

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

Pre-hospital Services Committee  
Agenda

July 13, 2017  
9:30 a.m.

**I. Introductions**

**II. Approve Agenda**

**III. Minutes**

**IV. Medical Issues**

A. 705.24 – Symptomatic Bradycardia Dr. Shepherd

B. 726 – 12 Lead ECG Dr. Shepherd

**V. New Business**

A. 450 - Acute Stroke Center (ASC) Standards Dr. Shepherd/Karen Beatty

B. 451 - Stroke System Triage and Destination Dr. Shepherd/Karen Beatty

C. 452 - Thrombectomy Capable Acute Stroke Center Standards Dr. Shepherd/Karen Beatty

D. 460 - Guidelines for Interfacility Transfer of  
Emergency Department Acute Stroke Patients Dr. Shepherd/Karen Beatty

E. 705.26 – Suspected Stroke Dr. Shepherd/Karen Beatty

F. 300 – EMT Scope of practice Chris Rosa

G. 301 – EMT Certification Chris Rosa

H. 302 – EMT Recertification Chris Rosa

I. 304 – EMT Challenge Exam Chris Rosa

J. 705 – Treatment Protocols Chris Rosa

K. 1100 – EMT Training Program Approval Chris Rosa

L. XXX – EMT Optional Skills Chris Rosa

**VI. Old Business**

A. 315 – Paramedic accreditation to Practice Chris Rosa

B. 318 – Requirements to Staff an ALS Unit Chris Rosa

**VII. Informational/Discussion Topics**

A. 710 – Airway Management Dr. Shepherd

**VIII. Policies for Review**

**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, 2<sup>nd</sup> Floor  
 Oxnard, CA 93036

Pre-hospital Services Committee  
 Minutes

May 11, 2017  
 9:30 a.m.

Topic	Discussion	Action	Assigned
<b>II. Approve Agenda</b>		Approved	Motion: Tom O'Conner Seconded: Kathy McShea Passed unanimous
<b>III. Minutes</b>		Approved	Motion: Debbie Licht Seconded: James Rosolek Passed: unanimous
<b>IV. Medical Issues</b>			
<b>V. New Business</b>			
A. 728 – King Airway	Remove King Airway and Policy		Motion: Charles Drehsen Seconded: Ira Tilles Passed: unanimous
<b>VI. Old Business</b>			
A. 504 – BLS and ALS Unit Equipment and Supplies	A 504 subcommittee of stakeholders met recently to discuss needed changes to this policy. Chris presented the changes to this the PSC committee.	Approved with the changes the subcommittee made. Policy will be in effect on June 1, 2017.	Motion: Betsy Patterson Seconded: Kyle Brooks Passed: unanimous
B. 603 – Refusal of EMS Services	Dr. Shepherd presented the new draft policy from the subcommittee. This policy has already been reviewed by County Counsel with minimal changes.	Page 3 of 5, 9:a – replace x3 with x4 and add “purpose/situation”. Page 4 of 5, 4:a - replace x3 with x4 and add “purpose/situation”. Page 4 of 5, 6:a - replace x3 with x4 and add “purpose/situation”. Page 5 of 5, 9 – replace “refused” with “discouraged”. Remove “the ALS unit shall remain on scene”. Add “and/or Crisis Team may be requested” after “Law Enforcement”. Approved with changes.	Motion: Erica Gregson Seconded: James Rosolek Passed: unanimous

A. 729 – air-Q	Katy reminded everyone that they should be using primary BLS airway skills, then Intubation and then air-Q if needed. Dr. Drehsen said he thinks we should get rid of air-Q all together because there are not enough normal intubations for PM's to get practice, let alone air-Q.	Katy will review information and make appropriate changes. Approved by the committee.	Motion: Jeff Golden Seconded: Kathy McShea Passed unanimous
<b>VII. Informational/Discussion Topics</b>			
A. 315 – Paramedic Accreditation to Practice		Tabled	
B. 318 – ALS Response Unit Staffing		Tabled	
C. XXX – Emergency Medical responder Training Program Approval	Chris presented this new policy to the committee.	Approved	Motion: Tom O'Conner Seconded: Kathy McShea Passed unanimous
D. XXX – Public Safety First Aid and CPR Training Program Approval	Chris presented this new policy to the committee. Follows state regulations.	Approved	Motion: Tom O'Conner Seconded: Debbie Licht Passed unanimous
<b>VIII. Policies for Review</b>			
A. 332 – EMS Personnel Background Check Requirements	No changes.	Approved	Motion: Kathy McShea Seconded: James Rosolek Passed: unanimous
B. 342 – Notification of Personnel Changes	No changes. Steve reminded everyone that they need to notify EMS right away when there are personnel changes.	Approved	Motion: Kathy McShea Seconded: James Rosolek Passed: unanimous
<b>X. Agency Reports</b>			
A. Fire departments	<p><b>VCFPD</b> – They are now a BRN CE Provider. June 22<sup>nd</sup> is next CE day. There are currently 2 Zoll monitors being used in the field with no complaints. Training will be completed in June and be in service department wide in July. Mark stated that there is an Epi shortage, they may have to make their own 1/10,000.</p> <p><b>VCFD</b> – There will be a CPR Save event on Saturday for Eng. Neary's FA.</p> <p><b>OFD</b> – Blair introduced the new EMS Coordinator, Jaime Villa. Congratulations! The city acknowledged 2 individuals who performed bystander CPR on the surfer who went down.</p> <p><b>Fed. Fire</b> – none</p> <p><b>SPFD</b> – none</p> <p><b>FFD</b> – none</p>		

B.	Transport Providers	<p><b>LMT</b> - none</p> <p><b>AMR/GCA</b> – They are working on replacing Jaime Villa’s position. Hiring a lot of people right now.</p> <p><b>AIR RESCUE</b> – Recently purchased a Black Hawk Helicopter.</p>	
C.	Base Hospitals	<p><b>SVH</b> – none</p> <p><b>LRRMC</b> – Lynn Tadlock retired. Erica Rosa was appointed the new E.R. Director. Congratulations Erica!</p> <p><b>SJRM</b> – none</p> <p><b>VCMC</b> – Planning to move into new hospital on July 16<sup>th</sup>.</p>	
D.	Receiving Hospitals	<p><b>PVH</b> – none</p> <p><b>SPH</b> – none</p> <p><b>CMH</b> – Planning to move into new hospital in November.</p> <p><b>OVCH</b> – none</p>	
E.	Law Enforcement	<p><b>VCSO</b> – none</p> <p><b>CSUCI PD</b> – none</p>	
F.	ALS Education Programs	<p><b>Ventura College</b> – Graduation will be 6/16/17 at 5:00 p.m. They still have one student that needs a preceptor.</p>	
G.	EMS Agency	<p><b>Steve</b> – VCMC is now conducting tours of the new facility. VCEMS will be assisting and handling the first responder tours.</p> <p><u>Reminder:</u> all 5150’s go to the nearest hospital.</p> <p>V.C. Behavioral Health Department ordered a very large amount of nasal Narcan and will be distributing it to their opiate addicted patients.</p> <p><b>Dr. Shepherd</b> - none</p> <p><b>Chris</b> – none</p> <p><b>Katy</b> – CARES national data will be finalized on the 19<sup>th</sup>.</p> <p><b>Randy</b> – Sidewalk CPR event will be June 1<sup>st</sup>. Please get your locations to him as soon as possible.</p> <p><b>Karen</b> – none</p>	
H.	Other		
XI.	Closing	<p><b>Meeting adjourned at 11:00</b></p>	



# TEMPORARY PARKING PASS

Expires July 13, 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.**

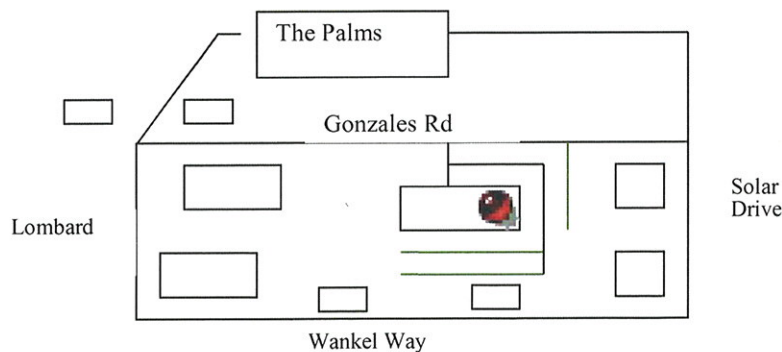
**2100 Solar Drive**

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.**







<b>Symptomatic Bradycardia</b>	
<b>ADULT (HR &lt; 60 bpm)</b>	<b>PEDIATRIC (HR &lt; 60 bpm)</b>
<b>BLS Procedures</b>	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
<b>ALS Prior to Base Hospital Contact</b>	
<b>IV access</b> <b>Obtain 12-lead ECG</b>  <b>Atropine</b> <ul style="list-style-type: none"> <li>• IV – 0.5 mg (1 mg/10 mL)</li> </ul> <b>Transcutaneous Pacing (TCP)</b> <ul style="list-style-type: none"> <li>• Should be initiated only if patient has signs of hypoperfusion</li> <li>• Should be started immediately for 3<sup>o</sup> heart blocks and 2<sup>o</sup> Type 2 (Mobitz II) heart blocks</li> <li>• If pain is present during TCP                             <ul style="list-style-type: none"> <li>○ <b>Morphine</b> – per policy 705.19 - Pain Control</li> </ul> </li> </ul>	<b>IV access</b> <ul style="list-style-type: none"> <li>• IO access only if pt in extremis</li> </ul> <b>Epinephrine 1:10,000</b> <ul style="list-style-type: none"> <li>• IV/IO – 0.01 mg/kg (0.1 mL/kg) q 3-5 min</li> </ul>
<b>Communication Failure Protocol</b>	
If symptoms persist for 3 minutes after first atropine dose and if no capture with TCP <ul style="list-style-type: none"> <li>• <b>Atropine</b> <ul style="list-style-type: none"> <li>○ IV – 0.5 mg q 3-5 min                             <ul style="list-style-type: none"> <li>• Max 0.04 mg/kg</li> </ul> </li> </ul> </li> <li>• <b>Dopamine</b> <ul style="list-style-type: none"> <li>○ IVPB – 10 mcg/kg/min                             <ul style="list-style-type: none"> <li>• Use if patient continues to be unresponsive to atropine and TCP</li> </ul> </li> </ul> </li> </ul>	
<b>Base Hospital Orders only</b>	
For suspected hyperkalemia <ul style="list-style-type: none"> <li>• <b>Calcium Chloride</b> <ul style="list-style-type: none"> <li>○ IV – 1 g over 1 min                             <ul style="list-style-type: none"> <li>• Withhold if suspected digitalis toxicity</li> </ul> </li> </ul> </li> <li>• <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"> <li>○ IV – 1 mEq/kg</li> </ul> </li> </ul>	<b>Atropine</b> <ul style="list-style-type: none"> <li>• IV/IO – 0.02 mg/kg                             <ul style="list-style-type: none"> <li>○ Minimum dose – 0.1 mg</li> </ul> </li> </ul>
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
<b>Additional Information</b> <ul style="list-style-type: none"> <li>• Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, or low BP)</li> </ul>	



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		<b>DRAFT</b>	HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title 12 Lead ECG			Policy Number: 726	
APPROVED: Administration: Steven L. Carroll, Paramedic			Date: June 1, 2016	
APPROVED: Medical Director: Angelo Salvucci, MD			Date: June 1, 2016	
Origination Date: August 10, 2006				
Date Revised: February 11, 2016		Effective Date: June 1, 2016		
Date Last Reviewed: February 11, 2016				
Review Date: February, 2018				

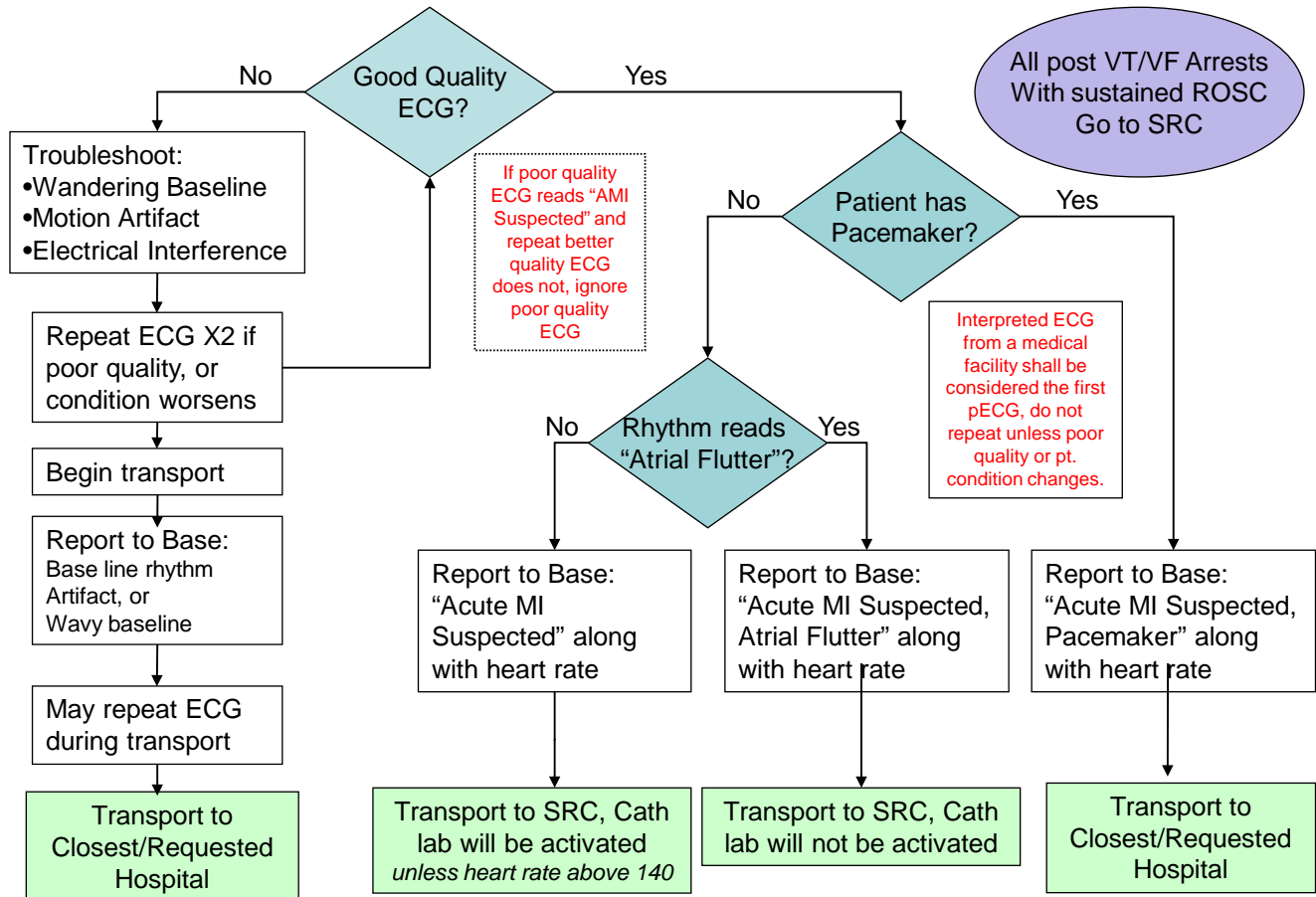
- I. Purpose: To define the indications, procedure and documentation for obtaining 12-lead ECGs.
- II. Authority: California Health and Safety Code, Sections 1797.220 and 1798, California Code of Regulations, Title 22, Section 100175.
- III. Policy: Paramedics will obtain 12-lead ECGs in patients demonstrating symptoms of acute coronary syndrome. Treatment of these patients shall be done in accordance with this policy. Only paramedics who have received training in this policy are authorized to obtain a 12-lead ECG on patients. EMTs who are specially trained may be authorized to set up the 12 lead.
- IV. Procedure:
  - A. Indications for a 12-lead ECG: Medical history and/or presenting complaints consistent with an acute coronary syndrome. Patients will have the acute (within the previous 12 hours) onset of one or more of the following symptoms that have no other identifiable cause:
    1. Chest, upper back or upper abdominal discomfort.
    2. Generalized weakness.
    3. Dyspnea.
    4. **Symptomatic bradycardia**
  - B. Contraindications: Do NOT perform an ECG on these patients:
    1. Critical Trauma: There must be no delay in transport.
    2. Cardiac Arrest unless return of spontaneous circulation
  - C. ECG Procedure:
    1. Attempt to obtain an ECG during initial patient evaluation. Oxygen should be administered if patient is dyspneic, shows signs of heart failure or shock, or has SAO<sub>2</sub> < 94% If the ECG can be completed without delay (less than 3 minutes after patient contact), and the patient

- is not in severe distress, perform ECG prior to medication administration.
2. The ECG should be done prior to transport.
  3. If the ECG is of poor quality (artifact or wandering baseline), or the patient's condition worsens, may repeat to a total of 3.
  4. Once an acceptable quality ECG is obtained
    - a. Switch the monitor to the standard 4-lead function
    - b. Repeat the 12-lead ECG only if the original ECG interpretation is NOT \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, and patient's condition worsens.
  5. If interpretation is \*\*\*ACUTE MI SUSPECTED\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, note underlying rhythm, and verify by history and physical exam that the patient does not have a pacemaker or ICD.
- D. Base Hospital Communication/Transportation:
1. If the ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*; report that to MICN immediately, along with the heart rate on ECG. If the ECG is of poor quality, or the underlying rhythm is paced, or atrial flutter, include that information in the initial report. All other information, except that listed in items 2, 4, and 5 below, is optional and can be given at the paramedic and MICN's discretion.
  2. Paramedics are to ask the patient if they have a cardiologist and report the information to the base hospital.
  3. If ECG Interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, patients should be transported to the closest and most appropriate STEMI Receiving Center (SRC) depending on patient preference and cardiac catheterization lab availability. MICN may direct ambulance to alternative SRC if cardiac catheterization lab not available.
  4. If the ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, and the underlying rhythm is Atrial Flutter or if the rate is above 140, the Base Hospital shall be notified at the beginning of the report. The Cath Lab will not be activated.

5. If the ECG interpretation is **\*\*\*ACUTE MI SUSPECTED\*\*\*** or **\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*** and the patient has a pacemaker or the ECG is of poor quality (wandering baseline and/or artifact) report that to the MICN.
  6. If a first responder paramedic obtains an ECG that is **not \*\*\*ACUTE MI SUSPECTED\*\*\*** or **\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*** and the patient is stable, patient care may be turned over to the transporting paramedic. The ECG will be turned over to the transporting paramedic.
  7. Positive ECGs will be handed to the receiving medical practitioner. The receiving practitioner will initial, time and date the ECG to indicate they have received and reviewed the ECG.
- E. Patient Treatment:
1. Patient Communication: If the ECG interpretation is **\*\*\*ACUTE MI SUSPECTED\*\*\*** or **\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\***, the patient should be told that “according to the ECG you may be having a heart attack”. If the ECG interpretation is anything else, the patient should NOT be told the ECG is normal or “you are not having a heart attack”. If the patient asks what the ECG shows, tell him/her that it will be read by the emergency physician.
- F. Other ECGs
1. If an ECG is obtained by a physician and the physician interpretation is Acute MI, the patient will be treated as an **\*\*\*ACUTE MI SUSPECTED\*\*\*** or **\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\***. Do not perform an additional ECG unless the ECG is of poor quality, or the patient’s condition worsens.
  2. If there is no interpretation of another ECG then repeat the ECG.
  3. The original ECG performed by physician shall be obtained and accompany the patient.
  4. 12 Lead ECG will be scanned and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving facility.
- G. Documentation
1. VCePCR will be completed per VCEMS policy 1000. The original ECG will be turned in to the base hospital and ALS Service Provider.
- H. Reporting

1. False Positive ECGs not recognized and called in as such to the Base Hospital, will be reported to VC EMS as an Unusual Occurrence in accordance with VC EMS Policy 150.

**\*\*\*ACUTE MI SUSPECTED\*\*\* or  
**\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*****



# DRAFT

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: May 31, 2017 Last Review: May 31, 2017 Review Date: December, 2019	Effective Date: September 1, 2017

- 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 100170.
- III. **DEFINITIONS:**
  - Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center by the Ventura County EMS Agency that maintains certification as an ASRH, PSC, or CSC.
  - Acute Stroke Ready Hospital: (ASRH)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as an Acute Stroke Ready Hospital.
  - Comprehensive Stroke Center: (CSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
  - Primary Stroke Center: (PSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
  - Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ACS) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.

IV. 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 an **Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), or Comprehensive Stroke Center (CSC)** 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 an Acute Stroke Ready Hospital, Primary Stroke Center, or a Comprehensive Stroke Center** by 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 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 an Acute Stroke Ready Hospital, Primary Stroke Center, or Comprehensive Stroke Center by 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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Stroke System Triage and Destination		Policy Number 451	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: December 1, 2014	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2014	
Origination Date: October 11, 2012		Effective Date: December 1, 2014	
Date Revised: August 13, 2015			
Date Last Reviewed: August 13, 2015			
Review Date: August, 2017			

- I. PURPOSE: To outline the process of pre-hospital triage and transport of suspected acute stroke patients to facilities designated as an Acute Stroke Center (ASC).
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798, California Code of Regulations, Title 22, Division 9, Sections 100147, and 100169
- III. DEFINITIONS:
  - Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.
  - Comprehensive Stroke Center: (CSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
  - ELVO Alert:** A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Emergent Large Vessel Occlusion (ELVO) ischemic stroke.
  - Emergent Large Vessel Occlusion (ELVO):** An acute ischemic stroke caused by a large vessel occlusion.
  - Stroke Alert:** A pre-arrival notification by pre-hospital personnel that a patient is suffering a possible acute stroke.
  - Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ASC) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.
  - Time Last Known Well (TLKW):** The date/time at which the patient was last known to be without the current signs and symptoms or at his or her baseline state of health.
  - Ventura ELVO Score (VES):** A tool designed for paramedics to screen for an ELVO in the prehospital setting.

IV. POLICY:

1. **Stroke System Triage:**

**Stroke Alert:** A patient meeting criteria in each of the following sections (a,b,c) shall be triaged into the VC EMS stroke system.

- a. Patient's TLKW is within 6 hours.
- b. Blood Glucose is greater than sixty (60) OR patient continues to exhibit signs and symptoms of an acute stroke after pre-hospital treatment of abnormal blood glucose levels.
- c. Identification of **ANY** abnormal finding of the Cincinnati Stroke Scale (CSS).

**FACIAL DROOP**

Normal: Both sides of face move equally

Abnormal: One side of face does not move normally

**ARM DRIFT**

Normal: Both arms move equally or not at all

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

**SPEECH**

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute

- Upon identification of a patient meeting **Stroke Alert** criteria above, perform the **VES** below:

**VES:**

**FORCED EYE DEVIATION: (1 point)**

Force full deviation of BOTH eyes to one side or the other

Eyes will not pass midline

**APHASIA: Patient is awake, but: (1 point)**

Repetition: Unable to repeat a sentence ("Near the chair in the dining room.")

Naming: Unable to name an object (show a watch and a pen, ask patient to name the objects)

Mute: Ask the patient 2 Questions (What is your name? How old are you?)

Talking gibberish and/or not following commands

(Above are sub-components, **ANY** of these present is a positive (1 Point) for Aphasia)

**NEGLECT: (1 point)**

Touch the Patient's right arm and ask if they can feel it

Touch the Patient's left arm and ask if they feel it

Now touch both of the Patient's arms simultaneously and ask the patient which side you touched

(If patient can feel both sides individually but only feels one side on simultaneous stimulation, this is neglect)  
If Aphasic: Neglect can be evaluated by noticing that patient is not paying attention to you if you stand on one side, but pays attention to you if you stand on the other side.

**OBTUNDATION: (1 point)**

Not staying awake in between conversation

**Score 1 point for each positive component above (Total Score Possible = 4)**

If **VES** has a score of 1 or more, this patient will be upgraded from a **Stroke Alert** to an **ELVO Alert**.

2. For a **Stroke Alert**, Base Hospital Contact (BHC) will be established and a Stroke Alert will be activated.
3. For an **ELVO Alert**, the nearest TCASC is considered to be the base hospital for that patient. (East of Lewis Rd is LRH and west of Lewis Rd. is SJR). Prehospital personnel will make base contact with the appropriate TCASC and an ELVO alert will be activated. The appropriate specialist on-call will be notified by the MICN.
  - a. The base hospital will determine the nearest ASC or TCASC using the following criteria:
    - Patients condition
    - TCASC or ASC availability on ReddiNet
    - Transport time
    - Patient request

The Base Hospital will notify the appropriate ASC of the **Stroke Alert** or TCASC of an **ELVO Alert**

- b. You may be asked to take your patient directly to the CT scanner.
    - Give report to the nurse, transfer your patient from your gurney onto the CT scanner platform, and then return to service.
    - If there is any delay, such as the CT scanner not being readily available, or a nurse not immediately available, you will not be expected to wait. You will take your patient to a monitored bed in the ED and give report as usual.
4. Destination Decision: patients meeting stroke system criteria shall be transported to the nearest ASC, except in the following cases:
  - a. Stroke patients in cardiac arrest shall be transported to the nearest receiving hospital. Patients who have greater than thirty seconds of return of spontaneous circulation (ROSC) shall be transported to the nearest STEMI Receiving Center (SRC).
  - b. The nearest ASC is incapable of accepting a stroke alert patient due to ED, CT or Internal Disaster diversion, transport to the next closest ASC.
  - c. The patient requests transport to an alternate facility, not extending transport by more than twenty (20) minutes, and approved by the Base Hospital.
  - d. Patient meeting ELVO Alert criteria will be transported to the nearest TCASC if **total transport time does not exceed 45 minutes**.
5. Documentation
  - a. Care and findings related to an acute stroke patient shall be documented in the Ventura County electronic patient care reporting (VCePCR) system in accordance with VCEMS policy 1000.

**DRAFT**

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Thrombectomy Capable Acute Stroke Center (TCASC) Standards	Policy Number 452
APPROVED: Administration: Steven L. Carroll, Paramedic	Date:
APPROVED: Medical Director: Daniel Shepherd, MD	Date:
Origination Date: Date Revised: Last Review: Review Date:	Effective Date:

I. PURPOSE: To define the criteria for designation as a Thrombectomy Capable Acute Stroke Center (TCASC) 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. DEFINITIONS:

**Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.

**ELVO Alert:** A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Emergent Large Vessel Occlusion (ELVO) ischemic stroke.

**Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ASC) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.

IV. POLICY:

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

1. All the requirements of an Acute Stroke Center (ASC) as defined in Policy 450.
  2. Certified as a Primary Stroke Center or a Comprehensive Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.
  3. Neurointerventionist on call 24/7 and available on-site at TCASC within 45 minutes of notification of an ELVO alert.
  4. Neurosurgeon on call 24/7 and available to provide care as indicated.
  5. Neurologist, with hospital privileges to provide ICU level of care for acute stroke patients, on call 24/7 and available to provide care as indicated.
  6. An individual Neurointerventionalist or Neurosurgeon may not be simultaneously on call for a separate hospital.
  7. Appropriate endovascular catheterization laboratory personnel available on-site within 45 minutes of notification of an ELVO alert
  8. Will create policies and procedures detailing how the TCASC will notify the appropriate personnel of an ELVO alert.
  9. Will accept all ELVO alert patients, regardless of ICU or ED saturation status, except in the event of internal disaster or no catheterization laboratory availability.
  10. Will create policies and procedures detailing how the TCASC will manage the presentation of concurrent ELVO alerts.
  11. Will create policies and procedures that allow the automatic acceptance of any ELVO patient from a Ventura County Hospital upon notification by the transferring physician.
  12. Ability to perform endovascular procedures as indicated for emergent large vessel occlusions.
  13. Have CT or MRI perfusion capabilities.
  14. Maintain appropriate staff and facility availability to address complications of emergent endovascular procedures.
  15. Will complete VCEMS ELVO Data spreadsheet on a monthly basis. Data for the preceding month will be due on the 15<sup>th</sup> of the following month.
- B. Designation Process:
1. Application:
    - a. When all requirements are met, submit a written request for a **Preliminary** TCASC 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 TCASC Standards.

2. Approval:
  - a. Upon receiving a written request for **Preliminary** TCASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements. A Comprehensive Stroke Center (CSC) or Thrombectomy-Capable Stroke Center (TSC) certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program will not require an on-site visit if the EMS agency was present at the initial survey.
  - b. TCASC 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.
3. VCEMS may deny, suspend, or revoke the designation of a TCASC 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 TCASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. A **Formal** TCASC Designation will be granted after demonstration of competency through data submission and review.
6. TCASCs shall be reviewed on a biannual basis in conjunction with the ASC review process.
  - a. TCASCs shall receive notification of evaluation from the VCEMS.
  - b. TCASCs shall respond in writing regarding program compliance.
  - c. On-site TCASC visits for evaluative purposes may occur.
  - d. TCASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title:	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	Policy Number 460
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: DRAFT
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: DRAFT
Origination Date:	<b>DRAFT</b>	
Date Revised:	Effective Date:	<b>DRAFT</b>
Last Reviewed:		
Review Date:		

- I. **PURPOSE:** To define the interfacility transfer process by which emergency department patients with an acute stroke are transferred to: 1) an Acute Stroke Center (ASC) or 2) a Thrombectomy Capable Acute Stroke Center (TCASC).
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, 100170.
- III. **DEFINITIONS:**
  - A. **Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VC EMS Policy 450.
  - B. **Primary Stroke Center (PSC):** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
  - C. **Thrombectomy Capable Acute Stroke Center (TCASC):** ASC Hospital that has the capability to perform neuroendovascular procedures for acute stroke including mechanical thrombectomy and intra-arterial thrombolysis. (as defined in VC EMS Policy 452)
  - D. **Comprehensive Stroke Center (CSC):** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
  - E. **Emergent large vessel occlusion (ELVO):** An acute ischemic stroke caused by a large vessel occlusion.
  - F. **Acute Stroke:** A stroke as it pertains to this policy, a cerebral vascular accident (CVA) which needs immediate neurointervention, a neurosurgical procedure, specialty consultation, or a higher level of care.
- IV. **POLICY:**
  - A. Hospitals will:
    1. Assemble and maintain a "Stroke Transfer Pack" in the emergency department to contain all of the following:
      - a. Phone numbers of all Ventura County ASCs and TCASCs.
      - b. Phone numbers of the closest PSC or CSC outside the County.
      - c. Preprinted template order sheet with recommended prior-to-transfer treatments.  
Treatment guidelines will be developed with input from the ED, Neurologists and the ASCs/TCASCs.
      - d. Patient Consent/Transfer Forms.



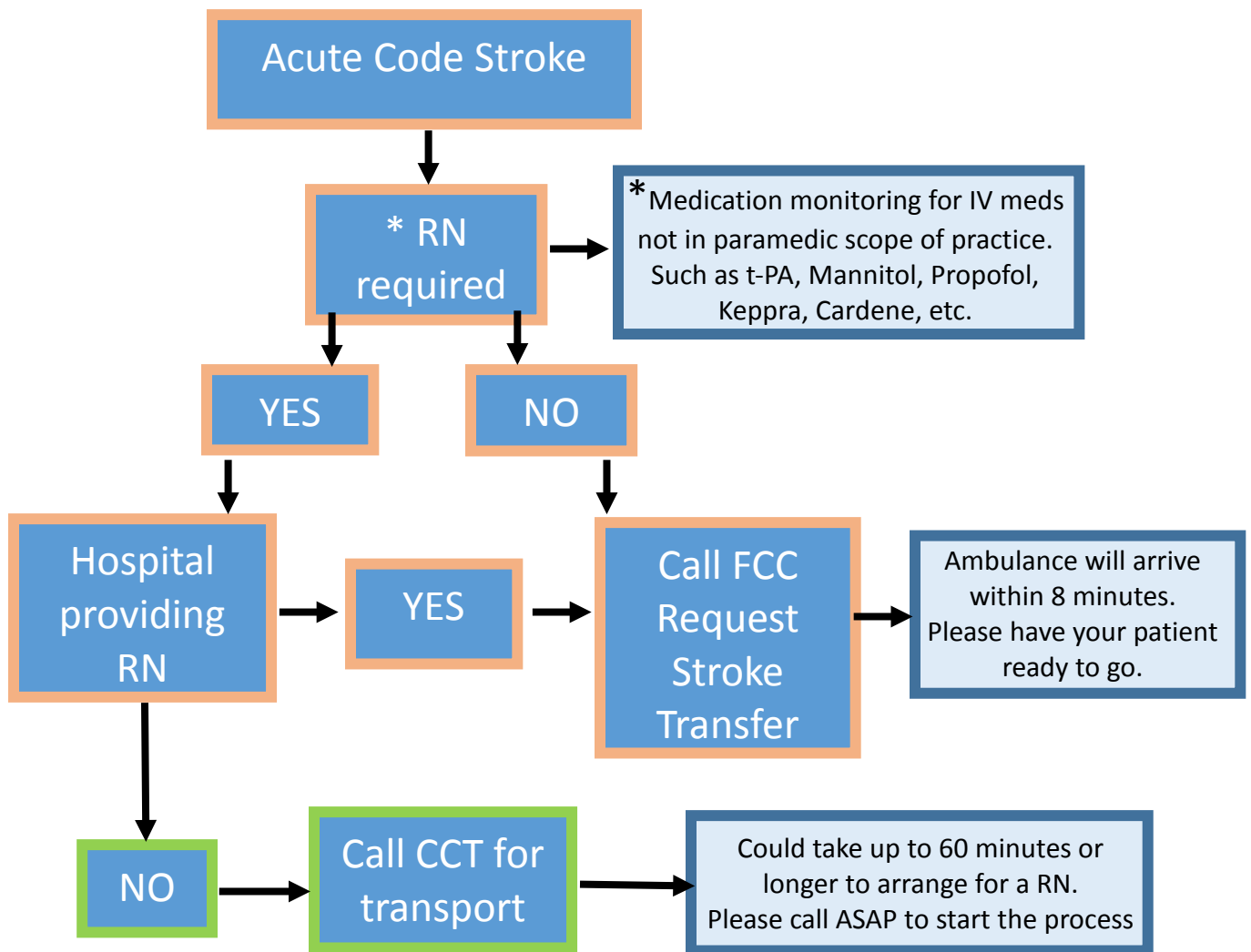
- e. Treatment summary sheet.
  - 2. Have policies, procedures, and a quality improvement system in place to minimize door in-to-door out, door-to-brain imaging interpretation, door to thrombolytic initiation and ischemic stroke diagnosis-to-transfer times.
  - 3. Establish policies and procedures to make the appropriate personnel available to accompany the patient during the transfer to the ASC or TCASC. These policies will include patient criteria for requiring appropriate personnel to accompany patient when medications or procedures outside of the paramedic scope of practice are being used.
- B. Ventura County Fire Communications Center (FCC) will:
- 1. Respond to a stroke transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
- C. Ambulance Companies:
- 1. Will respond an ALS ambulance immediately upon request for a “stroke transfer”.
  - 2. Transfers performed according to this policy are not considered an interfacility transport as it pertains to ambulance contract compliance.
- D. ASC or TCASC will:
- 1. Maintain accurate status information on ReddiNet regarding the availability of neuroendovascular capability or status availability for ASC.
  - 2. Publish a single phone number, that is answered 24/7, to receive notification of a stroke transfer.
  - 3. Immediately upon initial notification by a transferring physician at the hospital, accept transfer of all patients who have been diagnosed with an acute stroke and who, in the judgment of the transferring physician, require either 1) an urgent endovascular procedure, or 2) a higher level of care.
  - 4. Establish an internal communications plan that assures the immediate notification of all necessary individuals.
  - 5. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for inpatient care.

V. PROCEDURE:

- A. Upon diagnosis of an ELVO, or an acute stroke needing a higher level of care; and after discussion with the patient or patient’s family/caregiver, the hospital will:
- 1. Determine availability by checking ReddiNet, and transfer patient to the closest ASC or TCASC. The destination will depend on the clinical context.
-

2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for a Stroke transfer.
  3. Identify their facility to the dispatcher and advise they have a “stroke transfer”.
  4. After calling for ambulance, the ED transferring physician will notify the ASC or TCASC emergency physician of the transfer.
  5. Perform all indicated diagnostic tests and treatments.
  6. Complete transfer consent, treatment summary, and stroke data forms.
  7. Include copies of the ED face sheet and demographic information.
  8. Have available if needed, one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the ASC or TCASC
    - a. If, because of unusual and unanticipated circumstances, healthcare staff is unavailable for transfer, a Critical Care Transport (CCT) transfer may be requested by calling the CCT provider ambulance dispatch center.  
Please initiate the CCT transfer process ASAP to minimize delay.
- B. Upon request for “stroke transfer”, the FCC will dispatch the closest ALS ambulance and verbalize “MEDxxx “stroke transfer” from [hospital]”. The destination hospital will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination hospital.
- C. Upon notification, the ambulance will respond Code 3 (lights & sirens) to the transferring facility.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
  2. Diagnostic test results may be relayed to the ASC or TCASC at a later time.
  3. Intravenous drip t-PA will continue infusing on the ED pump, accompanied by an RN or physician, if t-PA has not been completed upon ambulance arrival.
  4. Nurse report will be given to the receiving hospital at the time of, or immediately after, ambulance departure.
- F. Upon notification, the ASC or TCASC will notify appropriate staff to prepare for the patient.
- G. The hospital and the ASC or TCASC shall review all stroke transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Stroke CQI Committee.
- H. e-PCR documentation will be completed by ambulance personnel.
-

## Emergency Department Only



<b>Suspected Stroke</b>	
<b>ADULT</b>	
<b>BLS Procedures</b>	
Cincinnati Stroke Scale (CSS) Administer oxygen as indicated <ul style="list-style-type: none"> <li>Administer oxygen if SpO2 less than 94% or unknown</li> <li>If low blood sugar suspected, refer to VC EMS Policy 705.03 – Altered Neurologic Function</li> </ul>	
<b>ALS Prior to Base Hospital Contact</b>	
IV/IO access  Cardiac monitor – document initial and ongoing rhythm strips  Determine Blood Glucose level, treat according to VC EMS policy 705.03 – Altered Neurologic Function  Patients meeting Stroke Alert criteria as defined in VC EMS Policy 451, expedite transport to appropriate Acute Stroke Center (ASC).  Patients meeting ELVO Alert criteria as defined in VC EMS Policy 451, expedite transport to appropriate Thrombectomy Capable Acute Stroke Center (TCASC).	
<b>Base Hospital Orders only</b>	
Consult with ED Physician for further treatment measure	
<b>Additional Information</b>	
<b><u>Cincinnati Stroke Scale (CSS).</u></b> Facial Droop Normal: Both sides of face move equally Abnormal: One side of face does not move normally  Arm Drift Normal: Both arms move equally or not at all Abnormal: One arm does not move, or one arm drifts down compared with the other side  Speech Normal: Patient uses correct words with no slurring Abnormal: Slurred or inappropriate words or mute	<b><u>Ventura County ELVO Score (VES)</u></b>  Forced Eye Deviation  Aphasia  Neglect  Obtundation  Refer to VC EMS Policy 451 for Detailed VES.
<ul style="list-style-type: none"> <li>Patients must meet Stroke Alert criteria in order to continue to VES</li> <li>Document name and phone number in ePCR of person who observed patient's Time Last Known Well (TLKW), and report this information to the receiving facility.</li> <li>Stroke patients in cardiac arrest with sustained ROSC (&gt;30 seconds) shall be transported to the nearest STEMI Receiving Center (SRC).</li> <li>For seizure activity, refer to VC EMS Policy 705.20 Seizure.</li> </ul>	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Scope of Practice		Policy Number 300	
APPROVED: Administration: Steven L. Carroll, <del>EMT-PP</del> Paramedic		Date: <del>June 1, 2013</del> <u>DRAFT</u>	
APPROVED: Medical Director: <del>Angelo Salvucci</del> Daniel Shepherd, M.D.		Date: <del>June 1, 2013</del> <u>DRAFT</u>	
Origination Date: August 1988			
Date Revised: April 17, 2013		Effective Date: <del>June 1, 2013</del> <u>DRAFT</u>	
Date Last Reviewed: April 17, 2013			
Review Date: March 31, 2015			

- I. PURPOSE: To define the scope of practice of an Emergency Medical Technician (EMT) practicing in Ventura County.
- II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100063, ~~10063.1~~ and 100064.
- III. POLICY:
  - A. During training, while at the scene of an emergency and during transport of the sick or injured, or during interfacility transfer, a supervised EMT trainee or certified EMT is authorized to do any of the following:
    1. Evaluate the ill and injured
    2. Render basic life support, rescue and emergency medical care to patients.
    3. Obtain diagnostic signs to include, but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status.
    4. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
    5. Administer oxygen
    6. Use the following adjunctive airway and breathing aids:
      - a. Oropharyngeal airway
      - b. Nasopharyngeal airway
      - c. Suction devices
      - d. Basic oxygen delivery devices for supplemental oxygen therapy, including but not limited to, humidifiers, partial rebreathers, and venturi masks; and

- e. Manual and mechanical ventilating devices designed for prehospital use, including continuous positive airway pressure (CPAP).
  - 7. Use various types of stretchers and spinal immobilization devices.
  - 8. Provide initial prehospital emergency care of trauma, including, but not limited to:
    - a. Bleeding control through the application of tourniquets;
    - b. Use of hemostatic dressings from a list approved by the California EMS Authority
    - bc. Spinal motion restriction or immobilization;
    - ed. Seated spinal motion restriction or immobilization;
    - de. Extremity splinting; and
    - ef. Traction splinting.
  - 9. Administer oral glucose or sugar solutions.
  - 10. Extricate entrapped persons.
  - 11. Perform field triage.
  - 12. Transport patients.
  - 13. Apply Mmechanical patient restraint
  - 14. Set up for ALS procedures, under the direction of a Paramedic.
  - 15. Perform automated external defibrillation
  - 16. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- B. In addition to the activities outlined in the EMT Basic Scope of Practice, the VCEMS Medical Director may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS System and in the prehospital setting and/or during interfacility transport to:
- ~~46~~1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
  - ~~48~~2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;

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3. Administer naloxone by intranasal and/or intramuscular routes for suspected narcotic overdose;
  4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;
  5. Perform finger stick blood glucose testing, and;
  6. Administer over the counter medications, when approved by the VCEMS medical director, including but not limited to:
    - a. Aspirin
- C. During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by VCEMS within the jurisdiction where the EMT is employed as part of the organized EMS system.
19. Assist patients with the administration of physician-prescribed nitroglycerin, epinephrine devices, inhalers and nebulizers. At the request of the patient the EMT can perform the following:
    - a. Nitroglycerin: Remove the medication from the bottle and place under the tongue, or apply spray onto the tongue.
    - b. Epinephrine devices: Administer the injection.
    - c. Inhalers and nebulizers: Administer one or more puffs.

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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Medical Technician <u>Initial</u> Certification		Policy Number 301	
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P		Date: <del>September 12, 2013</del> <u>DRAFT</u>	
APPROVED: Medical Director: <del>Angele Salvucci</del> <u>Daniel Shepherd</u> , M.D.		Date: <del>DRAFT September 12, 2013</del>	
Origination Date: June 1, 1984			
Date Revised: September 12, 2013			
Date Last Reviewed: September 12, 2013		Effective Date: <del>September 12, 2013</del> <u>DRAFT</u>	
Review Date: August 31, 2015			

- I. PURPOSE: To identify the procedure for certification of Emergency Medical Technician.
- II. AUTHORITY: California Code of Regulations (CCR) Section 100079 and 100081; California Health and Safety Code Sections 1797.50 and 1797.175.
- III. POLICY:
  - A. General Eligibility
 

An individual who meets one of the following criteria shall be eligible for initial certification:

    1. Pass the ~~written cognitive~~ examination and psychomotor skills examination of the National Registry of Emergency Medical Technicians within two (2) years from the date of application, and have:
      - a. A valid EMT course completion record or other documented proof of successful completion of any initial -EMT course approved pursuant to Section 100066 of the CCR ~~also see Section III.C.2.e~~within two (2) years of the date of application, or
      - b. Have documentation of successful completion of an approved out of state initial EMT training course, ~~within the last two years which meets the requirements of CCR 100079, or that meets the requirements outlined in Section 100079 of the California Code of Regulations~~ within two (2) years of the date of application, or
      - c. A current and valid out-of-state EMT certificate, or.
    2. Possess a current and valid National Registry EMT-~~Basic~~, Advanced EMT, or Paramedic registration certificate, or.
    3. Possess a current and valid out-of-state ~~or National Registry Advanced EMT-Intermediate~~ or Paramedic certificate.



4. Possess a current and valid California Advanced EMT ~~or EMT-II~~ certification or a current and valid California Paramedic license.
- B. In addition to meeting one of the criteria listed in Section III.A, to be eligible for initial certification, an individual shall:
1. Be eighteen (18) years of age or older;
  2. Complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit a copy of the "Request for Live Scan Services" form along with your application for certification as proof the service has been completed.
  3. Complete the Ventura County EMS (VCEMS) Personnel Application. VCEMS must be notified within 30 days of any change in personal contact information.
  4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code),
  - ~~5. Have successfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2010 Guidelines for CPR and ECC, within the previous two years,~~
  - ~~6. VCEMS will administer a CPR skills evaluation using a recording/reporting manikin and will require a pass rate of 80% prior to issuance of an EMT Certification.~~
  7. Provide a government issued form of identification,
  8. Pay the established ~~State and County certification~~ fee
- C. The individual will be issued a wallet size card, pursuant to Section 100344, subdivisions (c) and (d) of Chapter 10 of the California Code of Regulations, after the above steps are completed and the applicant has passed the criminal background clearance.
1. The effective date of initial certification shall be the day the certificate is issued.
  2. The certification expiration date for an initial EMT certificate ~~shall be as follows:~~
    - ~~a. For an individual who meets the criteria listed in III.A.1.a or III.A.1.b of this policy, the expiration date shall be the last day of the month two years from the effective date of the initial certification~~
    - ~~b. For an individual who meets the criteria listed in III.A.1.c, III.A.2, III.A.3, or III.A.4 of this policy, the expiration date shall be the lesser of the following:~~

- ~~1. The last day of the month two (2) years from the effective date of the initial certification; or~~
  - ~~2. The expiration date of the certificate or license used to establish eligibility under III.A of this policy shall be the last day of the month two (2) years from the effective date of the initial certification.~~
  3. An EMT shall only be certified by one (1) certifying entity during a certification period.
  4. It is the responsibility of the certified EMT to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)
- D. ~~Recertification-Reinstatement~~ of an Expired California EMT Certificate:
1. The following requirements apply to individuals who wish to be eligible for ~~recertification-reinstatement~~ after their California EMT ~~c~~Certificates have expired:
    - a. For a lapse of less than six months, the individual shall comply with the requirements by complying with VCEMS Policy 302, III.B-A ~~3-82-10~~.
    - b. For a lapse of six months or more, but less than twelve months, the individual shall:
      1. Comply with the requirements of VCEMS Policy 302, III.A 2-~~44~~10, ~~and~~
      2. Complete an additional twelve (12) hours of continuing education.
    - c. For a lapse of twelve months or more, but less than 24 months, the individual shall:
      1. Comply with the requirement in VCEMS Policy 302, III.A 2-~~44~~10, ~~and~~
      2. Complete an additional twenty-four hours of continuing education, ~~and~~
      3. Pass the NREMT ~~written-cognitive~~ and ~~psychomotor~~ skills certification exams within two (2) years of the date of application for EMT reinstatement, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.
    - d. ~~For a lapse of greater than twenty four months or more the individual shall complete an entire EMT course and comply with the requirements of Sections III-A and B of this policy.~~

E. ~~Challenge and Reciprocity~~

1. ~~An individual currently licensed in California as a Paramedic or is certified in California as an EMT-Advanced (except when the Paramedic license or EMT-Advanced certification is under suspension) is deemed to be certified as an EMT with no further testing upon fulfilling the requirements of III.B.1-8.~~
  - a. ~~For those individuals that possess a current and valid Paramedic License, the expiration date shall be the same date as the expiration date on the Paramedic License.~~
2. ~~Certification as an EMT shall be valid for a maximum of two (2) years from the date that the individual passes the National Registry EMT-Basic certifying exam, except in the following cases:~~
  - a. ~~A person who possesses a current and valid out-of-state EMT-Intermediate or Paramedic license, the expiration date shall be the same expiration date as stated on the out-of-state certification/license but in no case shall exceed two (2) years from the effective date upon fulfilling the requirements of III.B.1-8.~~
  - b. ~~A person who possesses a valid National Registry issued EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be two (2) years from the date of passing the National Registry examination, but in no case shall the expiration date of certification exceed two (2) years from the effective date upon fulfilling the requirements of III.B.1-8.~~
  - c. ~~An individual who possesses a current and valid out-of-state EMT certificate shall be eligible for certification upon fulfilling the requirements of III.B.1-8.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician <del>Recertification</del> <u>Renewal</u>		Policy Number 302	
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P		Date: <del>September 12, 2013</del> <u>DRAFT</u>	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: <del>DRAFT, September 12, 2013</del>	
Origination Date: June 1, 1984		Effective Date: <del>September 12, 2013</del> <u>DRAFT</u>	
Date Revised: September 12, 2013			
Date Last Reviewed: September 12, 2013			
Review Date: August 31, 2015			

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

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3. Complete the Ventura County EMS (VCEMS) Personnel Application. VCEMS must be notified within 30 days of any change in personal contact information.
4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code),
5. A new applicant to VCEMS, or an applicant whose certification has lapsed, must complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit the second copy of the "Request for Live Scan Services" form along with EMS application for certification as proof the service has been completed.
- ~~6. Have successfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2010 Guidelines for CPR and ECC, within the previous two years,~~
- ~~7. Unless employed by a VCEMS provider, VCEMS will administer a CPR skills evaluation using a recording/reporting manikin; will require a pass rate of 80% prior to EMT recertification. If employed by a VCEMS Provider, will submit printed documentation of successful completion of CPR Skills using a recording/reporting manikin and will require a pass rate of 80% within the previous 90 days.~~
8. Provide a government issued form of identification,
9. Pay the established ~~State and County recertification~~ fee.
10. Submit a completed skills competency verification form, EMSA-SCV ~~(08/4001/17)~~. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by a VCEMS approved CE, EMT, Paramedic training program, or an approved VC EMS provider agency. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.
  - a. Starting July 1, 2019 an EMT renewing his or her certification for the first time shall submit documentation of successful completion of the training outlined in Section 100080(a)(B)(6)(A-C) of the California Code of Regulations by an approved EMT training program or approved CE provider program.

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- B. The individual will be issued a wallet size certificate card after ~~certification-renewal~~ requirements are completed.
- C. If the EMT ~~recertification-renewal~~ requirements are met within six (6) months prior to the ~~current certification~~-expiration date, VCEMS shall make the effective date of recertification the date immediately following the expiration date of the current ~~certification~~certificate. The ~~certification-certificate~~ will expire two (2) years from the day prior to the effective date.
- D. If the EMT ~~recertification-renewal~~ requirements are met greater than six (6) months prior to the expiration date, VCEMS shall make the effective date of ~~recertification-renewal~~ the date the ~~individual has applied for recertification~~certificate was issued. The certification expiration date will be the last day of the month two (2) years from the effective date.
- E. A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active ~~fd~~uty, or whose certification expires less than six (6) months from the date they return from active duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the requirements outlined in Section III.A 2-10 of this policy. In order to qualify for this exception, the individual shall
1. Submit proof of their membership in the Armed Forces of the United States , -and
  2. Submit documentation of their deployment starting and ending dates.
  3. Continuing education shall be in any of the topics contained in the current National Standard Curricula for training EMS personnel.
- ~~E.4.~~ The continuing education documentation shall include verification from the individual's Commanding Officer attesting to the training attended.
- F. ~~Recertification-Reinstatement~~ of an Expired California EMT Certificate.
1. The following requirements apply to individuals who wish to be eligible for ~~recertification-reinstatement~~ after their California EMT Certificates have expired:
    - a. For a lapse of less than six (6) months, the individual shall complete the requirements outlined in Section III.A 2-10 of this policy.
    - b. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall:
      1. Complete the requirements outlined in Section III.A 2-10 of this policy,
      2. Complete an additional twelve (12) hours of continuing education.
    - c. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall:

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1. Complete the requirements outlined in Section III.A 2-10 of this policy,
  2. Complete an additional twenty-four (24) hours of continuing education, and
  3. Pass the NREMT written cognitive and psychomotor skills certification exams within two (2) years of the date of application for EMT reinstatement, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.
- d. ~~For a lapse of greater than twenty four (24) months the individual shall complete an entire EMT course and comply the requirements of initial EMT certification, as outlined in VCEMS policy 301.~~

State of California  
 EMT Skills Competency Verification Form  
 EMSA – SCV (07/03)



See back of form for instructions for completion

1a. Name as shown on EMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
<b>Skill</b>	<b>Verification of Competency</b>	
<b>1. Patient examination, trauma patient;</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Patient examination, medical patient</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. Airway emergencies</b>	Affiliation	Date
Signature of Person Verifying	Print Name	Certification / License

Competency		Number
<b>4. Breathing emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Automated external defibrillation</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Circulation emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>7. Neurological emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>8. Soft tissue injury</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>9. Musculoskeletal injury</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>10. Obstetrical emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number



## INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

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

### 1a. Name of Certificate Holder

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

### 1b. Certificate Number

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

### 1c. Signature

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

### 1d. Certifying Authority


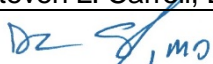
Provide the name of the EMT certifying authority for which the individual will be certifying through.

## Verification of Competency

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

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



COUNTY OF VENTURA		EMERGENCY MEDICAL SERVICES
HEALTH CARE AGENCY		POLICIES AND PROCEDURES
Policy Title: EMT Course Completion by Challenge Examination		Policy Number 304
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2017
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2017
Origination Date:	June 1, 1984	Effective Date: June 1, 2017
Date Revised:	February 9, 2017	
Date Last Reviewed:	February 9, 2017	
Review Date:	February 2020	

- 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

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 the following eligibility requirements:

    1. Have successfully completed a BLS CPR course, or equivalent, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), within the previous two (2) years; AND,
    2. Be a currently Licensed Physician, Registered Nurse, Physician Assistant, or Vocational Nurse; OR,
    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. 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 in conjunction with regularly scheduled testing times.
  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.
  3. An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.
    - a. 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.
    - b. Upon successful completion of the written and skills challenge examination, the challenge applicant will be eligible to take the National Registry written examination.
  4. 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: Treatment Protocols		Policy Number 705	
APPROVED: Medical Director: <del>Angele Salucci</del> Daniel Shepherd, M.D.		Date: <del>December 1,</del> 2012 DRAFT	
Origination Date: January 1988		Effective Date: As indicated on individual algorithms	
Date Revised: See individual algorithms			
Date Last Revised: See individual algorithms			
Review Date: See individual algorithms			

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- I. PURPOSE: To provide uniform protocols for prehospital medical control in Ventura County.
- II. AUTHORITY: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Section 100175.
  - A. DEFINITIONS:
    1. Unless otherwise specified in an individual treatment protocol or policy, the following definitions shall apply:
      - a. Adult: Age 12 or greater (12<sup>th</sup> birthday and older)
      - b. Pediatric: Age less than 12 (up to 12<sup>th</sup> birthday)
    - B. Exceptions to the pediatric definition rule are in the following policies:
      1. Policy 606: Withholding or Termination of Resuscitation and Determination of Death
      2. Policy 710: ~~Endotracheal Intubation~~ Airway Management
      3. Policy 717: Intraosseous Infusion
      4. Policy 805: ~~EMT-D Medical Cardiac Arrest Protocols~~  
SAE Emergency Medical Technician (EMT) Medical Cardiac Arrest
    - C. Cardiac Monitor/12 Lead EKG
      1. When cardiac monitoring or a 12 Lead ~~EKG-ECG~~ is performed, copies of rhythms strips and 12 Lead ~~EKGs-ECGs~~ shall be submitted to the ALS Provider(s), Base Hospital, and Receiving Hospital.
- IV. POLICY: Treatment protocols shall be used as a basis for medical direction and control for prehospital use.
- V. PROCEDURE: See the following pages for specific conditions.

Contents

- 00 - General Patient Assessment
- 01 - Trauma Assessment/Treatment Guidelines
- 02 - Allergic/Adverse Reaction and Anaphylaxis
- 03 - Altered Neurological Function
- 04 - Behavioral Emergencies
- 05 - Bites and Stings
- 06 - Burns
- 07 - Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)
- 08 - Cardiac Arrest – VF/VT
- 09 - Chest Pain – Acute Coronary Syndrome
- 10 - Childbirth
- 11 - Crush Injury/Syndrome
- 12 - Heat Emergencies
- 13 - Hypothermia
- 14 – Hypovolemic/Septic Shock
- 15 - Nausea/Vomiting
- 16 - Neonatal Resuscitation
- 17 - Nerve Agent
- 18 - Overdose/Poisoning
- 19 - Pain Control
- 20 - Seizures
- 21 - Shortness of Breath – Pulmonary Edema
- 22 - Shortness of Breath – Wheezes/Other
- 23 - Supraventricular Tachycardia
- 24 - Symptomatic Bradycardia
- 25 - Ventricular Tachycardia – Not in Arrest
- 26 – Suspected Stroke
- 27 – Sepsis Alert

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, <u>Paramedic</u>		Date: <del>June 1, 2013</del> <u>DRAFT</u>	
APPROVED: Medical Director: <del>Angele Salvucci</del> <u>Daniel Shepherd</u> , M.D.		Date: <del>June 1, 2013</del> <u>DRAFT</u>	
Origination Date: February 2001		Effective Date: <del>June 1, 2013</del> <u>DRAFT</u>	
Date Revised: April 19, 2013			
Date Reviewed: April 19, 2013			
Review Date: March 31, 2015			

- I. PURPOSE: To identify the procedure for approval of Emergency Medical Technician programs in Ventura County in accordance with the California Code of Regulations. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system., Title 22, Articles 2 and 3.
- II. AUTHORITY: California Code of Regulations, Title 22, ~~Chapter Division 9, Article~~Chapter 2-3, Article 3, Sections 100065 – 10078,
- III. POLICY: EMT training may be offered only by approved training programs.
- A. 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~~California EMS Authority. This shall apply to the California Highway Patrol, California Department of Forestry, etc.
- A-B. The ~~a~~Approving a Authority for Emergency Medical Technician training programs shall be the local emergency medical services agency (Ventura County Emergency Medical Services Agency).
- B-C. 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:

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- a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5 of the California Code of Regulations; and
- b. Provide continuing education to other healthcare professionals.
- 4. Agencies of government, including public safety agencies.
- ~~5. Public safety agencies~~
- ~~6-5. Local EMS Agencies~~

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#### 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~~ written and skills examinations used for periodic testing, including:
    - ~~1) 4) At least two written examinations or quizzes.~~
    - 2) A final skills competency examination
    - 3) A final written examination
    - ~~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 Cognitive 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

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Registry EMT psychomotor skills examination. ~~For these 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: Each EMT training program shall have an approved program director who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. ~~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).

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- f) ~~\_\_\_\_\_~~ Assuring that all aspects of the EMT training program are in compliance with all applicable VCEMS policies and other related laws.
- ~~f)g)~~ Signing all course completion records
- 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~~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. 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, and shall meet the requirements and provisions outlined in VCEMS Policy 304 – EMT

Course Completion by Challenge Examination. Each EMT Training Program shall provide a statement of understanding to the Ventura County EMS Agency at the time of initial program approval, and for subsequent re-approval applications.

- 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~~ VCEMS 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 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

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- 1) Each program shall submit a ~~Quality-quality Assurance-gssurance~~ and ~~Improvement-improvement Plan-plan~~ that addresses the following:
  - a) Methods of student remediation.
  - b) A plan for continuous ~~review and~~ update of examinations and student materials.
  - c) Identify the text and resource materials that will be utilized by the program.
  - d) ~~Samples of S~~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 ~~for EMT~~ program approval.
  - 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.~~

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~~f.e.~~ 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~~ VCEMS 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~~VCEMS.
  2. All programs are subject to periodic on-site evaluation by ~~the Agency~~VCEMS ~~representatives~~.
  3. ~~The Agency~~VCEMS shall be advised of any program changes in course content, hours of instruction, or instructional staff.
  4. Approved programs shall issue a tamper resistant ~~c~~Course ~~c~~Completion ~~r~~Record to each student who successfully meets all requirements for certification. This ~~Course-course Completion-completion Record-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" type of EMT course completed (i.e., EMT, refresher, or challenger)~~.
    - d. Number of hours of instruction completed.
    - e. The name and signature of the ~~p~~Program ~~d~~Director.
    - f. The name and location of the training program issuing the record.
    - 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-a course completion roster on the appropriate form provided by VCEMS~~. Students will not be processed for certification until the ~~Course-course Completion-completion Roster-roster~~ is received by ~~the Agency~~VCEMS.
- C. Required Course Hours
1. The minimum course hours shall consist of not less than one hundred ~~sixty~~ seventy (~~60~~170) hours. These hours shall be divided as follows:

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- a. A minimum of one hundred ~~thirtyfour~~-six (~~436146~~) 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.
- 1) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.
- i. High fidelity simulation means using computerized manikins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.
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. Training programs in operation prior to July 1, 2017 shall submit evidence of compliance with the provisions of this policy, including the updated required course content outlined in CCR Section 100075, no later than July 1, 2018.
- 2-3. The minimum hours shall not include the examinations for EMT certification
34. The minimum hours shall not include CPR.

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**EMT TRAINING PROGRAM APPROVAL CHECKLIST**

<b>PROGRAM APPROVAL APPLICATION PROCEDURE</b>	
<b>TRAINING PROGRAM AFFILIATION:</b>	
<b>The Training Program is affiliated with a:</b> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School (Submit Post-Secondary School Approval Document) <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> 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) <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency	<b>Name of Agency of Affiliation</b>           
<b>PROGRAM ADMINISTRATION AND INSTRUCTION</b>	
<b>Name of Program Director:</b> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> 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)	<b>Title (MD, RN, PA,                      Paramedic)</b>    
<b>Name of Clinical Coordinator:</b> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received.	<b>Title (MD, RN, PA,                      Paramedic)</b>    
<b>Name of Principal Instructor:</b> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> 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)	<b>Title (MD, RN, PA,                      Paramedic,                      Advanced EMT or                      EMT)</b>    
<b>Name(s) of Teaching Assistant(s)</b> <input type="checkbox"/> Copy of Current License received	<b>Title (MD, RN, PA,                      EMT-P, EMT                      Advanced, or EMT)</b>    
<b>Submission of the following:</b> <input type="checkbox"/> Written request for program approval <input type="checkbox"/> Statement verifying use of the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009). <input type="checkbox"/> <u>Statement verifying program meets or exceeds required course hours outlined in                      Section IV.C.1 of this policy and meets all content requirements outlined in section                      100075 of the California Code of Regulations.</u> <input type="checkbox"/> A statement verifying implementation of the current American Heart Association Guidelines for CPR and ECC. <input type="checkbox"/> Session guides or lesson plans	<b>Date Received</b>           

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**PROGRAM APPROVAL APPLICATION PROCEDURE**

- Samples of skills and written exams used for periodic testing \_\_\_\_\_
- Final psychomotor skills competency exam \_\_\_\_\_
- Final cognitive written-exam \_\_\_\_\_
- 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 \_\_\_\_\_



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: <u>EMT Optional Skills</u>		Policy Number <u>XXX</u>	
APPROVED: Administration: Steve L. Carroll, <u>EMT-PP</u> Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: <del>Angelo Salucci</del> Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date:		Effective Date: <u>DRAFT</u>	
Date Revised:			
Date Last Reviewed:			
Review Date:			

- I. PURPOSE: To define the process related to authorizing EMT optional skills and EMT trial studies
- II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100064

III. POLICY:

A. In addition to the skills outlined in VCEMS Policy 300 – EMT Scope of Practice, the VCEMS Medical Director may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills specified in this policy. Accreditation for EMTs to practice optional skills shall be limited to those whose EMT certification is active and are employed within the County of Ventura by an employer who is part of the organized EMS system.

1. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

a. Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

- i. Names
- ii. Indications and contraindications
- iii. Complications

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- iv. Side/adverse effects and interactions
- v. Routes of administration
- vi. Dosage calculation
- vii. Mechanisms of drug actions
- viii. Medical asepsis
- ix. Disposal of contaminated items and sharps
- x. Medical administration
- b. At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include:
  - i. Assessment of when to administer epinephrine.
  - ii. Managing a patient before and after administering epinephrine.
  - iii. Using universal precautions and body substance isolation procedures during medication administration.
  - iv. Demonstrating aseptic technique during medication administration.
  - v. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
  - vi. Proper disposal of contaminated items and sharps
- 2. Administration of Atropine and Pralidoxime Chloride, utilizing the DuoDote auto-injector following an exposure to a nerve-agent.
  - a. In addition to a basic weapons of mass destruction training, the DuoDote training shall consist of no less than two (2) hours of didactic and skills training to result in competency. Training in the profile of the medications contained in the DuoDote auto-injector shall include, but not limited to:
    - i. Indications and contraindications
    - ii. Side/adverse effects
    - iii. Routes of administration
    - iv. Dosages
    - v. Mechanisms of drug action
    - vi. Disposal of contaminated items and sharps

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vii. Medication administration

b. At the completion of this training, the student shall complete a competency based written and skills examination for the administration of the Duo-dote auto-injector.

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i. Assessment of when to administer the DuoDote auto-injector.

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ii. Managing a patient before and after administering the DuoDote auto-injector

iii. Using the universal precautions and body substance isolation precautions during medication administration.

iv. Demonstrating aseptic technique during medication administration.

v. Demonstrating the preparation and administration of medications by the intramuscular (IM) route, and

vi. Proper disposal of contaminated items and sharps.

B. Competency training in procedures and skills for all EMT optional skills shall be completed at least every two (2) years.

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C. VCEMS shall develop and maintain specific plans for each optional skill permitted. These plans will include:

1. A description of the need for use of the optional skill

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2. A description of the geographic area within which the optional skills will be utilized

3. A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill

4. The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill

D. For an accredited EMT who fails to demonstrate competency in any of the optional skills outlined in this policy:

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1. EMT accreditation shall be immediately suspended pending clinical remediation

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2. Employer agency will submit a written plan of action to VCEMS to include: method of remediation, course curriculum, date(s) and location(s) of remediation training.

3. VCEMS will review and approve written plan of action prior to commencement of remediation training

4. Once complete, evidence of satisfactory training and minimum competency in the optional skills will be submitted to VCEMS prior to the reinstatement of the EMT accreditation.

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**Rigoberto Vargas, MPH**  
Director

**Steven L. Carroll, EMT-P**  
EMS Administrator

**Daniel Shepherd, MD**  
EMS Medical Director

**Angelo Salvucci, MD, FACEP**  
Assistant EMS Medical Director

**ACCREDITATION APPLICATION PROCESS CHECKLIST**

**INITIAL ACCREDITATION MUST BE COMPLETED WITHIN 45 DAYS OF HIRE/START DATE**

**YOU MUST SCHEDULE AN APPOINTMENT TO COMPLETE ACCREDITATION PROCESS**

**DUE DATE:**

**If accreditation is not completed by first due date, EMS Agency must be notified immediately for a 45-day extension. A maximum of two extensions will be granted per accreditation attempt.**

**EMT-P Name:** \_\_\_\_\_

**License No. :** \_\_\_\_\_

**ALL SECTIONS MUST BE COMPLETED PRIOR TO WORKING AS A PARAMEDIC IN VENTURA COUNTY**

Action	Date	Signature
<b>1.</b>		
a. EMS Personnel Application		
b. Live Scan Request Form		
c. CA EMSA Paramedic License		
d. CA Driver's License		
e. ACLS Card		
f. PALS/PEPP Card		
<b>2.</b> Accreditation fee received		
<b>3.</b> Orientation packet distributed		
<b>4.</b> Orientation at EMS Office completed - Policies 318 and 334 distributed.		
<b>5.</b> Read and reviewed EMS Policy and Procedure Sections 6 & 7 – <b>Provider Must Sign Off</b>		
<b>6.</b> Accreditation Extension Granted		
<b>7.</b> Extension Fee		
<b>8.</b> Local Optional Scope Orientation – <b>ALS Provider Must Sign Off On Each</b>		
<del>a. I.O.</del>		
<del>b. Mag sulfate</del>		
<del>c. Ondansetron</del>		
<del>d. Pacing</del>		
e. IV Heparin		
f. IV Nitro		
<del>g. KCL &lt;40</del>		

**VCePCR access will be provided by the agency service administrator**

**Login: \_\_\_\_\_ Password: \_\_\_\_\_ (Change your password immediately upon 1<sup>st</sup> successful login to the system, as this is the default password for everyone)**

**When all sections (except for section 11) are complete, please call the EMS Office to schedule an appointment.**

<b>ED Tour</b>	<input type="checkbox"/> Radio Room <input type="checkbox"/> Linens <input type="checkbox"/> PCC Office, contact info <input type="checkbox"/> Patient care rooms <input type="checkbox"/> Bathroom <input type="checkbox"/> Decontamination Showers	<input type="checkbox"/> Phones <input type="checkbox"/> Hazardous Mat. Trash <input type="checkbox"/> ED Admissions <input type="checkbox"/> Pt. Handoff <input type="checkbox"/> Xerox machines
<b>Hospital Tour</b>	<input type="checkbox"/> Radiology/Imaging <input type="checkbox"/> Admissions <input type="checkbox"/> Elevators <input type="checkbox"/> Labor and Delivery	<input type="checkbox"/> Cath lab <input type="checkbox"/> Bathrooms <input type="checkbox"/> Door codes <input type="checkbox"/> Classrooms
<b>EMS Providers</b>	<input type="checkbox"/> First responders <input type="checkbox"/> ALS providers	<input type="checkbox"/> Air transport <input type="checkbox"/> BLS providers
<b>EMS Hospital</b>	<input type="checkbox"/> Base hospitals <input type="checkbox"/> STEMI Receiving Centers <input type="checkbox"/> Stroke Centers	<input type="checkbox"/> Receiving hospitals <input type="checkbox"/> Trauma Centers <input type="checkbox"/> Catchment Areas
<b>CQI Forms</b>	<input type="checkbox"/> Rhythm Strips, ECGs <input type="checkbox"/> Clinic ECGs (2)	<input type="checkbox"/> Unusual Occurrence <input type="checkbox"/> Medication Errors
<b>Documentation</b>	<input type="checkbox"/> Policy 1000 <input type="checkbox"/> *Standard ePCR <input type="checkbox"/> *Critical pt. ePCR <input type="checkbox"/> Narrative <input type="checkbox"/> Correct destination	<input type="checkbox"/> Correct base <input type="checkbox"/> Abbreviations
<b>12 Lead ECGs</b>	<input type="checkbox"/> Criteria <input type="checkbox"/> Transport in 3 lead	<input type="checkbox"/> Number allowed <input type="checkbox"/> Criteria for repeating
<b>Full Arrest</b>	<input type="checkbox"/> Destination <input type="checkbox"/> ROSC <input type="checkbox"/> POLST/DNR	<input type="checkbox"/> Policy 606 DOD <input type="checkbox"/> Code Summaries <input type="checkbox"/> PRESTO
<b>STEMI</b>	<input type="checkbox"/> Wandering baseline <input type="checkbox"/> Base call-in <input type="checkbox"/> Transfers from SRHs	<input type="checkbox"/> Underlying Rhythms <input type="checkbox"/> False Positive ECGs <input type="checkbox"/> Clinic ECGs (2)
<b>Airway Mgmt</b>	<input type="checkbox"/> Policy 710 <input type="checkbox"/> BVM, Air-Q, ETT	<input type="checkbox"/> ResQPOD <input type="checkbox"/> Capnography
<b>Unusual Occurrences</b>	<input type="checkbox"/> Definition <input type="checkbox"/> QI Implication <input type="checkbox"/> Reporting <input type="checkbox"/> Responsibility	<input type="checkbox"/> Time line <input type="checkbox"/> Root Cause Analysis <input type="checkbox"/> Duty Officer Contact Info
<b>Trauma</b>	<input type="checkbox"/> Purpose of trauma Center <input type="checkbox"/> Trauma Policies <input type="checkbox"/> Decision Scheme	<input type="checkbox"/> Air transport destination <input type="checkbox"/> Call In on trauma case
<b>705 Clarification</b>	Open discussion	
<b>Current Issues</b>	Open discussion	

<b>9. PCC Orientation</b>	Date:
	Signature:
<b>10. Field Evaluation completed (at least 5 ALS contacts to determine familiarity with VC Policies/Procedures). The work-ups need to be brought to the EMS Office when completing the accreditation process.</b>	Date:
	Signature:
<b>11. Accreditation Card Issued</b>	Date:
	Signature:



**DRAFT**

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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		Effective Date: June 1, 2013	
Date Revised: April 19, 2013			
Date Last Reviewed: April 19, 2013			
Review Date: March 31, 2015			

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- 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. DEFINITIONS:

- A. 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.
- B. Field Training Officer (FTO): An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.
- C. Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.

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- IV. 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.
  - V. 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.

~~e. 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.c.~~ An applicant who, with the approval of the ~~instructor~~ Paramedic Training Program Director, 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.d.~~ Successful completion of training and testing of the applicant's knowledge of VCEMS optional scope of practice skills, policies, 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		EMERGENCY MEDICAL SERVICES	
HEALTH CARE AGENCY <b>DRAFT</b>		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: June 1, 1997		Effective Date: June 1, 2013	
Date Revised: February 12, 2013			
Date Last Reviewed: February 14, 2013			
Review Date: January 31, 2015			

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- 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-Paramedic~~ 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-4 meeting requirements in VCEMS Policy 306. An ALS response unit may be staffed with a non-accredited Paramedic only when it is also staffed with an authorized Field Training Officer (FTO) or Paramedic Preceptor, unless the non-accredited Paramedic is functioning in a BLS capacity in accordance with VCEMS Policy 306.
  - C. 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. Field Training Officer (FTO): An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.

E. Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.

B-F.

~~C. An ALS Response Unit may be staffed with a paramedic who is not authorized as a Level I or II only if it 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);
    - 1) With the approval of the EMS Medical Director, for those paramedics with a minimum of 1 year 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 144 hours of practice, or 20 patient contacts (minimum 10 ALS), in the previous 6 month period in Ventura County.
  - b-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~~FTO, 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.

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- b. All of the requirements of Level I.
- c. A minimum of ~~288-240~~ hours of direct field observation by an authorized Ventura County Paramedic ~~Preceptor~~FTO.
  - 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 Paramedic FTO~~ with the approval of the Paramedic ~~Preceptor-FTO~~ and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).
- d. Approval by the paramedic ~~preceptor-FTO~~ 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 and arrhythmia recognition and treatment assessment administered by VCEMS. Minimum Passing score will be 80% on each assessment.
  - 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.
  - 1) Delays in arranging or scheduling direct field observation shift(s) should not delay the Level II upgrade process. In the event an observation shift cannot be arranged with the PCC by the end of the 240 hour upgrade process, the observation requirement may be waived with VCEMS approval. Every attempt should be

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made to schedule this observation in advance, and conduct the shift prior to the completion of the 240 hour upgrade process.~~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~~ Paramedic FTO to total a minimum of ~~288~~ 240 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~~FTO, 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/FTO](#)
- \_\_\_\_\_ Approval by Paramedic [preceptor/FTO](#)
- \_\_\_\_\_ Submit all appropriate documentation to VCEMS including

	Date	Hours	<a href="#">Preceptor/FTO</a> Print legibly		Date	Hours	<a href="#">Preceptor/FTO</a> Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
<b>Total Hours Completed</b>							

**Please sign and date below for approval.**

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

Paramedic <a href="#">Preceptor/FTO</a> 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
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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 <a href="#">728729</a> 722	Airway Management Needle Thoracostomy Pre-existing Vascular Access Device Intraosseous Infusion <a href="#">King Airwayair-Q</a> Transport of Pt. with IV Heparin and NTG			

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

Paramedic Name: \_\_\_\_\_ License. # \_\_\_\_\_ Date \_\_\_\_\_

Preceptor-FTO 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 reaccreditation. 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. <b>ACLS</b> (4 hours)				
2. <b>PALS</b> (4 hours)				
<b>EMS Updates are held in May and November each year.</b> EMS Updates are completed as new or changed policies become effective.				
3. <b>EMS UPDATE #1</b> (1 hour)				
<b>EMS UPDATE #2</b> (1 hour)				
<b>EMS UPDATE #3</b> (1 hour)				
<b>EMS UPDATE #4</b> (1 hour)				
4. <b>Ventura County MCI COURSE</b> (2 hours)				
<i>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.</i>				
<b>Skill Refreshers are held in March and September each year.</b> 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. <b>Skills Refresher year 1</b> (3 hours)				
<b>Skills Refresher year 2</b> (3 hours)				
6. <b>Endotracheal intubations refresher session (1 session every 6 months based on your license expiration date.)</b>				
#1				
#2				
#3				
#4				
<b>Additional Hours (12 hours)</b>				
These hours can be earned with any combination of additional field care audit, lecture, etc.)				
1.				
2.				
3.				
4.				
5.				
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