In-person **2240 E. Gonzales Road #200** **Oxnard, CA**	Pre-hospital Services Committee Agenda	September 14, 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. 303 – B-EMT Optional Skills Plan	Chris Rosa
	B. 305 - Emergency Medical Technician (EMT) Local Accreditation	Chris Rosa
	C. 306 - EMT: Requirements to Staff an ALS Unit	Chris Rosa
	D. 334 - Pre-Hospital Personnel Mandatory Training Requirements	Chris Rosa
	E. 350 - Prehospital Care Coordinator Job Duties	Chris Rosa
	F. 400 - Ventura County Emergency Departments	Karen Beatty
VI.	**Old Business**	
	A. 318 - ALS Response Unit Staffing	Chris Rosa
VII.	**Informational/Discussion Topics or Policies Approved at Specialty Care Committees**	
	A. 614 – Spinal Motion Restriction (TORC)	
	B. 726 – 12-Lead ECG (STEMI Committee)	
	C. 1402 – Trauma Committees (TORC)	
VIII.	**Policies Due for Review (*No proposed changes*)**	
	A. None	
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**	

In Person	Pre-hospital Services Committee Minutes	June 8, 2023 9:30 a.m.

Topic	Discussion	Action	Approval
I. Introductions	Dom Savage – AMR Duane Anderson – Zoll Medical		
II. Approve Agenda	Jamie Villa - With the changes from Oxnard Fire Department stating, “Is PSC the proper venue to discuss the operational oversight and performance issues of ambulance service?”	Approved with changes	Motion: Ira Tilles Seconded: Chris Sykes Passed: unanimous
III. Minutes	No changes	Approved	Motion: Ira Tilles Seconded: Chris Sykes Passed: unanimous
IV. **Medical Issues**	None		
A. Coronavirus/Flu/ Respiratory Virus Update	None		
V. New Business			
A. 315 – Paramedic Accreditation To Practice	**Rosa** – Everyone, especially ALS, has known for a while those policies (315/318) have been a topic of discussion. I am ready to push this forward and have made changes to 315/318. No deviation on the Accreditation process. Definition for ALS patient contact. Some clarification points on page 2, some connections to policy 318. Spoke with Everlove, Ellis, John has concerns about an ALS patient contact would negatively impact his department. Definition difference between paramedic student and paramedic. Pulled up policy on screen. Incorporate some team lead concepts, makes it softer for tracking. Regulations have that defined team lead definition. Maybe a combination of those two, incorporate one element of each. Lean on skills because they are trackable as skills contacts, not indicative of a paramedic contact. Successful skill is performing the skill successfully, not the outcome. The way it’s written right now is not palatable per PSC Committee. Page 6/bottom of 5, refers to Cal-EMSA for anyone not able to pass. **Tilles** – Same concerns as Larsen and Everlove. Can we put “please don’t put unnecessary IVs in, etc”.	Approved with changes	Motion: Ira Tilles Seconded: Chris Sykes Passed: Unanimous

	Larsen – Echoes John's concerns, would request that last 5 that qualify can be counted. I don't want BLS patients showing up with IVs. To clarify, primarily under 3a, add language ALS patient contact the student successfully demonstrates a skill or team lead for both 315 and 318. Propose taking the section out on IVs. Intubate. Back to 5C, putting a time limitation on there must have received within the last 12 months. Steve said get rid of deletions/renumber pages. **Danny** – An IV with purpose, can glean my perspective from the policy. **Jamie**– competent and consistent, put the reg in place and work the details after. **Dullam** – Need to put more emphasis on the preceptors out there. We didn't do anything, but it was an ALS call. Disagree with students being held to a lower level than professionals. Put the focus on the agencies to make sure these people are ready to go. **Dom Savage** – Agree with more FTO involvement, we also see an issue with IV. **Gillette** – explain the negative way it is written now, Shepherd wants to ensure the 5 contacts/calls reflect the level of complexity they will face in the field. First two weeks they don't even get to start contacts. **Carroll** – Effectively instead of successfully? Larsen said to remove successful. **Rosa (for Heather Ellis)** – She asked if we could go back to (page 4) 45 days, their process will make them constantly running behind. No issues from anyone. Larsen said keeping the 30 days, an automatic renewal of the application with notification to the EMS agency, a new 30-day period. Currently applicant has to pay on the 2nd 30-day renewal. Cannot try more than 3 times in one year. **Gil-Stefansen** – What is delaying the process in the 30–45-day period?		
B. 318 – ALS Response Unit Staffing	Since 2019, meeting with each ALS agency talking about onboarding new paramedics, taking process they all use internally, adapting initial requirement based on those. Knowing minimum standards, 30 patient contacts at least 15 ALS.	Bring back with changes Update App. B Add to PCC duty Policy	Motion: Ira Tilles Seconded: Chris Sykes Passed: Unanimous

	This is getting it back to you guys, making sure your folks are competent. Back half of policy has been stricken. PCC ride-along has been removed. Putting it back on everyone for consistent monitoring. No more level I/II will be called independent practice. ALS agency responsible for training. **Larsen** – Would like to assign a designee. Will not be able to do ride-along/assessment with every medic. Shepherd, hopefully putting more into the agencies realm instead of me reviewing all the paperwork, the actual agency is signing them off. Personally, I may have not done the assessment ,it may be Heather or Jaime. **Gregson** –Dr. Canby is aware of training challenges. Continuously assessing as a group. **Shepherd** – We can massage how its worded, we want to get the policy out there. **Tilles** – Appendix A, increase the number of spaces. **Dullam** – Audit went from 3 to 6 months, which he does not agree with, if someone gets injured, they are going to have to go through the training again. **Larsen** - What is the readmit after injury? **Shepherd** - Having a process with absence of policy is better in this case. **Beatty** – Still doing level II test. **Shorts** – We have a reauthorization policy for MICN, but not for medics. **Villa** – Protected classes (like military leave) how do we reauthorize them? Carroll the protections are allowed to give them extra time, they go through medical controls. Villa, do protected classes need to be added?. **Carroll** - it falls under D generically, case by case basis. We understand those situations are different. **Gil-Stefansen** – If someone left and came back to make sure they are up to date on trainings, policies, etc. **Larsen from Tom** – independent practice will lapse; is there a time frame we need to put in there. Rosa said there is a lapse in their authorization. Dullam puts them on a rig during the academy, so they don't lose their level.		

	Larsen - In terms of E, do we currently have anything similar? **Rosa** - Trying to come up with some fields that are not overly burdensome Is monthly too much? Committee says quarterly. **Tilles** – Appendix B, much loved air-Q swap out for iGel. **Kyle Blum** – Being a PCC, relationship with hospital staff and medics, he would like to keep relationships with agencies. **Rosa** - Will look to add to PCC job duties, make it a little soft so it's not a hard mandate on both sides. On Appendix A, time concerns from FPOs.		
C. 705.04 – Behavioral Emergencies (Versed dosing)	Mirroring Versed dosing from 705.20 Seizures Policy.	Approved with changes	Motion: Joe Dullam Seconded: Ira Tilles Passed: Unanimous
D. 705.18 – Overdose (Versed dosing)	Mirroring Versed dosing from 705.20 Seizures Policy.	Approved with changes	Motion: Joe Dullam Seconded: Ira Tilles Passed: Unanimous
E. 705.20 – Seizures (Versed dosing)	Reference only.		Motion: N/A Seconded: N/A Passed: Unanimous
F. 920 - Reddinet	None	Approved	Motion: Kyle Blum Seconded: Chris Sykes Passed: Unanimous
VI. Old Business			
A. Other	None		
VII. Informational			
A. Other	**Villa** – Asked that we discuss bringing EMCC meeting back quarterly. EMCC was originally established to address larger system issues. **Gillette / Levin** – Expressed concern over not having enough information. *Committee would like to better understand the history and purpose of EMCC to make an informed vote. There is hesitation on starting an additional committee meeting.*	Bring back to future PSC	Motion: Jaime Villa Seconded: Joe Dullam Passed: Unanimous
VIII. Policies for review			
A. 132 – EMS Coverage for Special Events or Mass Gatherings		No changes	Motion: Kyle Blum Seconded: Chris Sykes Passed: unanimous
IX. Agency Reports			
A. Fire departments	**VCFD** – RAs in service. **VFD –** none		

	OFD - none **Fed. Fire** – none **FFD** – none		
B. Transport Providers	**AMR/GCA/LMT** – **All Town** - none **AIR RESCUE –** none		
C. Base Hospitals	**AHSV** – Approved as a geriatric ER. **LRRMC** – none **SJRMC –** none **VCMC** – none		
D. Receiving Hospitals	**PVH** – none **SPH** – none **CMH** / **OVCH** – none		
E. Law Enforcement	**VCSO –** none **CSUCI PD –** none **Parks –** none		
F. ALS Education Programs	**Ventura College** – none **Moorpark College** – none **Eric Eckels** – none		
G. EMS Agency	**Carroll** – Healthcare strategist is contracted to evaluate the current EMS system and develop RFP. Stakeholders will be contacted to meet with the team in July. A new law in place for non-criminal 5150 activity to wait the person out. Ambulance may be on scene for longer periods of time. **Holt –** MRC STTRONG Award announcement, our unit received $600,000 from ASPR.		
H. Other			
X. Closing	**Meeting adjourned at 12:am**		Motion: Jamie Villa Seconded: Kyle Blum Passed: unanimous

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT Optional Skills Plan	Policy Number 303-B
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: September 14, 2023 Date Revised: Date Last Reviewed: Review Date: September 30, 2025	Effective Date: DRAFT

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

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

III. PLAN:

A. Skills Allowed

1. Certified EMTs, accredited in Ventura County in accordance with policy 305, will be allowed to perform the following optional skills:
   a) Use of perilaryngeal airway adjuncts
   b) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma
   c) Administration of atropine and/or pralidoxime chloride using prepackaged products

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

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

B. Need for Optional Skills

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

C. Geographic Area of Skills Deployment

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

D. Data Collection

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

E. Applicable Policies and Procedures

1. 303 - EMT Optional Skills
2. 305, EMT Optional Skills Accreditation
3. 334 – Prehospital Personnel Mandatory Training Requirements
4. 705.02 Allergic Reaction and Anaphylaxis
5. 705.17 Nerve agent / Organophosphate Poisoning
6. 705.22 Shortness of Breath – Wheezes/other
7. 710 Airway Management
8. 729 Supraglottic Airway Devices
9. 733 Cardiac Arrest Management (CAM) and Post Arrest (ROSC) Resuscitation
10. 1000 Documentation of Prehospital Care

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

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

A. Completed the minimum required education and training, and

B. Is oriented to the local EMS system.

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

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

III. POLICY:

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

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

IV. PROCEDURE:

A. Application

1. In order to be eligible for accreditation, the EMT applicant will:

a. Possess a current and valid California EMT certification;

b. Provide written documentation of employment with a prehospital provider agency that is approved by VCEMS

c. Complete a VCEMS personnel application form, if not already on file with VCEMS

d. Verification by employer that all training and education related to the EMT optional skills outlined in VCEMS Policy 303 – EMT Optional Skills has been completed.

i. This will include any skills approved by VCEMS Medical Director that are added to the policy in the future.

B. Accreditation
   1. Upon successful completion of the application and training requirements, the EMS will be issued an accreditation letter. A copy will be placed in VCEMS certification file for tracking purposes
   2. The accreditation cycle will be the same as the individuals EMT certification, as long as all maintenance requirements are current

C. Paramedics functioning as EMTs
   1. Paramedics licensed in the State of California who function as EMTs and who are employed by a VCEMS approved prehospital provider agency shall be granted EMT accreditation upon completion of the following:
      a. Verification by employer that all training and education requirements have been met
      b. Submission of a VCEMS personnel application if not already on file

D. Accreditation Period
   1. EMT accreditation shall be continuous as long as the following conditions are met:
      a. Maintain current certification/licensure in the State of California, and;
      b. Maintain continuous employment with a VCEMS approved prehospital provider agency, and;
      c. Completion of all ongoing mandatory training requirements outlined in VCEMS Policies 303 – EMT Optional Skills and in VCEMS Policy 334 – Mandatory Training Requirements outlined in VCEMS

E. Lapse of Accreditation
   1. EMT accreditation will be considered lapsed when any of the following circumstances occur:
      a. An EMT is longer employed by a VCEMS approved prehospital provider agency, or;
      b. Certification or licensure as an EMT or Paramedic lapses, or
      c. An individual fails to meet the minimum requirements outlined in this policy.
   2. If EMT accreditation lapses, the following requirements shall be submitted to VCEMS in order to reestablish eligibility:
      a. Verification of employment by a VCEMS approved prehospital provider agency
      b. Verification that certification / licensure as an EMT or Paramedic in the State of California is current and valid

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

~~a.~~d.

COUNTY OF VENTURA PUBLIC HEALTH DEPARTMENT	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT ~~:~~ Requirements to Staff An ALS Unit	Policy Number: 306
APPROVED: Administration: Steven L. Carroll, ~~EMT-P~~Paramedic	Date: DRAFT
APPROVED: Medical Director Daniel Shepherd, MD	Date: DRAFT
Origination Date: June 1, 1997 Date Revised: ~~February,~~ ~~2011~~September 14, 2023 Date Last Reviewed: ~~February,~~ ~~2011~~September 14, 2023 Next Review Date: ~~February,~~ ~~2014~~September 30, 2026	Effective Date: DRAFT

I. PURPOSE: To define the minimum training requirements for an EMT to staff an ALS unit ~~and assist a Paramedic in delivering ALS care.~~in order for that individual to be a highly capable and functioning member of the prehospital care team.

II AUTHORITY: Health and Safety Code, Sections 1797.214~~, 1798.200~~; California Code of Regulations, Title 22, Division 9, Chapter 2, Article 2 and Chapter 12 Articles 2 and 4.

III. POLICY: EMTs ~~who are scheduled to~~ staffing an ALS unit ~~and assist a paramedic in ALS care~~ shall meet the criteria outlined in this policy.

A. EMTs assigned to work with Paramedics shall:

1. Successfully complete a comprehensive training module, developed and delivered by the prehospital provider agency that is comprised of, at minimum, the categories listed below in Section III.B ~~as described in Section III. B. below.~~

~~2. Assist a paramedic with a minimum of 10 ALS contacts (a maximum of 5 may be simulated).~~

~~3.~~2. Be evaluated and approved by the ~~employer and Medical Director or designee.~~ prehospital provider agency's clinical staff and/or Field Training Officer(s).~~For agencies without a medical director, the BH PLP or PCC may evaluate and approve the EMT.~~

B. Training Module

~~This training module defines the minimum training needed for an EMT to be assigned to staff an ALS unit and assist a paramedic in ALS care shall:~~ At a minimum, the prehospital provider agency will develop a comprehensive EMT training plan with the intent that EMTs staffing an ALS unit are competent and able to perform as members of the ALS care team. This training will be comprised of, at a minimum, the following categories:

1. ~~Be developed in conjunction with the Base Hospital~~.

~~2. Include, at a minimum, the following topics and time intervals:~~

a. Adult and Pediatric Resuscitation

~~a~~b. Airway Management

~~1) General Assessment~~

~~2) Endotracheal Intubation equipment set up~~

~~3) VC EMS approved alternate airway equipment set up~~

~~4) Bag-Valve-Mask/ET/alternate airway ventilation review~~

~~5) Assembly of in line nebulizer~~

~~6) Airway placement confirmation devices~~

~~7) O_2 delivery devices~~

~~8) Suctioning~~

b. Trauma Skills

~~1) Trauma Assessment Review~~

~~2) C-Spine immobilization review~~

~~3) Traction Splint review (e.g., Sager/Hare)~~

~~4) Needle thoracostomy equipment~~

c. Medical Control

~~1) Ventura County Policies 306 and 705~~

~~2) Paramedic Scope of Practice~~

~~3) EMT Scope of Practice~~

~~4) EMT Base Hospital communications~~

d. IV and Medication Setup

~~1) Aseptic Technique~~

~~2) Assembly of preloaded medication containers~~

~~3) Catheter taping~~

~~4) Blood drawing~~

~~5) Sharps precautions~~

~~e. Testing~~

e. Demonstration of competency in psychomotor skills as required for ongoing certification as an EMT in the State of California

C. Duties and Responsibilities

1. The EMT shall perform only those patient -care items ~~described~~ outlined in VCEMS Policy 300 - ~~:~~ EMT Scope of Practice and VCEMS Policy 303 – EMT Optional Skills.

2. If necessary, the EMT may communicate with the Base Hospital on ALS calls as follows:

a. The EMT will clearly identity him/herself as an EMT.

b. The EMT can provide vital signs, vital sign updates, assessment information and initial scene information.

c. The EMT shall not ~~ask for~~request or ~~pass on~~accept ALS orders.

~~E. EMT AED~~

~~EMTs trained to use an AED will successfully complete skills testing using the form in Appendix B.~~

F. Documentation

1. Documentation of initial training~~, in the form of a VCEMS Attendance roster, shall~~ will be submitted to VCEMS.

2. ~~Documentation of approvals shall be done using the form in Appendix C, and will be submitted to VCEMS.~~

3. The employer will maintain training records for all EMTs staffing ALS units within their respective agencies. These records will include date of training, content of training, psychomotor skills sheets, etc.

a. These records will be made available to VCEMS Medical Director / designee as part of ongoing EMS quality improvement initiatives

~~6. In the event that an EMT has had to attend a retraining class, a letter stating that the individual has successfully completed the retraining and testing will be submitted to VCEMS.~~

APPENDIX A

_____, EMT has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. By completing and signing below, I am attesting that the EMT has met the requirements and demonstrated competency in any necessary psychomotor skills.

Please initial the appropriate box

_____Completed all EMT training modules outlined in this policy _____Agency FTO or Clinical Coordinator Review and Approval

Please sign and date below and submit to VCEMS for processing.

Employer Rep Signature	Date:
Name	

~~EMTALS ASSIST SKILLS TESTING~~

~~TRAUMA SCENARIO~~	~~PASS~~	~~FAIL~~
~~Assess airway patency~~		
~~Administers high flow O_2 via non-rebreather mask~~		
~~Completes spinal immobilization~~		
~~Demonstrates head-to-toe assessment~~		
~~Assembles IV bag and tubing~~		
~~Maintains sterility of IV~~		
~~Correctly immobilizes upper extremity~~		

~~Successful completion of this station _____~~
~~_____ Evaluators Signature~~

~~Cardiac Arrest Scenario~~	~~PASS~~	~~FAIL~~
~~Assesses ABC's~~		
~~Ensures compressions are being done~~		
~~Chooses correct size of oral airway~~		
~~Correctly inserts oral airway~~		
~~Adequately ventilates using bag-valve-mask~~		
~~Assembles intubation equipment~~		
~~Adequately ventilates using bag-valve-ET~~		
~~Verbalizes safety concerns for defibrillation~~		
~~Correctly places monitor patches and leads~~		
~~Assembles IV bag and tubing~~		
~~Assembles preload medications~~		
~~Verbalizes that paramedic must administer medications~~		
~~Verbalizes safety considerations for needles~~		

~~Successful completion of this station _____~~
~~_____ Evaluators Signature~~

~~LEGAL ISSUES STATION~~	~~PASS~~	~~FAIL~~
~~Identifies proper radio responsibilities~~		
~~Identifies limits of EMT scope of practice~~		
~~Discusses briefly prior to contact protocols~~		
~~Discusses briefly communication failure protocols~~		

~~Appendix B (1 page)~~

~~EMT ALS ASSIST~~
~~SKILLS EXAM~~
~~AUTOMATIC EXTERNAL DEFIBRILLATOR~~

~~NAME: _____~~
~~EMT# _____~~
~~DATE: _____~~

~~SKILLS AREAS~~	~~CRITERIA TO PASS~~	~~PASS~~	~~FAIL~~
~~Patient Assessment~~	~~1. Confirms cardiopulmonary arrest. Unconscious, no breathing or agonal breathing, no pulse.~~ ~~2. Patient 1 years or older and not a victim of major trauma.~~		
~~Defibrillator Operation (must pass)~~	~~A. If collapse **before dispatch**, begin CPR (1.5 to 3 minutes CPR may be considered)~~ ~~1. For defibrillators that analyze automatically when turned on:~~ ~~a. Attach pads in correct position (may be done during CPR if there are more than 2 rescuers)~~ ~~b. Turn on machine~~ ~~c. Clears patient and presses to analyze~~ ~~2. For defibrillators that require the operator to press "Analyze" for first analysis:~~ ~~a. Turn on machine~~ ~~b. Attach pads in correct position. (may be done during CPR if there are 2 or more rescuers)~~ ~~c. Clears patient and presses analyze~~		
~~Shockable Rhythms~~	~~1. Delivers shock when prompted~~ ~~2. Restart CPR for two minutes after shock.~~ ~~3. Deliver additional shocks as needed.~~		
~~No Shock Advised Rhythms.~~	~~1. Checks pulse after analysis reveals "no shock advised".~~ ~~2. If no pulse, restarts CPR for 2 minutes.~~ ~~3. After 2 minutes, analyzes.~~ ~~4. Checks pulse after analysis reveals "no shock advised".~~ ~~5. If no pulse, restarts CPR for 2-3 minutes.~~		
~~Patient Support/Assessment~~	~~1. If pulse returns, monitors respiration and ventilates as needed.~~ ~~2. If pulse, takes BP.~~ ~~3. Continues to monitor for presence of pulse.~~ ~~4. If pulse is less than 30, continues CPR.~~		
~~Safety~~	~~1. Clears prior to EVERY shock.~~ ~~2. Checks for causes~~		
~~Speed (must pass)~~	~~1. Can hook up, assess, charge and deliver 1st shock for VF in no more than 90 seconds once AED sequence is initiated.~~	~~Actual time (seconds)~~ _____	

_____

~~Evaluator's Signature~~

~~APPENDIX C~~

~~Employer: Please instruct the EMT to complete the requirements in the order listed.~~

_____, ~~EMT has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.~~

~~Please initial the appropriate box~~

~~EMT ALS-Assist~~ _____ ~~Employer Approval~~ _____ ~~Completed appropriate EMT Training Module~~ _____ ~~BH or Provider Medical Director or Designee Evaluation~~ _____ ~~Notification to VC EMS~~ ~~Reference Policy 306~~

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

~~Employer Signature~~	~~Date:~~
~~MD, PLP Provider MD or designee~~ ~~EMT ALS-Assist authorization Only)~~	~~Date:~~

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

I. PURPOSE: To define the requirements for mandatory training sessions for EMTs, Paramedics, ~~EMT-ALS Assist SAR EMTs~~, MICNs and Flight Nurses in Ventura County.

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

III. POLICY: All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. These requirements are outlined in VCEMS Policy 318 for Paramedics, 306 and 803 for EMTs, 1201 for Flight Nurses and SAR EMTs and 322 for MICNs.

III. PROCEDURE:

A. EMS Updates – Applies to all personnel listed above ~~except EMTs~~.

Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the ~~Base Hospitals~~Ventura County EMS Agency in ~~May and November~~the Spring and the Fall of each year ~~(minimum of 12 opportunities to attend each session).~~

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

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

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

C. Resuscitation Training ~~– Applies to Paramedics, MICN's, and Flight Nurses only.~~

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

a) Unless specifically stated on a course completion or some other correspondence from us, a mandatory training course is viewed as

Commented [RC1]: I added this because I'm not sure that it is adequately covered elsewhere in policy.

Commented [CA2R1]: I think this is not necessary, but do agree if we expect it to be done q 2 years that it should be listed here.

ACLS q 2 years plus initial CAM accomplishes the need. Skills adds to that. There is a lot of overlap.

CAM may make sense as an option for BLS providers down below under adult resusc.

Commented [CA3R1]: Initial is good, refresher is only issue.

valid until the end of the month, two years from when it was originally taken.

~~1~~2. Adult Resuscitation– Paramedic, MICN, and Flight Nurse providers must obtain AHA ACLS certification or American Red Cross ALS certification within three months of initially starting the certification or accreditation process. Adult resuscitation certification must be maintained as current while practicing in Ventura County.

~~2~~3. Pediatric – ~~All personnel listed above with the exception of MICN's~~Paramedics and Flight Nurses~~,~~ shall obtain a Handtevy Pediatric Provider course completion certification within 3 months of initially starting the accreditation process. ~~Course completion must be maintained as current while practicing in Ventura County.~~Handtevy may be repeated every two years as a means of maintaining pediatric training requirements.

~~MICN's who have received Handtevy Orientation training may utilize AHA or American Red Cross Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Providers (PEPP), or Emergency Nurse Pediatric Course (ENPC), to meet the pediatric resuscitation training requirement. In all cases certification must be maintained as current while practicing in Ventura County.~~Pediatric Advanced Life Support (AHA or American Red Cross), Pediatric Education for Prehospital Providers (PEPP), or Emergency Nurse Pediatric Course (ENPC) may also be maintained every two years after the initial Handtevy course completion as a means of meeting the pediatric training requirement.

D. Paramedic Skills Refresher – Applies to Paramedics only

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

E. Failure to complete mandatory requirements:

1. ~~Level II~~Independent Practice Paramedics who fail to complete any of these requirements will ~~immediately revert to a Level I Paramedic according to VCEMS Policy 318~~have their authorization suspended in accordance with VCEMS Policy 318. The Paramedic's accreditation to practice in Ventura

Commented [RC4]: Please check my math here on the requirements. Not sure how we currently handle the flight nurses and EMTs with respect to Handtevy.

Commented [CA5R4]: We probably need to define the time period rather than "maintain current" Handtevy's more "loose" approach to certs creates ambiguity with what is considered current.

I think it is reasonable and likely valuable to allow PALS or PEPP as an option for refresher requirement.

The initial Handtevy course is what matters.

Commented [CA6]: Question - Are we taking away their actual accreditation or their authorization for independent practice?

The latter would make sense to me but either way should we be more clear about that, or less clear and just point to the applicable policy?

Commented [RC7R6]: It's both. We are required to give them a two-week notice and an opportunity to fix the issue before we suspend accreditation (for cause) and notify CalEMSA of the accreditation action. I can't recall a time that this has occurred while I've been here.

Commented [RC8]: Is this applicable? Should we change the verbiage to fall in line with the discipline policy?

County ~~will~~ maybe suspended after the State required ~~15 day~~15-day notice until the following remediation criteria has been met.

2. All other required personnel who fail to complete these requirements will have their authorization immediately suspended.

~~2~~3. Reinstatement of authorization or accreditation:

a. Personnel who have not completed or maintained MCI, adult resuscitation, or pediatric resuscitation training requirements as outlined above must complete the requirements and provide documentation of completion to VCEMS for determination on reinstatement.

b. Personnel not attending EMS Update must complete the following remediation criteria.

1) Personnel will attend a make-up session ~~session to be scheduled by VC EMS within 2 weeks of the last regularly scheduled EMS Update session.~~

2) ~~Personnel will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.~~

3) ~~Submit a $125.00 fine~~

~~4)~~ ~~A written post-test will be~~ administered~~, and must be successfully completed by achieving a minimum passing score of 85%.~~completed as part of the online education and post-course evaluation process

~~5)~~ ~~If the VC EMS make-up session is not attended, the employer may elect to assist the person in completing the requirement.~~

~~a) The employer shall use the materials and test supplied by VC EMS.~~

~~b) The employer will be responsible to forward the written statement and $125.00 fine to VC EMS.~~

~~c) The employer will administer the written test and will forward it to VC EMS for scoring. Minimum passing score will be 85%.~~

~~d) A make-up session arranged by an employer will be approved by VC EMS before it is presented.~~

c. Paramedics not attending ~~Skills Refresher must complete the following remediation criteria.~~the skills refresher training will be required to complete a make-up process, to include the following:

Commented [CA9]: Remove this. If we are committed to a format where the course always exists, and no need for scheduling a makeup that may or may not have the same components as initial, then completing the course as it sits covers these specifics.

Commented [CA10]: Remove this, or what does it mean?

Could make sense to say we will accommodate, or employer will, if needed.

Basically to cover someone who does not have a computer or internet, or has some other specific need.

~~1). Paramedic will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.~~

~~2) Submit a $125.00 fine.~~

~~3) Paramedic will attend a remediation session on documentation and review of VC EMS Policy 318 to be administered by VC EMS.~~

~~4) ALS provider will confirm paramedic has read and reviewed VC EMS Policy and Procedure Sections 6 & 7.~~VCEMS Policies related to Paramedic accreditation and authorization, as well as mandatory training requirements and all applicable ALS treatment ~~policies and protocols.~~

5) ALS provider will be responsible to coordinate a Skills Refresher make-up session ~~conducted by either an ALS Service Provider Medical Director, base hospital physician or their designee. Skills Refresher make-up will include all skills covered at the most recent Skills Refresher.~~that is similar in content and structure to the education provided during the primary skills training sessions provided by VCEMS. EMS will work wit make-up session coordinator as needed to help ensure consistency in material and training delivered.

6) ~~ALS provider will submit a written plan of action to VC EMS to include: course curriculum, date and location of Skills Refresher make-up, equipment to be used and names of instructors.~~

~~7) Completed reinstatement checklist, will be submitted to VC EMS for review and determination on reinstatement of paramedic accreditation.~~Employer will submit verification to VCEMS that the make-up process has been completed. This information will include basic info (course date and time, location, instructor(s), etc.) in addition to stations completed, signature of individual coordinating make-up session.

Commented [CA11]: Remove this or change to something like "Will notify VCEMS in writing". If they want to elaborate on circs to appeal for a more lenient response that is their perogative. Otherwise, they missed the requirement and that is all that matters.

Commented [CA12]: Remove this, unnecessary. It would be reasonable to outline repeat offenders and define some process for that.

Commented [CA13]: Not sure what else to do, but this ends up looking VERY different than what Skills sessions look like now.

If there was a way to ensure a crew will be there to actually run through a scenario, that would be good.

Commented [CA14]: It seems like that checklist is not consistent with everything else in this section. It includes things from us that may not be outlined here?

PARAMEDIC SKILLS REFRESHER REINSTATEMENT CHECKLIST

Paramedic Name: _____ CA License No.: _____

Action	Date	Signature
1. Read and reviewed EMS Policy and Procedure Sections 6 & 7 (signed by provider).		
2. Orientation at EMS Office, Policy 318 review.		
3. Documentation Station: Administered by EMS		
4. Skills refresher verification: The skills must be signed off by a BH physician or Medical Director associated with your employer.		
a.		
b.		
c.		
d.		
e.		
f.		
g.		

After the above is completed, please forward the checklist to the EMS Agency for review and determination on reinstatement of paramedic accreditation.

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

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

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

~~II~~III. DEFINITION:

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

POLICY: A PCC will perform his/her role according to the following.

~~III~~IV. ~~DEFINITION: A PCC is a Registered Nurse designated by each BH (BH) to coordinate all prehospital and Mobile Intensive Care Nurse (MICN) activities sponsored by that BH in compliance with Ventura County Emergency Medical Services (VC EMS) policies, procedure and protocols and in accordance with the Health and Safety Code, Sections 1797-1799 et al, and in accordance with Title 22 of the California Code of Regulations. The PCC evaluates prehospital care, prehospital personnel and MICNs and collaborates with the BH Paramedic Liaison Physician (PLP) in medical direction.~~

~~I~~V. PROFESSIONAL QUALIFICATIONS:

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

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

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

D. Have at least three years emergency department experience.

VI. SPECIFIC RESPONSIBILITIES:

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

A. Serve as ~~l~~Liaison by maintaining effective lines of communication with BH personnel, VCEMS, prehospital care providers and local receiving facilities.

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

1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital personnel. Programs shall include, but not be limited to, specific issues identified by the VCEMS ~~Continuous~~ Quality Improvement Plan.

a. Provide continuing education per policy requirements

b. Coordinate clinical experience as requested, for purposes of provider plan of action.

c. ~~Provide special mandatory~~Assist in the development and delivery of prehospital training and education ~~programs~~ materials such as EMS u~~U~~pdates ~~classes~~, ~~Paramedic~~ paramedic s~~S~~kills l~~L~~abs and p~~P~~aramedic BH ~~O~~orientation.

d. ~~Participate in process improvement teams as designated by VC EMS~~Actively participate in the countywide EMS Quality Improvement Plan (EMSQIP), in coordination with VCEMS, other base hospitals and prehospital provider agencies.

2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.

3. Evaluate the performance of MICNs and submit recommendations for authorization and reauthorization to VC-EMS. Such evaluation shall include, but not be limited to:

a. Direct observation of BH communications.

b. Audit of recorded communications

c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department ~~Nursing Supervisor~~leadership).

d. Review of written documentation.

e. Provide written evaluation of the MICNs for hospital performance review.

4. Provide ongoing evaluation of assessment, reporting, communication and technical skills of ~~assigned~~ paramedics. Such evaluation ~~shall~~ may include, but not be limited to:
   a. Audit of written and recorded communications
   b. Review of ~~EMS report forms~~prehospital documentation
   c. Direct field observation during the ride-along(s), including observation of the transfer of patient care upon arrival at the receiving facility.
   d. Assess performance during scheduled clinical hours in the Emergency Department.
   e. Evaluation of paramedic personnel, as part of a broader quality assurance / quality improvement process, ~~for level advancement,~~ through direct observation, recorded communication and ~~paperwork audit, according to VC EMS Policy 318~~review of ePCR documentation.
   f. Provide written evaluation of ~~the paramedics, and~~ MICNs
   g. Facilitate support services for prehospital and hospital EMS Staff, (i.e. Critical Incident Staff Management / peer review, etc.)

~~h. Participate in Root Cause Analysis as indicated.~~

5. ~~Report and investigate, and participate~~Participate in ~~prehospital care unusual occurrences as directed~~EMS Safety Event process, as outlined in ~~by~~ VC EMS Policy ~~150~~121 – Safety Event Review.
6. Ensure the operation of the BH communication equipment.
   a. In conjunction with the BH PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VC EMS.
   b. Ensure that the radio equipment is operational.
   c. Ensure that ReddiNet System is operational and up to date.
7. Comply with data collection requirements as directed by VC EMS.
8. Ensure compliance with requirements for retention of recordings, MICN and prehospital care forms, logs and information sheets and maintaining retrieval systems in collaboration with hospital's Medical Records Department.

9. Develop and maintain education records as required by EMS.
   a. Records must be kept for a period of four years
10. ~~In conjunction with the BH PLP, report to the EMS agency any action of certified/licensed paramedics which results in an apparent deficiency in medical care or constitutes a violation under Section 1798.200 of the Health and Safety Code.~~
11. Represent the BH at the Prehospital Care Committee, PCC meetings and other associated ~~task forces and special interest~~work groups and/or sub-committees as ~~directed~~ requested by the EMS Agency.
12. Actively participate in the development, review and revision of Ventura County Policies and Procedures.

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

Base Hospitals
~~Basic Emergency Departments~~

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

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

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

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

~~Thrombectomy Capable Acute Stroke Centers~~
~~Los Robles Regional Medical Center~~
~~St. John's Regional Medical Center~~

Acute Stroke Centers

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

~~Receiving Hospitals~~
Basic Emergency Departments

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

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

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

~~Receiving Hospital~~
Standby Emergency Department

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

STEMI Receiving Centers

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

Trauma Centers-Level II

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

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Ventura County Medical Center

Los Robles Regional Medical Center
Ventura County Medical Center

Thrombectomy Capable Acute Stroke Centers

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

~~*Obstetric Services are not offered at Ojai Valley Community Hospital or Santa Paula Hospital~~

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COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ~~ALS Response Unit Staffing~~Independent Practice Paramedic	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: June 8, 2023 Date Last Reviewed: June 8, 2023 Review Date: June 30, 2025	Effective Date: DRAFT

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

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200
22 CCR Division 9, Chapter 4, Sections ~~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 r~~R~~esponse u~~U~~nits ~~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 / designee will be responsible for the oversight of training and education programs for that agency and ensuring prehospital personnel working within that agency are proficient in their skills and have an adequate knowledge of VCEMS policies and procedures.~~.~~

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

V. PROCEDURE:

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

2. 240 of direct field observation by an authorized Paramedic FTO

   a. This will include a minimum of 30 patient contacts, at least half of which will be ALS (minimum 15 ALS contacts).

      i. The patient contacts obtained during the accreditation application process may be included as part of the ALS contacts requirement outlined above. It should be noted that the contacts utilized as part of the accreditation application process shall only include those medications and procedures outlined in the basic Paramedic scope of practice.

   b. For those Paramedics with a minimum of three (3) years prehospital field experience performing ALS assessment and care may have this requirement reduced at the discretion of the LEMSA Medical Director.

3. ~~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

4. Successful completion of competency assessments

   a. Scenario based skills assessment conducted by the Paramedic's preceptor, clinical manager/coordinator, or ALS agency medical director / designee

   b. Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG).

      i. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may complete additional training with the ALS agency medical director / designee prior to re-attempting the examination.

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

1. Demonstration of proficiency may be achieved in a variety of ways including direct observation of ALS assessment and care, case reviews, and ongoing testing of skills and proficiency in VCEMS policies and procedures.

2. As part of the Paramedic's ongoing authorization, the ALS agency medical director / designee will attest that Paramedic continues to meet minimum performance standards outlined above.

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

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 functioned in an ALS capacity for at least six months.

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 requirements for demonstration of competency prior to re-authorization.

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

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

1. VCEMS, under the guidance of the LEMSA Medical Director, will work with ALS Agency representatives and ALS agency medical director / designee if an issue related to patient care and/or overall clinical performance of independent practice paramedic is observed.

a. Specific issues of concern will be reported and a plan to correct observed issue(s) will be conducted with all parties involved.

~~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.

Appendix A

~~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~~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~~11			
2				12~~0~~			
3				13~~1~~			
4				14~~2~~			
5				15~~3~~			
6				16~~4~~			
7				17~~1~~ ~~5~~			
8				18~~1~~ ~~6~~			
9				19			
10				20			
Total Hours Completed							

Please sign and date below for approval.

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

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

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

Appendix B

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

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

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

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

Paramedic Name: _____ License. #_____Date: _____

FTO Signature_____ Date: _____

~~**PCC Signature_____Date_____**~~

ALS Agency Medical Director Signature_____ Date: _____

Employer Signature: _____ Date: _____

METHOD OF EVALUATION KEY

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

Appendix C

NAME		Agency		License #	

Lecture Hours

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

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

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

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

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

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

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

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.				

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

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

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

III. DEFINITION:

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

IV. POLICY:

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

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

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

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

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

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

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

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

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

V. PROCEDURE:

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

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

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

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

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

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

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

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

C. If the helmet must be removed, a neutral head position must be maintained during removal.

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

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

VII. Pediatric patients

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

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

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

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

---

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

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

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

I. Purpose: To define the indications, procedure and documentation for obtaining 12-lead ECGs.

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

III. Policy: Paramedics will obtain 12-lead ECGs in patients demonstrating symptoms of acute coronary syndrome. EMTs who are specially trained may be authorized to set up the 12-lead.

IV. Procedure:

A. Indications for a 12-lead ECG:

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

B. Contraindications (Do NOT perform an ECG on these patients):

1. Critical Trauma: There must be no delay in transport.
2. Cardiac Arrest: unless return of spontaneous circulation (ROSC).

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

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

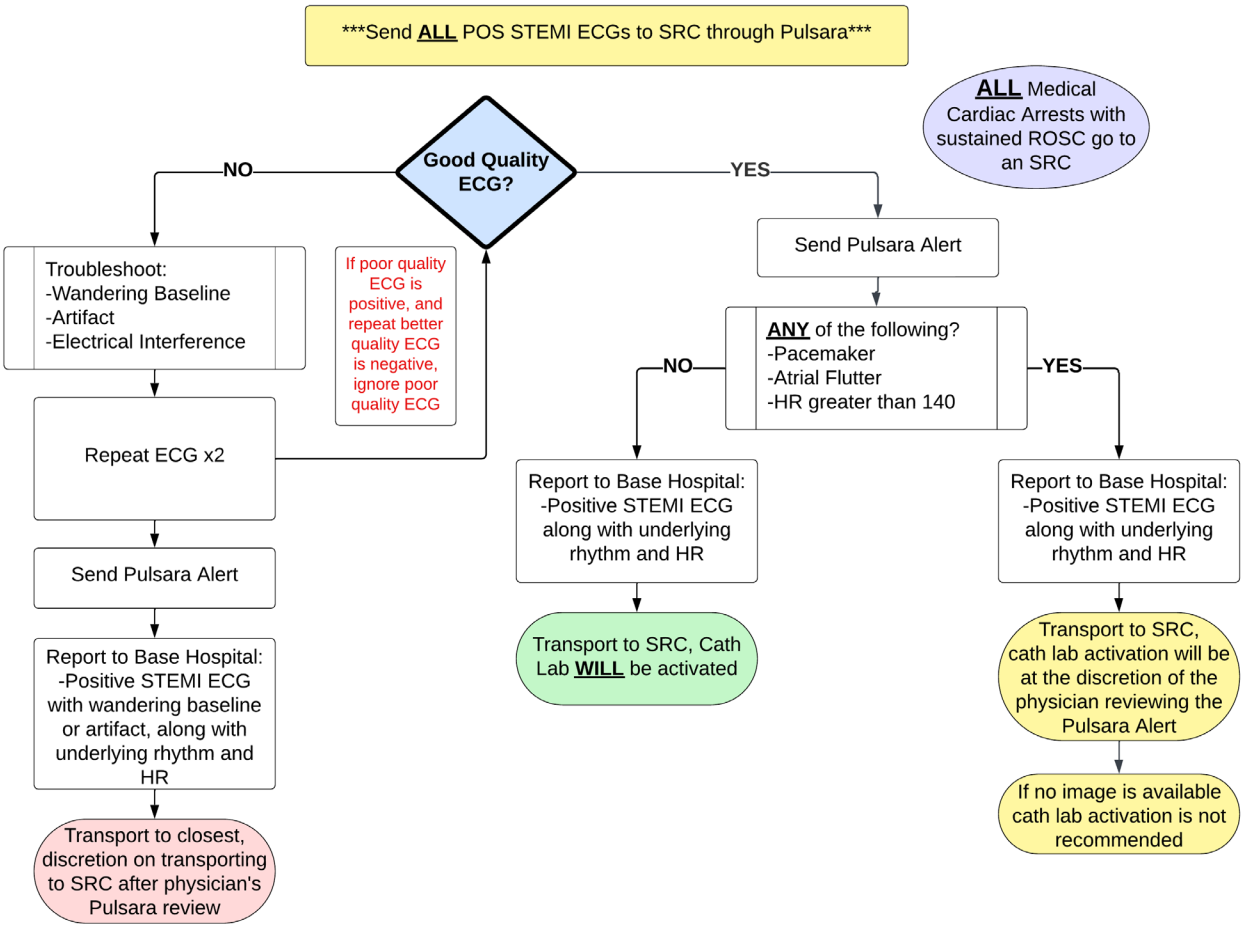
E. Other ECGs
   1. If an ECG is obtained by a physician and the interpretation on the ECG is positive for STEMI, the patient will be treated as a positive STEMI.

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

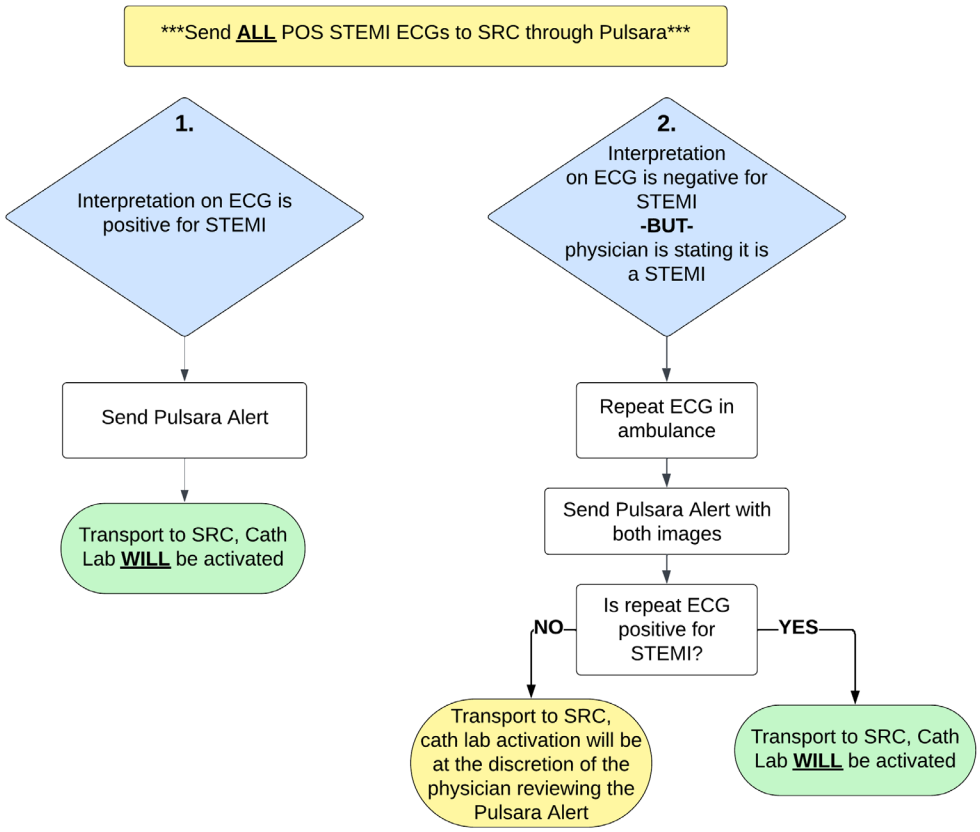
G. Documentation

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

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



PHYSICIAN OBTAINED ECG



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

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

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

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

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

A. TORC TASKS

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

B. TORC MEMBERSHIP

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

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

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

V. TRAUMA AUDIT COMMITTEE (TAC)

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

A. TAC TASKS

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.

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

B. TAC MEMBERSHIP

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

1. Ventura County EMS Agency
    a. Medical Director
    b. Administrator
    c. Deputy Administrator
    d. Trauma System Manager
2. Neighboring County EMS Agency
    a. Medical Director
    b. Administrator
    c. Trauma System Manager
3. Trauma Centers
    a. Trauma Medical Director
    b. Trauma Manager
    c. Prehospital Care Coordinator
5. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director.

VI. TRAUMA COMMITTEES ATTENDANCE

Stated policy shall apply to both TORC and TAC.

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

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

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

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

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

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

VII. VOTING

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

VIII. MEETINGS

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

IX. MINUTES

Stated policy shall apply to both TORC and TAC.

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

B. Due to the confidential nature of case presentations, any documentation or materials referencing specific cases and/or confidential patient information shall be distributed at the beginning of the meeting and collected and destroyed at the

close of each meeting. No copies may be made or possessed by members of the committee outside of the meeting.

X AGENDA ACTION ITEMS

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

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

XI. CONFIDENTIALITY

Stated policy shall apply to both TORC and TAC.

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

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

1. All meeting attendees will sign a meeting roster or have their name displayed during an on-line meeting that, in addition to documenting meeting attendance, serves to affirm their agreement to uphold the trauma committee's standard of confidentiality. Rosters for TORC and TAC meetings shall include the following heading: "With certain exceptions, the proceedings and records of the Ventura County EMS

Agency (Trauma Operational Review Committee) (Trauma Audit Committee) are privileged and not subject to discovery. Records of the Committee are not subject to disclosure under the California Public Records Act, and Committee meetings are not subject to the Ralph M. Brown Act. (Cal. Evidence Code, sec. 1157.7.) Redisclosure of confidential patient information discussed in Committee proceedings is prohibited by law. (Cal. Civil Code, sec. 56.13.)" In the event the meeting is held through an on-line platform, the standard of confidentiality language will be displayed at the beginning of each meeting.

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