Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	September 14, 2017 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A. Other	
V.	**New Business**	
	A. Other	
VI.	**Old Business**	
	A. 1000 – Documentation of Prehospital Care	Chris Rosa
	B. 601 – Medical Control at the Scene	
VII.	**Informational/Discussion Topics**	
	A. Epinephrine	Dr. Shepherd / Dr. Drehsen
VIII.	**Policies for Review**	
	A. 100 - Local Emergency Medical Services Agency	
	B. 440 - “Code STEMI”: Transfer of Patients with STEMI for PCI	
	C. 705.10 - Childbirth	
	D. 705.14 – Hypovolemic Shock	
	E. 705.15 - Nausea/Vomiting	
	F. 1108 – National Registry Transition Course Approval	Possible Deletion
	G. 1140 – EMD and Priority Dispatch Training Guidelines	Possible Deletion
IX.	**Agency Reports**	
	A. Fire Departments	
	B. Ambulance Providers	
	C. Base Hospitals	
	D. Receiving Hospitals	
	E. Law Enforcement	
	F. ALS Education Program	
	G. EMS Agency	
	H. Other	
X.	**Closing**	

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

Topic	Discussion	Action	Assigned
II. Approve Agenda		Approved	Motion: Tom O'Conner Seconded: Kathy McShea Passed unanimous
III. Minutes		Approved	Motion: Tom O'Conner Seconded: Kathy McShea Passed unanimous
IV. Medical Issues			
A. 705.24 – Symptomatic Bradycardia	Dr. Shepherd presented the proposed changes as follows: heart rate of 45 change to less than 60, Obtain a 12 lead ECG and add SOB to "Additional Information". After a lengthy discussion by committee members, it was decided that the Heart Rate will be left at less than 45 bpm.	Approved with changes	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous
B. 726	Add Symptomatic bradycardia to page 1- IV - #4	Approved	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous
V. New Business			
A. 450 – Acute Stroke Center Standards		Approved	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous
B. 451 – Stroke System triage and Destination		Approved	Motion: Heather Ellis Seconded: Kathy McShea Passed unanimous
C. 452 – Thrombectomy Capable Acute Stroke Center Standards		Approved	Motion: Debbie Licht Seconded: Dr. Canby Passed unanimous
D. 460 – Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients		Approved	Motion: Debbie Licht Seconded: Dr. Canby Passed unanimous

	E. 705.26 – Suspected Stroke	Sarah Melgoza asked that a CCT sub-committee could be set up to discuss the current issues hospitals are having with CCT's which Include long wait times.	Approved Chris Rosa stated that he will set up a CCT committee meeting.	Motion: Adriane Stefansen Seconded: Erica Gregson Passed unanimous
	F. 300 – EMT Scope of Practice		Approved	Motion: Bob Scott Seconded: Jaime Villa Passed unanimous
	G. 301 – EMT Certification		Approved	Motion: : Bob Scott Seconded: Jaime Villa Passed unanimous
	H. 302 – EMT Recertification	Note: On the skills sheet, it will be acceptable to put" N/A" under the category for Epi, Narcan and Glucometer prior to July 1, 2019.	Approved	Motion: Debbie Licht Seconded: Dr. Canby Passed unanimous
	I. 304 – EMT Challenge Exam		Approved	Motion: Tom O'Connor Seconded: Heather Ellis Passed unanimous
	J. 705 – Treatment Protocols		Approved	Motion: Tom O'Connor Seconded: Heather Ellis Passed unanimous
	K. 1100 – EMT Training Program Approval		Approved	Motion: Tom O'Connor Seconded: James Rosolek Passed unanimous
	L. XXX – EMT Optional Skills	Add #3 - Narcan and #4 – Glucometer. Fix formatting issues. Note: Tom O'Connor requested that nasal Narcan be added to the paramedic scope. This issue is already addressed in Policy 310, "A paramedic may perform any activity identified in the Scope of Practice of an EMT or Advanced EMT (AEMT) as defined in regulations governing those certification levels."	Approved	Motion: Tom O'Connor Seconded: Heather Ellis Passed unanimous
VI.	**Old Business**			
	A. 315 – Paramedic Accreditation to Practice		Approved	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous

	B. 318 – Requirements to Staff an ALS Unit	Page 9 – between #6 and #7 in addition to keeping the PCC updated on progress, add that the PCC should be notified at the beginning and at the end of the process.	Approved with changes	Motion: Debbie Licht Seconded: Kathy McShea Passed unanimous
VII.	**Informational/Discussion Topics**			
	A. 710 – Airway management	Dr. Shepherd told the committee that he is requiring a backup for Capnography in case one fails. He will work on the wording and send out to the committee.	Committee approved with Dr. Shepherds changes.	Motion: Aaron Tapking Seconded: Heather Ellis Passed unanimous Heather Ellis
VIII.	**Policies for Review**			
X.	**Agency Reports**			
	A. Fire departments	**VCFPD** – Broselow Tape will be in field soon. Sq. 31 will be out of service September 5, 2017. **VCFD –** none **OFD** – none **Fed. Fire** – none **SPFD** – none **FFD** – none		
	B. Transport Providers	**LMT -** none **AMR/GCA** – none **AIR RESCUE –** They have written a letter of intent to purchase 2 Black Hawk helicopters.		
	C. Base Hospitals	**SVH** – none **LRRMC** – none **SJRMC –** The hospital will be breaking ground on the new ER expansion in October. **VCMC** – none		
	D. Receiving Hospitals	**PVH –** none **SPH** – none **CMH** – New hospital will open Nov. or Dec. of 2018. **OVCH** – none		
	E. Law Enforcement	**VCSO –** none **CSUCI PD –** none		
	F. ALS Education Programs	**Ventura College** – July 24th from 3-5pm is Advisory Committee meeting.		
	G. EMS Agency	**Steve –** The state is looking at Bills that could affect our ambulance contractors. AB1250 – County contracted services are saving money? AB263 – Specific		

	standards for ambulance rest periods (ambulance could be taken out of service to rest). EMS certification/front office position is open. **Dr. Shepherd -** none **Chris** – none **Katy** – none **Randy** – none **Karen** – none	
H. Other		
XI. Closing	**Meeting adjourned at 12:00**	

Prehospital Services Committee 2017

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
AMR	Stefansen	Adriane				AS			AS						
AMR	Carmona	Yoni				YC									
CMH - ER	Canby	Neil				NC	NC		NC						
CMH - ER	Querol	Amy		AQ											
OVCH - ER	Pulido	Ed		EP			EP								
OVCH - ER	Patterson	Betsy				BP	BP		BP						
CSUCI PD	Drehsen	Charles		CD		CD	CD		CD						
CSUCI PD	DeBoni	Curtis													
FFD	Herrera	Bill				BH									
FFD	Scott	Bob				BS			BS						
GCA	Panke	Chad													
GCA	Sanders	Mike		MS		MS	MS		MS						
Lifeline	Rosolek	James		JR		JR	JR		JR						
Lifeline	Winter	Jeff		AS		JW			JW						
LRRMC - ER	Brooks	Kyle		KB		KB	KB								
LRRMC - ER	Licht	Debbie		DL		DL	DL		DL						
OFD	Martin	Blair		BM		BM	BM								
OFD	Villa	Jaime					JV		JV						
SJPVH - ER	Hutchison	Stacy		KM		SH	SH		SH						
SJPVH - ER	Davies	Jeff		JD		JD			JD						
SJRMC - ER	Larsen	Todd		TL		TL			TL						
SJRMC - ER	McShea	Kathy		KM		KM	KM		KM						
SPFD	Zeller	Tyler							TZ						
SVH - ER	Tilles	Ira				IT	IT								
SVH - ER	Vorzimer	Nicole		NV		NV	NV		DB						
V/College	O'Connor	Tom		TO		TO	TO		TO						
VCFD	Tapking	Aaron		AT			AT		AT						
VCFD	Ellis	Heather		HE		HE	JH		HE						
VNC	Zeller	Scott		SZ		SZ	SZ		SZ						
VNC	DesForges	Mike		JS											
VNC - Dispatch	Gregson	Erica		EG			EG		EG						
VCMC - ER	Chase	David		DC		DC	SR		DC						

Agency	LastName	FirstName	1/12/2017	2/9/2017	3/9/2017	4/13/2017	5/11/2017	6/8/2017	7/13/2017	8/+K3:K3510	9/14/2017	10/12/2017	11/9/2017	12/14/2017	%
VCMC - ER	Gallegos	Tom				TG			TG						
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah				SM			SM						
VCSO SAR	Hadland	Don		DH		DH	DH								
VCSO SAR	Golden	Jeff		JS		JG	JG		JG						
VFF	Santillo	Dave		DS											
VFF	Bond	Timothy													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
EMS	Carroll	Steve		SC		SC	SC		SC						
EMS	Frey	Julie		JF			JF		JF						
EMS	Hadduck	Katy				KH	KH		KH						
EMS	Perez	Randy				RP	RP		RP						
EMS	Shepherd	Daniel		DS		DS	DS		DS						
EMS	Rosa	Chris		CR		CR	CR		CR						
EMS	Salvucci	Angelo		AS											
EMS	Hansen	Erik													
EMS	Beatty	Karen		KB		KB	KB		KB						
LMT	Winter	Jeff							JW						
LMT	Frank	Steve													
VCMC	Duncan	Thomas		TD		TD			TD						
VNC	James	Lauri		LJ			LJ		LJ						
VNC	Shedlosky	Robin		RS					RS						
VNC	Komins	Mark		MK		MK	MK								

TEMPORARY
PARKING PASS
Expires September 14, 2017

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

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

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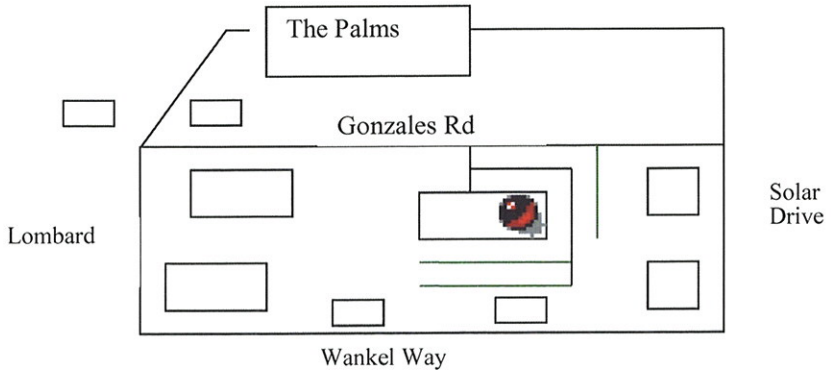
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

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

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

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

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



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

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

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

III. Definitions:

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

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

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

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

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

~~I~~V. PROCEDURE:

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A. Provision of Access

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

B. Documentation

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

d. ~~A minimum validation score of 95 shall be required for all VCePCRs prior to completion and locking of the document.~~All relevant fields pertaining to the EMS event will be appropriately documented on the VCePCR.

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

f. In the event of ~~multiple patients~~an incident with three or more victims, documentation will be accomplished as follows:

1) MCI/Level I (3-14 victims)~~Level 1 MCI~~: The care of each patient shall be documented using an VCePCR.

2) ~~Level 2 and 3 MCI~~MCI/Level II or III (15+ victims): Each patient transported to a hospital shall have their care documented on a Ventura County Multi-Casualty Patient Record.

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

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

c) The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within

twenty-four hours of demobilization of the incident.

C. Transfer of Care

1. Transfer of care between two field provider teams and between field provider and hospital ~~shall~~ will be documented on ~~on appropriate~~ the VCePCR. The first arriving agency will post to the server and perform a coordinated electronic transfer of care whenever possible within the VCePCR system to the next incoming unit. The unit receiving the electronic transfer will download the correct corresponding report prior to completion of the ePCR. This includes intra-agency units and inter-agency units.

   a. Any / all agencies involved in the transferring of electronic medical records shall ensure they are uploading and downloading the correct record for the correct patient.

2. A VCePCR shall be completed in accordance with training administered by VCEMS, or designee.

3. The time that patient care is transferred to hospital staff shall be documented by the primary provider handling patient care in all circumstances where a patient is transported to a hospital.

   a. Transfer of care to the receiving facility is complete when:

      1) The patient is moved off of the EMS gurney, and;

      2) Verbal patient report is given by transporting EMS personnel and acknowledged by Emergency Department medical personnel and a signature of patient receipt is obtained in the VCePCR.

         a) The signature time shall be the official transfer of care time, and will be documented in eTimes.12 – Destination Patient Transfer of Care Date/Time.

D. In the event the cardiac monitor is attached as required by any of the VCEMS 705 policies, a complete ECG data transfer shall be recorded and attached to the corresponding VCePCR. ECG data shall be

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downloaded by each provider agency involved in that incident and attached to the corresponding VCePCR. An original 12 lead ECG shall be printed and submitted upon transfer of care to hospital staff for any patient where a 12 lead ECG was performed.

1. If a 12 lead ECG is performed by medical staff at a clinic or urgent care, ~~and a STEMI is identified on that 12 lead ECG,~~ the original or copy of the 12 lead ECG ~~document~~ shall be scanned or photographed and attached to the ePCR, at the time of posting to the server, as part of the patient's prehospital medical record.

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E. Submission to VCEMS

1. In the following circumstances, a complete VCePCR shall be completed and posted by any transporting unit, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination:
   a. Any patient that falls into Step 1 or Step 2 (1.1 – 2.8) of the Ventura County Field Triage Decision Scheme
   b. Any patient that is in cardiac arrest, or had a cardiac arrest with ROSC.
   c. Any patient with a STEMI positive 12 lead ECG.
   d. Any patient with a positive Cincinnati Stroke Screening (CSS +). This includes all prehospital Stroke Alerts and all prehospital ELVO alerts.
   e. Any patient that is unable to effectively communicate information regarding present or past medical history.
   f. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.
2. For circumstances not listed above, in which the patient was transported to a hospital, the entire data set found ~~on~~ within the VCePCR 'REPORT' tab shall be completed and electronically posted to the server by transporting agencies, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at

destination. This includes all assessments, vital signs, procedures, and medications performed as part of the response.

a. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.

3. All other reports not falling into the above criteria shall be completed and posted to the server as soon as possible and no later than the end of shift.

4. In all circumstances in which a person is transported to a receiving hospital from the scene of an emergency, or as part of any emergent/urgent specialty care transfer (STEMI, Stroke, Trauma), the transporting personnel shall obtain and document the eOutcome.04 – Hospital Encounter Number.

F. ~~Dry Run/~~Against Medical Advice

Every patient contact resulting in refusal of any medical ~~attention~~treatment and/or transport must be documented with the following information, the reason dispatched and/or chief complaint, assessment and vital signs, base hospital contact (when appropriate), patient advised to seek medical attention and completion of all appropriate AMA modules. The AMA checklist as well as patient signatures shall be captured whenever possible by each applicable agency at the time of patient contact/refusal. If, at any point, a signature is not obtained for any reason, explanation shall be documented in the narrative section of the VCePCR.

G. ALS Inter-facility Transfers (Acute Care Facility to Acute Care Facility)

Documentation shall be completed on all ALS Inter-facility transfers only. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment.

If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the VCePCR.

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

I. Patient Medical Record

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

Attachment A

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

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

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

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

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

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

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: MEDICAL CONTROL AT THE SCENE: EMS PREHOSPITAL PERSONNEL	Policy Number: 601
APPROVED: Administration: Steven L. Carroll, EMT-P	Date:
APPROVED: Medical Director Daniel Shepherd, MD	Date:
Origination Date: October 1, 1993 Date Revised: February 9, 2017 Date Last Reviewed: February 9, 2017 Review Date: February 28, 2020	Effective Date: June 1, 2017

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

II. AUTHORITY: California Health and Safety Code, Sections 1797.220, and 1798.6

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

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

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

1. EMT-~~IA~~
2. ~~EMT-I with transporting capability~~
3. EMT-~~D with cardiac patient~~ALS Assist
4. ~~EMT-P~~Paramedic, operating in accordance with established Ventura County EMS Agency policies and procedures, under medical control from a BH ~~or under Ventura County Policies~~, or who is providing care under the direct order of a physician on scene.
   a. This does not allow the ~~EMT-P~~Paramedic to receive orders from medical personnel at the scene who are not MD's or DO's. This

order is determined by training hours, scope of practice, and available supplies and equipment.

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

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

6. The first ~~EMT-P~~Paramedic on scene assumes initial medical control of the patient. ~~The First Responder EMT-P transfers medical authority to the transporting EMT-P at the time that the patient is placed on the transport gurney, unless the patient condition requires that continued attendance of the first responder EMT-P during transport. In that case the initial treating EMT-P shall maintain medical authority throughout the run.~~Medical Control of the patient and the best course of patient care will be determined by Paramedics on scene, in conjunction with the Base Hospital MICN/Base Physician (when indicated). In all cases, transfer of medical control and/or patient care will be done in a coordinated fashion.

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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Local Emergency Medical Services Agency		Policy Number 100
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2010
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2010
Origination Date: Date Revised: Last Reviewed: Review Date:	July 1, 1980 October, 2003 December 13, 2012 November 30, 2014	Effective Date: December 1, 2003

I. PURPOSE: To establish a local EMS agency as required for the development of an emergency medical services program in Ventura County.

II. AUTHORITY: Health and Safety Code, Sections 1797.94 and 1797.200. Ventura County Board of Supervisors Board Letter dated July 1, 1980.

III. POLICY: The Ventura County Health Care Agency is designated as the Local Emergency Medical Services Agency for Ventura County. The Ventura County Emergency Medical Services Agency (VCEMS) has primary responsibility for administration of emergency medical services in Ventura County.

A. Organizational History of the VC EMS Agency:

- 1980 EMS Coordinator reports directly to the County Health Officer
- 1987 VCEMS is made a department of Public Health
- 1989 VCEMS is made a department of the Health Care Agency
- 1996 VCEMS is made a department of Public Health

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: "Code STEMI": Transfer of Patients with STEMI for PCI		Policy Number 440
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 12/01/09
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 12/01/09
Origination Date: Date Revised: Last Reviewed: Review Date:	July 1, 2007 June 11, 2009 July 12, 2012 September, 2014	Effective Date: December 1, 2009

I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).

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

III. DEFINITIONS:

A. STEMI: ST Segment Elevation Myocardial Infarction.

B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.

C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and is not designated as a STEMI Receiving Center according to VC EMS Policy 430.

D. PCI: Percutaneous Coronary Intervention.

IV. POLICY:

A. STEMI Referral Hospitals will:

1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
    a. Checklist with phone numbers of Ventura County SRCs.
    b. Preprinted template order sheet with recommended prior-to-transfer treatments. Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
    c. Patient Consent/Transfer Forms.
    d. Treatment summary sheet.
    e. Ventura County EMS Code STEMI data entry form.
2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

3. Establish policies and procedures to make personnel available to accompany the patient during the transfer to the SRC. These policies will include patient criteria for requiring an RN to accompany patient.

B. Ambulance Dispatch Center will:

1. Respond to a “Code STEMI” transfer request by immediately dispatching the closest available ALS ambulance to the requesting SRH.

C. Ambulance Companies

1. Ambulance Companies will:
   a. Respond immediately upon request for “Code STEMI” transfer.
   b. Staff all ambulances with a minimum of one paramedic who has been trained in the use of intravenous heparin and nitroglycerine drips, and the pump being used, according to VC EMS Policy 722.
2. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.

D. STEMI Receiving Centers will:

1. Maintain accurate status information on ReddiNet regarding the availability of a cardiac catheterization lab.
2. Publish a single phone number, that is answered 24/7, to receive notification of a STEMI transfer.
3. Immediately upon initial notification by a transferring physician at an SRH, accept in transfer all patients who have been diagnosed with a STEMI and who, in the judgment of the transferring physician, require urgent PCI.
4. Authorize the emergency physician on duty to confirm the acceptance in transfer of any patient with a STEMI.
5. Establish an internal communications plan that assures the immediate notification of all necessary individuals, including the cardiac catheterization services staff and on-call interventional cardiologist, of the transfer.
6. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for post-PCI care.

V. PROCEDURE:

A. Upon diagnosis of STEMI, and after discussion with the patient, the SRH will:

1. Determine availability of the SRC by checking ReddiNet.
2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.

3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].
4. After calling for ambulance, the SRH transferring physician will notify the SRC emergency physician of the transfer.
5. Perform all indicated diagnostic tests and treatments.
6. Complete transfer consent, treatment summary, and Code STEMI data forms.
7. Include copies of the ED face sheet and demographic information.
8. Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the SRC.
    a. If, because of unusual and unanticipated circumstances, no healthcare staff is available for transfer, the SRH may contact the responding ambulance company to make a paramedic or EMT available.
    b. If neither the SRH or ambulance company has available personnel, a CCT transfer may be requested.
9. Contact SRC for nurse report at the time of, or immediately after, the ambulance departs.

B. Upon request for "Code STEMI" transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize "MEDxxx Code STEMI from [SRH]". The SRC 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 SRH will advise the responding ambulance personnel of the SRC.

C. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the "Code STEMI" transfer.

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. Any diagnostic test results may be relayed to the SRC at a later time.
3. Intravenous drips may be discontinued or remain on the ED pump.
4. Ambulance personnel will place defibrillation pads on the patient.

F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.

G. The SRH and SRC shall review all STEMI 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 STEMI CQI Committee.

Childbirth

BLS Procedures

Determine

- Number of pregnancies (gravida)
- Number of deliveries (para)
- Due date (weeks of gestation)
- Onset/duration/frequency/intensity of contractions
- If a rupture of membranes has occurred (including color/date/time)
- If any expected complications during pregnancy are present
- Presence of crowning or any abnormal presenting part at perineum

PROLAPSED CORD	OTHER PRESENTING PART	
	DELIVERING	NOT DELIVERING
Cover cord with wet saline dressing Place mother in left-lateral Trendelenberg position Provide constant manual pressure on presenting part to avoid cord compression	Elevate hips Assist delivery while initiating Code-3 transport Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)	Place mother in left-lateral Trendelenberg position Initiate Code-3 transport

Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes

If the HEAD is crowning, prepare to assist mother with delivery –

Guide baby out

ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION: suction mouth, then nose

Dry and stimulate (rub gently, but briskly with warm towel, provide stocking cap if available)

While drying infant, assess for prematurity, poor respiratory effort, or lack of muscle tone. If any exist, double clamp and cut cord, and begin resuscitation according to VC EMS Policy 705.16, "Neonatal Resuscitation"

Place infant skin-to-skin with mother, cover both with dry linen, and observe for breathing, activity, and color

Double clamp cord and cut with sterile scissors between clamps

Note time of birth

Begin transport. To help prevent heat loss from infant, turn up the heat in the treatment area of the ambulance

- *Do not* wait for placenta to deliver

If placenta delivers, assist and package, then gently massage fundus

- *Do not* massage fundus until the placenta has delivered

Newborn assessment – at 1 minute and 5 minutes post-delivery (Note: if infant requires resuscitation at birth, defer APGAR scoring to a later time. Resuscitation should not be delayed to assess for APGAR score.

APGAR score	0	1	2
A - Appearance	Blue/Pale	Pink w/ blue extremities	Pink
P – Pulse	Absent	< 100 bpm	> 100 bpm
G – Grimace (reflex irritability)	Absent	Grimace	Cough/Cry/Sneeze
A – Activity (muscle tone)	Limp	Some flexion	Active
R – Respirations	Absent	Slow	Good cry

ALS Prior to Base Hospital Contact

IV Access

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information

- If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination.

Hypovolemic Shock

ADULT	PEDIATRIC
BLS Procedures	
Place patient in supine position Administer oxygen as indicated	Place patient in supine position Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
IV access **Normal Saline** • IV bolus – 1 Liter o Caution with cardiac and/or renal history o Evaluate lung sounds. If signs of CHF, decrease IV to TKO o If vital signs return to within normal limits, decrease IV to TKO <u>Traumatic Injury</u> • Do not delay transport for first IV attempt • Attempt second IV while enroute to ED • Refer to Policy 705.01- Trauma Treatment Guidelines, for fluid therapy in thoracic, abdominal and pelvic trauma. o Goal is to maintain palpable peripheral pulses	IV/IO access **Normal Saline** • IV/IO bolus – 20 mL/kg o Caution with cardiac and/or renal history o Evaluate lung sounds. If signs of CHF, decrease IV to TKO o If vital signs return to within normal limits, decrease IV to TKO <u>Traumatic Injury</u> • Do not delay transport for first IV attempt • Attempt second IV while enroute to ED
Communication Failure Protocol	
If shock persists: • *Repeat* **Normal Saline** o IV bolus – 1 Liter	If shock persists: • *Repeat* **Normal Saline** o IV/IO bolus – 20 mL/kg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures

Nausea/Vomiting

ADULT	PEDIATRIC
BLS Procedures	
Maintain airway and position of comfort Administer oxygen as indicated	Maintain airway and position of comfort Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
Indications for Ondansetron: 1. Moderate to severe nausea or vomiting. 2. Potential for airway compromise secondary to suspected/actual head injury when cervical immobilization is used. 3. Prior to MS administration, for patients with history of nausea/vomiting post narcotic administration. • IV access • Cardiac Monitor • **Ondansetron** o PO – 4 mg ODT • May repeat x 1 in 10 min o IV/IM – 4 mg • May repeat x 1 in 10 min	Indications for Ondansetron: 1. Moderate to severe nausea or vomiting. 2. Potential for airway compromise secondary to suspected/actual head injury when cervical immobilization is used. 3. Prior to MS administration, for patients with history of nausea/vomiting post narcotic administration. • IV access • Cardiac Monitor • **Ondansetron** – 4 years old and older o PO – 4 mg ODT o IV/IM – 4 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures

- The use of ondansetron should be avoided in patients with known congenital long QT syndrome
- Use caution in administration of ondansetron for patients with electrolyte imbalances, CHF, bradyarrhythmias, or patients taking medications known to prolong the QT interval

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: National Registry Transition Course Approval	Policy Number 1108
APPROVED: Administration: Steve L. Carroll, EMT-P	Date: 01/17/2013
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: 01/17/2016
Origination Date: January 17, 2013 Date Revised: Date Last Reviewed: Review Date: January, 2014	Effective Date: January 17, 2013

I. PURPOSE: To approve transition courses for use by EMTs or Paramedics who wish to maintain their National Registry of Emergency Medical Technicians (NREMT) certification. These transition courses are a requirement for NREMT recertification as part of NREMT's commitment to fully implement their transition to the new National EMS Scope of Practice Model, National Education standards, and relevant Instructional Guidelines.

II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Sections 100057 & 100147

III. POLICY:

A. Transition Course Criteria

1. NREMT transition courses for EMTs and Paramedics will be taught only by Ventura County EMS Agency (VCEMS) approved EMT and/or Paramedic training programs that offer either initial training or refresher courses, as outlined in VCEMS policies 1100 and 1135. Only paramedic training programs will be approved to teach paramedic level transition courses.
2. Course curriculum will consist, at a minimum, of the “gap content” identified in the National Association of State EMS Officials (NAEMSO) “National EMS Education Standards Transition Template”.
3. Training programs offering transition courses will be responsible for ensuring that their students complete the ICS-100, ICS-700, and HAZMAT First Responder Awareness level training (or the equivalent to these courses) either as prerequisites or co-requisites to the transition courses.
4. Transition courses for both EMTs and Paramedics will be no less than twenty four (24) hours in duration.

5. Transition course completion records will include the following information on a tamper resistant document:
    a. NREMT-Paramedic's or NREMT-Basic's name;
    b. Transition course completion date;
    c. In addition to the certificate requirements identified in VCEMS policies 1100 and 1135, each transition course completion certificate will contain the following statement:
        1) "[NAME] has completed a state approved EMT-Paramedic to Paramedic transition course.",

        or

        2) "[NAME] has completed a state approved EMT-Basic to Emergency Medical Technician (EMT) transition course."
    d. Name of the sponsoring agency;
    e. Signature of the individual responsible for the training; and
    f. California continuing education provider number.
6. All National Registry transition courses will be approved in writing by VCEMS prior to commencing.

B. Transition Course Approval
1. Eligible training programs will submit a written request for approval to VCEMS at least sixty (60) days prior to the program's first course. The request will include the following:
    a. Training program name and address;
    b. Anticipated transition course start date;
    c. Procedure to ensure the students meets the pre-requisite or co-requisite requirements;
    d. A signed statement verifying that curriculum will be consistent with the guidelines outlined by the NAEMSO; and
    e. A complete outline of the transition course including an overview, course objectives, a topical outline with anticipated hours for each topic, a sample of written and/or skills evaluation, and a sample course completion record.
2. VCEMS will notify the training program of receipt of request for course approval within fourteen (14) business days of receiving the initial request.

3. VCEMS will notify the training program of any discrepancies with the application materials within thirty (30) days of receipt of the initial request.
4. The training program will address any identified discrepancies and re-submit the corrected material within fourteen (14) days of receipt of notification from VCEMS.
5. VCEMS will review the corrected material and notify the training program, in writing within sixty (60) days of the initial request for approval of the decision to approve or deny the request. If the transition course approval is denied, the reason(s) will be specified by VC EMS.
6. Transition course approval will remain valid:
   a. Until March 31, 2016 for EMT transition courses. EMTs wishing to renew NREMT certification will complete a transition course by this date.
   b. Until March 31, 2017 for Paramedic transition courses. Paramedics wishing to renew NREMT certification will complete a transition course by this date.
7. The following timeline details when individuals should complete a transition course based on NREMT certification expiration date;

NREMT-Basic expires:	Complete EMT Transition by:
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016
NREMT-Paramedic expires:	Complete Paramedic Transition by:
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016
March 31, 2013	March 31, 2017

C. Withdrawal of Transition Course Approval

1. Noncompliance with any criterion required for course approval, or noncompliance with any other applicable provision may result in suspension or revocation of program approval by VCEMS.
2. An approved course will have no more than sixty days to comply with corrections mandated by this policy.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Dispatcher and Priority Dispatch Training Guidelines		Policy Number 1140
APPROVED: Administration:	Barry R. Fisher, EMT-P	Date: 04/02/2003
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 04/02/2003
Origination Date: Date Revised: Review Date:	October 1991 April 2001 January 2003 January 2005	Effective Date: May 1, 2003

I. PURPOSE: The purpose of the "Emergency Medical Dispatcher Training Guidelines" is to assist local EMS Agencies, Law Enforcement Agencies and emergency medical dispatching services with development of a training program for their Emergency Medical Dispatchers (EMD).

II. POLICY: Any local Agency desiring to implement Emergency Medical Dispatching protocols and emergency instructions shall do so through the review and approval of the Ventura County EMS Agency. Tapes of all EMS calls shall be made. The Ventura County EMS Agency will conduct periodic medical tape audits with a department representative to ensure that dispatching protocol and emergency medical instructions are appropriately and effectively followed.

III. APPLICATION: This policy and procedure establishes the application process for Emergency Medial Dispatcher Training Programs.

A. EMERGENCY MEDICAL DISPATCH GUIDELINE GOALS AND TRAINING OBJECTIVES

The EMS Dispatcher Training Guidelines include specific training objectives for pre-arrival instructions to the caller. Alternatively, they shall use key questions to determine the correct pre-arrival instructions and/or to gather additional information to communicate to the EMS responders en route. Emergency Medical Dispatching Agencies may choose to include pre-arrival instructions as part of their system. Agencies utilizing this system shall work closely with the Ventura County EMS Agency and be consistent with the County's EMS plan.

An EMS Agency approved reference system (i.e., key questions, card file, protocol binder, computerized system), shall be used by dispatching services that choose to provide systematized pre-arrival instruction. Classroom lesson plans shall be developed by the local emergency service providers in conjunction with the Ventura County Emergency Medical Services Agency, commensurate with these guidelines. At the

conclusion of the training, the student should have successfully completed the following minimum training goals.

1. Have a general knowledge of what the emergency medical system is, how it operates, when it is activated and the level of Emergency Medical Dispatch that is performed.
2. Have a general knowledge of the type of telecommunications equipment utilized in Ventura County, how it operates, and integrates with the EMS system.
3. Have a specific knowledge of how to obtain information from callers by demonstrating an understanding of the philosophy of medical interrogation, the concept of hysteria threshold, and the need for persistently repeating questions to obtain critical information from the caller.
4. Be able to communicate Ventura County EMS Agency approved pre-arrival care instructions to a caller.
5. Have specific knowledge of the medical legal aspects and special circumstances pertinent to EMS dispatch.
6. Have specific knowledge to properly allocate local EMS resources.
7. Have specific knowledge of the role of the EMD in a multi-casualty incident and disaster situation including the local procedures utilized to insure appropriate EMS response and coordination with other responding agencies.
8. Demonstrate the ability to effectively describe verbally and, if physically able, perform cardiopulmonary resuscitation and obstructed airway techniques to current standards adopted by the local EMS dispatching service and EMS Agency.

B. PROGRAM ADMINISTRATION

EMS Agency approved EMD training programs shall provide for the functions of administrative directions, medical quality control, and actual program instruction. Nothing in this policy and procedure precludes the same individual from being responsible for more than one of the following functions if so qualified.

1. Program Director

   Each EMD training program shall have a program director that shall be qualified by education, and experienced in the methods, materials, and evaluation of instruction. The program director shall provide all written and practical examinations, coordinate all instructional activities, assure medical quality control of program and approve all Medical/Dispatch instructors and teaching assistants in accordance with EMSA policy and procedures. The program director will also

ensure that all aspects of the EMD training program are in compliance with the State EMS Authority EMD Training Guidelines and this policy and procedure.

2. Medical Instructor

   Each EMD Training course shall have a Medical instructor with the following qualifications:

   a. Currently certified as an emergency medical technician, paramedic, registered nurse, physician assistant or physician.

   b. Currently certified in cardiopulmonary resuscitation.

3. Dispatch Instructor

   Each EMD training program shall have a Dispatch Instructor with the following qualifications:

   a. Has worked 3 years in the last 5 as an Emergency Medical Dispatcher or Dispatch Supervisor of an EMD PSAP.

   b. Approved by employer.

4. Teaching Assistant

   Each EMD training program may have teaching assistants, qualified by experience or training to assist with teaching the course and shall be approved by the program director in cooperation with the Medical and Dispatch instructors as qualified to assist in teaching the topics to which the assistant is to be assigned.

5. Reporting

   a. All EMD program materials specified in this policy and procedure shall be subject to periodic review by the EMS Agency.

   b. Any person or agency conducting an EMD training program shall notify the EMS Agency in writing within thirty (30) days of a change in course content, hours of instruction, course location(s), written agreements between agencies for EMD training, administration, and emergency medical dispatch tape audit process.

   c. All EMS Agency approved EMD training programs shall provide:

      1) The EMS Agency with a complete listing of all administrative and instructional members at the beginning of each course.

      2) The EMS Agency with a complete listing of all graduates, along with individual written and practical examination scores (must be, 80% minimum) on course completion.

      3) The EMS Agency with an annual written report to include:

         a) Number of students trained

b) Number of students enrolled
c) Number of graduates
d) Written and practical examination scores of graduates and non-graduates
e) Additions or deletions in program administrative and instructional personnel
f) A summary evaluation of the EMD training program

6. Course Completion Record

An EMS Agency approved EMD training program shall issue a course completion record to each person who successfully completes an EMD training program. The course completion record shall contain the following:

a. The name of the individual.
b. The name and location of the agency issuing the course completion record.
c. The date of course completion.
d. The total number of hours completed.
e. The name and signature of the program director.
f. The name and signature of the principal instructor.

7. EMD Challenge Procedure

When an EMD trained individual is employed for a Ventura County dispatching position, the following challenge procedures shall be initiated.

a. Attend an 8-hour VCEMS approved orientation given by the employing agency on the Ventura County EMD program.
b. The candidate shall successfully complete the existing EMD Final Exam utilized by the agency whom the candidate is employed.
c. Each agency shall send a brief memo to Emergency Medical Services on the completion of the challenge process stating that the employee has successfully completed the above procedure.

8. Continuing Education Requirements

a. Required hours for EMD Continuing Education are as follows:

Continuing Education Requirements for EMD Dispatcher Reauthorization	
Continuing Education Type	2-Year Hourly Requirements
VC EMS Agency EMD/PD Education	2
Critical Incident Stress Management (VCEMS or other accredited agency)	2
EMD PSAP Tape Review	6
CPR	4
Other (One of the above CE Categories, POST EMD-related training sessions, VC EMS card specific issues, academic course work directly related to job responsibilities and approved by EMS Agency, or Ride Along)	10
Total	24

b. EMD dispatchers shall attend a minimum of two (2), one-hour Ventura County EMD Continuing Education classes, offered quarterly, per authorization period.

c. At least two hours of Critical Incident Stress Management education shall be completed each 2-year authorization period.

d. EMD Continuing Education will utilize sign in sheets to track attendance. Each agency providing EMD will track individual dispatcher's CE hours and maintain copies of sign-in rosters. Rosters will be available to the EMS Agency by request.

e. If an EMD does a ride-along as part of their CE hours, the approved EMD Field Observation Report (Appendix A) shall be utilized and submitted to the agency providing EMD.

f. In the event the Dispatcher takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization.

g. Once the EMS Agency receives notification by a dispatch agency that a dispatcher has successfully completed an approved VCEMS EMD program, the dispatcher shall be granted an official EMD Authorization card (Appendix B) issued by the EMS Agency.

C. PROGRAM APPROVAL

Approval of EMD training programs by the EMS Agency shall be made on the basis of comprehensive evaluation of required material received from the submitting agency.

1. Evaluation criteria utilized by the EMS Agency are as follows:
    a. Verification that the submitting agency's program follows the State EMS Authority EMD Training Guidelines and this policy for required instructional elements, course content, time frames and testing.
    b. Verification that the submitting agency meets the criteria for agencies eligible to conduct EMD training.
    c. Verification of the EMS Agency receiving from the submitting agency all required materials referenced in Section IIID of this policy and procedure.
2. The EMS Agency shall make program approval or disapproval in writing within thirty (30) days after receipt of submitting agency's application and required supportive documentation materials.
3. Program approval shall be for two (2) years following the effective date of program approval and may be renewed biennially, subject to the provisions of this policy and procedure.

D. APPLICATION PROCESS

Agencies or facilities proposing to conduct an EMD training program shall submit a written request for EMD training program approval to the EMS Agency. The EMS Agency shall, prior to program approval or disapproval of an EMD training program, review the following materials submitted by the agency:

1. EMD Training Program Approval Application form shall have:
    a. The name and location of the submitting agency.
    b. The date in which the application and accompanying supportive materials were sent by the submitting agency.
    c. The name, position, and telephone number of the individual(s) who prepared the application packaged.
2. Course outline of proposed EMD training program, consisting of all instructional elements and associated hours of instruction specified in this guideline.
3. Sample written and practical examinations for periodic testing of each performance objective.
4. Sample validated competency-based written and practical final examination utilized for course completion.
5. Description of the process used to validate the final written and practical examination utilized for course completion; include validation process results.

6. A description of the program evaluation process, including but not limited to:
    a. Evaluation of student's objectives
    b. Evaluation of program content
    c. Evaluation of learning opportunities
    d. Evaluation of instructor(s)
    e. Evaluation of program environment
    f. Evaluation of learning materials
7. Sample instructional materials, to be utilized in the proposed EMD training program, including:
    a. Medical Dispatch Priority Reference System.
    b. Other instructional materials to be utilized in the proposed EMD training program, including handouts, books, etc.
8. Names, telephone number, and qualifications of the program director, principal instructor(s), and teaching assistant(s).
9. The location(s) where the EMD training program courses will be held.
10. Provision to establish written agreements with other agencies to conduct EMD training should the submitting agency choose to conduct EMD training for other agencies or have its personnel trained by another eligible agency.

E. WITHDRAWAL OF PROGRAM APPROVAL

Non-compliance with criterion required for program approval, use of any unauthorized teaching personnel, or non-compliance with other applicable provision of this policy and procedure or the State EMS Authority EMD Training Guidelines may result in withdrawal of program approval by the EMS Agency.

Such action by the EMS Agency will be conducted according to EMS Agency Policy and Procedure.

F. TRAINING UNIT GUIDELINES:

Training of New Dispatchers: A dispatcher shall not provide EMD instructions until s/he has been trained according to VCEMS requirements as specified in this Policy.

The following training units are identified for students who are not currently certified as an EMD Dispatcher within Ventura County.

UNIT NUMBER	IDENTIFICATION	RECOMMENDED ALLOCATED TIME FOR TEACHING
1	Medical Dispatch Orientation	3 hours
2	Obtaining Information from the Caller	3 hours
3	Priority Dispatch	4 hours
4	Medical Legal Considerations	2 hours
5	Providing Pre-Arrival Instructions	8 hours
6	CPR/Obstructed Airway	4 hours
7	CQI	2 hours
8	Multi-Casualty Incidents and Disaster Procedures	1 hour
9	Critical Incident Stress Management	1 hour
10	Practical Lab	8 hours
11	Written and Practical Testing	4 hours
	Total	40 hours

The Training Unit Guidelines for each of the eleven units specified above are identified on the following pages.

APPENDIX A

FIELD OBSERVATION REPORT

EMD NAME:_____ EMD NO: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

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

SUMMARY OF FIELD OBSERVATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____ _____

EMS PROVIDER'S SIGNATURE EMD SIGNATURE

APPENDIX B
EMD AUTHORIZATION CARD

County of Ventura
Health Care Agency
Emergency Medical Services

NAME

Has fulfilled the requirements of the County of Ventura and is authorized as a

Emergency Medical Dispatcher

Authorization #:	**xxxx**
Issue Date:	**08-28-02**
Expiration Date:	**08-31-04**

For verification of authorization status, please contact:

County of Ventura
Emergency Medical Services
2220 E. Gonzales Rd., #130
Oxnard, CA 93036
805-485-9230 Fax: 805-485-9214
www.vchca.org/ph/ems

Angelo Salvucci, MD, FACEP
Medical Director

UNIT 1

MEDICAL DISPATCHER ORIENTATION

LEARNING GOAL:

The student should have a general knowledge of what the emergency medical system is, how it operates, when it is activated, and what level of emergency medical dispatch is performed.

PERFORMANCE OBJECTIVES:

The student should be able to identify the administrative organization of the Emergency Medical System and the roles that the following organizations play in it:

1. The State Emergency Medical Services Authority.
    - The Ventura County Emergency Medical Services Agency.
    - The local EMS providers.
2. The Student should be able to identify the following types of emergency service.
    - First Responder
    - Basic Life Support (BLS)
    - Advanced Life Support (ALS)
3. The student should be able to identify the following provider levels of training and distinguish the difference between the service which each provides:
    - First Responder
    - Emergency Medical Technician (EMT-I)
    - Emergency Medical Technician-Defibrillator (EMT-D)
    - Emergency Medical Technician Paramedic (EMT-P)
    - Mobile Intensive Care Nurse
4. Given the six following parts of the Emergency Medical Service System, the student should be able to identify who they are, and what they do.
    - Person on scene
    - Dispatcher
    - First Responder
    - EMS Prehospital Personnel, MICN, EMT-P, EMT-D, EMT-I
    - Transport Personnel
    - Licensed Acute Care Facility (Hospital)
5. The student should be able to demonstrate knowledge of the following distinguishing characteristics of a medical emergency response.
    - When a person is known to be sick or injured and makes a request for medical response.

- When a situation involves a sick and injured person where verification cannot be made and a request for medical services is received (third party caller).
- When information is received that reasonably shows that law, fire or emergency medical problems exist in a multi-response situation.

6. The student should be able to distinguish the following types of emergency medical service dispatch systems and identify the difference between those systems:
    - No system – Send whatever is closest
    - Resources availability system – Most appropriate resource sent, based on the type of emergency
    - Key question response system – Priority Dispatch – Response sent, based on EMD questioning
7. The student should be able to identify and demonstrate knowledge of Level-I dispatching:

1. Level I Option (Call Routing)	Dispatch Action **ALWAYS DISPATCHED**	Dispatch Options Pre-arrival Instructions

Dispatch determines only if it is non-medical or medical emergency and routes accordingly. The local dispatching service, with the approval of the EMS Agency, has the option of providing pre-arrival instructions.

- The student should be able to demonstrate the ability to define the vocabulary and abbreviations utilized in the Ventura County Emergency Medical Services System.
- When given a specific scenario, the student should be able to trace the sequence from receiving the EMS call to dispatch of responders. The student should also be able to identify the level of responding unit, and necessary en route coordination up to the point of arrival at the receiving facility.
- The Student should be able to list and explain the overall goals of the Emergency Medical Dispatcher Training Course.
- The Student should be able to list and explain the following four primary functions of an Emergency Medical Dispatcher:
- How to properly interrogate a caller to obtain specific medical information required to dispatch an EMS responder.
- If appropriate, use of their agency's locally approved Emergency Medical Priority Reference System.
- Dispatch and coordination of EMS resources with other agencies and local hospitals.

- Provide pre-arrival instructions to the caller if permitted by the dispatching service.

8. The student should be able to list and explain the following six basic prerequisites for successful performance as an Emergency Medical Dispatcher:
    - Read and write English proficiently, plus any other language necessary to function in a given area.
    - Speak clearly and distinctly on radio/telephone.
    - Exercise calm and reasoned judgment in stressful situations.
    - Obtain information and communicate effectively with persons in crisis and panic situations.
    - Operate public safety and emergency medical dispatch and communications equipment efficiently and effectively.
    - Provide callers with appropriate pre-arrival instructions prior to the arrival of the EMS response units if approved by the EMS Agency.
    - Know and demonstrate local multi-casualty incident and disaster procedures.
9. The student should be able to identify those areas outside of their role and responsibility, which are not appropriate for an Emergency Medical Dispatcher such as:
    - The dispatcher does not diagnose the medical problems of a victim. The dispatcher provides only the information necessary to institute lifesaving emergency care in response to symptoms and signs reported by a caller.
    - The dispatcher's role is to channel information and establish the necessary communication links to enable EMS personnel to carry out their responsibilities. The dispatcher is not the commander or director of EMS activities at the incident.
    - The dispatcher does not second guess the EMS personnel on the scene and attempt to make patient care decisions.
    - The dispatcher does not let a caller's demeanor or attitude influence dispatch decisions or deter, when appropriate, giving pre-arrival instructions.
    - The dispatcher does not let past experiences with callers, personal anecdotal medical experiences, or the judgment of the calling party, influence dispatch decisions.
    - The dispatcher does not provide information about incidents to unauthorized persons or agencies.

UNIT 2

OBTAINING INFORMATION FROM THE CALLER

LEARNING GOAL:

The student should have a specific knowledge of how to obtain information from callers by demonstrating an understanding of the philosophy of medical interrogation, the concept of hysteria threshold, and the need for persistently repeating their question(s).

PERFORMANCE OBJECTIVES

The dispatch student should understand and be able to refute commonly held misconceptions about medical interrogation at the level provided by their dispatching system including:

- Caller is too upset to respond accurately.
- Caller doesn't know required information.
- Medical expertise of dispatcher is unimportant.
- Dispatcher is too busy to waste time asking questions, to give instructions, or to use a reference system.
- Over the phone information provided by the dispatcher cannot help victims and may be dangerous.
- Calming Techniques

The dispatch student should understand hysteria threshold and the need for repetitive persistence when interrogating a caller.

UNIT 3

PRIORITY DISPATCH

Priority Dispatch Training shall be a minimum of 6 hours in length and include, but not be limited to, the following topics:

1. Principles of Emergency Medical Dispatch (45 minutes)
    - A. Caller Interrogation
    - B. Prioritized Dispatch
    - C. Pre Arrival Instructions
2. Ventura County Emergency Medical Dispatch (15 minutes)
    - A. History
    - B. Grant Project
3. Prioritized Dispatch (165 minutes)
    - A. Theory
        1. Appropriate versus Maximal Response
        2. Hot (code 3) versus Cold (code 2)
        3. Reporting Party Information Accuracy
        4. Reliability of Response Level Determination
    - B. Legal Issues
        1. Standard of Care
        2. Negligence
    - C. Response Levels
        1. Priority I versus Priority II
        2. Additional Flexibility
4. Specific Protocols (120 minutes)
    - A. Call Entry Card
    - B. Specific Cards
    - C. Sequence Cards
5. Quality Improvement (15 minutes)
    - A. Documentation
    - B. Oversight

UNIT 4

MEDICAL/LEGAL CONSIDERATIONS

LEARNING GOAL:

The student should have specific knowledge of the medical legal and special circumstances pertaining to EMS dispatch.

PERFORMANCE OBJECTIVES:

The student should be able to list and give a working definition for the following basic legal terms: duty, breach of duty, damage and causation, foreseeability, civil liability, criminal liability, limited liability protection, acts or omissions performed in a grossly negligent manner, and acts or omissions not performed in good faith.

- The student should be able to discuss those factors which reduce risk of liability when performing pre-arrival instructions:
    - Being certified to perform pre-arrival instructions.
    - Following the approve protocols for pre-arrival instructions
    - Confirmation of the callers address and phone number
    - Use of basic medical interrogation and communication skills
- The student should be able to list and demonstrate an understanding of the Ventura County procedure for handling special or unusual circumstances.

UNIT 5

PROVIDING PRE-ARRIVAL INSTRUCTIONS

LEARNING GOAL:

If authorized the student should be able to communicate Ventura County EMS Agency approved pre-arrival emergency instructions to a caller.

PERFORMANCE OBJECTIVES:

Dispatch students in those systems that authorize pre-arrival instructions, should be able to:

- Discuss the basic premise for giving pre-arrival instructions to the caller.
- Determine the need for pre-arrival instructions. When the need is established, be able to communicate them based on Ventura County EMS Agency approved pre-arrival instruction.
- The student should be able to explain and utilize pre-arrival instructions approved by the Ventura County EMS Agency.

UNIT 6

CPR/OBSTRUCTED AIRWAY

LEARNING GOAL:

The student should be able to demonstrate the ability to effectively describe verbally and, if physically able, perform cardiopulmonary resuscitation and obstructed airway techniques to current standards as adopted by the Ventura County EMS Agency.

LEARNING OBJECTIVES:

In compliance with the Ventura County EMS Agency cardiopulmonary resuscitation and obstructed airway standards, the student should be able to demonstrate correctly:

- Adult one-rescuer CPR
- Adult two-rescuer CPR
- Pediatric CPR
- Adult Foreign Body Airway Obstruction Management: Conscious
- Adult Foreign Body Airway Obstruction Management: Unconscious
- Infant Foreign Body Airway Obstruction Management: Conscious
- Infant Foreign Body Airway Obstruction Management: Unconscious
- Approved training should also include information on barrier devices, stroke, and an overview of Automated External Defibrillators.

UNIT 7

CONTINUOUS QUALITY IMPROVEMENT (CQI)

LEARNING GOAL:

The student should have specific knowledge of the CQI process related to the EMD process.

PERFORMANCE OBJECTIVES:

The student should have an overall understanding of the CQI process, including types of audits completed and criteria for scoring standards. The student will also understand the goals of CQI and how remediation will be achieved to improve performance.

- Scoring criteria used for Call Entry, Problem Type, Dispatch/Treatment questions, Pre-arrival Instructions, Coding and Total scores.
- Understanding of required monthly audits for each dispatch center providing EMD.
- Agency responsibility to ensure acceptable EMD performance by meeting EMS standards.

UNIT 8

MULTI-CASUALTY INCIDENTS AND DISASTER PROCEDURES

LEARNING GOAL:

The student should have specific knowledge of the role of the Emergency Medical Dispatcher in a multi-casualty incident, or disaster situation, and of the Ventura County procedures used to insure appropriate EMS response and coordination with other responding agencies.

PERFORMANCE OBJECTIVES:

- The student, based on Ventura County procedures, should be able to identify emergency situations, which constitute a multi-casualty incident or disaster.
- The student should be able to define the role of the Emergency Medical Dispatcher in a multi-casualty incident or disaster.
- The student, upon receiving a call that presents a multi-casualty incident or disaster situation, should be able to recognize it as such and obtain sufficient information to alert and dispatch the appropriate EMS resources.
- To review the EMS Agency role and responsibility for multi-casualty incident or disaster.

The student, when given the information on the nature and extent of a multi-casualty incident or disaster situation, should be able to notify and maintain communications with appropriate public agencies.

UNIT 9

CRITICAL INCIDENT STRESS MANAGEMENT

LEARNING GOAL:

The student should have a basic understanding of Critical Incident Stress Management services within Ventura County.

PERFORMANCE OBJECTIVES:

The dispatch student should be able to:

- Recognize stress reactions in themselves and others.
- Understand the personality traits specific to Emergency Personnel.
- List examples of critical incidents.
- Understand the debriefing process.
- Identify the CISM services offered through their employer and the Critical Incident Stress Management Coalition of Ventura County and know when and how to access Critical Incident Stress Management services.

UNIT 10

PRACTICAL LAB

LEARNING GOAL:

The student should be able to correctly demonstrate specific knowledge and abilities to obtain information from a caller, respond EMS personnel, dispatch, and if authorized, provide pre-arrival instructions in accordance with the Ventura County EMS Agency.

PERFORMANCE OBJECTIVES:

- Given a minimum of five simulated calls, the student should be able to correctly:
  - Interrogate a caller;
  - Respond EMS personnel;
  - Obtain and communicate follow up information to the en route responder.

In addition in those systems which authorize pre-arrival instructions:

- Given a minimum of five simulated calls, the student should correctly use the Medical Priority Reference System to provide the caller detailed pre-arrival care instructions appropriate to the patient's problem.

UNIT 11

WRITTEN AND PRACTICAL TESTING

LEARNING GOAL:

The student should be able to demonstrate their knowledge and/or skills as appropriate for each performance objective on a written and practical examination.

PERFORMANCE OBJECTIVE:

- The student, upon completion of this course, should achieve a minimum score of 80% on a competency-based validated written examination that tests required knowledge of topics taught from this training guide.
- The student, upon completion of this course, should successfully pass a validated competency-based skills examination of practical exercises based on previously determined standards chosen by the course administrator that tests their knowledge of the training guideline's topics.

IV. DEFINITION: An Emergency Medical Dispatcher (EMD) is defined as: Any person employed by an agency providing emergency medical dispatch service who has successfully completed a program in compliance with the Ventura County EMS Agency that is consistent with this policy.

LEVEL OF EMERGENCY MEDICAL DISPATCHING

Within Ventura County, there is one level of emergency medical dispatching within the EMS system. This is level-I and identified as follows:

Level I (Call Routing) Instruction	Dispatch Action	Dispatch Options Pre-arrival Instructions
	ALWAYS DISPATCHES	

This level of service is characterized by a dispatcher who is limited to determining whether a request for services requires a medical or non-medical response. When a medical response is required, they either transfer the call to the responsible medical dispatch agency or they send the highest level of care available. They make no determination as to what kind of medical service is needed or how many agencies should be responded. If the agency dispatches, then they may elect to have the dispatcher use a medical reference card to ask the caller if the victim is conscious, breathing, victim's age and chief complaint. This information would be forwarded to the EMS responder en route. The local agency has the option of providing pre-arrival instructions.

V. AUTHORITY: Health and Safety Code (h & S) 1797.220. "The local EMS agency shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements."