b. Requests for re-approval shall be submitted to VCEMS no later than sixty (60) days prior to the date of program approval expiration.
c. VCEMS may request additional materials or documentation as a condition of course approval and/or re-approval.

4. Training Program Notification
a. VCEMS shall notify the training program submitting its request for PSFA CPR training program approval within twenty-one (21) working days of receiving the request that:
1) The request for approval has been received,
2) The request for approval contains or does not contain the information outlined in this policy 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 as specified in this policy.

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

d. VCEMS shall 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, and program approval/ expiration date of program approval.

5. Withdrawal of Program Approval

a. Noncompliance with any criterion required for training program approval, use of any unqualified teaching personnel, non-compliance with any provision of this policy, non-compliance with any applicable regulation outlined in the California Code of Regulations or non-compliance with any other applicable guidelines regulations or laws may result in the denial, probation, suspension or revocation of program approval by VCEMS.

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

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

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

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

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

3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program,

VCEMS shall notify the approved 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 training program approval.

4) If VCEMS decides to suspend, revoke, or place an training program on probation the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of VCEMS's letter of decision to the training program.

6. Program Review and Reporting

a. All course outlines, written exams, and competency testing criteria used in an approved PSFA CPR training program shall be subject to periodic oversight and review as determined by VCEMS.

b. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions outlined in this policy and in Chapter 1.5 of the California Code of Regulations, and may be revoked by VCEMS in accordance with section IV.4 of this policy.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMS Personnel Background Check Requirement		Policy Number 332
APPROVED: Administrator:	Steven L. Carroll, EMT-P	Date: June 1, 2011
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: Jun 1, 2011
Origination Date: Date Revised: Date Last Reviewed: Review Date:	July, 1990 May 13, 2004 December 9, 2010 December, 2013	Effective Date: June 1, 2011

I. PURPOSE: To provide a method to ascertain the criminal background history of persons applying for EMT certification/recertification or Paramedic accreditation as EMS Prehospital care personnel in Ventura County.

II. AUTHORITY: California Health and Safety Code, Section 1798.200, California Code of Regulations, Section 100206, et seq. Title 13, California Code of Regulations, Section 1101.

III. POLICY:

A. All applicants for Ventura County EMT certification/recertification or paramedic accreditation shall complete a California Bureau of Criminal Identification, Department of Justice background investigation and Federal Bureau of Identification background check via Live Scan Service as a condition of initial EMT certification, initial EMT recertification in Ventura County, or Ventura County Paramedic accreditation.

C. Ventura County EMS shall contract with the California Bureau of Criminal Identification for subsequent arrest notification.

D. Criteria in Health and Safety Code Section 1798.200 and 13CCR1101 et al shall be used to determine whether certification is given or denied based upon the results of the background check (Refer to Policy 333).

IV. PROCEDURE:

A. All applicants for certification/recertification or accreditation shall contact the Ventura County EMS Office for the fingerprinting procedure.

B. This procedure applies to:

1. All persons applying for initial California EMT certification/ or paramedic accreditation in Ventura County
2. EMT recertification in Ventura County for the first time
3. EMT recertification in Ventura County, after lapse in certification, and the Department of Justice has been notified that subsequent notices are no longer required.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Notification Of Personnel Changes-Provider		Policy Number 342
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: Date Revised: Last Review: Review Date:	May 15, 1987 December 13, 2012 December 13, 2012 November 30, 2014	Effective Date: June 1, 2013

I. PURPOSE

To define a procedure to assure that the Ventura County Emergency Services Agency is notified of hiring or termination of employment of an EMT or paramedic and MICN.

II. AUTHORITY:

Health and Safety Code, Chapter 1, Article 1.

III. POLICY

Each provider of prehospital EMS services shall notify, Emergency Medical Services Administrative Office, in writing or by e-mail, of hiring or termination of employment of an EMT, paramedic or MICN.