County of Ventura
Department of Public Health

Notice of Changes to Policy Manual

Emergency Medical Services
Policies and Procedures

To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: November 1, 2023

Policy Status	Policy #	Title/New Title	Notes
Replace	132	EMS Coverage for Special Events or Mass Gatherings	Reviewed – No Changes
ADD	303-B	EMT Optional Skills Plan	A local optional skills plan is required whenever EMT optional skills are authorized at a local level by the EMS Medical Director. This plan is being added as an appendix to the existing EMT Optional Skills Policy.
ADD	305	EMT Optional Skills Accreditation	New policy being added to address EMTs performing EMT Optional Skills in Ventura County. Operationally, this brings no change for personnel in the field, it is an administrative requirement for the LEMSA.
DELETE	306	EMT Requirements to Staff an ALS Unit	EMT ALS Assist process will stop, and EMT personnel operating in a 911 setting will be trained at an agency level to ensure they are able to function at a high-level as part of an ALS framework.
Replace	315	Paramedic Accreditation	Updates include revised terminology to coincide with California Code of Regulations and changes to Policy 318. Revised definition of an ALS patient contact
Replace	318	Independent Practice Paramedic	Significant updates in this policy that remove the Level I / Level II process, shifting to an Independent Practice Paramedic model that ensures the ALS Agency Medical Director and/or designee monitor ongoing performance and competency, in collaboration with LEMSA Medical Director.
Replace	334	Prehospital Personnel Mandatory Training Requirements	Updates terminology and training requirements for EMT personnel, including CAM and Pediatric. Clarified terminology and requirements to align with current practice.
Replace	350	PCC Job Duties	Updated policy to align with terminology outlined in California Code of Regulations and new guidelines outlined in policy 318.

Policy Status	Policy #	Title/New Title	Notes
Replace	400	Ventura County Emergency Departments	Changed Pleasant Valley Hospital to St. John's Hospital Camarillo. Added OB services.
Replace	451	Stroke System Triage and Destination	Removed ED Saturation as a reason for diversion of Stroke Alert patients. Simplified flow of policy. Removed "E" from ELVO. This aligns with current AHA terminology. There are no changes to the local assessment tool – Ventura "E"LVO Score (VES).
Replace	614	Spinal Motion Restriction	Removed the specific "spinal tenderness" terminology and changed it to a more general "neck pain" indication for c-collar placement. Added axial loading injury and age 65 or greater as a consideration.
Replace	705.04	Behavioral Emergencies	Weight based Versed dosing.
Replace	705.18	Overdose	Weight based Versed dosing.
Replace	705.20	Seizures	Weight based dosing with repeat for Versed dosing.
Replace	705.26	Suspected Stroke	Removed "E" from ELVO. This aligns with current AHA terminology. There are no changes to the local assessment tool – Ventura "E"LVO Score (VES). Reformatted policy.
Replace	726	12 Lead ECG	Added the inclusion of Pulsara into the workflow. Adjusted indications to include inappropriate tachycardia. Simplified flow in the procedure section. Removed "Reporting" section at the end of the policy.
Replace	0920	Reddinet Communications Policy	Changed Pleasant Valley Hospital to St. John's Hospital Camarillo. Added "satellite" under System Failure
Replace	1402	Trauma Committees	Updated language in sections including membership, minutes, and virtual meetings.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMS Coverage for Special Events or Mass Gatherings	Policy Number 132
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: September 9, 2021 Date Revised: September 9, 2021 Date Last Reviewed: June 8, 2023 Review Date: June 30, 2025	Effective Date: December 1, 2023

I. PURPOSE: To establish recommendations for adequate EMS coverage at special events and/or mass gatherings occurring within the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, and 1798; California Code of Regulations, Title 22, Sections 100063, 100146, 100253

III. DEFINITIONS:

Special Event: Any event associated with some level of planning leading up to the actual event taking place. For the purposes of this policy, EMS coverage for a special event will be recommended when daily attendance is expected to exceed 2,500 people. This threshold may be reduced in the event that planned activities include a greater potential for illness or injury.

Mass Gathering: An event, whether spontaneous or planned, that is associated with an increased risk of strain on the EMS resources and/or the EMS system within the County of Ventura. Examples of mass gatherings may include public demonstrations, protests, and/or civil unrest.

IV. POLICY:

A. A special event requiring review prior to the issuance of a permit by a local jurisdiction and/or fire district or department should be reviewed for medical coverage and should meet the minimum coverage recommendations for the size and type of event, as outlined in this policy. These minimum coverage recommendations are included in Attachment A of this policy.

B. For special events or mass gatherings where daily attendance is expected to exceed 10,000 people or in any event where there is a significantly heightened risk for the health and well-being of special event/mass gathering participants and/or the surrounding community(ies), the Ventura County EMS Agency Medical Director, or his designee, should review and approve the proposed medical coverage plan.

V. PROCEDURE:

A. Special event and/or mass gathering medical plans should include the following:

1. Event description, including the event name, location and expected attendance;
2. Participant safety (the safety plan for the event participants and spectators);
3. Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and onlookers);
4. Description of the following medical resources:
    a. Personnel trained in CPR and in the use of an Automated External Defibrillator (AED), and in how to activate the 911 system;
    b. Aid Station(s), as indicated in Attachment A;
    c. Ambulances (ALS and/or BLS), as indicated in Attachment A;
    d. Advanced licensed medical practitioners, as indicated in Attachment A
5. A communications plan, including the names and contact information for the event organizers and lead personnel, as well as an on-site primary point of contact for the duration of the event. This plan will include method of communications (e.g. cell phone, two-way radios, etc.);
    a. If the special event / mass gathering is being coordinated through a government entity, or a public safety agency, the communications plan should be completed on an Incident Radio Communications Plan (ICS 205) form.
6. A multi-casualty contingency plan describing the ability to care for multiple casualties, and activate additional medical resources, should the need arise.

B. Minimum Requirements for Medical Personnel

1. Basic Life Support (BLS)
    a. On-site medical personnel will be minimally certified as an Emergency Medical Technician in the State of California.
    b. If a Paramedic is equipped and utilized only to provide care at a BLS level, that Paramedic will be currently licensed in the State of California.
2. Advanced Life Support (ALS)
    a. Any Paramedic utilized for the purposes of ALS medical coverage at a special event or mass gathering shall be employed by a VCEMS approved ALS service provider, and shall meet all requirements outlined in VCEMS Policies and Procedures.

1) ALS Ambulance Services utilized for the purposes of special event or mass gathering coverage shall be licensed to operate within the County of Ventura, and shall be authorized by VCEMS, in accordance with VCEMS Policies and Procedures.
2) ALS Ambulance(s) should be co-located with an aid station, when applicable

b. Medical plans outlining the use of advanced level practitioners (RN, PA, DO, MD) will be reviewed and approved by the VCEMS Medical Director or his designee.

C. Submitting Special Event Medical Plans

1. Medical plans for special events where daily attendance is greater than or equal to 2,500 but less than 15,000:
   a. Permitting fire district / department should review medical coverage plan to ensure it meets minimum recommendations outlined in this policy.
2. Medical plans for special events where daily attendance equals or exceeds 15,000:
   a. Medical coverage plan should be submitted to VCEMS for review and approval.
      1) Upon receipt, VCEMS will review and return approval form (Attachment B) or request for additional information within five (5) working days.

D. Unplanned Mass Gatherings

1. Spontaneously occurring mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel should be met with an increased index of suspicion, as it relates to medical standby coverage, regardless of incident size.
   a. VCEMS Duty Officer will be notified in all instances of unplanned mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel.
   b. Personnel on scene will coordinate with law enforcement agencies to ensure that plans are in place and contingencies have been discussed in terms of tactical operations and forward-deployment of tactical medical personnel (TEMS-Specialist and/or TEMS-FRO), if applicable.

E. Documentation of Patient Care

1. Agencies operating within the formal VCEMS system will document patient care in accordance with VCEMS Policies and Procedures.
    a. Depending on the type of event, and number of event participants, these requirements may be altered or reduced at the discretion of VCEMS.
2. Organizations not operating within the formal VCEMS system will document patient care in a manner that is appropriate for the level of care provided to the patient.
    a. For the purposes of QA/QI and medical system oversight, this documentation of patient care may be requested by VCEMS for further review and/or after-action reporting.

F. VCEMS Duty Officer Notification

1. VCEMS Duty Officer should be notified of any special event or mass gathering that has an expected attendance greater than or equal to ten thousand (10,000).
    a. Request for duty officer notification may be made over the air or by contacting FCC.
    b. Duty officer notification may also be made by emailing relevant incident information to emsagencydutyofficer@ventura.org. *Please note that this email address is only monitored during regular business hours, and it should not be used for emergent/urgent issues.*
2. VCEMS Duty Officer will be on site for any event or mass gathering that has an attendance greater than or equal to fifty thousand (50,000).

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Optional Skills Plan	Policy Number 303-B
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: September 14, 2023 Date Revised: Date Last Reviewed: Review Date: September 30, 2024	Effective Date: December 1, 2023

I. PURPOSE: This plan is intended to outline the optional skills utilized by EMTs, in accordance with VCEMS Policies and Procedures.

II. AUTHORITY: California Health and Safety Code 1797.80, 1797.184, 1797.214, 1798; California Code of Regulations, Title 22, Sections 100061 and 100064

III. PLAN:

A. Skills Allowed

1. Certified EMTs, accredited in Ventura County in accordance with policy 305, will be allowed to perform the following optional skills:
   a) Use of perilaryngeal airway adjuncts (**Not approved at this time**)
   b) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma
   c) Administration of atropine and/or pralidoxime chloride using prepackaged products

2. In order to perform the allowed optional skills a certified EMT must be:
   a) employed by an agency that is authorized by VCEMS and that delivers prehospital care as part of the organized EMS system, and
   b) must be accredited by Ventura County EMS in accordance with VCEMS Policy 305 – EMT Accreditation to Practice.

3. In order to acquire accreditation EMTs must complete, and provide completion of, the training requirements detailed in VCEMSA policy 303 - EMT Optional Skills and section 100064 of the California Code of Regulations, as well as any additional mandatory training requirements outlined in VCEMS Policy 334 – Prehospital Personnel Mandatory Training Requirements. In addition, the EMT shall complete the accreditation process detailed in policy 305 - EMT Optional Skills Accreditation.

B. Need for Optional Skills
   1. The optional skills listed above allow EMTs in Ventura County to perform critical, potentially lifesaving, interventions. The allowed skills are narrow in scope, but when indicated, should be performed as quickly as possible. The available research suggests that appropriately trained EMTs can perform these interventions safely and effectively.

C. Geographic Area of Skills Deployment
   1. EMTs accredited to perform optional skills by VCEMS, in accordance with policies 303 and 305, and who work for authorized prehospital provider agencies, will be allowed to do so in all operational areas of the County.

D. Data Collection
   1. Any EMT performing optional skills must document the intervention in the Ventura County Electronic Patient Care Report (VCePCR) in accordance with VCEMS Policy 1000 - Documentation of Prehospital Care
   2. Optional skills will be monitored as part of VCEMS's quality improvement program (EMSQIP). All uses of optional skills will be reviewed to ensure they are performed safely and effectively.

E. Applicable Policies and Procedures
   1. 303 - EMT Optional Skills
   2. 305 - EMT Optional Skills Accreditation
   3. 334 - Prehospital Personnel Mandatory Training Requirements
   4. 705.02 - Allergic Reaction and Anaphylaxis
   5. 705.17 - Nerve agent / Organophosphate Poisoning
   6. 705.22 - Shortness of Breath – Wheezes/other
   7. 733 - Cardiac Arrest Management (CAM) and Post Arrest (ROSC) Resuscitation
   8. 1000 - Documentation of Prehospital Care

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Technician (EMT) Optional Skills Accreditation	Policy Number 305
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: September 14, 2023 Date Revised: Date Last Reviewed: Review Date: September 30, 2024	Effective Date: December 1, 2023

I. PURPOSE: To establish a mechanism for an EMT to become accredited to practice Optional Skills in Ventura County. The purpose of accreditation is to ensure that the EMT:

A. Completed the minimum required education and training, and

B. Is oriented to the local EMS system, and

C. Adheres to the standards and guidelines outlined in all applicable VCEMS policies and procedures

II. AUTHORITY: California Health and Safety Code 1797.80, 1797.184, 1797.214, 1798; California Code of Regulations, Title 22, Sections 100061 and 100064

III. POLICY:

A. An EMT must be accredited by the Ventura County EMS Agency (VCEMS) in order to perform EMT optional skills

B. An EMT must be employed by an VCEMS approved optional skills provider in order to practice

IV. PROCEDURE:

A. Application

1. In order to be eligible for accreditation, the EMT applicant will:
    a. Possess a current and valid California EMT certification;
    b. Provide written documentation of employment with a prehospital provider agency that is approved by VCEMS
    c. Complete a VCEMS personnel application form, if not already on file with VCEMS
    d. Verification by employer that all training and education related to the EMT optional skills outlined in VCEMS Policy 303 – EMT Optional Skills has been completed.
        i. This will include any skills approved by VCEMS Medical Director that are added to the policy in the future.

B. Accreditation
    1. Upon successful completion of the application and training requirements, the EMS will be issued an accreditation letter. A copy will be placed in VCEMS certification file for tracking purposes
    2. The accreditation cycle will be the same as the individuals EMT certification, as long as all maintenance requirements are current
C. Paramedics functioning as EMTs
    1. Paramedics licensed in the State of California who function as EMTs and who are employed by a VCEMS approved prehospital provider agency shall be granted EMT accreditation upon completion of the following:
        a. Verification by employer that all training and education requirements have been met
        b. Submission of a VCEMS personnel application if not already on file
D. Accreditation Period
    1. EMT accreditation shall be continuous as long as the following conditions are met:
        a. Maintain current certification/licensure in the State of California, and;
        b. Maintain continuous employment with a VCEMS approved prehospital provider agency, and;
        c. Completion of all ongoing mandatory training requirements outlined in VCEMS Policies 303 – EMT Optional Skills and in VCEMS Policy 334 – Mandatory Training Requirements outlined in VCEMS
E. Lapse of Accreditation
    1. EMT accreditation will be considered lapsed when any of the following circumstances occur:
        a. An EMT is longer employed by a VCEMS approved prehospital provider agency, or;
        b. Certification or licensure as an EMT or Paramedic lapses, or
        c. An individual fails to meet the minimum requirements outlined in this policy.
    2. If EMT accreditation lapses, the following requirements shall be submitted to VCEMS in order to reestablish eligibility:
        a. Verification of employment by a VCEMS approved prehospital provider agency
        b. Verification that certification / licensure as an EMT or Paramedic in the State of California is current and valid

c. Verification by employer that all mandatory training requirements have been completed, to include demonstration of psychomotor skills proficiency in approved optional skills.

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, Paramedic	Date: December 1, 2023
APPROVED Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: January 1, 1990 Date Revised: June 8, 2023 Date Last Reviewed: June 8, 2023 Review Date: June 30, 2026	Effective Date: December 1, 2023

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: ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310 – Paramedic Scope of Practice, with the exception of central line monitoring, blood glucose testing, 3 or 4-lead cardiac monitoring and pulse oximetry.

B. Field Training Officer (FTO): An agency designation for those personnel qualified to train/evaluate prehospital personnel on job-related tasks, policies, and procedures..

C. Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations Title 22, Division 9, Chapter 4, Article 3, Section 100150, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.

D. Paramedic Accreditation Applicant - A licensed Paramedic in the State of California who is in the process of applying for local accreditation in Ventura County through the Ventura County EMS Agency. An accreditation application shall only be authorized to practice the basic scope of practice for a Paramedic while in the presence of a field training officer.

E. Independent Practice Paramedic: A paramedic accredited in Ventura County to perform the full scope of practice of a Paramedic and who is authorized to function independently in accordance with VCEMS Policy 318 – Independent Practice Paramedic.

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 a 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 EMS Personnel application.. 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.

3) Pay the established fee.

4) 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 V.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic accreditation applicant in Ventura County.
2. During evaluation for accreditation, the accreditation applicant shall be the third assigned VCEMS responder at the call and shall be under the direct supervision of an FTO who is ultimately responsible for the patient care rendered by the Accreditation Intern.
3. An accreditation applicant may also work as the second Paramedic of a two (2) Paramedic team on an ALS unit, if the second medic is an authorized Independent Practice Paramedic, but shall be limited to performance of the basic Paramedic scope of practice, as defined VCEMS Policy 310 – Paramedic Scope of Practice. Shifts worked as a second Paramedic, and any ALS skills performed during those shifts, will not be considered part of the accreditation application process.
4. ALS agency Medical Director / designee shall review accreditation documentation and provide written approval to VCEMS prior to formal accreditation.
5. 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 period will automatically begin. If the accreditation process cannot be completed within the two forty-five day periods, a new application and fee to begin a third 45 day period may be required. The applicant may not apply more than three (3) times in one year.
    a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:
        1) Orientation of ALS Service Provider responsibilities and practices.

2) PCC Orientation

3) VCEMS Orientation

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

c. An applicant who, with the approval of the Paramedic Training Program Director, and having completed their internship in Ventura County (40 contacts) within the past 12 months, 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.

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.

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 V.A or for failure to successfully complete the accreditation requirements listed in Section V.B.

b. The VCEMS medical director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the paramedic's competency to practice is questionable, then the medical director shall notify the California EMS Authority.

c. Upon failure to successfully complete the requirements of Section V.A or V.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, in addition to the EMS Authority as noted above. 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 V.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.

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. Continuous employment with a VCEMS Approved ALS Service Provider Agency.
    a. The accreditation to practice as a Paramedic will end when the Paramedic is no longer employed with the ALS agency.
3. The Paramedic continues to meet all 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.
    a. This includes any mandatory training, as defined in VCEMS Policy 334 – Mandatory Training Requirements, that was issued/released during the period the individual's accreditation was lapsed.

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 V.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 V.E.
    b. If the period of lapse of accreditation is greater than 31 days and less than one-year, complete requirement described in Section V.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 V.B.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Independent Practice Paramedic		Policy Number: 318
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 September 14, 2023 September 14, 2023 September 30, 2025	Effective Date: December 1, 2023

I. PURPOSE: To establish medical control standards for initial and ongoing competency of ALS personnel. This policy is intended to be one of quality improvement and quality assurance. This document defines a minimum set of expectations related to Paramedic training and ongoing performance. The LEMSA Medical Director, in coordination with the ALS agency medical director / designee, will maintain and monitor these minimum expectations continuously.

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200
22 CCR Division 9, Chapter 4, Sections 100146, 100148, 100168, 100170, 100402, 100404

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 central line monitoring, blood glucose testing, 3 or 4-lead cardiac monitoring and pulse oximetry.

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

C. Field Training Officer (FTO): An agency designation for those personnel qualified to train/evaluate prehospital personnel on job-related tasks, policies, and procedures.

D. Independent Practice Paramedic: The status a Paramedic will achieve upon successful completion of the accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice, in addition to agency training requirements that meet/exceed requirements listed in this policy

E. Paramedic Preceptor: A Paramedic, as identified in VCEMS Policy 319 – Paramedic Preceptor, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a FTO, when designated by that individual's agency.

IV. POLICY:

A. ALS response units will be staffed with a minimum of one independent practice paramedic who meets the requirements outlined in this policy.

B. The ALS agency medical director / designee will be responsible for the oversight of training and education programs for that agency and ensuring prehospital personnel working within that agency are proficient in their skills and have an adequate knowledge of VCEMS policies and procedures.

1. ALS agency medical director / designee will be required to sign agency authorization form (Appendix A) to attest that the Paramedic meets the initial performance standards outlined in this policy. Additionally, the ALS agency medical director / designee will be required to meet with and assess the Paramedic's overall competency and readiness, and will sign the Independent Practice Authorization Procedure (Appendix B).

V. PROCEDURE:

A. A Paramedic will be granted independent practice status unit upon completion of standards established by the LEMSA Medical Director. At a minimum this training will include, but not be limited to, the following:

1. 240 of direct field observation by an authorized Paramedic FTO
    a. This will include a minimum of 30 patient contacts, at least half of which will be ALS (minimum 15 ALS contacts).
        i. The patient contacts obtained during the accreditation application process may be included as part of the ALS contacts requirement outlined above. It should be noted that the contacts utilized as part of the accreditation application process shall only include those medications and procedures outlined in the basic Paramedic scope of practice.
    b. For those Paramedics with a minimum of three (3) years prehospital field experience performing ALS assessment and care may have this requirement reduced at the discretion of the LEMSA Medical Director.
2. Approval by the Paramedic FTO who evaluated the majority of the field observation and patient contacts
3. Successful completion of competency assessments
    a. Scenario based skills assessment conducted by the Paramedic's preceptor, clinical manager/coordinator, or ALS agency medical director / designee
    b. Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG).
        i. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may complete additional

training with the ALS agency medical director / designee prior to re-attempting the examination.

B. In order to maintain independent practice status, the Paramedic will remain an active prehospital ALS provider for their particular ALS agency and will demonstrate ongoing proficiency in ALS assessment and care, as well as VCEMS policies and procedures.

1. Demonstration of proficiency may be achieved in a variety of ways including direct observation of ALS assessment and care, case reviews, and ongoing testing of skills and proficiency in VCEMS policies and procedures.
2. As part of the Paramedic's ongoing authorization, the ALS agency medical director / designee will attest that Paramedic continues to meet minimum performance standards outlined above.

C. Independent practice status will lapse in the following circumstances:

1. The Paramedic is no longer employed by an approved ALS provider agency in Ventura County.
2. The paramedic is unable to maintain accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice
3. The Paramedic has not functioned in an ALS capacity for at least six months.
4. The Paramedic has not met mandatory continuing education and training requirements, as outlined in VCEMS Policy 334 – Prehospital Personnel Mandatory Training Requirements

D. Re-authorization to function as an independent practice Paramedic for an ALS agency will require the Paramedic to demonstrate competency in skills and assessment, as well as VCEMS policies and procedures. The LEMSA Medical Director will establish requirements for demonstration of competency prior to re-authorization, in coordination with ALS Agencies.

E. The ALS agency will provide quarterly reports to VCEMS. The reports will contain updates on status changes for independent practice paramedics, in addition to training (cognitive and/or psychomotor skills) completed that would be required to maintain independent practice status.

F. VCEMS will maintain an ongoing QA/QI program related to records review, EMS Safety Event reporting, specialty care system(s).

1. VCEMS, under the guidance of the LEMSA Medical Director, will work with ALS Agency representatives and ALS agency medical director / designee if an issue related to patient care and/or overall clinical performance of independent practice paramedic is observed.
    a. Specific issues of concern will be reported and a plan to correct observed issue(s) will be conducted with all parties involved.

Appendix A

EMPLOYER AUTHORIZATION FORM

Employer: Please instruct the employee to complete the requirements in the order listed. Employer will submit to VCEMS once all requirements are completed.

_____has been evaluated and has met all criteria for authorization to function in an ALS capacity.

Paramedic

_____ Completion of 240 hrs of direct field observation by an authorized Paramedic FTO
_____ Approval by Paramedic FTO
_____ Submit all appropriate documentation to VCEMS

	Date	**Hours**	**FTO** Print legibly		**Date**	**Hours**	**FTO** Print legibly
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
Total Hours Completed							

Please sign and date below for approval.

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

Paramedic FTO Signature	Print FTO Name Legibly	Date
Agency Medical Director Signature	Print Agency Medical Director name legibly	Date
Employer Representative Signature	Print employer rep name legibly	Date

Appendix B

Ventura County EMS Independent Practice Authorization Procedure			**240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)**	
Policy	**Procedure/Policy Title to Review**	**Date**	**FTO Signature**	**Method of Evaluation (see key)**
Shift 1: Cardiac				
440	IFT for STEMI			
705.23	SVT			
705.25	VT			
705.24	Symptomatic Bradycardia			
705.09	Acute Coronary Syndrome			
727	Transcutaneous Cardiac Pacing			
726	12 Lead ECG			
Shift 2: Cardiac (continued)				
606	Determination of Death			
613	Do Not Resuscitate			
629	Hospice			
631	Mechanical CPR			
705.07	Cardiac Arrest – Asystole/PEA			
705.08	Cardiac Arrest – VF/VT			
733	Cardiac Arrest Management (CAM) and Post ROSC			
Shift 3: Respiratory / Airway Management				
710	Airway Management			
711	Waveform Capnography			
705.21	Shortness of Breath – Pulmonary Edema			
705.22	Shortness of Breath – Wheezes/other			
729	Supraglottic Airway Devices			
Shift 4: Trauma				
614	Spinal Motion Restriction			
705.01	Trauma Assessment/Treatment Guidelines			
705.11	Crush Injury			
705.19	Pain Control			
734	Tranexamic Acid Administration			
1404	Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
1405	Trauma Triage and Destination Criteria			
Shift 5: MCI / Air Medical				
131	MCI			
1202	Air Unit Dispatch for Emergency Medical Response			
1203	Criteria for Patient Emergency Transportation			
Shift 6: Medical: Neurological				
451	Stroke System Triage			
460	IFT for Stroke			
705.03	Altered Neurological Function			
705.20	Seizures			
705.26	Suspected Stroke			
705.04	Behavioral Emergencies			
Shift 7: Environmental Emergencies				
607	Hazardous Material Exposure-Prehospital Protocol Heat			
612	Notification of Exposure to a Communicable Disease			
705.12	Emergencies			
705.13	Cold Emergencies			
705.05	Bites and Stings			
705.17	Nerve Agent / Organophosphate			
705.18	Overdose			
705.02	Allergic/Adverse Reaction and Anaphylaxis			

Ventura County EMS Independent Practice Authorization Procedure	**240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)**

Policy	Procedure/Policy Title to Review	Date	FTO Signature	Method of Evaluation (see key)
Shift 8: Medical - General				
705	Treatment Protocol Cover Page			
705.00	General Patient Guidelines			
705.10	Childbirth			
705.14	Hypovolemic Shock			
705.15	Nausea/Vomiting			
705.16	Neonatal Resuscitation			
705.27	Sepsis Alert			
716	Pre-existing Vascular Access Device			
717	Intraosseous Infusion			
Shift 9: Administrative				
310	Paramedic Scope of Practice			
334	Prehospital Personnel Mandatory Training Requirements			
402	Patient Diversion/ED Closure			
603	Refusal of EMS Services			
618	Unaccompanied Minor			
704	Guidelines for Base Hospital Contact			
720	Guidelines for Limited Base Contact			
1000	Documentation of Prehospital Care			
Shift 10: Review				
	Review Policies and Procedures ALS Agency Medical Director / designee Assessment			
	Complete VCEMS Policy and Arrhythmia Exams			

Paramedic Name: _____ License. #_____Date: _____

FTO Signature_____ Date: _____

ALS Agency Medical Director Signature_____ Date: _____

Employer Signature: _____ Date: _____

METHOD OF EVALUATION KEY

E = VCePCR 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		Agency		License #	

Lecture Hours

	Required Courses	# of Hours	Date	Location	Provider Number
1.	**ACLS (4 hours)**				
2.	**Pediatric Course**				
3.	**CAM Course**				

EMS Updates are held in May and November each year. **EMS Updates** are completed as new or changed policies become effective. Enter ***ACTUAL*** Date of class attendance below:

	EMS Update	Target Dates	Date	Location	Provider Number
3.	**EMS UPDATE #1** (1 hour)	EMS Office Use			
	EMS UPDATE #2 (1 hour)	EMS Office Use			
	EMS UPDATE #3 (1 hour)	EMS Office Use			
	EMS UPDATE #4 (1 hour)	EMS Office Use			
4.	**Ventura County MCI COURSE** (2 hours)	EMS Office Use			

Skill Refreshers are held in March and September each year. The following requirements must be completed in each year of your license cycle (***for example***: If your re-licensure month is June 2020, you must complete year one requirement between June 2018 and June 2019 and year two requirement between June 2019 and June 2020).

	Paramedic Skills Lab	Target Dates	Enter ***ACTUAL*** Date of class attendance below:		
			Date	Location	Provider Number
5.	**Skills Refresher year 1** (3 hours)	EMS Office Use			
6.	**Skills Refresher year 2** (3 hours)	EMS Office Use			

Field Care Audits / Miscellaneous Hours **(12 hours)**

	Date	# of Hours	Location	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Pre-Hospital Personnel Mandatory Training Requirements	Policy Number: 334
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: September 14, 2000 Date Revised: September 14, 2023 Date Last Reviewed: September 14, 2023 Review Date: September 30, 2026	Effective Date: December 1, 2023

I. PURPOSE: To define the requirements for mandatory training sessions for EMTs employed by an approved prehospital provider agency, Paramedics, MICNs and Flight Nurses in Ventura County.

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

III. POLICY: All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. These requirements are outlined in VCEMS Policies 315 and 318 for Paramedics, 301, 303, 803 for EMTs, and 1201 for Flight Personnel (Nurses and EMTs) and 322 for MICNs.

Unless specifically stated on a course completion or some other correspondence from VCEMS, a mandatory training course is viewed as valid for two years through the end of the month during which the course completion was issued.

IV. PROCEDURE:

A. EMS Updates – Applies to all personnel listed above.

Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the Ventura County EMS Agency in the Spring and the Fall of each year.

1. Prehospital Services Committee members who attend 75% of the scheduled meetings over the previous 6 months may have this requirement waived.

B. MCI Training – Applies to all personnel listed above.

Personnel shall attend MCI training within 6 months of initially starting the certification or accreditation process and complete bi-annual refreshers as indicated in VCEMS Policy 131.

C. Resuscitation Training

1. Cardiac Arrest Management (CAM) – EMTs, Paramedics and Flight Nurses shall be required to complete the CAM initial training within three months of employment and will be required to complete a CAM refresher every two years.

2. Adult Resuscitation– Paramedic, MICN, and Flight Nurse providers must obtain AHA ACLS certification or American Red Cross ALS certification within three months of initially starting the certification or accreditation process. Adult resuscitation certification must be maintained as current while practicing in Ventura County.
3. Pediatric – Paramedics and Flight Nurses shall obtain a Handtevy Pediatric Provider course completion certification within 3 months of initially starting the accreditation/authorization process. Handtevy may be repeated every two years as a means of maintaining pediatric training requirements.
   Pediatric Advanced Life Support (AHA or American Red Cross), Pediatric Education for Prehospital Providers (PEPP), or Emergency Nurse Pediatric Course (ENPC) may also be maintained every two years after the initial Handtevy course completion as a means of meeting this pediatric training requirement.

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

E. Failure to complete mandatory requirements:
1. Independent Practice Paramedics who fail to complete any of these requirements will have their authorization suspended in accordance with VCEMS Policy 318. The Paramedic's accreditation to practice in Ventura County maybe suspended after the State required 15-day notice until the following remediation criteria has been met.
2. All other required personnel who fail to complete these requirements will have their authorization immediately suspended.
3. Reinstatement of authorization or accreditation:
   a. Personnel who have not completed or maintained MCI, adult resuscitation, or pediatric resuscitation training requirements as outlined above must complete the requirements and provide documentation of completion to VCEMS for determination on reinstatement.
   b. Personnel not attending EMS Update must complete the following remediation criteria.

1) Personnel will attend a make-up session and complete a post-test as part of the online education and course evaluation process.

c. Paramedics not attending the skills refresher training will be required to complete a make-up process, to include the following:

1) ALS provider will be responsible to coordinate a Skills Refresher make-up session that is similar in content and structure to the education provided during the primary skills training sessions provided by VCEMS. EMS will work with make-up session coordinator as needed to help ensure consistency in material and training delivered.

2) Employer will submit verification to VCEMS that the make-up process has been completed. This information will include basic info (course date and time, location, instructor(s), etc.) in addition to stations completed, signature of individual coordinating make-up session.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Care Coordinator Job Duties	Policy Number 350
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director: Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: June 15, 1998 Revised Date: September 14, 2023 Date Last Reviewed: September 14 2023 Next Review Date: September 30, 2026	Effective Date: December 1, 2023

I. PURPOSE: To provide guidelines for the role of the Prehospital Care Coordinator (PCC) in Ventura County.

II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections: 1797.200, 1797.204, 1797.206, 1797.220, and 1798.2; California Code of Regulations, Title 22, Division 9, Sections 100148, 100166, 100169, and 100403

III. DEFINITION:

Prehospital Care Coordinator: A Registered Nurse designated by each Base Hospital (BH) to coordinate prehospital and Mobile Intensive Care Nurse (MICN) activities provided by that BH in compliance with Ventura County Emergency Medical Services (VCEMS) policies and procedures. The PCC evaluates prehospital care, prehospital personnel and MICNs and collaborates with the BH Paramedic Liaison Physician (PLP) in medical direction.

IV. PROFESSIONAL QUALIFICATIONS:

A. Licensed as a Registered Nurse in the State of California.

B. Current authorization as a Ventura County Mobile Intensive Care Nurse (MICN).

C. One year experience as an MICN in Ventura County. For those nurses with one year work experience as an MICN within the last 18 months, this may be reduced to 6 months.

D. Have at least three years emergency department experience.

V. SPECIFIC RESPONSIBILITIES:

A. The PCC is a full-time or full-time equivalency employee whose responsibility is dedicated to the oversight and management of the prehospital / EMS duties of the BH.

B. Serve as liaison by maintaining effective lines of communication with BH personnel, VCEMS, prehospital care providers and local receiving facilities.

C. In compliance with VCEMS Policies and Procedures the PCC will:

1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital personnel. Programs shall include, but not be limited to, specific issues identified by the VCEMS Quality Improvement Plan.
    a. Provide continuing education per policy requirements
    b. Coordinate clinical experience as requested, for purposes of provider plan of action.
    c. Assist in the development and delivery of prehospital training and education materials such as EMS updates, paramedic skills labs and paramedic BH orientation.
    d. Actively participate in the countywide EMS Quality Improvement Plan (EMSQIP), in coordination with VCEMS, other base hospitals and prehospital provider agencies.
2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.
3. Evaluate the performance of MICNs and submit recommendations for authorization and reauthorization to VCEMS. Such evaluation shall include, but not be limited to:
    a. Direct observation of BH communications.
    b. Audit of recorded communications
    c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department leadership).
    d. Review of written documentation.
    e. Provide written evaluation of the MICNs for hospital performance review.
4. Provide ongoing evaluation of assessment, reporting, communication and technical skills of paramedics. Such evaluation may include, but not be limited to:
    a. Audit of written and recorded communications
    b. Review of prehospital documentation
    c. Direct field observation during the ride-along(s), including observation of the transfer of patient care upon arrival at the receiving facility.

d. Assess performance during scheduled clinical hours in the Emergency Department.
e. Evaluation of paramedic personnel, as part of a broader quality assurance / quality improvement process, through direct observation, recorded communication and review of ePCR documentation.
f. Provide written evaluation of MICNs
g. Facilitate support services for prehospital and hospital EMS Staff, (i.e. Critical Incident Staff Management / peer review, etc.)

5. Participate in EMS Safety Event process, as outlined in VCEMS Policy 121 – Safety Event Review.
6. Ensure the operation of the BH communication equipment.
   a. In conjunction with the BH PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VCEMS.
   b. Ensure that the radio equipment is operational.
   c. Ensure that ReddiNet system is operational and up to date.
7. Comply with data collection requirements as directed by VCEMS.
8. Ensure compliance with requirements for retention of recordings, MICN and prehospital care forms, logs and information sheets, and maintaining retrieval systems in collaboration with hospital's medical records department.
9. Develop and maintain education records as required by EMS.
   a. Records must be kept for a period of four years
10. Represent the BH at the Prehospital Care Committee, PCC meetings and other associated work groups and/or sub-committees as requested by the EMS Agency.
11. Actively participate in the development, review and revision of Ventura County Policies and Procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY	POLICIES AND PROCEDURES EMERGENCY MEDICAL SERVICES
Policy Title: Ventura County Emergency Departments	Policy Number: 400
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director: Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: October, 1984 Date Revised: September 14, 2023 Date Last Reviewed: September 14, 2023 Next Review Date: September 30, 2026	Effective Date: December 1, 2023

Base Hospitals

Los Robles Regional Medical Center
215 W. Janss Road
Thousand Oaks, CA 91360
(805) 370-4435

St. John's Regional Medical Center
1600 N. Rose Avenue
Oxnard, CA 93030
(805) 988-2663

Adventist Health Simi Valley
2975 N. Sycamore Dr
Simi Valley, CA 93065
(805) 955-6100

Ventura County Medical Center
300 Hillmont Avenue
Ventura, CA 93003
(805) 652-6165

Basic Emergency Departments

Community Memorial Hospital
147 No. Brent Street
Ventura, CA 93003
(805) 948-8100

St. John's Hospital Camarillo
2309 Antonio Avenue
Camarillo, CA 93010
(805) 389-5811

Santa Paula Hospital
825 N. 10th Street
Santa Paula, CA 93060
(805) 933-8663

Standby Emergency Department

Ojai Valley Community Hospital
1306 Maricopa Highway
Ojai, CA 93023
(805) 640-2260

Acute Stroke Centers

Adventist Health Simi Valley
Community Memorial Hospital
Los Robles Regional Medical
St. John's Hospital Camarillo
St. John's Regional Medical Center
Ventura County Medical Center

STEMI Receiving Centers

Adventist Health Simi Valley
Community Memorial Hospital
Los Robles Regional Medical Center
St. John's Regional Medical Center

Thrombectomy Capable Acute Stroke Centers

Los Robles Regional Medical Center
St. John's Regional Medical Center

Trauma Centers-Level II

Los Robles Regional Medical Center
Ventura County Medical Center

***Obstetric Services** are not offered at Ojai Valley Community Hospital or St. John's Hospital Camarillo

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, Paramedic	Date: December 1, 2023
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	October 11, 2012 September 27, 2023 September 27, 2023 September 30, 2025	Effective Date: December 1, 2023

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) or a Thrombectomy Capable Acute Stroke Center (TCASC).

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.

Large Vessel Occlusion (LVO): An acute ischemic stroke caused by a large vessel occlusion.

LVO Alert: A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible LVO ischemic stroke.

Stroke Alert: A pre-arrival notification by prehospital 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 LVO Score (VES): A tool designed for paramedics to screen for an LVO in the prehospital setting.

IV. POLICY:

A. Stroke System Triage: Patients meeting criteria listed below shall be triaged into the VCEMS stroke system.

1. Patient's TLKW is within 24 hours.
2. 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.
3. Identification of *ANY* abnormal finding of the Cincinnati Prehospital Stroke Scale (CPSS):

   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
4. Perform the Ventura LVO Score (VES) on all patients who have abnormal CSS findings.

   Forced Eye Deviation (1 point):
   - Force full deviation of BOTH eyes to one side or the other
   - Eyes will not pass midline

Aphasia (1 point): Patient is awake with *ANY* of the following present

- *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*

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

B. ***Stroke Alert*** = TLKW is within 24 hours, BG is greater than 60, & Abnormal CPSS
    1. For a *Stroke Alert*, Base Hospital Contact (BHC) will be established with the regular catchment Base Hospital (BH) and a *Stroke Alert* will be activated.
    2. The BH will notify the appropriate ASC of the *Stroke Alert.*

C. ***LVO Alert*** = TLKW is within 24 hours, BG is greater than 60, & CSS is +3 with VES ≥1
    1. For an *LVO Alert*, BHC will be established with the appropriate TCASC.
        a. East of Lewis Rd in Camarillo is LRRMC.
        b. West of Lewis Rd in Camarillo is SJRMC.
    2. The appropriate specialist on-call will be notified by the MICN.

D. Destination Decision
    1. The BH will determine the nearest ASC or TCASC using the following criteria:
        a. Patient condition

b. TCASC or ASC availability on ReddiNet
c. Transport time
d. Patient request

2. Patients meeting stroke system criteria shall be transported to the nearest ASC/TCASC, 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 CT or Internal Disaster diversion, then 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 BH.
    d. Patients meeting *LVO Alert* criteria will be transported to the nearest TCASC if ***total*** transport time does not exceed 45 minutes. If nearest TCASC is on TCASC Diversion, then transport to the next closest TCASC.

E. Upon Arrival to ASC/TCASC: You may be asked to take your patient directly to the CT scanner.
    1. Give report to the nurse, transfer the patient from your gurney onto the CT scanner platform, and then return to service.
    2. If there is any delay, such as CT scanner not readily available, or a nurse not immediately available, you will not be expected to wait. You will take the patient to a monitored bed in the ED and give report as usual.

F. Documentation
    1. 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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Spinal Motion Restriction		Policy Number 614
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	October 1992 September 7, 2023 September 7, 2023 September 30, 2025	Effective Date: December 1, 2023

I. PURPOSE: To define the use of spinal motion restriction by field personnel in Ventura County.

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

III. DEFINITION:

A. Spinal motion restriction: the use of cervical collars, gurneys, and other commercial devices to limit the movement of patients with potential spine injuries. Spinal motion restriction refers to the same concept as "spinal immobilization," which traditionally incorporates the use of rigid backboards. This technique often limits movement but rarely provides true "immobilization." The goal of spinal motion restriction is to maintain spinal alignment and limit unwanted movement. "This can be accomplished by placing the patient on a long backboard, a scoop stretcher, a vacuum mattress, or an ambulance cot."[1]

IV. POLICY:

A. Spinal motion restriction is a procedure that should be performed judiciously.

B. Spinal Motion Restriction is ***not required*** if:

1. The patient is awake, alert , not under the influence of alcohol or drugs to the extent that appreciation of pain is altered, with whom you can communicate effectively, neurologically intact, who denies spine pain or tenderness, or who complains of isolated lumbar pain or tenderness but denies cervical pain or tenderness and does not have weakness, numbness, or a distracting injury.

C. At a minimum, a ***cervical collar should be applied*** to:

1. A patient 65 years or older with neck pain due to nonpenetrating trauma.
2. A patient with neck pain or neurologic deficit after an axial loading injury.
3. A trauma patient who complains of neck pain and/or back pain.
4. A patient with known or suspected trauma with altered level of consciousness to the extent that their appreciation of pain or ability to communicate is impaired.
5. Any trauma patient with a neurological deficit (e.g. numbness, weakness)
6. Any patient under the influence of drugs or alcohol to the extent that appreciation of pain or ability to communicate is impaired.

7. Patients suffering from severe distracting painful injuries for whom the mechanism of injury is unknown or suspicious for spinal injury.
8. Awake and alert, potentially ambulatory patients, not intoxicated, without neurologic symptoms and/or deficits, can self-extricate (after application of cervical collar if indicated).[2]

D. ***Backboards*** are a tool that may be utilized for patient movement to the gurney, then removed prior to transport. You may transport a patient on a backboard when necessary to continue patient care (e.g. unconscious patient, CPR, spinal motion restriction if needed, or stabilization of an ortho injury, such has a hip or femur).

E. Spinal Motion Restriction is ***contraindicated*** in:

1. Patients with isolated penetrating torso or neck injury. Transportation must be expedited. DO NOT place these patients in spinal motion restriction.

V. PROCEDURE:

A. Patients with or without a cervical collar should be secured to the gurney with gurney straps. Patient should then be instructed to remain as still as possible.

B. A slide board should be used to transfer the patient to the hospital gurney

C. In the event of simultaneous transport of more than one patient requiring spinal motion restriction, the second patient should be secured supine to the bench seat. A backboard can be used if necessary.

VI. Special Procedure for Care of Potentially Spine-Injured Football Athlete

A. The facemask should always be removed prior to transportation, regardless of current respiratory status.

1. Tools for facemask removal include screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter should be readily accessible.
2. All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.

B. The helmet should not be removed during the prehospital care of the football athlete with a potential spinal injury, unless:

1. After a reasonable period of time, the face mask cannot be removed to gain access to the airway,
2. The design of the helmet and chin strap is such that even after removal of the face mask, the airway cannot be controlled, or ventilation provided.
3. The helmet and chin straps do not hold the head securely such that immobilization of the helmet does not also immobilize the head, or
4. The helmet prevents immobilization for transport in an appropriate position.

C. If the helmet must be removed, a neutral head position must be maintained during removal.
   1. In most circumstances, it may be helpful to remove cheek padding and/or deflate the air padding prior to helmet removal.
   2. If the helmet is removed, the shoulder pads must be removed at the same time or the head padded to maintain neutral position.

D. If needed, the front of the shoulder pads can be opened to allow access for CPR and defibrillation. They should only be removed if the helmet is removed at the same time.

VII. Pediatric patients

A. The approach to pediatric patients is similar to that for adults. There is no need to employ spinal motion restriction based on age criteria alone.

B. The index of suspicion for spine injury should be higher given the increased difficulty communication with younger patients. Indications for spinal motion restriction include:

   1. Complaint of neck pain
   2. Torticollis
   3. Neurologic deficit
   4. Altered mental status including GCS <15, intoxication, and other signs (agitation, apnea, hypopnea, somnolence, etc.)
   5. Involvement in a high-risk motor vehicle, high impact diving injury, or has substantial torso injury

C. Appropriate patients can be secured to gurney in their car seat. An appropriately sized c-collar should be applied if indicated.

---

[1] Spinal Motion Restriction in the Trauma Patient – A Joint Position Statement
Fischer PE, Perina DG, Delbridge TR, Fallat ME, Salomone JP, Dodd J, Bulger EM, Gestring ML.
Prehosp Emerg Care. 2018 Nov-Dec;22(6):659-661. doi: 10.1080/10903127.2018.1481476. Epub 2018 Aug 9.

[2] Dixon M, O'Halloran J, Cummins NM
Biomechanical analysis of spinal immobilisation during prehospital extrication: a proof of concept study
Emerg Med J 2014;31:745-749.

Behavioral Emergencies

ADULT	PEDIATRIC

BLS Procedures

Administer oxygen as indicated

ALS Standing Orders

ADULT	PEDIATRIC
IV/IO Access For Extreme Agitation • **Midazolam** ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg	IV/IO Access For Extreme Agitation • **Midazolam** ○ IM – 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- If patient refuses care and transport, and that refusal is because of "mental disorder", consider having patient taken into custody according to Welfare and Institutions Code Section 5150 or 5585 "Mental disorders" do not generally include alcohol or drug intoxication, brain injury, hypoxemia, hypoglycemia, or similar causes.
- Refer to VC EMS pre-hospital provider fact sheet for suspected excited delirium patients. Be sure to consider and rule out other possible causes or behavior (traumatic or medical).
- Use of restraints (physical or chemical) shall be documented and monitored in accordance with VCEMS policy 732
- Welfare and Institutions Code Section 5585:
  - Known as the Children's Civil Commitment and Mental Health Treatment Act of 1988, a minor patient may be taken into custody if, as a result of a mental disorder, there is a danger to self and others or is gravely disabled. A California peace officer, a California licensed psychiatrist in an approved facility, Ventura County Health Officer or other County-designated individuals, can take the individual into custody, but it must be enforced by the police in the field.
- Welfare and Institutions Code Section 5150:
  - A patient may be taken into custody if, as a result of a mental disorder, there is a danger to self and others or is gravely disabled. A California peace officer, a California licensed psychiatrist in an approved facility, Ventura County Health Officer or other County-designated individuals, can take the individual into custody, but it must be enforced by the police in the field.
- All patients shall be transported to the most accessible Emergency Department for medical clearance prior to admission to a psychiatric facility

Ventura County Mental Health Crisis Team: (866) 998-2243

Effective Date: December 1, 2023
Next Review Date: June 30, 2025

Date Revised: June 8, 2023
Last Reviewed: June 8, 2023

VCEMS Medical Director

Overdose

BLS Procedures

Decontaminate if indicated and appropriate

Administer oxygen and support ventilations as indicated

Suspected opioid overdose with respirations less than 12/min and significant ALOC:

- **Naloxone**
  - IN – 4 mg via pre-filed nasal spray, may repeat in 3 min x 1 to a total of 8 mg
  - IN – 2 mg (1 mg per nostril) via nasal atomizer, may repeat in 3 min x 1 to a total of 4 mg
  - IM – 2 mg, may repeat in 3 min x 1 to a total of 4 mg

ALS Standing Orders

ADULT

IV/IO access

Suspected opioid overdose with respirations less than 12/min and significant ALOC:

- **Naloxone**
  - IV/IO – 0.5 mg
    - May repeat q 1 min, titrated to maintain respirations greater than 12/min

Dystonic Reaction

- **Benadryl**
  - IV/IO/IM – 50 mg

Stimulant/Hallucinogen Overdose

- **Midazolam**
  - IM – 0.2 mg/kg, Max 10 mg
  - IV / IO – 0.1 mg/kg, Max 4 mg

PEDIATRIC

IV/IO access

Suspected opioid overdose with respirations less than 12/min and significant ALOC:

- **Naloxone**
  - IM – 0.1 mg/kg
    - Max single dose 2 mg
    - May repeat in 3 min x 1
  - IV/IO – 0.1 mg/kg
    - Max single dose 0.5 mg
    - May repeat q 1 min, titrated to maintain respirations greater than 12/min

Dystonic Reaction (For patients ≥ 6 months of age)

- **Benadryl**
  - IV/IO/IM – 1 mg/kg
    - Max total dose 50 mg

Stimulant/Hallucinogen Overdose

- **Midazolam**
  - IM – 0.1 mg/kg, Max 5 mg
  - IV / IO – 0.1 mg/kg, Max 4 mg

Base Hospital Orders Only

ADULT

Tricyclic Antidepressant Overdose

- **Sodium Bicarbonate**
  - IV/IO – 1 mEq/kg
  - Repeat 0.5 mEq/kg x 2 q 5 min

Beta Blocker Overdose

- **Glucagon**
  - IV/IO – 2 mg
    - May give up to 10mg if available

Calcium Channel Blocker Overdose

- **Calcium Chloride**
  - IV/IO – 1 g over 1 min
- **Glucagon**
  - IV/IO – 2 mg
    - May give up to 10 mg if available

PEDIATRIC

Tricyclic Antidepressant Overdose

- **Sodium Bicarbonate**
  - IV/IO – 1 mEq/kg
  - Repeat 0.5 mEq/kg x 2 q 5 min

Beta Blocker Overdose

- **Glucagon**
  - IV/IO – 0.1 mg/kg
    - May give up to 10 mg if available

Calcium Channel Blocker Overdose

- **Calcium Chloride**
  - IV/IO – 20 mg/kg over 1 min
- **Glucagon**
  - IV/IO – 0.1 mg/kg
    - May give up to 10 mg if available

Additional Information:

- If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician)
- Narcan
  - It is not necessary that the patient be awake and alert. Titrate to maintain respirations greater than 12/min.
  - If the patient is taking high doses of opioid medication and has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg q 1 min titrated to maintain respirations greater than 12/min.

Effective Date: December 1 1, 2023
Next Review Date: June 30, 2025

Date Revised: June 8, 2023
Last Reviewed: June 8, 2023

VCEMS Medical Director

Seizures

ADULT	PEDIATRIC

BLS Procedures

Protect from injury.

Maintain patent airway, and administer oxygen as indicated.

For suspected pediatric febrile seizures begin passive cooling measures.

ALS Standing Orders

ADULT

Consider IV/IO access

Anticonvulsant Treatment - Initial
For active and persistent seizure activity.
- **Midazolam**
  - IM – 0.2 mg/kg, Max 10 mg
  - IV / IO – 0.1 mg/kg, Max 4 mg

Anticonvulsant Treatment - Repeat
For continued or recurring seizure activity post initial anticonvulsant treatment
- **Midazolam**
  - IM– 0.1 mg/kg, Max 5 mg
  - IV / IO – 0.05 mg/kg, Max 2 mg

Eclampsia Treatment
In addition to any indicated anticonvulsant treatment, patients 20 weeks gestation to one week postpartum, with active or resolved seizure activity.
- **Magnesium Sulfate**
  - IV / IO – 4 g in 50 mL D_5W over 10 min
    - Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur.

PEDIATRIC

Consider IV/IO access

Anticonvulsant Treatment - Initial
For active and persistent seizure activity.
- **Midazolam**
  - IM – 0.2 mg/kg, Max 10 mg
  - IV / IO – 0.1 mg/kg, Max 4 mg

Anticonvulsant Treatment - Repeat
For continued or recurring seizure activity post initial anticonvulsant treatment
- **Midazolam**
  - IM – 0.1 mg/kg, Max 5 mg
  - IV / IO – 0.05 mg/kg, Max 2 mg

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:
- Route for anticonvulsant treatment –
  - The initial priority is cessation of seizure activity. When IV/IO access is not available IM is the preferred route to avoid delays in care.
  - When IV or IO access is available this is the preferred route.
  - Repeat doses should be administered IV/IO whenever possible.
- Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may not require ALS intervention.

Effective Date: December 1, 2023
Next Review Date: June 30, 2025
Date Revised: June 8, 2023
Last Reviewed: June 8, 2023

VCEMS Medical Director

Suspected Stroke

ADULT

BLS Procedures

Administer oxygen for SpO2 less than 94%

Perform Stroke Assessment
- Cincinnati Prehospital Stroke Scale (CPSS)
- Time Last Known Well
- Determine Blood Glucose level

ALS Standing Orders

IV/IO access

Cardiac monitor

Patients meeting Stroke Alert criteria:
- **Cincinnati Prehospital Stroke Scale (CPSS)** – *1 or more Abnormal results*
- **Time Last Known Well (TLKW)** - *within 24 hours*
- **Blood Glucose** *> 60 mg/dl*
- Notify Base hospital within 10 minutes of identifying a Stroke Alert
- Expedite transport to appropriate Acute Stroke Center (ASC)

Patients meeting LVO Alert criteria (3 + 1):
- **CPSS Score of 3** – *Abnormal results for facial droop, arm drift, and speech*
- **+ Ventura County LVO Score (VES) of 1 or more –** *1 or more Abnormal results*
- **Time Last Known Well (TLKW)** – *within 24 hours*
- **Blood Glucose** *> 60 mg/dl*
- Notify TCASC within 10 minutes of identifying an LVO Alert
- Expedite transport to appropriate Thrombectomy Capable Acute Stroke Center (TCASC)

Base Hospital Orders Only

Consult with ED Physician for further treatment measure

Additional Information

Cincinnati Prehospital Stroke Scale (CPSS)

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

Ventura County LVO Score (VES)

Forced Eye Deviation

Aphasia

Neglect

Obtundation

- 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.
- Refer to VCEMS Policy 451 for CPSS, VES and alert criteria details.

Effective Date: December 1, 2023
Next Review Date: September 30, 2025
Date Revised: September 27, 2023
Last Reviewed: September 27, 2023

VCEMS Medical Director

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title 12 Lead ECG		Policy Number: 726
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 10, 2006 August 23, 2023 August 23, 2023 October 31, 2025	Effective Date: December 1, 2023

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 with the indications listed in this policy. EMTs who are specially trained may be authorized to set up the 12-lead.

IV. Procedure:

A. Indications for a 12-lead ECG:

1. History of present illness consistent with an acute coronary syndrome.
   a. Chest, upper back or upper abdominal discomfort
   b. Generalized weakness
   c. Dyspnea
2. Cardiac Dysrhythmia
   a. Symptomatic bradycardia
   b. Inappropriate Tachycardia
   c. After successful cardioversion/defibrillation
3. Post ROSC
4. Paramedic Discretion

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 (ROSC).

C. ECG Procedure:
   1. Attempt to obtain an ECG during initial patient evaluation. If the patient is not in severe distress, ECG should be completed as soon as possible and 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), repeat x 2.
   4. If the ECG does not read as a positive STEMI ECG (POS STEMI ECG) and the patient's condition worsens at any time, repeat the ECG.
   5. Once an acceptable quality ECG is obtained, switch the monitor to the standard 4-lead function.

D. Base Hospital Communication/Transportation:
   1. If the interpretation from the monitor meets your manufacturer guidelines for a POS STEMI ECG, patients should be transported to the closest and most appropriate STEMI Receiving Center (SRC) depending on patient preference and cardiac catheterization lab availability.
   2. Manufacturer guidelines for a POS STEMI ECG
      a. Lifepak 15: ***Meets ST Elevation MI Criteria***
      b. Zoll: ***STEMI***
   3. Send a STEMI Alert through Pulsara containing a picture of the POS STEMI ECG within 10 minutes of interpretation.
   4. Follow-up the Pulsara STEMI Alert with Base Hospital contact.
   5. Cath lab activation will be at the discretion of the physician reviewing the Pulsara Alert. If no image is available cath lab activation is not recommended if:
      a. The ECG is poor quality
      b. The patient has a pacemaker
      c. The underlying rhythm is Atrial Flutter
      d. The heart rate is above 140
   6. Paramedics are to ask the patient if they have a cardiologist and report the information to the base hospital.
   7. POS STEMI ECGs will be handed to the receiving care team.

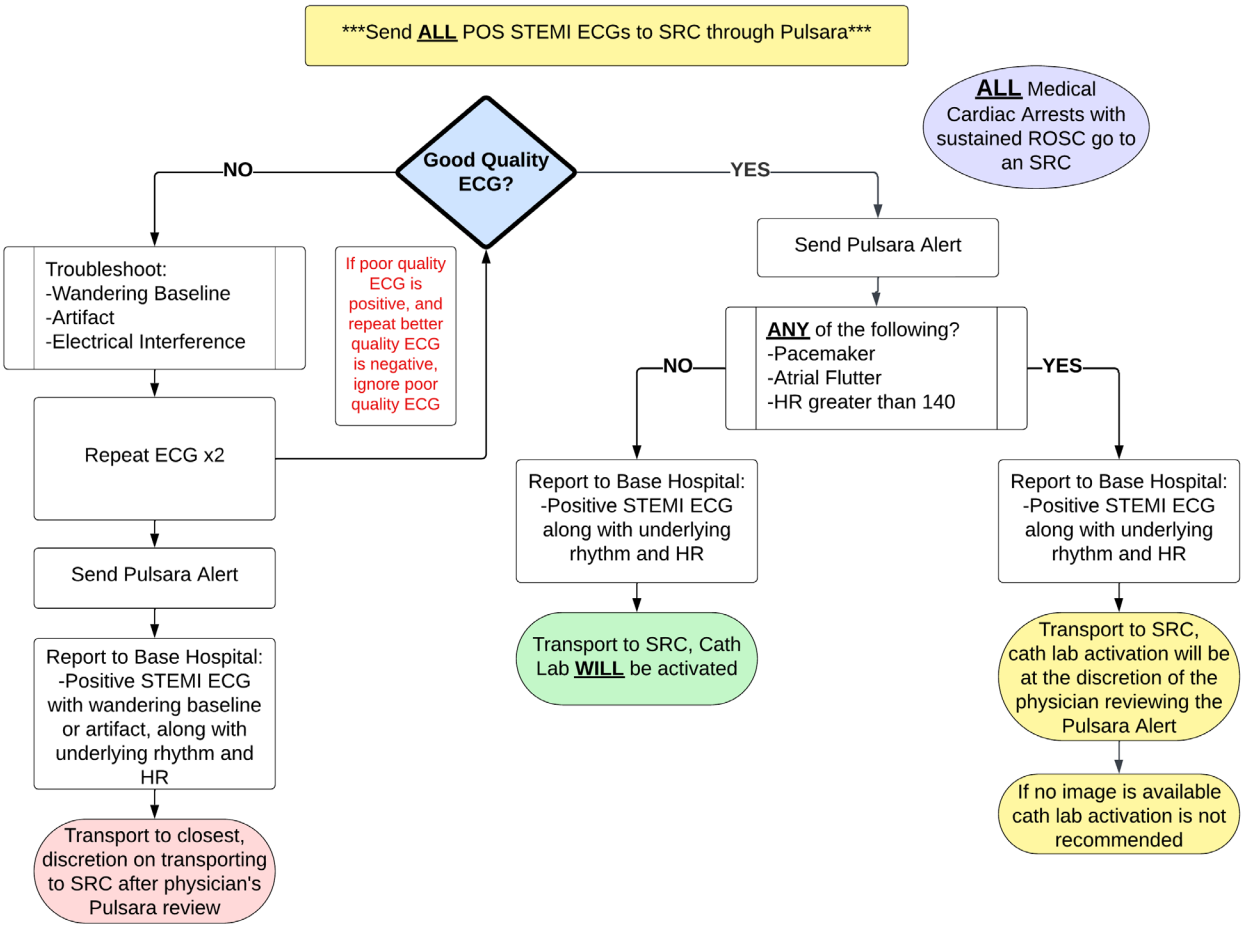
E. Other ECGs
   1. If an ECG is obtained by a physician and the interpretation on the ECG is positive for STEMI, the patient will be treated as a positive STEMI.

2. If the ECG is obtained by a physician and the interpretation on the ECG is not positive for STEMI, but the physician is stating ***it is*** a STEMI: perform a repeat ECG once the patient is in the ambulance.
    a. If EMS ECG is a POS STEMI ECG, transport to the SRC as a STEMI Alert.
    b. If EMS ECG is negative for STEMI, transport to the SRC, however no STEMI alert will be activated.
3. The original ECG shall be obtained and accompany the patient.
4. The original ECG will be scanned, or a picture will be obtained and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving care team.

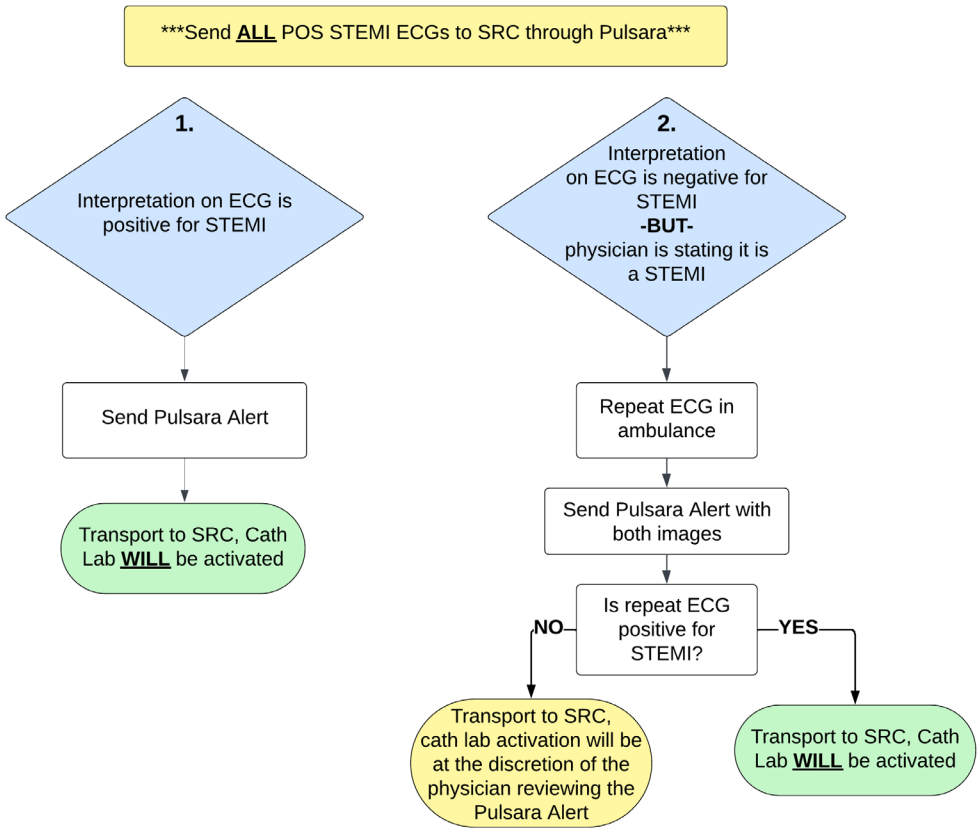
G. Documentation

1. VCePCR and cardiac monitor data transfer will be completed per VCEMS policy 1000.

INTERPRETATION FROM THE MONITOR MEETS THE MANUFACTURER GUIDELINES FOR A POS STEMI ECG



PHYSICIAN OBTAINED ECG



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ReddiNet Communications Policy		Policy Number 920
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	April 26, 2007 June 8, 2023 June 8, 2023 June 30, 2026	Effective Date: December 1, 2023

I. PURPOSE: The Rapid Emergency Digital Data Network (REDDINET) is the computerized system that links hospitals, the EMS Agency, and Public Health for a variety of purposes; including but not limited to **daily** (Q24 hr) reports of diversion status, multiple casualty incidents (MCI), assessment communication, disease surveillance, and current HAvBED status. This policy defines the expectation for the use and maintenance of ReddiNet by all facilities.

II. AUTHORITY: Health and Safety Code, Division 2.5, Chapter 1, Section 1797.204 and Chapter 6, Section 1798.100.

III. POLICY:

A. The ReddiNet System is to be maintained by each individual facility. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.

B. It is the responsibility of each facility to ensure that any staff expected to use the ReddiNet System be properly trained and refreshed on a routine basis (at least twice per year). At least one staff member who is knowledgeable on the use of the ReddiNet System is to be on duty at all times.

C. The ReddiNet System is to remain online at all times unless there is a hardware or software problem that disables the system, in which case every effort shall be made to correct the problem as quickly as possible.

D. The sound volume on the ReddiNet System is to be maintained at an adequate level to alert staff within a facility at all times, and is never to be placed on mute.

E. The ReddiNet System shall be placed in an easily accessible location within each facility.

F. The use of the ReddiNet computer is limited to operation of the ReddiNet System and access to EMS educational materials only. Accessing the Internet or other applications on the system is prohibited.

G. VCEMS may send an Assessment Poll as needed. Each facility is to acknowledge and respond to this poll as directed by the system.

H. The ReddiNet System is not to be used to disseminate non-system information such as conference flyers, educational opportunities, and other like materials.

IV. PROCEDURE:

A. Emergency Department and other appropriate hospital staff will use ReddiNet for the following information:

1. Status – Hospitals will utilize the ReddiNet System to update all diversion status pursuant to VCEMS Policy 402. Hospitals should note that the ReddiNet System also displays diversion status for other facilities within the region.
2. Multi Casualty Incidents (MCI) – During an MCI, the designated Base Hospital will coordinate response activities with other hospitals using ReddiNet unless relieved by EMS Agency personnel. The Base Hospitals will initiate an MCI using the ReddiNet MCI function. All patients received by hospitals during an MCI are to be recorded in ReddiNet, within the MCI function. The System will send an alert tone when a facility is being included in an MCI response.
3. Assessment – This function within the ReddiNet System allows a facility or the EMS Agency to assess the status of other facilities and other resources (such as staffing, equipment, etc). Assessments are polls that ask specific questions and require a response. All facilities are to respond as quickly as possible to active polls. Assessments contain one or more questions whose answers are formatted (I.e., Yes/No, numeric, multiple choice, text, etc) The System will send an alert tone when Assessments are received.
4. Public Health Surveillance – The Public Health Department may initiate disease surveillance programs utilizing Reddi-Net. These will be in the form of assessment polls that ask for specific information on a routine basis. Each facility is to ensure that these assessments are answered in a timely manner. This will likely require involvement of Infectious/Communicable Disease staff at each facility. This does not replace the obligation of health care providers to report certain diseases on a Confidential Morbidity Report (CMR) pursuant to Title 17, California Code of Regulations, §2500 (rev. 2022) Reports & Diseases
5. Messages – All facilities are expected to utilize the ReddiNet messaging function to communicate appropriate information within their facility, with other hospitals, the EMS Agency and the Public Health Department. The system is similar to email. All messages that are appropriate for dissemination to other staff are to be printed or otherwise shared with affected staff. The System will send an alert tone when messages are received.
6. HAvBED Status – Hospitals are expected to update their current HAvBED status by 9:00 AM on a daily basis. Updates ideally should be done twice per day, morning and

evening shift. Hospitals should update their bed availability after their normally scheduled daily discharge time. HAvBED shall be the only function utilized on ReddiNet for the purposes of assessing bed capacity.

7. Daily HAvBED status updates allow facilities to meet Federal bed availability guidelines. The HAvBED status board carries over all fields from the previous bed availability menu as well as adding two additional fields: ventilators (owned, stockpiled or committed by vendor to the facility), and whether or not a mass decontamination system is available at the facility during the specified time frame.

B. ReddiNet System Failure or Disruption

1. If the ReddiNet System is not functioning due to an internal hospital issue (ie: computer, satellite, or internet failure), facilities are to utilize the following procedure:
   a. Attempt to the resolve the problem at the computer. Check for correct power and internet connections as well as correct log-in and password.
   b. Check Satellite for any obstruction or damage
   c. Notify the facility ReddiNet coordinator or IT department according to facility policy.
   d. Notify the EMS Agency of the status of the ReddiNet System and the anticipated return to service.
   e. Fax Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. If available, the EMS Agency will update facility status on the ReddiNet System. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
   f. Notify other hospitals, EMS Agency and FCC via ReddiNet when connection is restored.
2. If the ReddiNet System is not functioning due to a systemwide issue, (ie: ReddiNet server or internet service provider failure), facilities are to utilize the following procedure:
   a. Notify the EMS Agency of the ReddiNet System failure.
   b. FAX Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
   c. ReddiNet and/or the EMS Agency will notify all facilities and FCC when service is restored.

C. Hospital Groupings: The following hospital groupings are to be used for faxed diversion status notifications during a ReddiNet failure. The hospital with a diversion status change will send a fax to the EMS Agency and to each of the hospitals in their group.

Hospital	Hospital Grouping
Adventist Health Simi Valley	(LRRMC, SJHC, SJRMC, VCMC)
Community Memorial Hospital Ventura	(OVCH, SJRMC, SPH, VCMC)
Community Memorial Hospital Ojai	(CMH, SPH, VCMC)
Los Robles Regional Medical Center	(AHSV, SJRMC, SJHC, VCMC)
Santa Paula Hospital	(CMH, OVCH, SJRMC, VCMC)
St. John's Hospital Camarillo	(SJRMC, LRRMC, AHSV, VCMC)
St. John's Regional Medical Center	(CMH, SJHC, VCMC)
Ventura County Medical Center	(CMH, SPH, OVCH, SJRMC, LRRMC)

County of Ventura

Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

Date: _____ **ReddiNet Failure Reason:** _____

Time: _____ _____

Name: _____ _____

Hospital:

- ☐ **AHSV**
- ☐ **CMH**
- ☐ **LRRMC**
- ☐ **OVCH**
- ☐ **SPH**
- ☐ **SJHC**
- ☐ **SJRMC**
- ☐ **VCMC**

Diversion Category:

- ☐ **ICU / CCU Saturation**
- ☐ **ED Saturation**
- ☐ **Neuro / CT Scanner**
- ☐ **Internal Disaster**
- ☐ **SRC**
- ☐ **TCASC**
- ☐ **Helipad**

All Diversion Categories send FAX to VCEMS at (805) 981-5300 and to each location in your hospital grouping:

Hospital	*Fax Number*	*Hospital Grouping*
Adventist Health Simi Valley	**(805) 527-9374**	(LRRMC, SJHC, SJRMC, VCMC)
Community Memorial Hospital Ventura	**(805) 948-8107**	(OVCH, SJRMC, SPH, VCMC)
Community Memorial Hospital Ojai	**(805) 640-2360**	(CMH, SPH, VCMC)
Los Robles Regional Medical Center	**(805) 370-4579**	(AHSV, SJRMC, SJHC, VCMC)
Santa Paula Hospital	**(805) 525-6778**	(CMH, OVCH, SJRMC, VCMC)
St. John's Hospital Camarillo	**(805) 383-7465**	(SJRMC, LRRMC, AHSV, VCMC)
St. John's Regional Medical Center	**(805) 981-4436**	(CMH, SJHC, VCMC)
Ventura County Medical Center	**(805) 652-3299**	(CMH, SPH, OVCH, SJRMC, LRRMC)

For diversion due to Internal Disaster, also send FAX to:

Ventura County Fire Communications Center (805) 383-7631

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Trauma Committees		Policy Number 1402
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2023
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2023
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 9, 2011 September 7, 2023 September 7, 2023 September 30, 2026	Effective Date: December 1, 2023

I. PURPOSE: To advise the EMS Medical Director on the establishment of trauma related policies, procedures, and treatment protocols. To advise the EMS Medical Director on trauma related education, training, quality improvement, and data collection issues. To review and improve trauma care in Ventura County and neighboring counties.

II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.

III. POLICY: The Ventura County Emergency Medical Services Agency (VC EMS) Medical Director shall appoint a Trauma Operational Review Committee (TORC) and Trauma Audit Committee (TAC). TORC is an advisory committee to VC EMS on issues related to trauma care. TAC is a peer review committee that conducts a process of interfacility case sharing, evaluation, and recommendations for improvement for trauma care administered to patients of the Ventura County Trauma System as well as trauma systems in neighboring counties.

IV. TRAUMA OPERATIONAL REVIEW COMMITTEE (TORC): TORC conducts systems and case review toward the goal of ensuring optimal and ongoing improvement of trauma care for patients in Ventura County. This committee strives to uphold and advance the values of an integrated, inclusive, and mutually supportive trauma system.

A. TORC TASKS

1. Reviews, analyzes and proposes corrective actions for operational issues that occur within Ventura County's inclusive trauma system. Identifies problems and problem resolutions (loop closure).
2. Based on trauma system maturation and needs, recommend development and/or revisions of policies that impact trauma care.
3. Reviews interfacility transport issues, particularly problematic or recurring themes, and occasionally, specific cases. Recommends improvement measures.
4. Reviews criteria for IFT for ongoing appropriateness and recommends policy revisions when needed.
5. Reviews prehospital trauma transport statistics for appropriateness of patient destinations, system trends and educational or other needs.
6. Reviews trauma registry reports.
7. Evaluates system needs and recommends trauma education or certification courses for emergency department personnel.
8. Recommends and collaborates with other Ventura County agencies and organizations on injury prevention projects.
9. Recommends and collaborates on research efforts.
10. Recommends and conducts educational programs toward the goal of enhancing an inclusive trauma system approach in Ventura County.

B. TORC MEMBERSHIP

The membership of TORC shall be broad based regionally and represent the participants in the Trauma Care System and the regional medical community. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TORC meeting. TORC shall be chaired by the Ventura County EMS Agency Trauma System Manager. The membership of TORC includes the following:

1. Ventura County EMS Agency
    a. Medical Director
    b. Administrator
    c. Deputy Administrator
    d. Trauma System Manager

2. Ventura County Trauma Centers
    a. Hospital Administrator
    b. Trauma Medical Director
    c. Trauma Manager
    d. Emergency Department Medical Director
    e. Emergency Department Nurse Manager
    f. Prehospital Liaison Physician
    g. Prehospital Care Coordinator
3. Ventura County Non-Trauma Base Hospitals
    a. Hospital Administrator
    b. Emergency Department Medical Director
    c. Emergency Department Nurse Manager
    d. Prehospital Liaison Physician
    e. Prehospital Care Coordinator
4. Ventura County Receiving Hospitals
    a. Hospital Administrator
    b. Emergency Department Medical Director
    c. Emergency Department Nurse manager
5. Transport Providers
    One representative, to be selected by individual agency
6. Fire Department Agencies
    One representative, to be selected by individual agency
7. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

V. TRAUMA AUDIT COMMITTEE (TAC)

TAC is a multi-trauma center, multi-disciplinary peer review committee designed to improve trauma care by reviewing selected cases that involve exceptional saves, deaths, complications, sentinel events and other issues, with the goal of identifying issues and ensuring appropriate loop closure.

A. TAC TASKS

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.
2. Conducts review of cases that involve system issues or are regarded as having exceptional educational or scientific benefit.
3. For each case reviewed, provides finding of lessons learned, and when appropriate, makes recommendations regarding changes in the system to improve the process of trauma care.
4. Presents and reviews individual trauma center-specific issues with the goal of awareness, education and collaboration.
5. Identifies county and intra-county problems, issues and trends. Identifies and implements, or recommends implementation, of resolutions (loop closure).

B. TAC MEMBERSHIP

The membership shall be limited to representatives of the Ventura County Trauma Centers and trauma centers located in neighboring counties, as determined by an EMS Medical Director. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TAC meeting. TAC shall be chaired by an EMS Medical Director. The membership of TAC includes the following:

1. Ventura County EMS Agency
    a. Medical Director
    b. Administrator
    c. Deputy Administrator
    d. Trauma System Manager
2. Neighboring County EMS Agency
    a. Medical Director
    b. Administrator
    c. Trauma System Manager
3. Trauma Centers
    a. Trauma Medical Director
    b. Trauma Manager
    c. Prehospital Care Coordinator

4. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

VI. TRAUMA COMMITTEES ATTENDANCE

Stated policy shall apply to both TORC and TAC.

A. Members of a trauma committee will notify VC EMS staff in advance of any scheduled meeting they will be unable to attend.

B. After two (2) absences in a calendar year, a member may be terminated from a trauma committee.

C. Resignation from the committee must be submitted, in writing, to the VC EMS Agency, and is effective upon receipt, unless otherwise specified.

D. The EMS Medical Director may grant special permission for other invitees to participate in the medical audit review of cases where their expertise or involvement in a specific case is essential to make appropriate determinations. Such invitees may only be present for the portions of meetings for which they have been requested to provide input.

E. The EMS Medical Director may grant special permission for guests to attend a TAC meeting for educational purposes.

F. Trauma committee meetings are closed to non-members without the pre-arranged permission of the EMS Medical Director.

VII. VOTING

Stated policy shall apply to both TORC and TAC. Due to the advisory nature of the trauma committees, most issues will require input rather than a vote process. Vote process issues will be identified as such by the TORC or TAC Chairperson. When voting is required, the majority of a committee's membership must be present.

VIII. MEETINGS

Stated policy shall apply to both TORC and TAC. The trauma committees shall be scheduled to meet as determined by committee, according to the needs of the trauma systems.

IX. MINUTES

Stated policy shall apply to both TORC and TAC.

A. Minutes regarding operational and systems issue discussions that do not include references to case presentations or protected health information shall be distributed to committees' members prior to the next meeting.

B. Due to the confidential nature of case presentations, any documentation or materials referencing specific cases and/or confidential patient information shall be distributed at the beginning of the meeting and collected and destroyed at the close of each meeting. No copies may be made or possessed by members of the committee outside of the meeting.

X AGENDA ACTION ITEMS

A. Identified action items may be assigned to one individual per hospital or agency. Each hospital or agency may determine, on a case-by-case basis, whom among their committee membership is the most appropriate to be assigned a particular action item.

B. Individuals who have been assigned action items shall submit documentation of work performed relating to the action item prior to the next scheduled meeting. Action item progress will be included in the next scheduled meeting's agenda packet.

XI. CONFIDENTIALITY

Stated policy shall apply to both TORC and TAC.

A. All proceedings, documents, and discussions of the Trauma Operational Review Committee and the Trauma Audit Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the trauma committees will be applicable to all proceedings and records of these committees, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.

B. Trauma committee members agree to not divulge or discuss confidential patient information that would have been obtained solely through committee membership.

1. All meeting attendees will sign a meeting roster or have their name displayed during an on-line meeting that, in addition to documenting meeting attendance, serves to affirm their agreement to uphold the

trauma committee's standard of confidentiality. Rosters for TORC and TAC meetings shall include the following heading: "With certain exceptions, the proceedings and records of the Ventura County EMS Agency (Trauma Operational Review Committee) (Trauma Audit Committee) are privileged and not subject to discovery. Records of the Committee are not subject to disclosure under the California Public Records Act, and Committee meetings are not subject to the Ralph M. Brown Act. (Cal. Evidence Code, sec. 1157.7.) Redisclosure of confidential patient information discussed in Committee proceedings is prohibited by law. (Cal. Civil Code, sec. 56.13.)" In the event the meeting is held through an on-line platform, the standard of confidentiality language will be displayed at the beginning of each meeting.

2. A visitor, guest, or invitee who has been granted permission to attend any part of a trauma committee meeting shall sign the meeting roster or have their name displayed during an on-line meeting. This will document his/her attendance and affirms his/her agreement to uphold the committee's standard of confidentiality. The committee chairperson is responsible for assuring compliance with this requirement.