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| Virtual | Pre-hospital Services Committee Agenda | October 13, 2022 9:30 a.m. |
| I. Introductions | | |
| II. Approve Agenda | | |
| III. Minutes | | |
| IV. Medical Issues | | |
| A. Coronavirus/Monkeypox Update | | Dr. Shepherd/Steve Carroll |
| V. New Business | | |
| A. 121 – Safety Event Review | | Karen Beatty |
| B. 302 – EMT Renewal | | Chris Rosa |
| C. 605 – Interfacility Transfer of Patients | | Karen Beatty |
| D. 612 – Notification of Exposure to a communicable Disease | | Chris Rosa |
| E. 705.23 – SVT | | Andrew Casey/Dr. Shepherd |
| F. 1000 – Documentation | | Chris Rosa |
| G. 1132 – CE Attendance Roster | | Chris Rosa |
| H. 1133 CE for EMS Personnel | | Chris Rosa |
| VI. Old Business | | |
| A. Other | | |
| VII. Informational/Discussion Topics | | |
| A. 150 – UO Reportable Events/Sentinel Event | | Chris Rosa |
| B. 151 – Medication Error Reporting | | Chris Rosa |
| C. 1405 – Guidelines for IFT of Patients to a Trauma Center | | Karen Beatty |
| VIII. Policies for Review | | |
| A. 600 – Scene Control at Medical Emergencies | | |
| B. 737 – PH Emergency Vaccine Administration | | |
| C. 1130 – CE Provider | | |
| IX. Agency Reports | | |
| A. Fire Departments | | |
| B. Ambulance Providers | | |
| C. Base Hospitals | | |
| D. Receiving Hospitals | | |
| E. Law Enforcement | | |
| F. ALS Education Program | | |
| G. EMS Agency | | |
| H. Other | | |
| X. Closing | | |

| Topic | Discussion | Action | Approval |
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| II. Approve Agenda | | Approved | Motion: Dr. Tilles Seconded: Dr. Larson Passed: unanimous |
| III. Minutes | | Approved | Motion: Dr. Larson Seconded: Dr. Tilles Passed: unanimous |
| IV. Medical Issues | | | |
| A. Coronavirus Update | Dr. Shepherd – Put out bulletin to update illness and treatment. No plan for broad testing or vaccinating. Steve – Hospitalization is still holding. Likely to see a surge during flu season. Asking providers to have masks and limit EMS exposure to hospital staff. EMS must wear masks into hospital. | | |
| V. New Business | | | |
| A. 2023 PSC Meeting Schedule | Room available starting January 12th. | | Motion: Seconded: Passed: unanimous |
| B. 604 Transport Destination Guidelines | | Approved with changes. | Motion: Dr. Tilles Seconded: Kyle Blum Passed: unanimous |
| C. 705.17 Nerve Agent Organophosphate | | Approved with changes. Atropine is added under ALS as a back-up if Mark 1 or DuoDote is not available. | Motion: Joey Williams Seconded: Joe Dullam Passed: unanimous |
| D. 723 Continuous Positive Airway Pressure (CPAP) | Removed 8yo age limit. Add child size mask for CPAP to Policy 504. Dr. Shepherd - Refer to respiratory “distress” instead of “failure”. Add capnography non-invasion ventilation replaces CPAP. | Approved with changes. | Motion: Dr. Gillette Seconded: Dr. Larson Passed: unanimous |
| E. 735 Push Dose Epinephrine | Adding “Sepsis Alert” under indications and adding blanket statement to treat | Approved with changes. | Motion: Ira Seconded: John G |

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| | patients with unknown shock etiology that are not hemorrhaging | | Passed: unanimous |
| F. 1100 EMT Program Approval | <p>Rosa – EMT regulations changes, over the past year along with local program audit, reorganized policy. Much of the red highlighted was reorganized. RTF or tactical casualty exercise/drill has to be done at the practical level in person. Tourniquet, chest seals, etc. Provide hyperlink to refer to updated skills instead of keep changing the regulations. There's going to be a 75% on first, 80% pass rate on three attempts NREMT for three-year average for programs to get the standard up. Some programs are below the average for the state. Does not mean the program will be shut down, it's to raise the standard for the programs to improve overall rates. For programs that don't make that mark will have an improvement plan. Rosa can do a report out on EMT programs in future PSC meetings.</p> | Approved with changes. | <p>Motion: Kristin Shorts Seconded: Karen Beatty Passed: unanimous</p> |
| VI. Old Business | | | |
| A. Other | None reported. | | |
| VII. Informational | | | |
| A. 440 Code STEMI Interfacility Transfer | No changes. | Approved at STEMI. | |
| B. 450 ASC Designation | No changes. | Approved at Stroke. | |
| C. 451 Stroke Triage and Destination | No changes. | Approved at Stroke. | |
| D. 460 IFT Emergency Dept. Stroke Patients | Minor change to language. | Approved at Stroke. | |
| E. 715 Needle Thoracostomy | Added criteria signs of hypo-perfusion and systolic lower than 90. Currently live as July 1, 2022 with changes. | Approved at TORC. | |
| F. 717 Intraosseous Infusion | Took out preferred site, humerus or tibia IO. Policy reorganized for clearer understanding of procedure. | Approved at TORC. | |
| G. 1400 Trauma Care System General Provisions | No changes. | Approved at TORC. | |

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| H. 1401 Trauma Center Designation | No changes. | Approved at TORC. | |
| I. 1404 Guidelines for IFT of Patients to a Trauma Center | Cleaned up and made it more user friendly. No content was changed. | Approved at TORC. | |
| VIII. Policies for review | | | |
| A. 500 VCEMS Provider Agencies | Took out Lifeline and Santa Paula Fire Department. | Approved | Motion: Kyle Blum Seconded: Dr. Canby Passed: unanimous |
| B. 501 ALS Provider Criteria | No Changes | Approved. | Motion: Kyle Blum Seconded: Dr. Gillette Passed: unanimous |
| C. 502 Advanced Life Support Service Provider Approval Process | No changes. | Approved | Motion: Kyle Blum Seconded: Dr. Sykes Passed: unanimous |
| D. 506 Paramedic Support Vehicle | No changes. | Approved. | Motion: Kyle Blum Seconded: Dr. Sykes Passed: unanimous |
| E. 508 FR ALS Units | Removed PALS, PEPP, ENPC under certifications required and added Handtevy as a required provider course. | Approved. | Motion: Kyle Blum Seconded: Dr. Sykes Passed: unanimous |
| F. 703 Medical Control at Scene Private Physician – Physician on Scene | No changes. | Approved. | Motion: Dr. Tilles Seconded: Dr. Canby Passed: unanimous |
| G. 803 EMT AED Service Provider Program Standards | Randy - Minor changes to grammar and regulation references, required providers to provide required regulations, created a form to easily submit information in January. | Approved. | Motion: Kyle Blum Seconded: Jaime Villa Passed: unanimous |
| H. 1102 EMR Program Approval Checklist | No changes. | Approved. | Motion: Kyle Blum Seconded: Jaime Villa Passed: unanimous |
| I. 1102 EMR Program Approval | No changes. | Approved. | Motion: Kyle Blum Seconded: Jaime Villa Passed: unanimous |
| IX. Agency Reports | | | |
| A. Fire departments | VCFPD – Nothing to report. VCFD - Erica is back and welcome Mark Martinez as a new EMS Coordinator starting 09/19. | | |

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| | <p>VFD –Thank you for all the kind words over the past two weeks. Service tomorrow at 1000 for Matthew Clapsaddle.</p> <p>OFD – none</p> <p>Fed. Fire – none</p> <p>FFD – none</p> | | |
| B. Transport Providers | <p>AMR/GCA/LMT – Announcing Mark Martinez is leaving. Congrats to Mark!</p> <p>AIR RESCUE – none</p> | | |
| C. Base Hospitals | <p>AHSV – none</p> <p>LRRMC – none</p> <p>SJRMC – none</p> <p>VCMC – Helipad construction until the end of February 2023, may be sending out notices for alternative locations.</p> | | |
| D. Receiving Hospitals | <p>PVH – none</p> <p>SPH – none</p> <p>CMH / OVCH – none</p> | | |
| E. Law Enforcement | <p>VCSO –none</p> <p>CSUCI PD – none</p> <p>Parks – none</p> | | |
| F. ALS Education Programs | <p>Ventura College – Two new cohorts starting in August. Everyone from the paramedic wait list got in. Graduation on 11/04 @ 1500.</p> <p>Two new instructors, one full time, one part time.</p> | | |
| G. EMS Agency | <p>Dr. Shepherd – Two projects I-gel BLS is allowed for adults, peds ALS. Capnography Pulsera to work with individual facilities, CMH is the furthest along. Simi already has pilot going.</p> <p>Andrew – moved forward with new MLS system for education through prodigy. Able to host our own content and access to all Prodigy. List of current staff from agencies to put users in there.</p> <p>Steve – Another ambulance provider is interested. July went to the board to put RFP for future ambulance contracts. Looking to hire a consultant to help with RFP in the future.</p> <p>All Town Ambulance has gotten preliminary approval for BLS transport. The final approval will be by the Board of Supervisors.</p> <p>Karen – remind fall prevention symposium next week, Friday live panel. BOS to issue proclamation for Fall Prevention Program on 9/20/2022.</p> | | |
| H. Other | | | |
| X. Close | Meeting adjourned at 10:59 | | Motion: Kyle Blum |

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| | | Seconded: Dr. Sykes Passed: unanimous |
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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Safety Event Review | | Policy Number 121 | |
| APPROVED: Administration: Steven L. Carroll, Paramedic | | Date: DRAFT | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: DRAFT | |
| Origination Date: October 13, 2022 | | Effective Date: December 1, 2022 | |
| Date Revised: | | Effective Date: December 1, 2022 | |
| Date Last Reviewed: | | NEW Policy to replace 150 & 151 | |
| Review Date: October 31, 2023 | | | |

- I. PURPOSE: To facilitate open and proactive identification, communication, and prevention, of circumstances which may risk the safety of patient(s), provider(s), or communities.

- II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204 and 1798. California Code of Regulations, Title 22, Section 100167, 100168, 100169, 100402, 100403 and 100404.

- III. DEFINITIONS:

Reportable Safety Event: Any circumstance, error, event, or practice, which causes an actual or potential risk to the safety of provider(s), patient(s), or the community. Safety events may occur at any phase of an EMS response, while providing clinical care, or during routine EMS system operations outside of a response. Safety events include but are not limited to incorrect medication or dose administered, intentional or unintentional deviation from protocol or clinical care standards, vehicle accidents involving EMS system resources or responses, and events which may delay the prompt response and navigation to an EMS incident. Safety events are not limited to risks that have already occurred and include any practices which may increase the likelihood of an actual risk to safety occurring in the future.

- IV. POLICY:

Safety events will be reported and reviewed in accordance with the following procedures. VCEMS will be the coordinating agency for these reports.

V. PROCEDURE:

A. Reporting

1. Reporting of safety events is encouraged and valuable to the continuous improvement of safe system practices, provider experience, and clinical quality, regardless of size, complexity, or outcomes
2. Safety events will be reported directly by the provider(s) who identified the risk or were directly engaged in the event. When a safety event is identified after the fact through base hospital or provider agency CQI programs, the safety event may be submitted by a responder agency or base hospital representative.
3. Reportable Safety Events will be reported to VCEMS utilizing the online tool provided.
4. Events involving actual/potential harm to patients will be reported immediately. All other events will be reported within 24 hours of event occurrence or subsequent identification.
5. Agencies are encouraged to report any minor unexpected occurrence. This would include minor mechanical issues, equipment failures, misinterpretation of policy, etc. While seemingly innocuous, these events provide important insight into the broader EMS system and the various components included in the EMS framework.
6. In the event the online reporting tool is not functioning, or the incident is deemed severe enough to warrant immediate review or communication, the reporting party should request that the EMS Agency Duty Officer be notified through the Ventura County Fire Regional Dispatch Center.

B. Event Review:

1. Following notification of a Reportable Safety Event, VCEMS will review and either retain the case, or assign it to an appropriate entity for review.
2. VCEMS retains the authority to become the primary reviewer of any Reportable Safety Event.

3. If assigned to an agency outside of VCEMS, the reviewing agency will be responsible for collecting all required information as identified by VCEMS, and for completing an initial plan for review.
4. When documents containing protected health information are being transmitted by written or electronic mail, they must be marked "CONFIDENTIAL". Any materials sent via electronic mail shall be done so using encrypted/secured method
5. VCEMS will work with the reviewing agency to determine an appropriate timeline related to submission of required information and the initial plan of action.

C. Follow Up

1. Reportable Safety Event submissions, review status, and review dispositions, will be monitored by VCEMS and communicated to the involved parties as appropriate.
2. Reportable Safety events will be tracked and analyzed by VCEMS for QA/QI purposes.



Safety Event Review Form

Use Link:

-OR-

Scan QR Code

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Unusual Occurrence Reportable Events/Sentinel Event | | Policy Number 150 | |
| APPROVED: Administration: Steven L. Carroll, EMT-P | | Date: December 1, 2013 | |
| APPROVED: Medical Director: Angelo Salvucci, M.D. | | Date: December 1, 2013 | |
| Origination Date: June, 1990 | | Effective Date: RETIRE | |
| Date Revised: July 11, 2013 | | | |
| Date Last Reviewed: August 11, 2016 | | | |
| Review Date: July, 2019 | | | |

- I. PURPOSE: To define Unusual Occurrences and differentiate reportable events from Sentinel Events. To give direction for investigating and reporting occurrences. To define the role of VCEMS in relation to these events.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204 and 1798. California Code of Regulations, Title 22, Section 100167, 100168, 100169, 100402, 100403 and 100404.
- III. DEFINITIONS:
 - A. Unusual Occurrence: Any event or occurrence deemed to have impact or potential impact on patient care, and/or any practices felt to be outside the norm of acceptable patient care, as defined by the Ventura County EMS (VCEMS) Policies & Procedures manual. Unusual occurrences also cover events outside the “normal” flow of operations surrounding dispatch, response, rescue and disposition of all ALS and BLS calls. Unusual occurrences may or may not have life threatening impacts.
 1. Sentinel Event: The Joint Commission defines Sentinel Events as “...an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.” The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. An Unusual Occurrence is considered a Sentinel Event if it could reasonably be considered to be the direct cause of a death or serious injury. Sentinel Events warrant immediate investigation, and reporting to VCEMS.
 2. Reportable Event: A reportable event is an unexpected occurrence during the dispatch, rescue, care and transportation of a victim requiring emergency medical care that *is not the direct cause of* serious physical, psychological injury, or the risk thereof,

but does require investigation for the purposes of quality improvement.

IV. POLICY: Unusual Occurrences will be reported, investigated, and followed up according to the following procedures. VCEMS will participate in the review, tracking and resolution of all Unusual Occurrences.

V. PROCEDURE:

A. Reporting

1. The discovering party will report the event to VCEMS by fax, phone or e-mail. Sentinel Events shall be reported immediately. Reportable Events shall be reported within 24 hours.
2. If the event occurs after business hours, or on the weekends, reporting will be to VCEMS Duty Officer through Ventura County Fire Communications Center (805-388-4279). Information can also be sent via email to emsagencydutyofficer@ventura.org. If fax or email is used, and protected health information is being transmitted, place "CONFIDENTIAL" in the subject section.

B. Investigation:

1. Following notification of an Unusual Occurrence, VCEMS will assign the case to an appropriate entity for investigation. VCEMS will notify all parties when and to whom the case has been assigned.
2. When documents containing protected health information are being transmitted by written or electronic mail, they must be marked "CONFIDENTIAL".
3. VCEMS retains the authority to become the primary Investigator of any Sentinel or Reportable Event.
4. The investigating party will be responsible for completing the process by collecting all required elements described in this policy and formulating an initial Plan of Action.
5. The following are **required elements** in investigating sentinel events and must be submitted to VCEMS:
 - a. Policies
 - b. Written statement by involved personnel
 - c. Pre-Hospital Care Record

- d. Patient Care Record-ED if applicable
 - e. CAD sheets if applicable
 - f. VCEMS Unusual Occurrence Form
 - g. Patient Care Records (VCePCR and ED)
 - h. Rhythm Strips when applicable
 - i. Diversion status print out (Reddinet) if applicable
6. Complete report of the investigation will be submitted to VCEMS within **5 working days**.
 7. If the investigating party is unable to comply with this time frame, VCEMS will be notified and every reasonable attempt will be made to adjust this requirement according to VCEMS, hospital and provider needs.
 8. Upon completion, the report will be submitted to VCEMS, where a final conclusion and or recommendation will be made on the case.

C. Follow Up

1. PROVIDER AGENCY: Agencies will track all Sentinel events and Reportable Events for the purpose of quality assurance. If there has been no recurrence, tracking may end after a two year period. When follow-up reevaluation is part of the plan of action, an updated report will be forwarded to VCEMS.
2. VCEMS
 - a. The Quality Improvement Coordinator will be responsible for receiving Unusual Occurrence investigations and assuring they are complete.
 - b. All Unusual Occurrences will be reviewed by the EMS Deputy Administrator, EMS Medical Director and the CQI Coordinator
 - c. Unusual Occurrences will be tracked and analyzed for quality improvement purposes
 - d. The EMS Medical Director will issue a recommendation including, but not limited to, disciplinary action when indicated.
 - e. Once the event is reviewed by VCEMS, a letter of acknowledgement, conclusion, and/or recommendation will

be sent to all involved agencies and the case will be tracked for a period of two years. If no further incidence, the case will be considered closed.

f. Education

All prospective investigating personnel from provider agencies and base hospitals will attend and complete a mandatory education seminar provided by VCEMS on Unusual Occurrence Investigation and Reporting.



VENTURA COUNTY EMS AGENCY UNUSUAL OCCURRENCE Reporting Form

| Person Reporting | Agency | Date of Report | Date to EMS |
|------------------|--------|----------------|-------------|
| | | | |

| | | |
|----------------|------------------|---------------------|
| Date of Event: | Fire Incident #: | PCR: |
| Time of Event: | Dispatch #: | Person Reported To: |

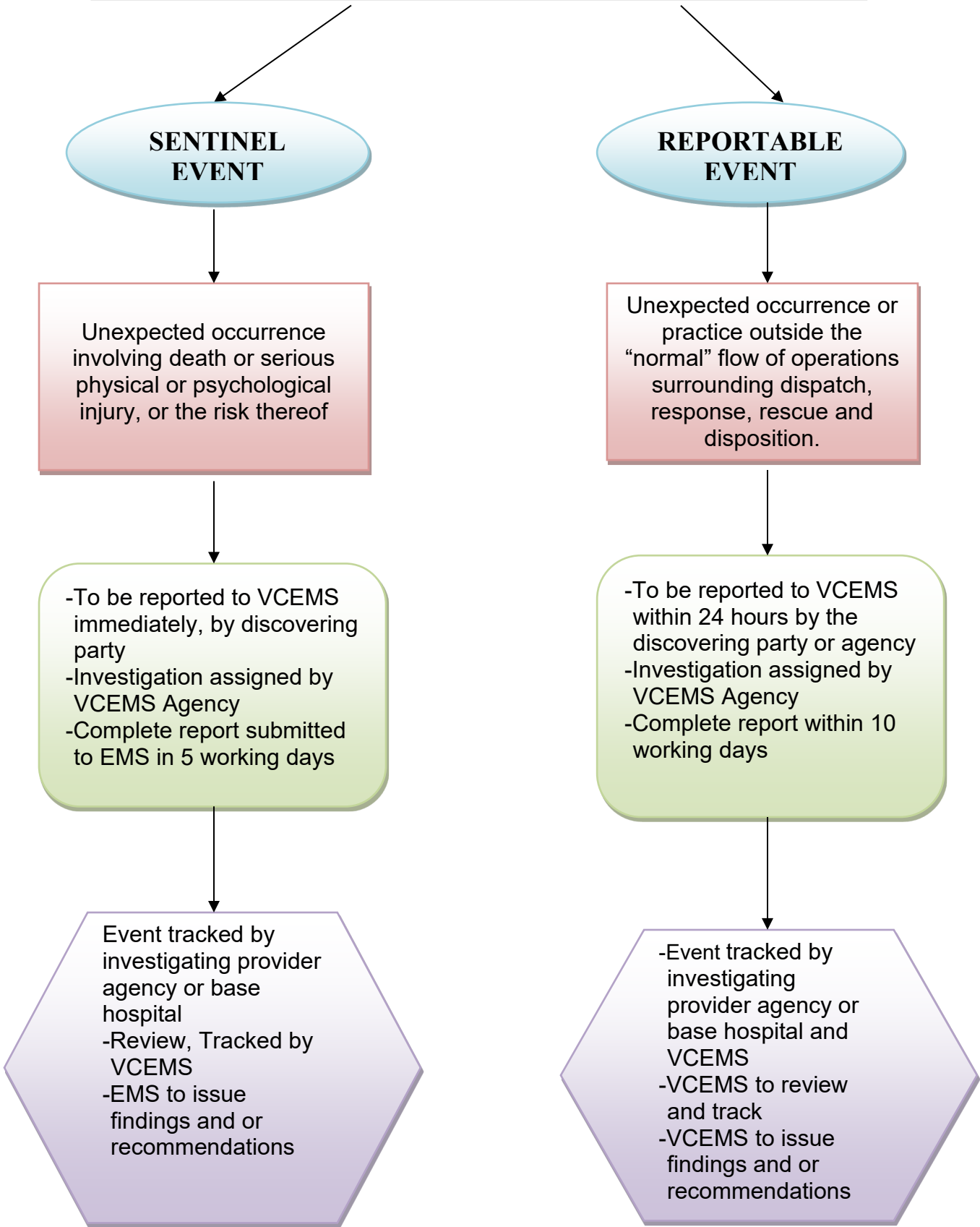
| Personnel Involved | Agency |
|--------------------|--------|
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| Description of Unusual Occurrence |
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| Identified Issues |
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Please email report to the VC EMS Agency Duty Officer emsagencydutyofficer@ventura.org
 Or Fax to VC EMS Agency (805)981-5300 Attn: EMS Agency Duty Officer

UNUSUAL OCCURRENCE



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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Medication Error Reporting | | Policy Number 151 | |
| APPROVED: Administration: Steven L. Carroll, Paramedic | | Date: December 1, 2018 | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: December 1, 2018 | |
| Origination Date: November 1, 2003 | | RETIRE | |
| Date Last Reviewed: September 13, 2018 | | | |
| Date Revised: September 13, 2018 | | | |
| Review Date: September 30, 2021 | | | |

- I. PURPOSE: To provide a mechanism for prehospital care providers to report medication errors. The information obtained may be used for education and continuous quality improvement to promote a medication error-free environment.
- II. AUTHORITY: Health and Safety Code 1797.220
- III. POLICY: Medication Errors are reported to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer in accordance with the following procedure. Persons reporting the error are immune from any disciplinary action by VC EMS Agency under the following conditions:
 - A. The event was unintentional
 - B. There were no major adverse outcomes
 - C. The law has not been broken
 - D. An action plan is developed and carried out
- IV. DEFINITIONS: Medication Errors include:
 - A. Wrong dosage
 - B. Variation from VC EMS 705 Policies
 - C. Calculation error
 - D. Exceeding maximum dose
 - E. Wrong route
 - F. Wrong medication
 - G. Medication omitted
 - H. Incorrect time
 - I. Wrong person
- V. STATEMENT: If a medication error is made whether or not it resulted in an adverse patient outcome, it is an Unusual Occurrence and must be reported as such per Policy 150.

- VI. PROCEDURE:
- A. Upon discovering a medication error, immediately notify treating physician.
 - B. Discovering party will complete Medication Error Reporting Form and submit it to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer through Ventura County Fire Communications Center (805-388-4279). Information can also be sent via email to emsagencydutyofficer@ventura.org.
 - C. The VC EMS Agency will be notified per VC EMS Policy 150: Unusual Occurrences.
 - D. The appropriate PCC will conduct and complete the investigation within 10 working days after being assigned the case by VC EMS Agency and shall submit a report and action plan to VC EMS Agency where it will be evaluated and tracked.
- VII. IMMUNITY: VC EMS will grant immunity from disciplinary action to personnel who report medication errors within the guidelines of this policy *and* if there is no adverse patient outcome, no criminal intent and the event was unintentional. No immunity will be granted in cases where knowledge of a medication error is intentionally omitted or not reported. If a person is unaware that they have committed a medication error until notification by VC EMS, they are still eligible for immunity as long as it is found that they did not intentionally withhold reporting.

ATTACHMENT: Medication Error Reporting

VENTURA COUNTY EMS AGENCY Medication Error Reporting Form



| Person Reporting | Agency | Date of Report | Date to EMS |
|------------------|--------|----------------|-------------|
| | | | |

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|----------------|----------------------|
| Date of Event: | Fire Incident #: |
| Time of Event: | Person Reporting To: |

| AGENCY/IES INVOLVED: | Personnel Involved: |
|--|---|
| <input type="checkbox"/> AMR <input type="checkbox"/> FLM <input type="checkbox"/> GCA <input type="checkbox"/> LMT <input type="checkbox"/> VEN <input type="checkbox"/> VNC <input type="checkbox"/> VCSAR <input type="checkbox"/> SVH <input type="checkbox"/> LRRMC <input type="checkbox"/> SJRMC <input type="checkbox"/> VCMC | <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> |

Medication Name(s):

| TYPE OF ERROR: | |
|---|--|
| <input type="checkbox"/> WRONG DOSAGE <input type="checkbox"/> VARIATION FROM 705 POLICIES <input type="checkbox"/> CALCULATON ERROR <input type="checkbox"/> EXCEEDING MAX DOSE | <input type="checkbox"/> WRONG ROUTE <input type="checkbox"/> WRONG MEDICATION <input type="checkbox"/> MEDICATION OMMITED <input type="checkbox"/> INCORRECT TIME <input type="checkbox"/> WRONG PERSON |

EXPLANATION: (include any patient signs/symptoms/outcomes)

Please email report to the VC EMS Agency Duty Officer emsagencydutyofficer@ventura.org
Or Fax to VC EMS Agency (805)981-5300 Attn: EMS Agency Duty Officer

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| COUNTY OF VENTURA | | EMERGENCY MEDICAL SERVICES | |
| HEALTH CARE AGENCY <u> </u> DRAFT | | POLICIES AND PROCEDURES | |
| Policy Title: Emergency Medical Technician Renewal | | Policy Number 302 | |
| APPROVED: EMS Administrator: Steven L. Carroll, Paramedic | | Date: December 1, 2022 July 13, 2017 | |
| APPROVED: Medical Director: Daniel Shepherd, MD | | Date: December 1, 2022 July 13, 2017 | |
| Origination Date: June 1, 1984 | | | |
| Date Revised: October 13, 2022 July 13, 2017 | | | |
| Date Last Reviewed: October 13, 2022 July 13, 2017 | | Effective Date: December 1, 2022 July 13, 2017 | |
| Review Date: October 31, 2025 July, 2020 | | | |

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- I. PURPOSE: To identify the procedure for recertification of the Emergency Medical Technician.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220, 1798. California Code of Regulations (CCR), Sections 100080 and 100081.
- III. POLICY: ~~In order to~~To maintain certification, an EMT shall participate in either continuing education courses or complete a refresher course approved by the Agency. Approved continuing education courses shall be accepted statewide.
 - A. ~~In order to~~To renew certification, an EMT shall:
 - 1. Possess a current EMT Certification issued in California.
 - 2. Meet one of the following continuing education requirements:
 - a. Successfully complete a twenty-four (24) hours refresher course from an approved EMT training program within the 24 months prior to applying for renewal, or
 - b. Obtain at least twenty-four (24) hours of continuing education (CE), within the 24 months prior to applying for renewal, from an approved CE provider program, as defined in VCEMS 1130 – Continuing Education Provider Program Approval.
 - 3. Complete the Ventura County EMS (VCEMS) Personnel Application. VCEMS must be notified within 30 days of any change in personal contact information.
 - 4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code),

5. A new applicant to VCEMS, or an applicant whose certification has lapsed, must complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit the second copy of the "Request for Live Scan Services" form along with EMS application for certification as proof the service has been completed.
 6. Have successfully completed [both cognitive and skills testing from](#) a Professional Rescuer or Healthcare Provider level CPR course, which is consistent with the current American Heart Association Guidelines for CPR and ECC, within the previous two years,
 7. Provide a [current](#) government issued form of identification,
 8. Pay the established fee.
 9. Submit a completed skills competency verification form, EMSA-SCV (01/17). Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by a VCEMS approved CE, EMT, Paramedic training program, or an approved VC EMS provider agency. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.
 - a. Starting July 1, 2019 an EMT renewing his or her certification for the first time shall submit documentation of successful completion of the training outlined in Section 100080(a)(B)(6)(A-C) of the California Code of Regulations [which includes training in the administration of naloxone, epinephrine, the use of finger stick blood glucose testing by a glucometer, and 4 hours of Tactical Casualty Care \(TCC\) Principals](#) by an approved EMT training program or approved CE provider program.
- B. The individual will be issued a wallet size certificate card after renewal requirements are completed.
- C. If the EMT renewal requirements are met within six (6) months prior to the expiration date, VCEMS shall make the effective date of recertification the date immediately following the expiration date of the current certificate. The certificate will expire two (2) years from the day prior to the effective date.
- D. If the EMT renewal requirements are met greater than six (6) months prior to the expiration date, VCEMS shall make the effective date of renewal the date the certificate

was issued. The certification expiration date will be the last day of the month two (2) years from the effective date.

- E. A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from ~~active-duty~~active-duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the requirements outlined in Section III. A 2-10 of this policy. ~~In order to~~To qualify for this exception, the individual shall
1. Submit proof of their membership in the Armed Forces of the United States, and
 2. Submit documentation of their deployment starting and ending dates.
 3. Continuing education shall be in any of the topics contained in the current National Standard Curricula for training EMS personnel.
 4. The continuing education documentation shall include verification from the individual's Commanding Officer attesting to the training attended.
- F. Reinstatement of an Expired California EMT Certificate.
1. The following requirements apply to individuals who wish to be eligible for reinstatement after their California EMT Certificates have expired:
 - a. For a lapse of less than six (6) months, the individual shall complete the requirements outlined in Section III.A 2-10 of this policy.
 - b. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall:
 1. Complete the requirements outlined in Section III.A 2-10 of this policy,
 2. Complete an additional twelve (12) hours of continuing education.
 - c. For a lapse of twelve (12) months or more, the individual shall:
 1. Complete the requirements outlined in Section III.A 2-10 of this policy,
 2. Complete an additional twenty-four (24) hours of continuing education, and
 3. Pass the NREMT cognitive and psychomotor skills certification exams within two (2) years of the date of application for EMT reinstatement, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.


TOTAL HOURS

I certify that I have completed all the hours and courses identified above. I further understand that no less than 10% of submitted C.E will be audited by the Ventura County EMS Agency. I further understand that if audited, I will be required to submit proof of all courses listed above.

Signature: _____ Date: _____

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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: SCENE CONTROL AT A MEDICAL EMERGENCY | | Policy Number 600 | |
| APPROVED: Administration:  Steven L Carroll, Paramedic | | Date: December 1, 20 22 <u>19</u> | |
| APPROVED: Medical Director: Daniel Shepherd, MD | | Date: December 1, 20 22 <u>19</u> | |
| Origination Date: January 1985 | | Effective Date: <u> </u> —December 1, 20 22 <u>19</u> | |
| Date Revised: June 11, 2015 | | | |
| Date Reviewed: <u>October 13, 2022</u> May 9, 2019 | | | |
| Review Date: <u>October 31, 2024</u> May 31, 2022 | | | |

- I. PURPOSE: To establish authority for scene control at a medical emergency.
- II. AUTHORITY: California Health and Safety Code, Section 1797.6(c)
- III. POLICY:
 - A. Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority.
 - B. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health.
 - C. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

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| COUNTY OF VENTURA <u>DRAFT</u> | | EMERGENCY MEDICAL SERVICES | |
| HEALTH CARE AGENCY | | POLICIES AND PROCEDURES | |
| Policy Title: Interfacility Transfer of Patients | | Policy Number 605 | |
| APPROVED: Administration: Steven L. Carroll, Paramedic | | Date: December 1, 202 20 ²⁹ | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: December 1, 202 20 ²⁹ | |
| Origination Date: July 26, 1991 | | Effective Date: December 1, 202 20 ²⁹ | |
| Date Revised: October 1 35 ³⁵ , 202 20 ²⁹ | | | |
| Date Last Reviewed: October 1 35 ³⁵ , 202 20 ²⁹ | | | |
| Next Review Date: October 31, 202 42 ⁴² | | | |

- I. PURPOSE: To define levels of interfacility transfer and to assure that patients requiring interfacility transfer are accompanied by personnel capable and authorized to provide care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.218, 1797.220, and 1798.
- III. POLICY: A patient shall be transferred according to his/her medical condition and accompanied by EMS personnel whose training meets the medical needs of the patient during interfacility transfer. The transferring physician shall be responsible for determining the medical need for transfer and for arranging the transfer. The patient shall not be transferred to another facility until the receiving hospital and physician consent to accept the patient. The transferring physician retains responsibility for the patient until care is assumed at the receiving hospital.
If a patient requires care during an interfacility transfer which is beyond the scope of practice of an EMT or paramedic or requires specialized equipment for which an EMT or paramedic is untrained or unauthorized to operate, and it is medically necessary to transfer the patient, a registered nurse or physician shall accompany the patient. If a registered nurse accompanies the patient, appropriate orders for care during the transfer shall be written by the transferring physician.
- IV. TRANSFER RESPONSIBILITIES
 - A. All Hospitals shall:
 1. Establish their own written transfer policy clearly defining administrative and professional responsibilities.
 2. Have written transfer agreements with hospitals with specialty services, and county hospitals.
 - B. Transferring Hospital
 1. Maintains responsibility for patient until patient care is assumed at receiving facility.
 2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

- C. Transferring Physician
 - 1. Maintains responsibility for patient until patient care is assumed at receiving facility.
 - 2. Determines level of medical assistance to be provided for the patient during transfer.
 - 3. Receives confirmation from the receiving physician and receiving hospital that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer.
- D. Receiving Physician
 - 1. Makes suitable arrangements for the care of the patient at the receiving hospital.
 - 2. Determines and confirms that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer, in conjunction with the transferring physician.
- E. Transportation Provider
 - 1. The patient being transferred must be provided with appropriate medical care, including qualified personnel and appropriate equipment, throughout the transfer process. The personnel and equipment provided by the transporting agency shall comply with local EMS agency protocols.
 - 2. Interfacility transport within the jurisdiction of VC EMS shall be performed by an ALS or BLS ambulance.
 - a. BLS transfers shall be done in accordance with EMT Scope of Practice per Policy 300
 - b. ALS transfers shall be done in accordance with Paramedic Scope of Practice per Policy 310

IV. PROCEDURE:

- A. Non-~~Immediate~~~~Emergency~~ Transfers:
Non-~~immediate~~~~emergency~~ transfers shall be transported in a manner which allows the provider to comply with response time requirements.
- B. ~~Immediate Time Sensitive~~ ~~Emergency~~ Transfers:
~~Immediate time sensitive~~ ~~Emergency~~ transfers require documentation by the transferring hospital that the condition of the patient medically necessitates emergency transfer. Provider agency dispatchers shall confirm that this need exists when transferring hospital personnel make the request for the transfer.

C. **Specialty Care Transfers:**

1. Trauma Call Continuation, Emergent, or Urgent trauma transfers, refer to VCEMS Policy 1404.
2. For Stroke transfers, refer to VCEMS Policy 460.
3. For STEMI transfers, refer to VCEMS Policy 440.

DG. **Non-Immediate Interfacility Transfers:**

Transferring process (For a patient who needs a non-immediate transfer who does not meet the Stroke, ELVO, Trauma or STEMI criteria). Example: Patient who is scheduled for a procedure or surgery at a later time. Patient who is a direct admit to the floor and is not having an emergent/urgent procedure. Call your provider and state you need a BLS, ALS or CCT “**non immediate interfacility transfer**” using the chart below.

E. **Immediate Time Sensitive Transfers:**

Transferring process (For a patient who needs a **time sensitive treatment or procedure** and does not fall in the Specialty Care category above. Example: Patient with a GI bleed, complicated pregnancy, emergent/urgent surgery. Call FCC at 805-384-1500 and state you need an “**ambulance only**” for an “**immediate time sensitive transfer**”.

1. 1.——The transferring physician will determine the patient’s resource requirements and request an inter-facility ALS, or BLS, or CCT transfer unit using the following guidelines:
2. If hospital is sending their own RN, then an ALS request is acceptable.

| | (BLS) | (ALS) | (CCT) |
|--|------------|------------------|-----------------|
| <u>Patient Condition/Treatment</u> | <u>EMT</u> | <u>Paramedic</u> | <u>RN/RT/MD</u> |
| a. <u>Vital signs stable</u> | <u>X</u> | | |
| b. <u>Oxygen by mask or cannula</u> | <u>X</u> | | |
| c. <u>Peripheral IV glucose or isotonic balanced salt solutions running</u> | <u>X</u> | | |
| d. <u>Continuous respiratory assistance needed (paramedic scope management)</u> | | <u>X</u> | |
| e. <u>Peripheral IV medications running or anticipated (paramedic scope)</u> | | <u>X</u> | |
| f. <u>Paramedic level interventions</u> | | <u>X</u> | |
| g. <u>Central IV line in place</u> | | <u>X</u> | |
| h. <u>Respiratory assistance needed (outside paramedic scope of practice)</u> | | | <u>X</u> |
| i. <u>IV Medications (outside paramedic scope of practice)</u> | | | <u>X</u> |
| j. <u>PA line in place</u> | | | <u>X</u> |
| k. <u>Arterial line in place</u> | | | <u>X</u> |
| l. <u>Temporary pacemaker in place</u> | | | <u>X</u> |
| m. <u>ICP line in place</u> | | | <u>X</u> |
| n. <u>IABP in place</u> | | | <u>X</u> |
| o. <u>Chest tube</u> | | <u>X</u> | |
| p. <u>IV Pump</u> | | <u>X</u> | |
| q. <u>Standing Orders Written by Transferring Facility MD</u> | | | <u>X</u> |
| r. <u>Medical interventions planned or anticipated (outside paramedic scope of practice)</u> | | | <u>X</u> |

2. The transferring hospital advises the provider of the following:
 - a. Patient's name
 - b. Diagnosis/level of acuity
 - c. Destination
 - d. Transfer date and time
 - e. Unit/Department transferring the patient
 - f. Special equipment with patient
 - g. Hospital personnel attending patient
 - h. Patient medications

3. The transferring physician and nurse will complete documentation of the medical record. All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.

4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).
5. The Transferring Facility will provide:
 - a. A verbal report appropriate for patient condition
 - b. Review of written orders, including DNAR status.
 - c. A completed transfer form from Transferring Facility.

V. COMMUNICATION

A. For patients with time sensitive conditions requiring transfer for emergency evaluation and/or treatment (i.e. STEMI, Stroke, Trauma, etc.) the ambulance personnel will contact the receiving facility advising of ETA and any change in patient condition. The intent is to provide the receiving facility with information for appropriate resources to be initiated.

VI. DOCUMENTATION

~~A.~~ ~~A.~~ Documentation of Care for Interfacility transfers will be done in accordance to Policy 1000.

~~A.B.~~ [Hospital documentation for Trauma Transfers refer to VCEMS Policy 1404.](#)

| | | | |
|---|--|---|--|
| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Notification of Exposure to a Communicable Disease | | Policy Number 612 | |
| APPROVED: Administration: Steven L. Carroll, Paramedic | | Date: <u>DRAFT</u> | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: <u>DRAFT</u> | |
| Origination Date: April 27, 1990 | | Effective Date: <u>DRAFT</u> | |
| Date Revised: <u>October 13, 2022</u> | | | |
| Date Last Reviewed: <u>October 13, 2022</u> | | | |
| Review Date: <u>October 31, 2025</u> | | | |

I. PURPOSE:

To provide a protocol for communication between health facility and prehospital providers in the event an emergency responder has been exposed to bloodborne pathogens, aerosol transmissible pathogens or other reportable or communicable diseases or illnesses

II. AUTHORITY:

- Health and Safety Code, Division 2.5, Section 1797.188
- CA Code of Regulations, Title 17, Section 2500
- Public Health and Safety Act, Title 26, Section 1793
- CA CFR 1910.1030
- CCR, Title 8, Section 5199, Aerosol Transmissible Diseases
- CCR, Title 8, Section 5193, Bloodborne Pathogens

III. DEFINITIONS:

- A. Aerosol Transmissible Exposure Incident – an event in which all of the following have occurred:
1. An employee who has been exposed to an individual who is a case or suspected case of a reportable ATD,
 2. The exposure occurred without the benefit of applicable exposure controls
 3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation
- B. Bloodborne Exposure Incident – a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral (needle-stick) contact with blood or other potentially infectious materials that result from the performance of an employee’s duties
- C. Communicable Disease - an illness due to a specific infectious agent which arises through transmission of that agent from an infected person, animal or objects to a susceptible host, either directly or indirectly

- D. Contact Exposure – coming in touch with an object or surface that has been contaminated with a communicable disease
- E. Designated Officer (DO) – an official, or their designee, designated to evaluate and respond to possible infectious disease exposures of their employees
- F. Emergency Responder - paramedic, EMT, firefighter, peace officer, lifeguard and other public safety personnel
- G. Health Care Facility – any hospital which provides emergency medical care and which receives patients following care by emergency responders
- H. Infection Preventionist (IP) – a person, often an RN, who is assigned responsibility for surveillance and infection prevention, education and control activities
- I. OPIM – other potentially infectious material such as amniotic fluid, semen, vaginal secretions, CSF, synovial fluid, peritoneal fluid
- K. Reportable Disease – an infectious disease required to be reported to the Ventura County Communicable Disease Division pursuant to CCR, Title 17, Section 2500

IV. POLICY:

It shall be the policy of all emergency responders to wear appropriate personal protective equipment during patient care

It shall be the policy of the Emergency Medical Services Agency to insure that emergency responders are notified if they have been exposed to a reportable or communicable disease or illness in a manner which could transmit the disease. This notification shall follow the procedures outlined below. The name of the patient infected with the communicable disease will be not released during this notification process.

In the event the patient dies and the county medical examiner determines the presence of a communicable disease, they will notify the County EMS Agency Duty Officer. The Duty Officer will determine which, if any, emergency responders were involved and will notify the Designated Officer at those departments.

V. PROCEDURE:

- A. Field Exposure to Blood or Other Potentially Infectious Material (OPIM) or airborne transmissible disease

When an emergency responder has a **known or suspected** bloodborne, airborne transmissible disease or infectious disease exposure the following procedure shall be initiated (Appendix B):

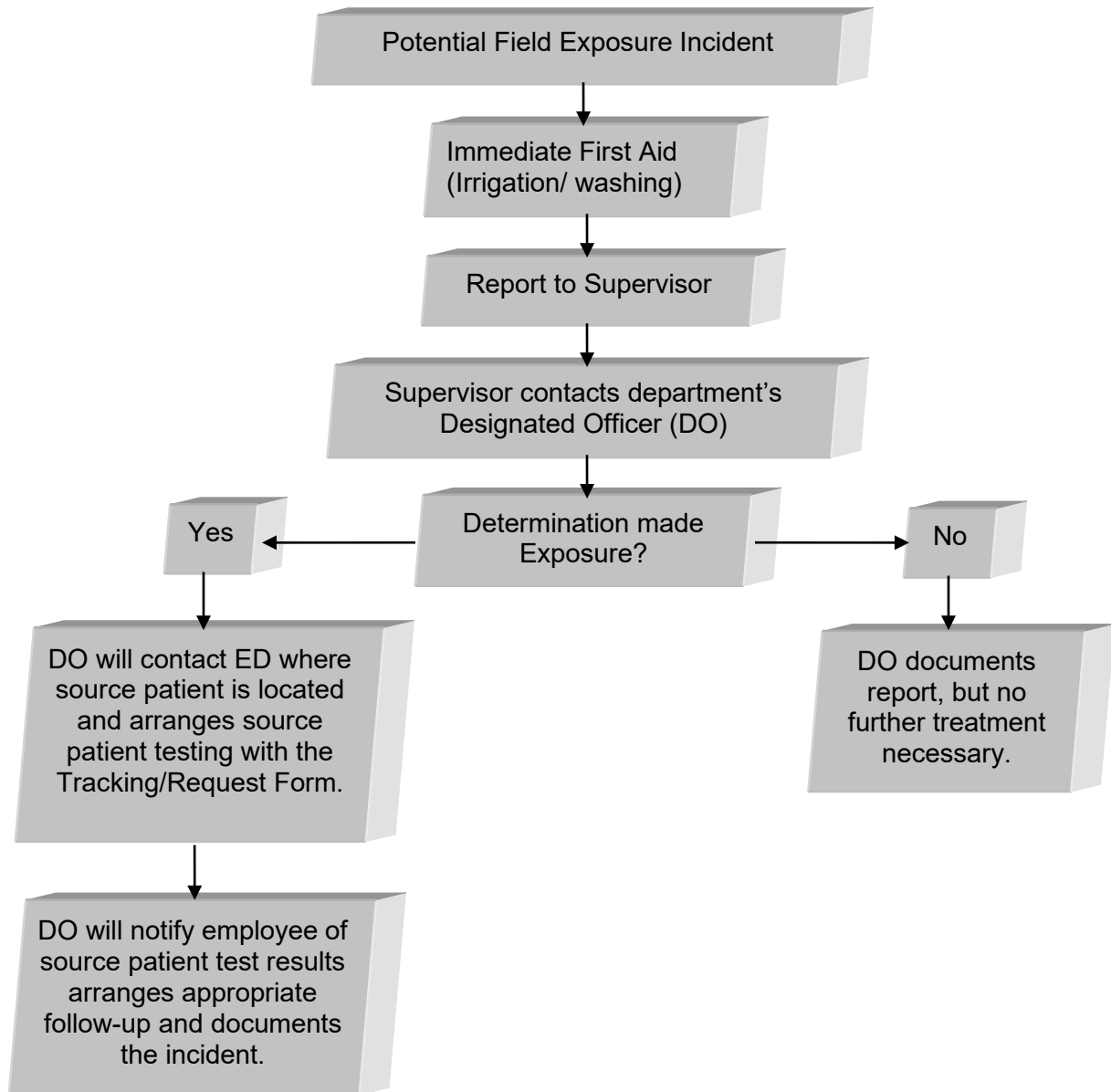
1. All emergency responders who know or suspect they have had a bloodborne exposure should immediately:
 - a. Initiate first aid procedures (wash, irrigate, flush) to diminish exposure potential
 - b. Notify their supervisor
 2. Report the exposure by contacting their department's Designated Officer (DO),
 3. The DO shall determine if an exposure has occurred and complete the appropriate documentation.
 4. If it is determined that an exposure occurred, the DO shall initiate a Prehospital Exposure Tracking/Request Form (Appendix A) and obtain the information regarding the source patient and their location.
 5. The DO will make contact with the appropriate person (e.g. ED charge nurse, Prehospital Care Coordinator, infection control preventionist or coroner) at the source patient's location to confirm the presence of a communicable disease and/or request any needed source patient testing.
 6. The DO will fax a request for source patient information utilizing the Prehospital Exposure Tracking/Request Form (Appendix A) to their contact at the patient's location.
 7. The source patient shall be tested as soon as feasible based on the type of communicable disease or illness exposure:
 - a. Bloodborne Exposure – Hepatitis B, Hepatitis C, Rapid HIV, Syphilis (If the source patient is known to be HIV positive or the Rapid HIV test is positive, a viral load test shall be done)
 - b. Airborne Exposure – appropriate testing as indicated
 - c. Contact Exposure – appropriate testing as indicated
 8. Results of the source patient's testing shall be released to the DO, who will notify the exposed emergency responder(s) and facilitate any required medical treatment or follow-up.
 9. The DO will arrange for the exposed emergency responder(s) to receive appropriate follow-up which may include a confidential medical examination, including vaccination history and baseline blood collection. (CA CFR 1910.1030)
- B. Hospital Notification of a Communicable Disease or Illness
- When a health care facility diagnoses an airborne transmissible disease (Appendix D) or communicable disease or illness the following procedure will be initiated (Appendix C):
-

1. The Infection Control Preventionist or Emergency Department Personnel will notify Ventura County Public Health Officer or designee **AND** contact the DO of the involved department directly.
 2. The Ventura County Public Health Officer will notify the Emergency Medical Services Agency (EMSA) Duty Officer.
 3. The EMSA Duty Officer will determine if emergency responders were involved in the patient's care. If emergency responders were possibly exposed to the recently diagnosed patient, the Duty Officer will contact the involved department's DO with the date, time and location of the incident and the nature of the exposure
 4. The DO will investigate the circumstances of the possible exposure and arrange for the exposed emergency responder(s) to receive appropriate follow-up which may include a confidential medical examination, including vaccination history and baseline blood collection. (CA CFR 1910.1030)
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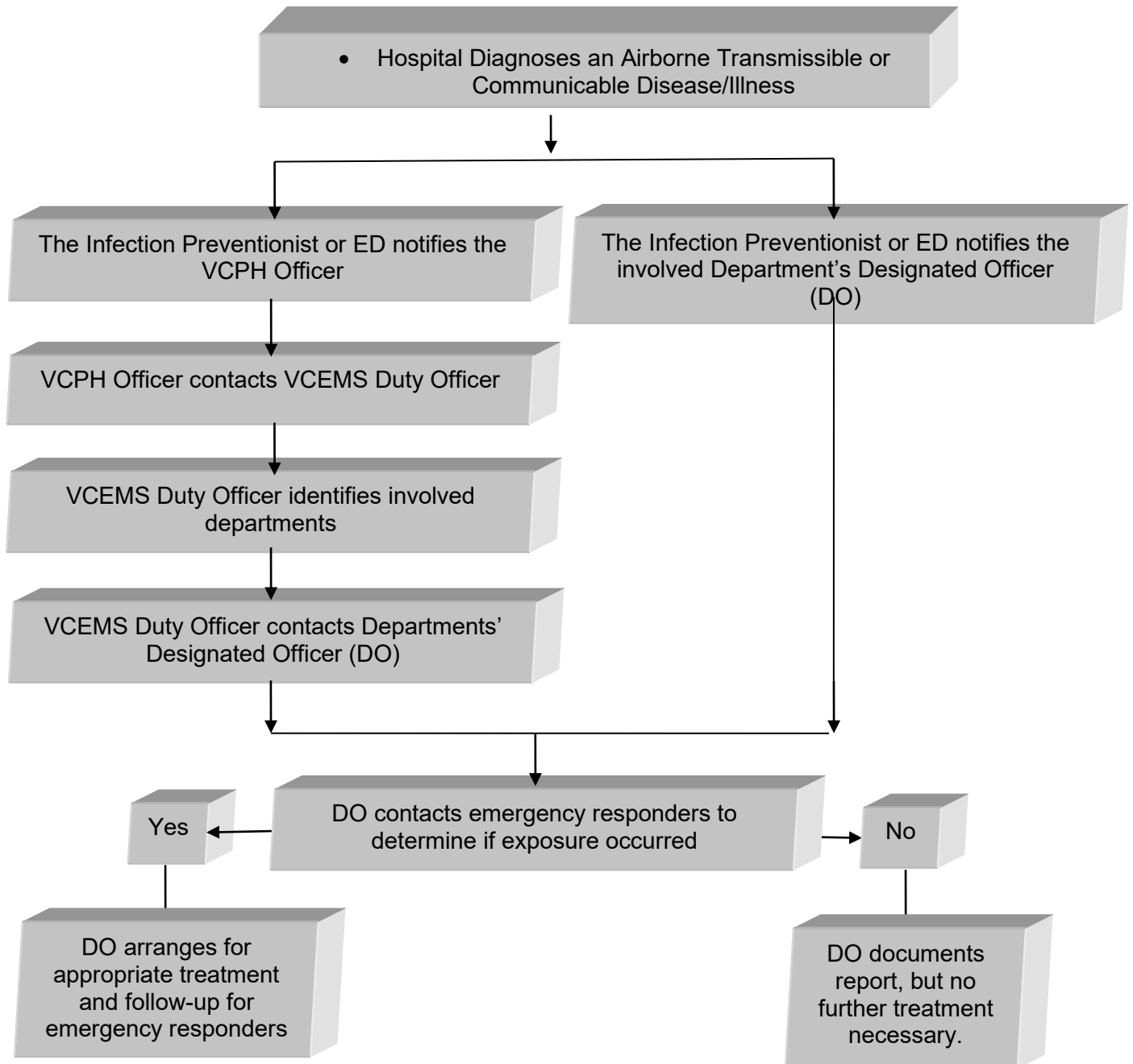
Pre Hospital Exposure Tracking/ Request Form

| Hospital Receiving Request | | | | | | | |
|--|-------|--------------------------|-------|--------------------------|------|--------------------------|-------|
| <input type="checkbox"/> | CMH | <input type="checkbox"/> | LRHMC | <input type="checkbox"/> | OVCH | <input type="checkbox"/> | SJPVH |
| <input type="checkbox"/> | SJRMC | <input type="checkbox"/> | SPH | <input type="checkbox"/> | SVH | <input type="checkbox"/> | VCMC |
| Name of Person Receiving Request | | | | | | | |
| Name: | | | | | | | |
| Requestor Information | | | | | | | |
| Date/Time of Request: | | | | Fire Incident #: | | | |
| Name of Requestor: | | Title: | | Contact Number: | | | |
| Signature of Requestor: | | | | | | | |
| Agency Making Request | | | | | | | |
| AMR | | GCA | | FLM | | | |
| LMT | | OXD | | | | | |
| SPA | | SAR | | VEN | | | |
| VFF | | VNC | | Other: | | | |
| Source Patient Information | | | | | | | |
| Source Patient: | | DOB: | | MR# | | | |
| Symptoms: | | | | | | | |
| Description of Bloodborne Exposure | | | | | | | |
| Description of Exposure: | | | | | | | |
| Hollow Needle Stick | | Mucous Membrane Splash | | Non-intact skin | | | |
| Description of Airborne Exposure | | | | | | | |
| Description of Exposure: | | | | | | | |
| Aerosol Transmissible | | Disease | | TB | | | |
| Recommended Source Patient Blood Work | | | | | | | |
| Hepatitis B Antigen | | Hepatitis C Antibody | | Rapid HIV | | | |
| RPR | | | | Viral Load (if HIV +) | | | |
| Other: | | | | | | | |
| Diagnosis: Bloodborne Pathogen Exposure: V15.85 | | | | | | | |
| Exposed Employee's Name: | | | | | | | |
| DOB: | | Date of Injury/Exposure: | | | | | |
| Billing Information | | | | | | | |
| Workers Compensation Carrier: | | | | | | | |
| Name of Employer: | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Phone Number: | | | | | | | |
| FAX number: | | | | | | | |
| Release of Source Patient Results | | | | | | | |
| Release Results To: | | Phone #: | | FAX #: | | | |
| Date/Time Results Released: | | | | | | | |

Policy 612 Algorithm: Field Exposure to Blood, Other Potentially Infectious Material or Airborne Transmissible Disease



Policy 612 Algorithm: Hospital Notification of an Airborne Transmissible or Communicable Disease/Illness



Aerosol Transmissible Diseases/Pathogens (Mandatory)

California Code of Regulation, Title 8, Section 5199

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubeola)/Measles virus

Monkeypox/Monkeypox virus

Novel or unknown pathogens

Severe acute respiratory syndrome (SARS)

[SARS-CoV-2 Coronavirus Disease \(COVID-19\)](#)

Smallpox (variola)/Variola virus

Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation

Diseases/Pathogens Requiring Droplet Precautions

Diphtheria pharyngeal

Epiglottitis, due to *Haemophilus influenzae* type b

Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children

Influenza, human (typical seasonal variations)/influenza viruses

Meningitis

Haemophilus influenzae, type b known or suspected

Neisseria meningitidis (meningococcal) known or suspected

Meningococcal disease sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia

Parvovirus B19 infection (erythema infectiosum)

Pertussis (whooping cough)

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,

Pneumonia

Adenovirus

- *Haemophilus influenzae* Serotype b, infants and children
- Meningococcal
- *Mycoplasma, primary atypical*
- *Streptococcus Group A*

Pneumonic plague/*Yersinia pestis*

Rubella virus infection (German measles)/Rubella virus

Severe acute respiratory syndrome (SARS)

Streptococcal disease (group A streptococcus)

- Skin, wound or burn, Major
- Pharyngitis in infants and young children
- Pneumonia
- Scarlet fever in infants and young children
- Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)

Any other disease for which public health guidelines recommend droplet precautions

| Supraventricular Tachycardia | |
|---|---|
| ADULT | PEDIATRIC |
| BLS Procedures | |
| Administer oxygen as indicated | |
| ALS Standing Orders | |
| <p>Valsalva maneuver IV/IO access</p> <p><u>Stable</u> - Mild to moderate chest pain/SOB</p> <p>Adenosine</p> <ul style="list-style-type: none"> o IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush <p>No conversion or rate control</p> <p>Adenosine</p> <ul style="list-style-type: none"> o IV/IO –12 mg rapid push immediately followed by 10-20 mL NS flush o May repeat x 1 if no conversion or rate control <p><u>Unstable</u> - ALOC, signs of shock or CHF</p> <p>Synchronized Cardioversion</p> <ul style="list-style-type: none"> o Zoll 100, 120, 150, 200 Joules o Lifepak 100, 200, 300, 360 Joules o Consider sedation prior to cardioversion for special circumstances. <p><u>Special Circumstances*</u> Fentanyl</p> <ul style="list-style-type: none"> o 1 mcg/kg IV/ IO / IN prior to electrical therapy. | <p>Valsalva maneuver IV/IO access</p> <p><u>Stable</u> - Mild to moderate chest pain/SOB</p> <p>Adenosine</p> <ul style="list-style-type: none"> o IV/IO – 0.1 mg/kg (max 6 mg) rapid push immediately followed by 10-20 mL NS flush <p>No conversion or rate control</p> <p>Adenosine</p> <ul style="list-style-type: none"> o IV/IO – 0.2 mg/kg (max 12 mg), rapid push immediately followed by 10-20 mL NS flush o May repeat x 1 if no conversion or rate control <p><u>Unstable</u> - ALOC, signs of shock or CHF</p> <p>Synchronized Cardioversion</p> <ul style="list-style-type: none"> o 0.5, 1, 2, 4, 6, 8 joules/kg o Consider sedation prior to cardioversion for special circumstances. <p><u>Special Circumstances*</u> Fentanyl</p> <ul style="list-style-type: none"> o 1 mcg/kg IV/ IO / IN prior to electrical therapy. |
| Base Hospital Orders only | |
| Consult with ED Physician for further treatment measure | |
| <p>Additional Information:</p> <ul style="list-style-type: none"> • *Special circumstances for sedation prior to cardioversion include fully awake and alert, patients with unstable vital signs. o Adenosine is contraindicated in patients with history of 2° or 3rd° AV Block, Sick Sinus Syndrome (except in patient with functioning pacemaker) or known hypersensitivity to adenosine. o Consider patient stability, likelihood of other rhythms (Rapid a-fib, sinus tachycardia, a-flutter), and potential underlying causes of tachycardia (sepsis, hypovolemia, heart failure) to aid in identifying cases where transport without Adenosine administration may be appropriate. o Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.) o Adenosine is only indicated for narrow complex, regular, supraventricular tachycardia. Synchronized cardioversion is indicated for unstable patients with any tachycardic dysrhythmia including rapidly conducting atrial fibrillation and rapidly conducting atrial flutter. o Document all ECG strips during adenosine administration and/or synchronized cardioversion. | |

Effective Date: December 1, 2022
Next Review Date: October 31, 2024

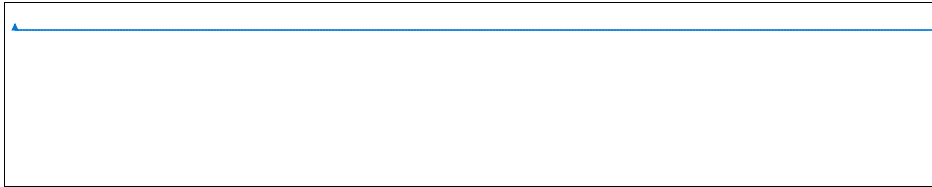
Date Revised: October 13, 2022
Last Reviewed: October 13, 2022

VCEMS Medical Director

Ventura County EMS DRAFT
County Wide Protocols

Policy 705.23

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Effective Date: December 1, 2022
Next Review Date: October 31, 2024

Date Revised: October 13, 2022
Last Reviewed: October 13, 2022

VCEMS Medical Director

| | | | |
|---|--|--|--|
| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Public Health Emergency Vaccine Administration | | Policy Number 737 | |
| APPROVED: DRAFT Administration:  Steve L. Carroll, Paramedic | | Date: <u>December 1, 2022</u> October 15, 2020 | |
| APPROVED: Medical Director:  Daniel Shepherd, M.D. | | Date: <u>December 1, 2022</u> October 15, 2020 | |
| Origination Date: September 28, 2020 | | Effective Date: <u>December 1, 2022</u> October 15, 2020 | |
| Date Revised: September 28, 2020 | | | |
| Date Last Reviewed: October 13, 2022 | | | |
| Review Date: <u>October 31, 2024</u> December 31, 2021 | | | |

- I. PURPOSE: To authorize paramedics to administer the intramuscular inactivated influenza and/or COVID-19 vaccine to adult patient populations (14 or older) when authorized by the Ventura County EMS Agency during the COVID-19 disaster declaration.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169. State of California Emergency Proclamation for COVID-19
- III. POLICY: Paramedics accredited by the Ventura County EMS Agency approved for this local optional scope of practice, and having had completed the VCEMSA approved training to administer intramuscular influenza and/or COVID-19 (when available) vaccines, may provide these vaccinations to persons as directed by VCEMSA Medical Director in conjunction with the County Public Health Department. These vaccination policies and procedures shall only be authorized and valid for paramedics accredited in accordance with VCEMS Policy 315 – Paramedic Accreditation to Practice that have been approved to utilize this local optional scope during the California COVID-19 emergency proclamation.
- IV. PROCEDURE:
 - A. Vaccine Administration
 1. Assess the need for the vaccine in question utilizing the current guidance on that vaccination, which will be provided by the Ventura County Public Health Department. (also see CDC information regarding the seasonal flu vaccine

<https://www.cdc.gov/flu/prevent/keyfacts.htm>)

2. Screen for contraindications and precautions of inactivated vaccine (listed below).
3. Collect and review Vaccine Consent/Record of Administration sheet.
 - a. Confirm that the consent has been signed.
4. Vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
5. Paramedics must maintain aseptic technique when administering the influenza or COVID vaccines.
6. The screening questionnaire must be completed prior to administration of the influenza or COVID vaccine.
7. Equipment Required:
 - a. Vaccine
 - b. 23-25 g, 1-inch needle
 - i. For larger patients, 1.5-inch needle length may be more appropriate.
 - ii. See “Needle Gauge/Length and Injection Site Guidance” below for additional information.
 - iii. COVID-19 vaccine may come as prefilled/ready to administer or require other injection supplies or sizes.

| Needle Gauge/Length and Injection Site Guidance | | | |
|--|---------------------|-------------------------------|---|
| Gender, Age, Weight of Pt. | Needle Gauge | Needle Length (inches) | Injection Site |
| 14 to 18 years | 22-25 | 5/8* – 1 1 – 1 ½ | Deltoid muscle of arm Anterolateral thigh muscle |
| Female or male less than 130 lbs | 22–25 | 5/8*–1" | Deltoid muscle of arm |
| Female or male 130–152 lbs | 22–25 | 1" | Deltoid muscle of arm |
| Female 153–200 lbs | 22–25 | 1–1 1/2" | Deltoid muscle of arm |
| Male 153–260 lbs | 22–25 | 1–1 1/2" | Deltoid muscle of arm |
| Female 200+ lbs | 22–25 | 1 1/2" | Deltoid muscle of arm |
| Male 260+ lbs | 22–25 | 1 1/2" | Deltoid muscle of arm |

** A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle with the skin is stretched tight, the subcutaneous tissue not bunched, and at a 90-degree angle to the skin, although specific differences may be required by various COVID-19 manufacturers.*

8. Hand hygiene and don gloves
9. Check expiration date of vaccine
10. Cleanse the area of the deltoid muscle with the alcohol prep.

- a. Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.
11. Insert the needle at a 90-degree angle into the muscle.
 - a. Pulling back on the plunger prior to injection is not necessary.
12. Inject the vaccine into the muscle.
13. Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site.
14. Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers.
15. Monitor the patient for any symptoms of allergic reaction.
16. Document the following information:
 - a. Date of vaccination
 - b. Name of patient
 - c. Injection site
 - d. Vaccine lot number
 - e. Vaccine manufacturer
17. Complete Appropriate Documentation:
 - a. **Vaccine Consent/Record of Administration form:** ensure this is completed, retained and appropriately submitted after administration.
 - i. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.
 - b. **Vaccine Information Statement:** document the publication date and the date it was given to the patient.
 - c. **Patient's medical record:** if accessible, record vaccine information (above) in the patient's medical record.
 - d. **Personal immunization record card:** record the date of vaccination and name/location of administering clinic.
 - e. **Immunization Information System (IIS), or "registry":** Report the vaccination

to the appropriate state/local IIS, if available.

- f. **VAERS:** report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
 - i. To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

18. Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking client; these can be found at www.immunize.org/vis.

19. Advise patient when to return for subsequent vaccination, if appropriate.

B. Contraindications, Relative Contraindications, and Considerations for Vaccine Administration

1. Contraindications for Use of Vaccines

- a. Do not administer vaccines to a person who has an allergic reaction or a serious systemic or anaphylactic reaction to a prior dose of that vaccine or to any of its components. For a list of vaccine components, refer to guidance specific to this vaccine provided by the manufacturer and/or VCEMSA.
- b. The manufacturer's package insert contains a list of ingredients (www.immunize.org/fda) and these are also listed at www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
- c. Contraindications for Live Attenuated Vaccines are not pertinent as these are not being administered under this local optional scope of practice

2. Relative Contraindications for Use of Vaccines

- a. Moderate or severe acute illness with or without fever
- b. History of Guillain-Barré syndrome within 6 weeks of a previous vaccination
- c. People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate. People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions. Two completely egg-free

(ovalbumin-free) flu vaccine options are available: quadrivalent recombinant vaccine and quadrivalent cell-based vaccine.

3. Considerations for Vaccine Administration
 - a. Treatment of medical emergencies related to the administration of vaccine will be in accordance with VCEMSA Policies and Procedures.

| | | | |
|--|--|---|--|
| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Documentation of Prehospital Care | | Policy Number 1000 | |
| APPROVED: Administration: Steven Carroll, Paramedic | | Date: <u>DRAFT</u> | |
| APPROVED: Medical Director Daniel Shepherd, M.D. | | Date: <u>DRAFT</u> | |
| Origination Date: June 15, 1998 | | | |
| Date Revised: October 4513 , 2020 2022 | | Effective Date: <u>DRAFT</u> | |
| Date Last Reviewed: October 4513 , 2020 2022 | | | |
| Review Date: October 31, 2023 2025 | | | |

- I. PURPOSE: To define the use of standardized records to be used by Ventura County Emergency Medical Service (VCEMS) providers for documentation of pre-hospital care.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.225, and 1798; California Code of Regulations, Title 22, Division 9, Section 100147.
- III. Definitions:
 - Incident:** For the purposes of this policy, will be defined as any response involving any Ventura County pre-hospital personnel to any event in which there is an actual victim, or the potential for a victim
 - Patient Contact:** Any encounter involving Ventura County pre-hospital personnel with any person consenting, either implied or informed, to assessment and/or treatment.
 - National EMS Information System (NEMSIS):** The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC)
 - California EMS Information System (CEMSIS):** The California data standard for emergency medical services, as defined by the California EMS Authority (CalEMSA). This data standard includes the NEMSIS standards and state defined data elements.

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

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

- IV. POLICY: Patient care provided by first responders and transport personnel shall be documented using the appropriate method. The VCEMS VCePCR will be used to document the care provided by pre-hospital personnel for every incident in which there is a patient contact. Documentation shall be completed on any person with medical complaint, obvious injury or significant mechanism - regardless of consent.

V. PROCEDURE:

A. Provision of Access

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

B. Documentation

1. ~~The VCEMS VCePCR will be used to document the care provided by pre-hospital personnel for every incident in which there is a patient contact. Documentation shall be completed on any person with obvious injury or significant mechanism regardless of consent. The following are exceptions~~Specific requirements related to the documentation of patient care and coordination of that documentation between multiple agencies are outlined below:
 - a. If a First Responder Advanced Life Support (FR ALS) Paramedic initiates care of the patient, the FR ALS Paramedic shall document all care provided to the patient on VCePCR.
 - b. If/when care is turned over to another ALS agency, a VCePCR shall be completed by all pre-hospital provider agencies who delivered patient care and/or transport.

- c. All relevant fields pertaining to the EMS event will be appropriately documented on the VCePCR.
- d. Patient side documentation is encouraged and should be practiced whenever patient care would not be negatively affected.
- e. In the event of an incident with three or more victims, documentation will be accomplished as follows:
 - 1) MCI/Level I (3-14 victims): The care of each patient shall be documented using a VCePCR.
 - 2) MCI/Level II or III (15+ victims): Each patient transported to a hospital shall have their care documented on a Ventura County Multi-Casualty Patient Record.
 - a) The transporting agency is responsible for completion of the multi-casualty patient record. The record is designed to be completed by the transporting crew enroute to the receiving hospital.
 - b) The transporting agency retains the original of the multi-casualty patient record. A copy shall be left with the patient at the receiving hospital. The triage tag shall be attached to this copy and is included as official documentation in the patient's medical record.
 - c) The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within twenty-four hours of demobilization of the incident.

C. Transfer of Care

- 1. Transfer of care between two field provider teams and between field provider and hospital will be documented on the VCePCR.

The first arriving agency will post to the server and perform a coordinated electronic transfer of care whenever possible within the VCePCR system to the next incoming unit. The unit receiving the electronic transfer will download the correct corresponding report prior to completion of the VCePCR. This includes intra-agency units and inter-agency units.

- a. Any / all agencies involved in the transferring of electronic medical records shall ensure they are uploading and downloading the correct record for the correct patient.
2. A VCePCR shall be completed in accordance with training administered by VCEMS, or designee.
3. The time that patient care is transferred to hospital staff shall be documented by the primary provider handling patient care in all circumstances where a patient is transported to a hospital.
 - a. Transfer of care to the receiving facility is complete when:
 - 1) The patient is moved off of the EMS gurney, and;
 - 2) Verbal patient report is given by transporting EMS personnel and acknowledged by Emergency Department medical personnel and a signature of patient receipt is obtained in the VCePCR.
 - a) The signature time shall be the official transfer of care time and will be documented in eTimes.12 – Destination Patient Transfer of Care Date/Time Destination.

D. Cardiac Monitor

In the event the cardiac monitor is ~~attached-utilized~~ as required by any of the VCEMS ~~705-policy(ies)~~, a complete ECG data transfer shall be recorded and attached to the corresponding VCePCR. ECG data shall be downloaded by each provider agency involved in that incident and attached to the corresponding VCePCR. **An original 12 lead ECG shall be printed and submitted upon transfer of care to hospital staff for any patient where a 12 lead ECG was performed.**

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1. If a 12 lead ECG is performed by medical staff at a clinic or urgent care the original document shall be scanned or photographed and attached to the VCePCR, at the time of posting to the server, as part of the patient's prehospital medical record and the original or a copy of the 12-lead ECG shall be submitted to SRC staff upon transfer of care to hospital personnel.
- E. Handtevy
- In the event the patient is treated, within the pediatric definition of VCEMS Policies, a complete Handtevy data transfer will be recorded and attached to the corresponding VCePCR.
- F. Submission to VCEMS
1. In the following circumstances, a complete VCePCR shall be completed and posted by any transporting unit, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination:
 - a. Any patient that falls into Step 1 or Step 2 (1.1 – 2.8) of the Ventura County Field Triage Decision Scheme
 - b. Any patient that is in cardiac arrest or had a cardiac arrest with ROSC.
 - c. Any patient with a STEMI positive 12 lead ECG.
 - d. Any patient with a positive Cincinnati Stroke Screening (CSS +). This includes all prehospital Stroke Alerts and all prehospital ELVO alerts.
 - e. Any patient that is unable to effectively communicate information regarding present or past medical history.
 - ~~f. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.~~
 2. For circumstances not listed above, in which the patient was transported to a hospital, the entire data set found within the VCePCR 'REPORT' tab shall be completed and electronically posted to the server by transporting agencies, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at

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

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

3. All other reports not falling into the above criteria shall be completed and posted to the server as soon as possible and no later than by the end of the current shift.
 4. In all circumstances in which a person is transported to a receiving hospital from the scene of an emergency, or as part of any emergent/urgent specialty care transfer (STEMI, Stroke, Trauma), the transporting personnel shall obtain and document the eOutcome.04 – Hospital Encounter Number.
- G. For Refusal of EMS Services, Refer to Policy 603 for documentation requirements. Every patient contact resulting in refusal of any medical treatment and/or transport must be documented with the following information, the reason dispatched and/or chief complaint, assessment and vital signs, base hospital contact (when appropriate), patient advised to seek medical attention and completion of all applicable fields. Signatures will be captured ~~whenever possible~~ by each agency at the time of patient contact/refusal. If, at any point, a signature is not obtained for any reason, a detailed explanation shall be documented in the narrative section of the VCePCR.
- H. ALS Inter-facility Transfers (Acute Care Facility to Acute Care Facility) Documentation shall be completed on all ALS Inter-facility transfers only. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment. If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the VCePCR.
- I. The completion of any VCePCR will not delay patient transport to hospital ∟ receiving facility.
- J. Patient Medical Record

The VCePCR and Ventura County Multi-Casualty Patient Record shall be considered a legal document and part of the patient's medical record.

- K. - The first responder agency, transport agency, and hospital are custodians of record. Printing should only be performed as needed, and an electronic copy of the VCePCR should be utilized and referred to whenever feasible. A print log and reason for printing shall be monitored regularly to help ensure security of protected health information within the system.

Attachment A

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

| Term | Abbreviation |
|---|-----------------|
| 5% Dextrose in Water | D5W |
| Abdomen | Abd |
| Above knee amputation | AKA |
| Acquired Immunodeficiency Syndrome | AIDS |
| Ad Libitum (as desired) | Ad lib |
| Advanced Life Support | ALS |
| Against medical advise | AMA |
| Alcohol | ETOH |
| Alert and oriented | A & O |
| Also known as | AKA |
| Altered Level Of Consciousness | ALOC |
| Amount | Amt |
| Ampule | Amp |
| Antecubital | AC |
| Anterior | Ant |
| Anterior/Posterior | AP |
| Appointment | Appt |
| Arterial Blood Gas | ABG |
| Arteriosclerotic Heart Disease | ASHD |
| As necessary | prn |
| As soon as possible | ASAP |
| Aspirin | ASA |
| At | @ |
| Atrial Fibrillation | A fib, AF |
| Attention Deficit Hyperactivity Disorder | ADHD |
| Automated external Defibrillator | AED |
| Automatic Implantable Cardiac Defibrillator | AICD |
| Bag Valve Mask | BVM |
| Basic Life Support | BLS |
| Birth Control Pill | bcp |
| Bowel Movement | BM |
| Bundle Branch Block | BBB |
| By Mouth | p-o- |
| By Order Of | per |
| Cancer | CA |
| Carbon Dioxide | CO ₂ |
| Carbon Monoxide | CO |
| Cardio Pulmonary Resuscitation | CPR |

| Term | Abbreviation |
|---|-------------------|
| Central Nervous System | CNS |
| Cerebrospinal Fluid | CSF |
| Cerebrovascular Accident | CVA |
| Cervical Spine | C-Spine |
| Chief Complaint | CC |
| Chronic Obstructive Pulmonary Disease | COPD |
| Circulation, Sensation, Motor | CSM |
| Clear | Cl |
| Continuous Positive Airway Pressure | CPAP |
| Coronary Artery Bypass Graft | CABG |
| Coronary Artery Disease | CAD |
| Date of Birth | DOB |
| Dead on Arrival | DOA |
| Defibrillated | Defib |
| Delirium Tremens | DTs |
| Diabetes Mellitus | DM |
| Dilation and curettage | D & C |
| Discontinue* | D/C* |
| Distal Interphalangeal Joint | DIP |
| Deformity, Contusion, Abrasion, Penetration, Burn, Tenderness, Laceration, Swelling | DCAPBTLS |
| Do Not Resuscitate | DNR |
| Doctor of Osteopathy | DO |
| Drops | gtts |
| Dyspnea On Exertion | DOE |
| Electrocardiogram | EKG |
| Electroencephalogram | EEG |
| Emergency Department | ED |
| Emergency Medical Services | EMS |
| Emergency Medical Technician | EMT |
| Endotracheal | ET |
| End-Tidal CO ₂ | EtCO ₂ |
| Equal | = |
| Estimated | Est |
| Estimated Time of Arrival | ETA |
| Etiology | Etiol. |
| Every | q |


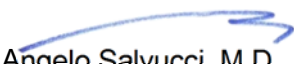
| Term | Abbreviation |
|-------------------------------------|--------------|
| Every day* | qd* |
| Evening | pm |
| Extended Care Facility | ECF |
| Eye, ear, nose, throat | EENT |
| Fahrenheit | F |
| Female | F |
| Fetal Heart Rate | FHR |
| Fluid | Fl |
| Foot | Ft |
| Foreign body | FB |
| Four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

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

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

| Term | Abbreviation |
|-----------------------------------|--------------------|
| Shortness of Breath | SOB |
| Sinus Bradycardia | SB |
| Sinus Tachycardia | ST |
| Sodium Bicarbonate | NaHCO ₃ |
| Sodium Chloride | NaCl |
| Streptococcus | Strep |
| Subcutaneous* | SQ* |
| Sublingual | SL |
| Sudden Acute Respiratory Syndrome | SARS |
| Sudden Infant Death Syndrome | SIDS |
| Supraventricular Tachycardia | SVT |
| Temperature | T |
| Temperature, Pulse, Respiration | TPR |
| Three Times a Day | TID |
| Times | X |
| To Keep Open | TKO |
| Tracheostomy | Trach |
| Traffic Collision | TC |
| Transient Ischemic Attack | TIA |
| Transcutaneous Pacing | TCP |
| Treatment | Tx |
| Tuberculosis | TB |
| Twice a day | BID |
| Upper Respiratory Infection | URI |
| Urinary Tract Infection | UTI |
| Ventricular Fibrillation | VF |
| Ventricular Tachycardia | VT |
| Vital Signs | VS |
| Volume | Vol |
| Water | H ₂ O |
| Weight | Wt |
| With | w/ |
| Within Normal Limits | WNL |
| Without | w/o |
| Wolf Parkinson White | WPW |
| Year | Yr |
| Years Old | y/o |

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

| | | | |
|---|--|---|--------------|
| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Continuing Education Provider Approval | | Policy Number 1130 | |
| APPROVED: Administration: |  Steven L. Carroll | Date | June 1, 2016 |
| APPROVED: Medical Director: |  Angelo Salvucci, M.D. | Date | June 1, 2016 |
| Origination Date: | February 2001 | Effective Date: June 1, 2016 | |
| Date Revised: | February 11, 2016 | | |
| Date Last Reviewed: | February 11, 2016 | | |
| Review Date: | February, 2019 | | |

- I. PURPOSE: To identify the procedure for approval of Continuing Education Providers (CEP's) in Ventura County, both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 11, Article 4.
- III. POLICY:
 - A. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.
 - B. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
- IV. PROCEDURE:
 - A. Program Approval
 1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
 2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
 3. Applicant shall agree to implement current American Heart Association ECC and CPR Guidelines.
 4. Applicant shall submit resumes for the Program Director and the Clinical Director.
 5. Educational Staff Requirements:
Nothing shall preclude one person from filling more than one position.
 - a. Program Director

- 1) Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are examples of courses that meet the required instruction in teaching methodology:
 - a) California State Fire Marshal Fire Instructor 1-A, 1-B and 1-C, or;
 - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
 - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
 - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.
- b. Clinical Director
 - 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.
- c. CE Provider Instructors
 - 1) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
6. Application Receipt Process

Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;

 - a. The request for approval has been received.
 - b. The request does or does not contain all required information.

- c. What information, if any, is missing
- 7. Program Approval Time Frames
 - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
 - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
- 8. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
 - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
 - 1. All program materials are subject to periodic review by the Agency.
 - 2. All programs are subject to periodic on-site evaluation by the Agency.
 - 3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 - 4. Records shall be maintained by the CEP for four years and shall contain the following:
 - a. Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant performance;
 - b. Record of time, place, and date each course is given and number of CE hours granted;
 - c. A curriculum vitae or resume for each instructor;
 - d. A roster of course participants (instructor based courses must have course participants sign roster)

5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
 - a. Student full legal name.
 - b. Certificate or license number
 - b. The date the course was completed
 - c. The name of the course completed
 - d. The name and signature of the Instructor or Program Director.
 - e. The name and address of the CE Provider.
 - f. Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non-instructor based." It also must have your C.E. provider number on it.
 - g. The following statement in bold print:

"This document must be maintained for no less than four years"
 6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to the EMS Agency prior to offering a course. After the initial six month period, the CE Provider shall approve and maintain their own records subject to review by the EMS Agency.
 7. A Continuing Education Roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.

However, a copy of the Continuing Education roster for all required Ventura County CE programs (EMS Update, Skills testing, etc) shall be submitted to the Agency immediately after the completion of the program.
 8. Each CEP shall provide an annual report to the Agency, within 45 days of year end, detailing the names of the courses, times, number of hours awarded, and participants. A form will be provided by the EMS Agency.
- C. Application for Renewal
1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
 2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 11.

Ventura County Emergency Medical Services Agency Continuing Education Provider

APPROVAL REQUEST

General Information

Program/Agency Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____ Status Requested: BLS ALS

Requirements

(All items below refer to Ventura County EMS Policy 1130 and Title 22 Regulations)

1. Program Eligibility

| | |
|---|--|
| <p>Eligible Programs</p> <ul style="list-style-type: none"> Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc) | <p>Name of Program</p> |
| <p>Written request for CEP Approval</p> | <p><input type="checkbox"/> Attached</p> |
| <p>Submit resumes for Program Director and Clinical Coordinator</p> | <p><input type="checkbox"/> Attached</p> |
| <p>If you will be offering CPR, state what organization will provide certification (AHA or ARC)</p> | <p><input type="checkbox"/> AHA <input type="checkbox"/> ARC</p> |
| <p>Our organization verifies that we have implemented the current American Heart Association ECC and CPR Guidelines.</p> | <p>Signature: _____</p> |

2. Program Administration and Staff

| | |
|---|----------------------------------|
| <p>Program Director</p> <ul style="list-style-type: none"> Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1). Include current CV, resume, and copies of certifications/licensures. | <p>Name of Program Director:</p> |
|---|----------------------------------|

| | |
|--|--|
| <p>Clinical Director</p> <ul style="list-style-type: none"> • Two years experience in emergency medicine or prehospital care in the past five years. • Currently licensed CA MD, RN, PA, or paramedic. • Include current CV, resume, and copies of certifications/licensures. | <p>Name of Clinical Director:</p> |
| <p>CE Provider Instructor(s)</p> <ul style="list-style-type: none"> • Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity. | <p>Name(s) of CE Provider Instructor(s):</p> |

3. CE Records and Quality Improvement

| | |
|---|--|
| <p>Agree to maintain all continuing education records for a minimum of four years.</p> | <p>Signature: _____</p> |
| <p>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</p> | <p>Signature: _____</p> |
| <p>Course Completion Certificate/Record</p> <ul style="list-style-type: none"> • Provide a copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall state whether the course was instructor or nor instructor based. | <p><input type="checkbox"/> Attached</p> |

VCEMS Office Use Only

| | |
|--|--------------|
| <p>All Requirements Submitted:</p> | <p>Date:</p> |
| <p>CEP Application Approved:</p> | <p>Date:</p> |
| <p>Approval Letter Sent:</p> | <p>Date:</p> |
| <p>Re-Approval Due:</p> | <p>Date:</p> |
| <p> </p> | <p> </p> |
| <p>Signature of person approving CEP</p> | <p>Date</p> |
| <p> </p> | <p> </p> |
| <p>Typed or printed name</p> | <p> </p> |

| | | | |
|--|--|---|--|
| COUNTY OF VENTURA HEALTH CARE AGENCY DRAFT | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Continuing Education Attendance Roster | | Policy Number 1132 | |
| APPROVED: Administration: Steven L. Carroll, <u>Paramedic</u> | | Date: <u>DRAFT</u> | |
| APPROVED: Medical Director: <u>Daniel Shepherd</u> , M.D. Documentation of Prehospital Care | | Date: <u>DRAFT</u> | |
| Origination Date: January 1, 1993 | | Effective Date: <u>DRAFT</u> | |
| Date Revised: <u>October 13, 2022</u> | | | |
| Date Last Reviewed: <u>October 13, 2022</u> | | | |
| Review Date: <u>October 31, 2025</u> | | | |

- I. PURPOSE: To define the use of a continuing education attendance roster by continuing education provider programs approved by the Ventura County EMS Agency (VCEMS).
- II. AUTHORITY: Health and Safety Code 1797.208, and California Code of Regulations, Division 9, Chapter 11.
- II. POLICY: A continuing education attendance roster shall be completed for all approved lectures or field care audits. In addition, the approved electronic CE roster issued by VCEMS will be utilized for continuing education that is required for prehospital personnel, including Mobile Intensive Care Nurses (MICNs).
- III. PROCEDURE:

The form will be completed by an approved continuing education provider. The attendance roster will be retained by the approved continuing education provider for a minimum of four years.

 - A. The following information will be completed by the sponsoring agency or designated liaison:
 1. Sponsoring agency name (Base Hospital, CE Provider, etc.)
 2. Lecture Title - . Name of program/lectures, or field care audit
 3. Lecturer(s):
 - a. Name of person(s) presenting lecture, including title(s), or
 - b. Name of person presenting field care audit
 4. Date
 5. Hours approved for CE presentation
 6. Instructor or ~~non-instructor~~ non-instructor based

7. Continuing education provider number

B. Mandatory Education

1. The MICN, Paramedic or EMT name, employer, and certification number will be entered on the attendance roster by each MICN/ Paramedic or EMT. Each MICN, Paramedic or EMT shall sign his/her name.

2.

~~C. The roster for continuing education, which is mandatory (i.e., EMS update, paramedic skills refresher, airway lab refresher) shall be faxed to the EMS Agency within 24 hours of completion by the sponsoring agency. The VCEMS approved electronic CE roster shall be utilized for all CE that is required for prehospital personnel to attend, as outlined in VCEMS Policy 334 – Mandatory Education Requirements.~~

| | | | |
|--|--|---|--|
| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Continuing Education for EMS Personnel | | Policy Number 1133 | |
| APPROVED: Administration: Steve L. Carroll, Paramedic | | Date: <u>DRAFT</u> | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: <u>DRAFT</u> | |
| Origination Date: January 11, 2018 | | | |
| Date Revised: <u>October 13, 2022</u> | | Effective Date: <u>DRAFT</u> | |
| Date Last Reviewed: <u>October 13, 2022</u> | | | |
| Review Date: <u>October 31, 2025</u> | | | |

- I. PURPOSE: To identify acceptable continuing education topics for prehospital providers, in addition to outlining acceptable delivery formats and limitations related to continuing education.
- II. AUTHORITY: California Health and Safety Code – Title 22, Division 2.5, Sections 1797 – 1799.207; California Code of Regulations – Title 22, Division 9, Chapter 11.
- III. DEFINITIONS:

EMS Continuing Education Provider: EMS Continuing Education Provider means an individual or organization approved by the requirements of VCEMS Policy 1130 – Continuing Education Provider Approval to conduct continuing education courses, classes, activities or experiences and issue earned continuing education hours to EMS Personnel for the purposes of maintaining certification/licensure or re-establishing lapsed certification or licensure.

Continuing Education (CE): A course, class, activity, or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as knowledge to enhance individual and system proficiency in the practice of pre-hospital emergency medical care.

Continuing Education Unit (CEU): Shall be any one of the following:

 1. Every fifty minutes of approved classroom or skills laboratory activity.
 2. Each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS service provider, or receiving/base hospital.
 3. Each hour of media based / serial production CE as approved by VCEMS
- IV. POLICY:
 - A. CE Provider Approving Authority

1. VCEMS shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within the County of Ventura, if not otherwise approved by an item listed below.
 - a. Courses and/or CE providers approved by the Commission on Accreditation for Prehospital Continuing Education (formerly CECBEMS) or approved by EMS offices of other states are approved for use in California and need no further approval.
 - b. Courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology) offered by accredited colleges and universities are approved for CE and need no further approval.
 - 1) Ten (10) CEHs will be awarded for each academic quarter unit
 - 2) Fifteen (15) CEHs will be awarded for each academic semester unit
 - 3) Unofficial transcripts from the accredited college / university shall be the only method of verification when issuing CEH for these types of courses.
 - c. The California EMS Authority shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state if not otherwise approved according to one of the above items.
- B. Continuing Education Topics
 1. Continuing education for EMS personnel shall be in any of the topics contained in the respective National Standard Curricula for training EMS personnel, including advanced topics in subject matter outside the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).
- C. Continuing Education Delivery Formats
 1. Classroom - didactic and/or skills laboratory where direct interaction with instructor is possible.
 2. Organized field care audits of base hospital communication and/or patient care records;
 3. Courses offered by accredited universities and colleges, including junior and community colleges;
 4. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.

5. Media based and/or serial productions (e.g. films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules).
 6. Precepting EMS students or EMS personnel as a field preceptor or as a hospital clinical preceptor, as assigned by an approved EMS training program, an authorized EMS service provider, or as a receiving/base hospital that is approved as a continuing education provider, in accordance with VCEMS Policy 1130.
 - a. CE for precepting can only be given for actual time precepting a student and must be issued by the EMS training program or EMS service provider that has an agreement or contract with the field preceptor or with the preceptor's employer.
 - b. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider must be a CE provider approved in accordance with VCEMS Policy 1130.
 7. Precepting EMS students or EMS personnel as a hospital clinical preceptor, as assigned by an EMS training program, an EMS service provider, or a receiving/base hospital that is approved as a CE provider program in accordance with VCEMS Policy 1130.
 - a. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider, hospital or alternate base station must be a CE provider approved according to this Chapter.
 - b. CE for precepting can only be given for actual time spent precepting a student or EMS personnel and must be issued by the EMS training program, EMS service provider, or receiving/base hospital that has an agreement or contract with the hospital clinical preceptor or with the preceptor's employer.
- D. Limitations
1. CE courses shall not be approved for less than one hour of credit.
 - a. For CE courses greater than one (1) CEH, credit may be granted in no less than half-hour increments.
 2. No more than twelve (12) hours of continuing education, in any form, will be accepted within any twenty-four (24) hour period.

3. An individual may receive credit for taking the same CE course/class/activity no more than two times during a single certification or licensure cycle.
4. At least fifty percent of the required CE hours must be in a format that is instructor based, which means that instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).
 - a. This provision shall not include precepting or magazine articles for CE credit. VCEMS will determine whether a CE course, class or activity is instructor based.
5. During a certification or licensure cycle, an individual may receive credit, one time only, for service as a CE course/class/activity instructor.
 - a. Credit received shall be the same as the number of CE hours applied to the course/class/activity.
6. During a certification or licensure cycle, an individual may receive credit, one time only, for service as an instructor for an approved EMT or paramedic training program
 - a. The hours of service shall not exceed fifty percent of the total CE hours required in a single certification or licensure cycle.
7. When guided by the EMS service provider's quality improvement plan, an EMS service provider that is an approved CE provider may issue CE for skills competency demonstrations to address any deficiencies identified by the service provider.
 - a. Skills competency demonstration shall be conducted in accordance with the respective National Standard Curriculum skills outline or in accordance with the policies and procedures of the VCEMS medical director.
8. If it is determined through a quality improvement plan that EMS personnel need remediation or refresher in an area of the individual's knowledge and/or skills, the VCEMS medical director or an EMS service provider may require the EMS personnel to take an approved CE course with learning objectives that addresses the remediation or refresher needed, as part of the individual's required hours of CE for maintaining certification or licensure.

9. Because paramedic license renewal applications are due to the California EMS Authority thirty days prior to the expiration date of a paramedic license, a continuing education course(s) taken in the last month of a paramedic's licensure cycle may be applied to the paramedic's subsequent licensure cycle, only if that CE course(s) was not already applied to the licensure cycle during which the CE course(s) was taken.
10. VCEMS shall not require additional continuing education hours for paramedic accreditation, beyond the state required minimum of forty-eight (48) hours.

E. Continuing Education Records

1. In order to receive credit, CE shall be completed during the current certification/licensure cycle, except as provided in Section IV.D.8-9 of this policy.
2. CE shall be valid for a maximum of two years prior to the date of a completed application for certificate/license renewal.
3. EMS personnel shall maintain for four years all CE certificates issued to them by any CE provider.
4. In order to verify the authenticity of continuing education certificates, or as part of a CE provider's approval process, CE certificates may be audited by VCEMS.
5. Any/all continuing education records issued by a CE provider program shall meet the minimum requirements outlined in VCEMS Policy 1130.