

In-person

Pre-hospital Services Committee
Agenda

June 08, 2023
9:30 a.m.

I. Introductions	
II. Approve Agenda	
III. Minutes	
IV. Medical Issues	
A. Other	
V. New Business or Policies for Review with Proposed Changes	
A. 315 - Paramedic Accreditation To Practice	Chris Rosa
B. 318 - ALS Response Unit Staffing	Chris Rosa
C. 705.04 Behavioral Emergencies (Versed dosing)	Dr. Shepherd
D. 705.18 Overdose (Versed dosing)	Dr. Shepherd
E. 705.20 - Seizures (Versed dosing)	Dr. Shepherd
F. 920 – Reddinet	Karen Beatty
VI. Old Business	
A. Other	
VII. Informational/Discussion Topics or Policies Approved at Specialty Care Committees	
A. History, roles, and responsibilities of the Prehospital Services Committee	Dr. Shepherd
B. NREMT Pass Rates 2017-2022	Chris Rosa
VIII. Policies Due for Review (No proposed changes)	
A. 132 - EMS Coverage for Special Events or Mass Gatherings	Chris Rosa
IX. Agency Reports	
A. Fire Departments	
B. Ambulance Providers	
C. Base Hospitals	
D. Receiving Hospitals	
E. Law Enforcement	
F. ALS Education Program	
G. EMS Agency	
H. Other	
X. Closing	

Topic	Discussion	Action	Approval
I. Introductions	Joey Williams - Dawn Savage – New Clinical Specialist at AMR just started.		
II. Approve Agenda		Approved	Motion: Dr. Canby Seconded: Tom O'Connor Passed: unanimous
III. Minutes		Approved	Motion: Tom O'Connor Seconded: Dr. Larsen Passed: unanimous
IV. Medical Issues			
A. Coronavirus/Flu/ Respiratory Virus Update	COVID-19 is still around regardless of state of emergency, make sure folks are taking precautions with the changing masking restrictions. Significant TB case that may have widespread growth/exposures in Oxnard vicinity. Exceptionally transmissible, laryngeal (upper airway) strain. City Fire had a recent TB exposure, it's out and about in the community.		
V. New Business			
A. 0121 – Safety Event Review	Policy 121 nested with Policy 120 as our CQI plan. Draft is attached to review. It will come back to PSC for review in October for any changes to be included in Fall EMS update. Dr. Shepherd stated it was great to see everyone at the Just Culture training, for everyone to see how real-world experience applies to policy. Some minor formatting issues and change Under definitions, deviation from “policy and procedures” instead of protocol are suggested changes. Content will be given through EMS Update during the month of May for MCINs, paramedics, EMTs. Policy 150 and Policy 151 will be retired on June 1 st , when this Policy goes live.	Approved with changes	Motion: Tom O'Connor Seconded: Mike Sanders Passed: Unanimous
VI. Old Business			
A. Other	None		
VII. Informational			
A. Other	None		
VIII. Policies for review			

A. 705.12 – Heat Emergencies	Due for review with no suggested changes. Discussion of removing “check blood sugar and referring to Policy 705.03 when altered. Also, discussion of adding Handtevy on the pediatric side and adding max dose of 1 liter bolus.	Approved with changes	Motion: Dr. Tilles Seconded: Dr. Larsen Passed: unanimous
B. 705.13 – Cold Emergencies	Due for review with no suggested changes. Discussion of removing “check blood sugar and referring to Policy 705.03 when altered. Is HR of 20 beats a minute acceptable range for pediatrics as well?	Approved with changes	Motion: Dr. Larsen Seconded: Kyle Blum Passed: unanimous
IX. Agency Reports			
A. Fire departments	<p>VCFD – none</p> <p>VFD – 3 people in academy, actively recruiting 13-16 additional fire fighters to start training by 08/08.</p> <p>OFD - Oxnard Fire Academy is currently going well, currently 18 recruits in the academy, oh, 17 recruits, Per Chief Colamarino, looks like were down to 17 now. Expect that they should be done sometime in late June. June 23.</p> <ul style="list-style-type: none"> - 3 students are completing didactic and clinical’s at UCLA. We expect them to be back mid to late May-ish and will be sending some documentation over to EMS in the near future for the out of county preceptor approvals. - Squad 66 is preparing to come online here in late June, somewhere around June 23rd, we are very much looking forward to that. - Finally, as some may be aware the city of Oxnard and the Fire Department is currently supporting a bill by ASM Bennett regarding the Oxnard vs County of Ventura court decision and how it impacts EMS in this county. Outside of acknowledging that it’s occurring, the department would like to recognize the significant and heroic individual efforts of the providers on the ground and disagreements over statutory language should not diminish their work serving the residents of Oxnard or in any way be misconstrued. <p>However, during this process there continues to be some misconceptions and statements lodged that continue to misrepresent conditions on the ground specially that we have played no role in the ambulance system and that any grievances the city or department may have with the broader</p>		

	<p>operations of the EMS system, such as ambulance service delivery, equitable response, or ambulance delays should be addressed at the Prehospital Services Committee Meetings. It has been and continues to be, our opinion that this was not the appropriate forum to air grievances for EMS system operational issues that are governed by contracts and ordinances, but none the less as a result of these statements, and in compliance with VCEMS policy 105,s 14 day rule, we intend on returning to PSC alongside with other interested stakeholders to place on the agenda several ambulance system operations topics and proposals to include: Data integrity, equity, ambulance compliance and PSC membership expansion to accommodate a broader group of relevant stakeholders involved in emergency management operations, including dispatch not just EMD.</p> <p>Fed. Fire – none FFD – none</p>		
B. Transport Providers	<p>AMR/GCA/LMT – Joey Williams – About 20 new hires, roughly 17 paramedics, looking to place an extra 3-4 from UCLA. Work on saline and what those temperatures look like, working with EMS to provide temperatures. EMS will loan “pizza box warmer” for testing temperatures.</p> <p>All Town - none AIR RESCUE – none</p>		
C. Base Hospitals	<p>AHSV – none LRRMC – We are ready for Pulsara on our end. SJRM – none VCMC – none</p>		
D. Receiving Hospitals	<p>PVH – Our CT in-house is down but have a trailer (very slow). SPH – none CMH / OVCH – none</p>		
E. Law Enforcement	<p>VCSO – Just graduated whole new academy, going to provide Narcan training today, 5 additional laterals from LA county. Narcan use in the field: concern facing high amounts of narcotics in the street. Currently policy is we are only allowed two doses. Is there a way to increase dose for interagency use? Dr. Shepherd – Training from CHP in depth review to law enforcement exposures with</p>		

	<p>warrants and entering drug labs. Risk overall seems pretty low, and I can push out the information. The teams that are performing warrants should have a medic on scene, in context if law enforcement wants to reach out to discuss tourniquets, TEMS, etc., we would be glad to help.</p> <p>Dr. Tilles – What is the time between Narcan doses? Gillette 3 minutes, Perez 2-3 minutes. In interim, remember to emphasize good quality ventilations.</p> <p>Jiang – VCSO carry two sizes of BVM.</p> <p>CSUCI PD – none</p> <p>Parks – none</p>		
F. ALS Education Programs	<p>Ventura College – Tom O’Connor - 22 students, all but 3 placed in internships. FT hiring in progress. Paramedic PT cohorts.</p> <p>Moorpark College – John Everlove - 16 students beginning on Tuesday.</p> <p>Eric Eckels – do you need any expired meds/items for donations? John will contact regarding this generous offer.</p>		
G. EMS Agency	<p>Dr. Shepherd – In regard to OFD having a difference of opinion and PSC is a forum that is appropriate to address these issues. We want to know any issues in the system to address system enhancements. End of Policy 105 addresses how to add agenda items.</p> <p>Carroll – Have selected through our RFP process a consultant. Healthcare Strategists will be working here in coming weeks. Reaching out to stakeholders for the next process.</p> <p>Rosa – Thank you for your participation for Air Show back in March. OFD, AMR, Gold Coast, all our hospitals, Fed Fire, MRC, VCFD, huge undertaking for covering the event. By far the largest special event our county has had to cover in a long time. Thank you to everyone.</p> <p>Ed Pulido – Thank you to EMS for putting on the Just Culture Training, thank you for the invite.</p>		
H. Other			
X. Closing	Meeting adjourned at 10:36am		<p>Motion: Tom O’Connor Seconded: Jaime Villa Passed: unanimous</p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Accreditation <u>to</u> Practice		Policy Number 315	
APPROVED Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: January 1, 1990		Effective Date: <u>DRAFT</u>	
Date Revised: <u>June 8, 2023</u>			
Date Last Reviewed: <u>June 8, 2023</u>			
Review Date: <u>June 30, 2026</u>			

- 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, 100168, 100170.
- 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 IV insertion, central line monitoring, blood glucose testing, 4-lead cardiac monitoring and pulse oximetry~~A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.~~
 - B. Field Training Officer (FTO): An agency designation for those personnel qualified to train/evaluate EMS prehospital personnel on job-related tasks, policies, and procedures~~others for the purposes of EMT ALS Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.~~
 - C. Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations 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. Basic Scope Paramedic: A paramedic accredited in Ventura County to practice the California paramedic basic scope of practice when working with a second paramedic with a current "Independent Practice" designation.~~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 applicant shall only be authorized to practice the basic scope of practice for a Paramedic while in the presence of a field training officer.

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

IV. POLICY:

- A. 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.
- B. The ALS agency, under the guidance of the ALS agency medical director, shall be responsible for assessing the current knowledge of their paramedics in local policies, procedures and protocols and for assessing their paramedics' skills competency.
- C. Any Paramedic that meets the requirements for accreditation, as outlined in this policy, but who fails to meet/maintain the requirements outlined in VCEMS Policy 318 – Independent Practice Paramedic, shall only be authorized to function in an ALS capacity when working with at least one Independent Practice Paramedic.

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 ~~Accreditation~~-EMS Personnel application. ~~(Attachment A)~~. Paramedic must notify VCEMS within 30 days of any contact information change.
- 2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code. ~~(Attachment A)~~.
- 3) Pay the established fee.
- 4) ~~Complete a California Department of Justice (CA DOJ Live Scan) background check. Results of a CA DOJ background check include Notification of Subsequent Arrests. Background checks will not be repeated as long as accreditation remains active.~~
- 5) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

2. The ALS Service Provider shall:
 - a. Provide the applicant with his/her schedule for orientation, training and testing in skills and field evaluation.

B. Accreditation Internship:

1. Upon completion of the requirements of Section ~~IV.A.1-2~~ of this policy, the applicant is authorized to begin practice as a Paramedic ~~a~~Accreditation Intern applicant in Ventura County.
2. During evaluation for accreditation, the accreditation ~~intern applicant~~ shall be the third assigned VCEMS responder at the call and shall be under the direct supervision of an ~~VC preceptor or~~ FTO who is ultimately responsible for the patient care rendered by the Accreditation ~~Intern applicant~~.
3. An ~~a~~Accreditation Intern applicant may also work as the second Paramedic of a two (2) Paramedic team on an ALS unit, if the second

~~medic is a fully accredited-n authorized Independent Practice Paramedic~~
~~“Independent Practice Paramedic,”~~ but shall be limited to performance
of the ~~bBasic Paramedic sScope of pPractice~~, as defined ~~in the California~~
~~Code of Regulations, Title 22, Division 9, Chapter 4, and Section~~
~~100146(c)(1)(A-RVCEMS 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
~~evaluation-application~~ process.

4. ~~ALS aAgency Mmedical Ddirector shall review accreditation~~
~~documentation and provide written approval to VCEMS prior to formal~~
~~accreditation.~~
54. The applicant shall successfully complete, and provide written verification
of satisfactory completion of a Ventura County ~~aAccreditation pProcess~~
within ~~45-30~~ days of the date of the applicant’s hire/start date. If the
accreditation process is not completed within ~~45-30~~ days, a new
accreditation application and fee to begin a new ~~45-30~~ day period will be
required. The applicant may not apply more than three (3) times in one
year. ~~(Attachment B).~~
 - a. An orientation of the local EMS system. This orientation shall not
exceed eight (8) classroom hours and shall consist of the
following:
 - 1) Orientation of ALS Service Provider responsibilities and
practices.
 - 2) PCC Orientation
 - 3) VCEMS Orientation
 - b. Complete a supervised pre-accreditation field evaluation
consisting of a minimum of five (5) and maximum of ten (10) ALS
patient contacts as the third assigned VCEMS responder with
continuous supervision by an FTO from the beginning of
assessment to transfer of patient care to hospital staff. An
FTO/Clinical Coordinator/Operations Manager will sign off
documentation of ALS patient contacts. The FTO will determine
that the response included ALS assessment and treatment skills
for all ALS patient contacts submitted for accreditation.

- c. An applicant who, with the approval of the Paramedic Training Program Director, and having completed their internship in Ventura County (40 contacts), may use the last five (5) ALS patient contacts for accreditation purposes. In order to use these ALS patient contacts, an applicant must have received a rating of three (3) in all categories on each of the five (5) ALS patient contacts.
 - 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~~ accreditation Card card will be issued.
 2. If requirements are not successfully completed, the application will be submitted to the VCEMS Medical Director for further action. The VCEMS Medical Director shall notify the applicant of his/her findings within 5 working days.
- D. Adverse Accreditation Action.
1. Denial of Accreditation
 - a. Accreditation may be denied for failure to complete application requirements listed in Section ~~IV~~.A or for failure to successfully complete the ~~Accreditation~~ accreditation requirements listed in Section ~~IV~~.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. The VCEMS Medical Director will evaluate an applicant who fails to successfully complete the application and internship process and may recommend further education and evaluation as required.~~

- c. Upon failure to successfully complete the requirements of Section ~~IV.A~~ or ~~IV.B~~, the VCEMS Medical Director will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a complimentary copy to the ALS employer, 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 ~~IV.E~~.
- b. The VCEMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.
- c. Accreditation will be suspended until such time as the deficiencies are completed and documented to VCEMS.

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

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

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

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

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

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

E. Accreditation Period

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

1. California State Paramedic Licensure
2. 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.
23. 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 ~~IV~~.A.
2. In addition, the following shall be met:
 - a. If the period of lapse of accreditation is 1-31 days, the Paramedic shall complete the requirements for continuing accreditation as defined in Section ~~IV~~.E.
 - b. If the period of lapse of accreditation is greater than 31 days and less than one year, complete requirement described in Section ~~IV~~.B.45.b and complete any items which are new since the Paramedic was last accredited.
 - c. If the period of lapse of accreditation is greater than one year, the applicant must complete all the requirements specified in Section ~~IV~~.B.

Policy Title: <u>ALS Response Unit Staffing/Independent Practice Paramedic</u>	Policy Number: 318
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director Daniel Shepherd, MD	Date: DRAFT
Origination Date: June 1, 1997 Date Revised: <u>June 8, 2023</u> Date Last Reviewed: <u>June 8, 2023</u> Review Date: <u>June 30, 2025</u>	Effective Date: DRAFT

- I. PURPOSE: To establish medical control standards for initial and ongoing competency of ALS response unit paramedic staffing 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, 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 100175, 100179, 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 IV insertion, 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.
 - ~~B. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.~~
 - 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. ~~All ALS Response Units must will be staffed with a minimum of one Level II independent practice paramedic who meets the requirements outlined in this policy. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT meeting requirements in VCEMS Policy 306. An ALS response unit may be staffed with a non-accredited Paramedic only when it is also staffed with an authorized Field Training Officer (FTO) or Paramedic Preceptor, unless the non-accredited Paramedic is functioning in a BLS capacity in accordance with VCEMS Policy 306. ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry~~
- B. The ALS agency medical director 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 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 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).
- C. The ALS agency, under the guidance of the ALS agency medical director, shall be responsible for assessing the current knowledge of their paramedics in local policies, procedures and protocols and for assessing their paramedics' skills competency.
- B-D. Any Paramedic that meets the requirements for accreditation, as outlined in VCEMS Policy 315 – Paramedic Accreditation to practice, but who fails to meet/maintain the requirements outlined in this policy, shall only be authorized to function in an ALS capacity when working with at least one Independent Practice Paramedic.

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 hours 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. A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of IV start, central line monitoring, blood glucose testing, 4-lead cardiac monitoring and pulse oximetry 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

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 Aagency medical director 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 Aagency medical director will attest that Paramedic continues to meet minimum performance standards outlined above.

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

a. The Paramedic is no longer employed by an approved ALS provider agency in Ventura County.

b. The paramedic is unable to maintain accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice

- c. The Paramedic has not performed at least one ALS patient contact, as defined in section III.A of this policy, at any point in the past three months.
 - i. The performance of an ALS contact may be as the primary Paramedic or in a supporting ALS role. Contacts will be verified through the VCePCR system.
- d. 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 minimum requirements for demonstration re-authorization.
- E. The ALS agency will provide monthly 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 directors 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.
 - 2. If, through the EMSQIP the employer or medical director of the LEMSA determines that a paramedic needs additional training, observation or testing, the ALS agency medical director and the LEMSA medical director may create a specific and targeted program of remediation based upon the identified need of the paramedic.
 - a. If there is disagreement between the ALS agency medical director and the LEMSA medical director, the decision of the LEMSA medical director shall prevail.

Level I

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

Current Paramedic Licensure by the State of California

Current Accreditation in the County of Ventura per VCEMS Policy 315.

To maintain Level I status, the paramedic shall:

Maintain employment with an approved Ventura County ALS service provider.

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

~~With the approval of the EMS Medical Director, for those paramedics ——— with a minimum of 1 year of field experience in Ventura County, are — employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full time basis, complete a minimum of 144 hours — of practice, or 20 patient contacts (minimum 10 ALS), in the previous 6 month period in Ventura County.~~

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

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

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

~~B. — Level II~~

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

~~a. — Employer approval.~~

~~b. — All of the requirements of Level I.~~

~~c. — A minimum of 240 hours of direct field observation by an authorized Ventura County Paramedic FTO.~~

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

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

~~d. — Approval by the paramedic FTO who evaluated most of the contacts.~~

~~e. — Successful completion of competency assessments:~~

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

~~2) — Written policy competency and arrhythmia recognition and treatment assessment administered by VCEMS. Minimum Passing score will be — 80% on each assessment.—~~

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

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

~~1) — Delays in arranging or scheduling direct field observation shift(s) should — not delay the Level II upgrade process. In the event an observation ——— shift cannot be arranged with the PCC by the end of the 240 hour upgrade process, the observation requirement may be waived with VCEMS approval. Every~~

~~attempt should be made to schedule this observation in advance, and conduct the shift prior to the completion of the 240 hour upgrade process.~~

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

~~1) Appendix A shall include all dates and times the upgrading paramedic has spent with the Paramedic FTO to total a minimum of 240 hours.~~

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

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

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

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

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

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

~~2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full time basis, complete a minimum of 288 hours of practice, or 30 patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.~~

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

~~4) If the paramedic fails to meet this requirement:~~

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

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

~~If Level II authorization has lapsed for less than one year and the paramedic~~

~~has not worked as a paramedic for 6 months or more during the lapse interval~~

~~OR if Level II authorization has lapsed for greater than one year, reauthorization~~

~~will require completion of all of the requirements in Section V.B.1. These~~

~~requirements may be reduced at the discretion of the VCEMS Medical Director.~~

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

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

~~C. Continuing Education Requirements~~

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

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

~~2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.~~

~~3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:~~

~~a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.~~

~~b. Education and/or testing on updates to local policies and procedures.~~

~~c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.~~

~~d. Successful completion of any additional VCEMS-prescribed training as required.~~

~~These may include, but not be limited to:~~

~~1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.~~

~~2) Education and/or testing for Local Optional Scope of Practice Skills.~~

~~3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1 hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.~~

~~4) One airway lab refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VCEMS Medical Director, or the VCEMS Medical Director.~~

~~5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.~~

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

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

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

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

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION AUTHORIZATION FORM

Employer: Please instruct the ~~paramedic employee~~ to complete the requirements in the order listed. Employer ~~shall contact PCC to schedule appointment~~ will submit to VCEMS once all requirements are completed.

~~_____ paramedic has been evaluated and has met all criteria for upgrade to Level II status authorization to function in an ALS capacity. as defined in Ventura County EMS Policy 318.~~

Level II Paramedic							
_____ All the requirement of level I met.							
_____ Completion of 240 hrs of direct field observation by an authorized Paramedic FTO							
_____ Approval by Paramedic FTO							
_____ Submit all appropriate documentation to VCEMS including							
	Date	Hours	FTO Print legibly		Date	Hours	FTO Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
Total Hours Completed							

Please sign and date below for approval.

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

<u>Paramedic FTO Signature</u>	<u>Print FTO name legibly</u>	<u>Date</u>
<u>Agency Medical Director Signature</u>	<u>Print Agency Medical Director name legibly</u>	<u>Date</u>
<u>Employer Representative Signature</u>	<u>Print employer rep name legibly</u>	<u>Date</u>

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

Appendix B

Ventura County EMS <u>Upgrade Independent Practice</u> Authorization Procedure			240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Shift	Policy	Procedure/Policy Title to Review	Date	Preceptor/ETC Signature	Method of Evaluation (see key)
1	310 704 705 726 727 334	Paramedic Scope of Practice Base Hospital Contact General Patient Guidelines SVT VT Cardiac Arrest – Asystole/PEA Cardiac Arrest – VF/VT Symptomatic Bradycardia Acute Coronary Syndrome Transcutaneous Cardiac Pacing 12 Lead ECG Prehospital Personnel Mandatory Training Requirements			
		Notify PCC of Level II upgrade and schedule PCC ride-along.			
2	720 705 614	Limited Base Contact Trauma Assessment/Treatment Guidelines Altered Neurological Function Overdose Seizures Suspected Stroke Spinal Immobilization			
3	705 451	Behavioral Emergencies Burns Childbirth Crush Injury Heat Emergencies Hypothermia Hypovolemic Shock Bites and Stings Nerve Agent Nausea/Vomiting Pain Control Sepsis Alert Stroke System Triage			
4	705 705 1404 1405 1000	Allergic/Adverse Reaction and Anaphylaxis Neonatal Resuscitation Shortness of Breath – Pulmonary Edema Shortness of Breath – Wheezes/other Trauma Assessment/Treatment Guidelines Guidelines for Inter-facility Transfer of Patients to a Trauma Center Trauma Triage and Destination Criteria Documentation of Prehospital Care			
5	710 715 716 717 729 722	Airway Management Needle Thoracostomy Pre-existing Vascular Access Device Intraosseous Infusion air-Q Transport of Pt. with IV Heparin and NTG			

Ventura County EMS <u>Upgrade Independent Practice</u> Authorization Procedure			240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Shift	Policy	Procedure/Policy Title to Review	Date	Preceptor/FTO Signature	Method of Evaluation (see key)
6	600 601 603 606 613 306	Medical Control on Scene Medical Control at the Scene—EMS Personnel Against Medical Advice/Refusal of EMS Services Determination of Death Do Not Resuscitate EMT-I: Req. to Staff an ALS Unit			
7	402 612 618	Patient Diversion/ED Closure Notification of Exposure to a Communicable Disease Unaccompanied Minor ECG Review Radio Communication			
8	131 607 6XX 1202 1203	Mega Codes Cardiac Arrest Management (CAM) MCI Hazardous Material Exposure-Prehospital Protocol Mechanical CPR Air Unit Dispatch for Emergency Medical Response. Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation Review Head to Toe Assessments			
10		Review Policies and Procedures ALS Agency Medical Director Assessment			
		VCEMS Policy and Arrhythmia Exams			

Paramedic Name: _____ License. # _____ Date: _____

FTO Signature _____ Date: _____

~~PCC Signature _____ Date _____~~

ALS Agency Medical Director Signature _____ Date: _____

Employer Signature: _____ Date: _____

METHOD OF EVALUATION KEY	
E = EMEDS-VCePCR Review	DO = Direct Observation in the field or clinical setting
S = Simulation/Scenario	V = Verbalizes Understanding to Preceptor
D = Demonstration	NA = Performance Skill not applicable to this employee
T = Test/Self Learning Module	

Appendix C

NAME		Agency	License #		
Lecture Hours					
Required Courses		# of Hours	Date	Location	Provider Number
1.	ACLS (4 hours)				
2.	Handtevy Course				
<p>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:</p>					
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			
<p>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).</p>					
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 (12 hours)					
		Date	# of Hours	Location	Provider Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

~~NAME: _____~~

~~EMPLOYER: _____ LICENSE #: P _____~~

~~Ventura County Accreditation Requirements Continuing Education Log~~

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

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

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

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

~~Field Care Audit Hours~~

~~(12 hours are required, 6 hours must be completed in Ventura County)~~

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

~~_____ Lecture Hours~~

	Required Courses	# of Hours	Date	Location	Provider Number
-1.	ACLS (4 hours)				
-2.	PALS (4 hours)				

EMS Updates are held in May and November each year.

EMS Updates are completed as new or changed policies become effective. Enter **ACTUAL** Date of class attendance below:

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

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)	Office use only			
	Skills Refresher year 2 (3 hours)	Office use only			

-6. Airway Lab refresher session (1 session every 6 months based on your license expiration date.)

	Airway Labs	Target Dates	Enter ACTUAL Date of class attendance below:		
			Date	Location	Provider Number
	#1—Airway Lab Session	Office use only			
	#2—Airway Lab Session	Office use only			
	#3—Airway Lab Session	Office use only			
	#4—Airway Lab Session	Office use only			

Additional Hours (12 hours)

(These hours can be earned with any combination of additional Field Care Audit, lecture, etc.)

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

Behavioral Emergencies	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated	
ALS Standing Orders	
<p>IV/IO Access</p> <p>For Extreme Agitation</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 5mg or 10 mg ○ IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg 	<p>IV/IO Access</p> <p>For Extreme Agitation</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Repeat q 2 min as needed • Max single dose 2 mg • Max total dose 5 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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 <p>Ventura County Mental Health Crisis Team: (866) 998-2243</p>	



Overdose	
ADULT	PEDIATRIC
BLS Procedures	
<p>Decontaminate if indicated and appropriate</p> <p>Administer oxygen and support ventilations as indicated</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IN – 4 mg via pre-filled 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	
<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IV/IO – 0.5 mg <ul style="list-style-type: none"> • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Dystonic Reaction</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg ○ IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg 	<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 2 mg • May repeat in 3 min x 1 ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Dystonic Reaction (For patients ≥ 6 months of age)</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 1 mg/kg <ul style="list-style-type: none"> • Max total dose 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Repeat q 2 min as needed • Max single dose 2 mg • Max total dose 5 mg
Base Hospital Orders Only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
<p>Additional Information:</p> <ul style="list-style-type: none"> • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician) • Narcan <ul style="list-style-type: none"> ○ 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: July 1, 2023
Next Review Date: January 31, 2025

Date Revised: January 12, 2023
Last Reviewed: January 12, 2023



VCEMS Medical Director

Seizures	
ADULT	PEDIATRIC
BLS Procedures	
<p>Protect from injury.</p> <p>Maintain patent airway, and administer oxygen as indicated.</p> <p>For suspected pediatric febrile seizures begin passive cooling measures.</p>	
ALS Standing Orders	
<p>Consider IV/IO access</p> <p><u>Anticonvulsant Treatment - Initial</u> <i>For active and persistent seizure activity.</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg <p><u>Anticonvulsant Treatment - Repeat</u> <i>For continued or recurring seizure activity post initial anticonvulsant treatment</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM– 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.05 mg/kg, Max 2 mg <p><u>Eclampsia Treatment</u> <i>In addition to any indicated anticonvulsant treatment, patients 20 weeks gestation to one week postpartum, with active or resolved seizure activity.</i></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV / IO – 4 g in 50 mL D₅W over 10 min <ul style="list-style-type: none"> • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur. 	<p>Consider IV/IO access</p> <p><u>Anticonvulsant Treatment - Initial</u> <i>For active and persistent seizure activity.</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg <p><u>Anticonvulsant Treatment - Repeat</u> <i>For continued or recurring seizure activity post initial anticonvulsant treatment</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ 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	
<p>Additional Information:</p> <ul style="list-style-type: none"> • Route for anticonvulsant treatment – <ul style="list-style-type: none"> ○ 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. 	

Dr. S, MD

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: <u>December 1, 2023</u> June 1, 2019	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: <u>December 1, 2023</u> June 1, 2019	
Origination Date: April 26, 2007		Effective Date: <u>December 1, 2023</u> June 1, 2019	
Date Revised: <u>June 8, 2023</u> March 14, 2019			
Date Last Reviewed: <u>June 8, 2023</u> March 14, 2019			
Review Date: <u>June 30, 2026</u> March 31, 2022			

- 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. [20224996](#)) [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.~~ a. Attempt to resolve the problem at the computer. Check for correct power _____ and internet connections as well as correct log-in and password.
 - ~~b.~~ b. [Check Satellite for any obstruction or damage](#)
 - ~~a.~~ a. [Notify the facility ReddiNet coordinator or IT department according to facility policy.](#)
 - ~~b.c.~~ b. ~~Notify the facility ReddiNet coordinator or IT department according to facility policy.~~
 - ~~d.e~~ d.e Notify the EMS Agency of the status of the ReddiNet System and the anticipated return to service.
 - ~~ed.~~ ed. 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.e~~ f.e 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.

<u>Hospital</u>	<u>Hospital Grouping</u>
<u>Adventist Health Simi Valley</u>	<u>(LRRMC, SJHC, SJRMC, VCMC)</u>
<u>Community Memorial Hospital Ventura</u>	<u>(OVCH, SJRMC, SPH, VCMC)</u>
<u>Community Memorial Hospital Ojai</u>	<u>(CMH, SPH, VCMC)</u> (OVCH, SJRMC, SPH, VCMC)
Los Robles Regional Hospital and Medical Center	(AHSV, SJRMC, SJHCPVH, VCMC)
Ojai Valley Community Hospital	(CMH, SPH, VCMC)
Santa Paula Hospital	(CMH, OVCH, SJRMC, VCMC)
Adventist Health Simi Valley	(LRHMC, SJPVH, SJRMC, VCMC)
<u>St. John's Hospital Camarillo</u>	<u>(SJRMC, LRRMC, AHSV, VCMC)</u>
St. John's Regional Medical Center	(CMH, SJPVH, VCMC)
St. John's Pleasant Valley Hospital	(SJRMC, LRHMC, AHSV, VCMC)
Ventura County Medical Center	(CMH, SPH, OVCH, SJRMC, LRHMC)



County of Ventura

Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

Date: _____

ReddiNet Failure Reason: _____

Time: _____

Name: _____

Hospital:

Diversion Category:

AHSVCMH

SPH
PVH

ICU / CCU Saturation

CMHLRRMC

SJRRCMC

ED Saturation

LRRMCOVCH

SJRMCAHSV

Neuro / CT Scanner

OVCHSPH

VCMC

Internal Disaster

SRC TCASC

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

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

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

Ventura County Fire Communications Center

(805) 383-7631

Subject: Policy Steering Committee (PSC) Oversight of Ambulance System Operations Discussion

C. Description: Is PSC the proper venue to discuss the operational oversight and performance issues of ambulance service such as:

1. Compliance (Eg; Performance)
 - a. Definitions
 - i. Adjusted total incident: What calls are considered “do not count” and why is that total number not displayed?
 - ii. Who is requesting the time corrections?
 - iii. Who verifies/audits time corrections/is the audit public and available on request?
 - iv. What is used to verify time corrections?
 - v. For all other exemption types such as weather, traffic, unusual system overload,
 1. How are those verified?
 2. Who goes into each incident to verify the exemption
 3. What evidence supports the exemption claim for things like traffic and train delays?
 4. Is the ambulance provider being allowed to use unusual system overload with BLS ambulances in the system?
 - b. Data Representation
 - i. What tools are used to measure it
 1. Who owns the data source
 2. Who adjusts the parameters around the tool itself
 3. Who audits the vendor supplying the tool?
 - c. Why is compliance reported as an aggregate and not separated into applicable time standard categories (8:00 min, 15:00, ect)
 - d. What defines breach of contract? Is it only <90% in the 8:00 min category as defined in the contracts or an aggregate of the response times? The way it is published on the website is confusing to the public
2. Raw Response Data Integrity
 - a. How the data is sourced/supplied
 - b. What data is included or excluded
 - c. Who gets access?
 - d. Where does the data exchange hands?
 - e. How often is it audited?
3. Response Zone Service Equity
 - a. Does PSC, a non-governing entity, have any control over ambulance deployment even if it finds inequities?
 - b. Does PSC have any authority to determine if a scope and manner change has occurred that is negatively affecting an EOA?

- c. Does PSC have the **Authority** to unilaterally change ambulance deployments in light of a detected change negatively affecting socioeconomically disadvantaged, underserved or otherwise, vulnerable populations or patients?

D. Supporting Research

In order to facilitate a constructive conversation, the department requests that as the Local Emergency Medical Services Agency, VCEMSA please supply PSC with copies of the following documentation in the PSC packet:

Health and Safety Code Division 2.5 Chapter 4

Article 3- Emergency Medical Care Committee

- [Section 1797.270.](#)
- [Section 1797.272.](#)
- [Section 1797.273.](#)
- [Section 1797.274.](#)
- [Section 1797.276.](#)

As the VCEMSA is the LEMSA for the Ventura County EMS system please also provide the historical context of the EMCC in Ventura County including its formation, disbanding and reassignment of duties to include which entities were involved with those actions and supporting documentation.

In an effort to assist the LEMSA the Department has included several documents for PSC packet distribution that include..

- 1) July 1, 1980 EMCC, Health Care Agency, Board of Supervisor, and City of Oxnard's letters affirming the sale of Oxnard Ambulance to Gold Coast Ambulance as defined in the Joint powers agreements.
- 2) Ventura County Ordinance 4033 dated April 27, 1993 amending the Ventura County Ambulance Ordinance. In this Ordinance the staff report describes that the public would have opportunity to provide "input" in response to changes to fee structures associated with equipment changes at the next Emergency Medical Services Committee(EMCC) Meeting

The Department has also done some additional research and it would appear that the last reference we can find to an EMCC is April 26 of 1994. We found the emergence of the Emergency Medical Services Advisory Committee on July 17th of 2007 But we will differ to VCEMSA for further explanation on the EMSC's comparative roles and responsibilities.

E. N/A

F. New Business – Operational

BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

TUESDAY, JULY 1, 1980, AT 8:30 O'CLOCK A. M.

227.1

Upon motion of Supervisor Jones, seconded by Supervisor Eaton, and duly carried, the Board hereby approves the following matter:

HEALTH CARE AGENCY

Mental Health - Public Health - General Hospital

county of ventura

Director

Sarah L. Miller, M.D.

Administrative Office

July 1, 1980

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009

Gentlemen:

Re: AMBULANCE SERVICE - OXNARD SERVICE AREA

Based upon:

1. The recommendation of approval of the Emergency Medical Care Committee to the Director, Health Care Agency;
2. The recommendation of the Director, Health Care Agency, to your Board; and
3. The resolutions of approval of the City of Oxnard and the City of Port Hueneme;

IT IS RECOMMENDED THAT YOUR BOARD:

Approve the ambulance company licensing of VIP Professional Services, Inc. to allow operation in the Oxnard Ambulance Service Area through its wholly owned subsidiary, Oxnard Ambulance Service. Such service area is defined in the County Ordinance and the Joint Powers Agreement between the County of Ventura and the cities of Oxnard and Port Hueneme. Said license to be contingent upon the existence of an emergency medical services contract for the Oxnard Ambulance Service Area.

Discussion:

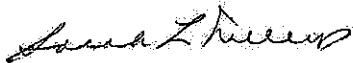
Mr. Robert Brown has advised the County of his intention, as owner, to sell Oxnard Ambulance Service to VIP Professional Service, Inc., of which he is president. As there will be no change in level of service and service will continue to be

July 1, 1980

provided by Oxnard Ambulance Service, now as a wholly owned subsidiary of VIP Professional Services, Inc., staff is recommending your Board's approval of the actions above.

The above changes do not affect the dollar amount of the contract. Such changes have met all County Counsel requirements as to legal form and sufficiency.

Very truly yours,



SARAH L. MILLER, M.D.
Director

KM:sh

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Files (2)
Item 5
7/1/80

fw



**emergency medical care committee
ventura county**

350 Hillmont Avenue, Ventura, CA 93003

648-6171, Extension 3691

June 16, 1980

To: Dr. Sarah L. Miller, Director, Health Care Agency
Ventura County Health Officer

From: Captain Don Leach, Chairman
Emergency Medical Care Committee

On June 23, 1980, the Emergency Medical Care Committee met to consider the sale of Oxnard Ambulance to VIP Professional Services, Inc. The recommendations of that committee are as follows:

1. It is found that there is a need and necessity to provide ambulance service to the Oxnard Service Area by VIP Professional Services, Inc.
2. It is recommended by this Committee that VIP Professional Services be licensed to allow ambulance operation in the Oxnard Service Area as defined in the County Ordinance and the Joint Powers Agreement.

DL:sh

county of ventura

Administrative Office

July 1, 1980

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009

Gentlemen:

Mr. Robert Brown, owner of Oxnard Ambulance Service has informed me of his intention to sell Oxnard Ambulance Service to VIP Professional Services, Inc. of Oxnard. As owner of Oxnard Ambulance, Mr. Brown is also the majority stockholder of VIP Professional Services, Inc. and has advised this office that there will be no change in leadership.

The Emergency Medical Care Committee was consulted and recommended that VIP Professional Services, Inc. be issued an ambulance company license for the Oxnard Service Area for provision of ambulance service. I recommend to your Board that this license be approved for VIP Professional Services, Inc.

Sincerely,

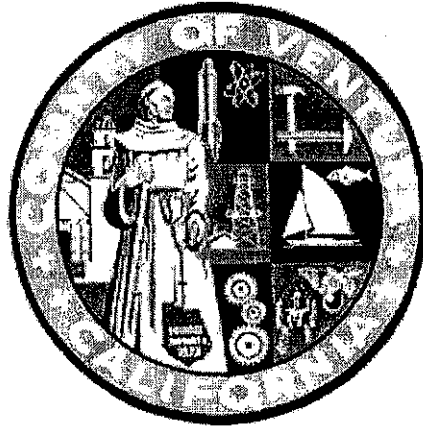


SARAH L. MILLER, M.D.
Director

KM:sh

Health Care Agency

350 Hillmont Avenue, Ventura, CA 93003 (805) 654-3691



Ordinance Number

4033

Date Adopted

4/27/1993

Subject

VENTURA COUNTY ORDINANCE RELATING TO REGULATION OF EMERGENCY
MEDICAL SERVICES

Comments

ORDINANCE NO. 4033

AN ORDINANCE AMENDING SPECIFIED PROVISIONS OF THE VENTURA COUNTY ORDINANCE CODE RELATING TO REGULATION OF EMERGENCY MEDICAL SERVICES.

The Board of Supervisors of the County of Ventura does ordain as follows:

1. Section 2421 of the Ventura County Ordinance Code is hereby amended to read as follows:

Section 2421 - Definitions - Unless otherwise specified, the term:

- (a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.
- (b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.
- (c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.
- (d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.
- (e) "COUNTY" or "VC" shall mean County of Ventura.
- (f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.
- (g) "EMERGENCY CALL" shall mean any of the following:
 - 1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.
 - 2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.
 - 3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.
- (h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.
- (i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.
- (j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.
- (k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.
- (l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

- (m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.
- (n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.
- (o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

2. Section 2423-1.1 of the Ventura County Ordinance Code is hereby amended to read as follows:

Section 2423-1.1 - Application for Ambulance Company License -An application for an ambulance company license shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

3. Section 2423-1.2 of the Ventura County Ordinance Code is hereby amended to read as follows:

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.

Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

4. Section 2423-1.3 of the Ventura County Ordinance Code is hereby amended to read as follows:

Section 2423-1.3 - Exception - Licensing requirements of this article - Licensing requirements of this article shall not apply to an ambulance company or to the EMT-IAs or EMT-Ps who are:

- (a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.
- (b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.
- (c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura.
- (d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

5. Section 2423-2 through 2423-3 of the Ventura County Ordinance Code are hereby amended to read as follows:

Section 2423-2 - Ambulance Operators and Personnel

Section 2423-2.1 - Ambulance EMT-IA and EMT-P Certification - Ventura County Requirements - Ambulance personnel in Ventura County shall be certified as EMT-IA or EMT-P pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.2 - Ambulance Operations Requirements - No vehicle shall be operated for ambulance purposes and no person shall drive, attend or permit to be operated for such purpose on the streets, or any public way or place of County unless it shall be under the immediate supervision and direction of two (2) people who are at least EMT-IA certified and authorized by the Ventura County, except under conditions cited in Section 2423-1.3. Applications shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.3 - EMT-IA AND EMT-P Certification and California State Ambulance Driving Certificate requirements - No person shall drive an ambulance vehicle unless he or she is holding a currently valid California State Ambulance Driver's Certificate and is also at least EMT-IA certified.

Section 2423-2.4 - Certification Fees - The VCEMSA may charge a certification fee, the rate for which is to be established by the Board of Supervisors.

Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a license, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

6. Section 2424 through 2424-2 of the Ventura County Ordinance Code are hereby amended to read as follows:

Section 2424 - Suspension and Revocation - Any license or permit issued pursuant to the provisions of this Article may be suspended or revoked by the Director of the Health Care Agency upon grounds and after following the procedures outlined in VCEMSA P/P Manual.

Section 2424-1 - Mandatory License Denial, Suspension or Revocation - The DIR-HCA shall deny, suspend or revoke the license of an ambulance company if the operator:

- (a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or
- (b) Habitually or excessively uses or is addicted to the use of

narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or

- (c) Has falsified or failed to disclose a material fact in his application; or
- (d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or
- (e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

Section 2424-2 - Discretionary License Denial, Suspension or Revocation - The DIR-HCA may deny, revoke or suspend the license of an ambulance company if the operator has violated the standards and regulations set out in the VCEMSA P/P Manual.

7. Section 2120-1.1 of the Ventura County Ordinance Code is hereby amended to read as follows:

Section 2120-1.1 - Statement of Charges - Upon an alleged violation of any of the regulations set forth in the VCEMSA P/P Manual, the VCEMSA Admin/MedDir shall file with the Clerk of the Board a statement of charges.

8. This Ordinance shall take effect on the 31st day following final passage and adoption.

PASSED AND ADOPTED this 27th day of April,
1993, by the following vote:

AYES: Supervisors LACEY, VANDERKOLK, KILDEE and HOWARD

NOES: NONE

ABSENT: SUPERVISOR FLYNN

Susan K. Lacey
CHAIR, BOARD OF SUPERVISORS

ATTEST:

RICHARD D. DEAN, County Clerk,
County of Ventura, State of
California, and ex officio
Clerk of the Board of Super-
visors thereof.

By Roberta Rodriguez
Deputy Clerk



BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA
TUESDAY, APRIL 27, 1993 AT 8:30 A.M.

ORD. 4033/215/227.1

ADOPTING ORDINANCE NO. 4033 - REGULATION
OF EMERGENCY MEDICAL SERVICES

An Ordinance Amending Specified Provisions of the Ventura County Ordinance Code Relating to Regulation of Emergency Medical Services, is presented to the Board at this time, and upon motion of Supervisor Kildee, seconded by Supervisor VanderKolk, and duly carried, it is ordered that the same be passed and adopted with a correction to page 2 (as attached) as an ordinance of the County of Ventura, to be known as Ordinance No. 4033.

Board members vote as follows:

Ayes: Supervisors Lacey, VanderKolk, Kildee, and Howard.

Noes: None.

Absent: Supervisor Flynn.

All members of the Board present voting on the passage and adoption of said ordinance, it is hereby declared and ordered that said ordinance is hereby passed and adopted as an ordinance of the County of Ventura, to be known as Ordinance No. 4033.

It is further ordered that said ordinance shall take effect and be in force at the expiration of thirty (30) days from the date hereof, and before the expiration of fifteen (15) days the same shall be published, with the names of the members of the Board of Supervisors voting for and against the same, at least once in the News Chronicle, a newspaper of general circulation printed and published in the County of Ventura, State of California.

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Auditor

Files (4)

Item 4

4/27/93 rr

**NO AFFIDAVIT
OF
PUBLICATION**

BOARD MINUTES

BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

SUPERVISORS SUSAN K. LACEY, MARIA E. VANDERKOLK,
MAGGIE KILDEE, VICKY HOWARD AND JOHN K. FLYNN
APRIL 20, 1993 at 8:30 A.M.

FILE #215/227.1 Ord # 4033

HEALTH CARE AGENCY - Adoption of an Ordinance Amending Regulations regarding
Emergency Medical Services.

- All board members are present.
All board members are present except Supervisor(s)
The following person(s) are heard:
The following document(s) are submitted to the Board for
consideration: () statement card(s); ()
The Board holds a public hearing.
Upon motion of Supervisor Howard, seconded by
Supervisor VanderKolk, and duly carried, the Board
hereby approves the attached staff recommendation(s).
Upon motion of Supervisor, seconded by
Supervisor, and duly carried, the Board
hereby approves the attached staff recommendation(s) with the
following modification(s):
Upon motion of Supervisor, seconded by
Supervisor, with Supervisor(s)
dissenting, and duly carried, the
Board hereby approves the attached staff recommendation(s).
Upon motion of Supervisor, seconded by
Supervisor, and duly carried, the Board hereby
continues the above stated matter to
Without motion, the Board hereby continues the above stated matter
to
Without motion, the Board hereby makes/hears the attached
presentation.
Without motion, the Board hereby removes the above stated matter
from the Agenda.
Upon motion of Supervisor, seconded by
Supervisor, and duly carried, the Board hereby
approves the Informational Agenda as attached.

CLERK'S CERTIFICATE

I hereby certify that the annexed instrument
is a true and correct copy of the document
which is on file in this office.

RICHARD D. DEAN, County Clerk and ex-officio
Clerk of the Board of Supervisors, County of
Ventura, State of California. Dated:

By: Deputy County Clerk

By: Deputy County Clerk

Item # 13
4 120 193

HCA



Ventura County
Health Care
Agency

PHILLIPP K. WESSELS
Director

April 20, 1993

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, California 93009

Barbara S. Brodfuehrer
Administrator, EMS

Lawrence E. Dodds, M.D.
Public Health Director

Pierre Durand
Hospital Administrator

Randall Feltman, L.C.S.W.
Mental Health Director

Stephen Kaplan, Director
Alcohol/Drug Programs

Ronald L. O'Halloran, M.D.
Medical Examiner

**SUBJECT: AMENDMENT TO AMBULANCE ORDINANCE RELATING TO REGULATION
OF EMERGENCY MEDICAL SERVICES**

RECOMMENDATION:

1. Read the attached Ordinance in Title only, and continue final adoption of the Ordinance for one week; and
2. At the Second reading, adopt the attached Ordinance Amendment.

DISCUSSION:

The County of Ventura has established an Ordinance relating to regulation of Emergency Medical Services. This amendment to the Ordinance revises definitions and terms to meet current usage and revises Section 2423-3 - Rate Schedule.

The revision to Section 2423-3 continues to require that the Board approve the ambulance rates, but would allow the Ventura County Emergency Medical Services Agency (VCEMSA) to add to or delete from the Rate Schedule those "Supplies and Equipment" and "Disposable Items" which are determined to be medically indicated and approved by the VCEMSA. The revision would also allow the VCEMSA to establish maximum fees for these items. Ventura County EMS provider agencies and the public would be notified of any changes, and an appropriate opportunity for public input would be provided at an Emergency Medical Care Committee meeting. Additionally, if the Board wished, after a public hearing, additions or deletions of supplies and equipment or changes in fees could be overruled by the Board. This would allow the Rate Schedule to remain current with respect to supplies and equipment, and fees for supplies and equipment only without returning to the Board each time such a change is proposed.

This letter has been reviewed by County Counsel, Auditor-Controller, Risk Management and the Chief Administrative Office.

Board of Supervisors

-2-

April 20, 1993

If you have any questions regarding this item, please call me or Barbara Brodfuehrer at Extension 6284.

A handwritten signature in black ink, appearing to read 'P. K. Wesfels', with a long horizontal line extending to the right.

PHILLIPP K. WESSELS
Director

BSB:dh
Attachments

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Board of Supervisors - Search

Item Number:

Item Type:

Action:

Agency:

Keyword(s) or Phrase:

Match: Exact phrase All keywords in any order

Meeting Date:

 to

Show entries

	Item #	Action	File Number	Type	Agency	Box	Meeting Date	Subject	Additional Info
<input type="button" value="View"/>	35	Approved	215	Regular	Supervisor Steve Bennett	661288	3/1/2011	Recommendation of Supervisor Bennett to Appoint Rodney Smith to the Ventura County Emergency Medical Services Advisory Committee.	POLICY MATTERS
<input type="button" value="View"/>	17	Received and Filed	Minutes	Consent	Unscheduled Vacancy Notice		2/8/2011	Receive and File the Unscheduled Vacancy Notice of Bob Horne on the Emergency Medical Services Advisory Committee.	
<input type="button" value="View"/>	31	Approved	215	Regular	Health Care Services Agency	661292	6/9/2009	Consideration of Recommendations by the Emergency Medical Services Advisory Committee and Determine that Each of the Seven Emergency Medical Services Emergency Ambulance Service Providers Met the Minimum Contract Requirements and Expectations; and Approval and Authorization to Extend the Agreements for a Two-Year Term.	
<input type="button" value="View"/>	24	Approved	215	Policy	Supervisor Linda Parks		10/2/2007	Recommendation of Supervisors Parks to Appoint Diane K. Starzak to the Emergency Medical Services Advisory Committee.	

	Item Number	Type	Agency	Meeting Date	Subject
View	54	Approved 215	Regular Health Care Services Agency	9/11/2007	Consideration of the Emergency Medical Services Advisory Committee Recommendations Regarding Whether Contractors are Entitled to a Two (2) Year Agreement Term Extension Under Existing Ambulance Service Agreements.
View	34	Approved 215	Regular Supervisor Peter Foy	7/17/2007	Recommendation of Supervisor Foy to Appoint Ray Blackwell to the Emergency Medical Services (EMS) Advisory Committee. POLICY MATTERS; SUPERVISOR FLYNN ABSENT
View	40	Received and Filed 200.1	Regular Public Works Agency	4/8/1975	NOTICE OF MEETING OF THE ADVISORY COMMITTEE ON EMERGENCY MEDICAL SERVICES

Showing 11 to 17 of 17 entries

Board of Supervisors - Search

Item Number:

Item Type:

Action:

Agency:

Keyword(s) or Phrase:

Match: Exact phrase All keywords in any order

Meeting Date:

to

Show entries

	Item #	Action	File Number	Type	Agency	Box	Meeting Date	Subject	Additional Info
<input type="button" value="View"/>	37	Approved		Regular	Board of Supervisors		6/8/2021	Recommendation of Supervisor Ramirez to Appoint Michael O'Malia to the Emergency Medical Services Advisory Committee for a Term Ending January 6, 2025.	
<input type="button" value="View"/>	28	Approved		Regular	Board of Supervisors		2/12/2019	Recommendation of Supervisor Huber to Appoint Bob Brooks to the Emergency Medical Services Advisory Committee , for a Term Ending January 2, 2023.	
<input type="button" value="View"/>	40	Approved with Revised Board Letter		Regular	Supervisor Kelly Long		1/24/2017	Recommendation of Supervisor Long to Reappoint Bob Taylor to Emergency Medical Services Advisory Committee for a Term Ending January 4, 2021, Steve Onstot to Planning Commission for a Term Ending January 4, 2021 and Appoint Tiffany Morse to Women's Economic Roundtable for a Term Ending January 24, 2019.	

Item #	Decision	Type	Agency	Meeting Date	Subject
View 29	Approved	Consent	Health Care Services Agency	6/16/2015	Consider the Recommendations of the Emergency Medical Services Advisory Committee (EMSC) and Determine Whether the Ambulance Providers are Entitled to a Two Year Extension; Approval of the Amendments to the Current Ambulance Service Agreements Extending the Term of a Agreements for an Additional Two Years; and Approval of the Adjustments to the Maximum Allowable Ambulance Rates as Provided for in Ambulance Provider Agreements.

View 57	Approved	Regular	Supervisor Peter Foy	1/13/2015	Recommendation of Supervisor Foy to Re-Appoint Bobby Williams to the Aviation Advisory Commission; Patricia Havens to the Cultural Heritage Board; Ken Basson, Deborah Burdorf, Cynthia Pandolfi, and Louis Parfitt to the El Rancho Simi Cemetery District; Ray Blackwell to the Emergency Medical Services Advisory Committee ; George Kerr to the Fish and Game Commission; Bob Purdum to the Parks Advisory Commission; Michael Wesner to the Planning Commission; and Jeff Foster, John Newton, David Schwabauer, Roy Talley, and Andy Waters to the Waterworks District No. 1 Advisory Board, Effective January 5, 2015 Through January 7, 2019.
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Item #	Decision	Type	Agency	Meeting Date	Description
68	Approved	Regular	Supervisor Linda Parks	1/13/2015	Recommendation of Supervisor Parks to Re-Appoint Jerry Miller and Mark Sandstrom to the Aviation Advisory Committee , Carol Thomas to the Behavioral Health Advisory Board , Michael Gollub to the Children & Families First Commission of Ventura County, Rikki Mikkelsen to the Cultural Heritage Board, Diane Starzak to the Emergency Medical Services Advisory Committee , James Aidukas to the Fish and Game Commission, Paul Nicholson to the Parks Advisory Commission , and Nora Aidukas to the Planning Commission, Effective January 5, 2015 Through January 7, 2019.

32	Approved	Time Certain	Health Care Services Agency	6/18/2013	Public Hearing to Consider the Recommendations of the Emergency Medical Services Advisory Committee and Any Further Information Received at the Board Meeting to Determine With Respect to Each of the 7 Emergency Medical Services (EMS) Ambulance Service Agreements Whether the Contractor has Met the Minimum Requirements and Expectations, So as to Be Entitled to a 2-Year Extension Under Section 2 and Schedule B of the Agreement; Approval of the Amendments to the Current Ambulance Service Agreements for all Ambulance Providers to Extend the Term of the Agreements from July 1, 2013 Through June 30, 2019 for Each EMS Service Area, and to Add a Specialty Care Transport Nurse Hourly Category to the Maximum Allowable Ambulance Rates, Effective July 1, 2013; and Approval of the Adjustments to the Maximum Allowable Ambulance Rates Effective July 1, 2013.
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Item #	Status	Item #	Type	Agency	Item #	Meeting Date	Subject
View	28	Approved 205	Policy	Supervisor Steve Bennett	661316	3/12/2013	Recommendation of Supervisor Bennett to Appoint Nancy Merman to the Ventura County Emergency Medical Services Advisory Committee .
View	40	Approved 205	Regular	Supervisor John Zaragoza	661316	2/5/2013	Recommendation of Supervisor Zaragoza to Re-Appoint Will Doyle to the Agricultural Policy Advisory Committee , Steven Somann to the AIDS/HIV Policy Advisory Committee , Harvey Paskowitz and Steve Weiss to the Airport Advisory Committee , Adam Bernal, Diana Casey and Rene Beauchesne to the Alcohol and Drug Advisory Board , Joyce Pinkard to the Area Agency on Aging, Keith Moore and Kim Lim to the Air Pollution Control District Advisory Board and Haywood Merricks III to the Civil Service Commission, Gary Blum to the Cultural Heritage Board, Joe Milligan to the Emergency Medical Services Authority , Maria Reyna Dominguez to the First Five Commission, Dr. Suzanne Fussell, Elizabeth Rubio and Joe Obregon to the Mental Health Board, Harvey Paskowitz to the Parks Advisory Committee , Richard Rodriguez to the Planning Commission and Florence Young, Mr. Ernest Almanza, Ronald Oropeza, Edward Vega and Sam Paz to the Roger Jones El Rio Local Parks Commission.

	Type	Agency	Item	Meeting Date	Subject
View	24	Approved	227.1	Time Certain	Health Care Services Agency
			102972	6/14/2011	Public Hearing Regarding Approval of Adjustments to the Maximum Allowable Ambulance Rates, Effective July 1, 2011; Consider the Recommendations of the Emergency Medical Services Advisory Committee Regarding Compliance with Ambulance Service Agreements and Determine Whether the Ambulance Providers Have Met the Minimum Requirements and Expectations Under Each Agreement so as to be Entitled to a Two-Year Extension; and Approval of Amendments to the Current Ambulance Service Agreements for All Ambulance Providers, Effective July 1, 2011, Regarding Ambulance Fee Categories, Response Times, Fleet Replacement Standards, and Maximum Reimbursement to Ventura County Emergency Medical Services .

Showing 1 to 10 of 17 entries

	2017				2018				2019				2020				2021				2022				3 Year Avg - 3 Attempts*
	1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		1st Attempt		3 Attempts		
CVAS	29 of 37	78%	30 of 37	81%	20 of 34	59%	22 of 34	68%	14 of 30	47%	18 of 30	60%	4 of 13	31%	4 of 13	31%	8 of 14	57%	11 of 14	79%	12 of 14	86%	12 of 14	86%	65%
Moorpark	46 of 58	79%	49 of 58	84%	51 of 71	72%	60 of 71	85%	27 of 46	59%	39 of 46	85%	42 of 45	93%	43 of 45	96%	47 of 52	90%	50 of 52	96%	41 of 56	73%	45 of 56	80%	91%
Oxnard	62 of 127	49%	78 of 127	61%	71 of 127	56%	93 of 127	73%	64 of 136	47%	87 of 136	64%	55 of 114	48%	75 of 114	66%	87 of 147	59%	104 of 147	71%	58 of 95	61%	65 of 95	68%	68%
SVAS	43 of 63	68%	51 of 63	81%	39 of 64	61%	50 of 64	78%	41 of 69	59%	52 of 69	75%	37 of 49	76%	40 of 49	82%	13 of 20	65%	17 of 20	85%	14 of 28	50%	15 of 28	54%	74%
Ventura	54 of 77	70%	58 of 77	75%	52 of 93	56%	70 of 93	75%	55 of 83	66%	61 of 83	73%	24 of 44	55%	28 of 44	64%	51 of 69	74%	578 of 69	83%	31 of 38	82%	33 of 38	87%	78%

* Calculation based on last 3 full years of data (2020, 2021 and 2022)

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, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2021	
Origination Date: September 9, 2021			
Date Revised:		Effective Date: December 1, 2021	
Date Last Reviewed:			
Review Date: September 30, 2022			

- 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.
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- 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).
-