County of Ventura
Department of Public Health

Notice of Changes to Policy Manual

Emergency Medical Services
Policies and Procedures

To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: 11/1/2018

Policy Status	Policy #	Title/New Title	Notes
Replace	105	Prehospital Services Committee Operating Guidelines	No Changes- Review Only
Replace	106	Development of Proposed Policies/Procedures; Amendments to Existing Policies	Must attend PSC meeting if requesting review
Replace	107	Stroke and STEMI Committee	New Policy defines requirements
Replace	110	County Ordinance No. 4099: Ambulance Business License Code	No Changes- Review Only
Replace	111	Ambulance Company Licensing Procedure	No Changes- Review Only
Replace	124	Hospital Emergency Services Reduction Impact Assessment	Hospital name changes
Replace	151	Medication Error Reporting	Format form/add email address
Replace	318	ALS Response Unit Staffing	Correct typo from 7/1/18 go live
Replace	319	Paramedic Preceptor / FTO	Update language
Replace	321	Mobile Intensive Care Nurse Authorization Criteria	No Changes- Review Only
Replace	322	Mobile Intensive Care Nurse: Reauthorization Requirements	No Changes- Review Only
Replace	324	Mobile Intensive Care Nurse Authorization Reactivation	No Changes- Review Only
Replace	330	EMT/Paramedic/MICN Decertification and Discipline	Deleted IRP
Replace	400	Ventura County Emergency Departments	Hospital name changes/ add “Stand-by” ED
Replace	410	ALS Base Hospital Standards	Live as of 9/1/18
Replace	420	Receiving Hospital Standards	Live as of 9/1/18
Replace	504	BLS And ALS Unit Equipment and Supplies	Add items and change quantities
Replace	605	Interfacility Transfer of Patients	Correct typo’s
Replace	612	Notification of Exposure to A Communicable Disease	No Changes- Review Only
Replace	615	Organ Donor Information Search	No Changes- Review Only
Replace	618	Unaccompanied Minors	Add language
Replace	703	Medical Control at Scene, Private Physician/Physician on Scene	Updated CMA Physician card
Replace	705.02	Allergic Reaction and Anaphylaxis	Epi dose change
Replace	705.07	Cardiac Arrest Asystole/PEA	Set VFib alarm

Policy Status	Policy #	Title/New Title	Notes
Replace	705.08	Cardiac Arrest VF/VT	Set VFib alarm
Replace	705.09	Chest Pain	Epi dose change/Physician STEMI ECG/ No Nitro for inferior MI
Replace	705.11	Crush Injury/Syndrome	Epi dose change
Replace	705.16	Neonatal Resuscitation	Add fluid bolus
Replace	705.21	SOB Pulmonary Edema	Epi dose change
Replace	705.22	SOB Wheezes/Other	Epi dose change
Replace	705.23	Supraventricular Tachycardia	Consider Versed for cardioversion
Replace	705.24	Symptomatic Bradycardia	Epi dose change
Replace	705.25	Vtach Sustained	Consider Versed for cardioversion
Replace	705.28	Smoke Inhalation	Albuterol language changes
Replace	715	Needle Thoracostomy	Change preferred site
Replace	726	12-Lead ECG	Repeat ECG if Neg for STEMI at physician office
Replace	731	Tourniquet Use	When and how to remove tourniquet
Replace	1000	Documentation of Prehospital Care	Language to match 603

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Services Committee Operating Guidelines		Policy Number 105
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	March, 1999 September 11, 2014 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

I. Committee Name

The name of this committee shall be the Ventura County (VC) Prehospital Services Committee (PSC).

II. Committee Purpose

The purpose of this committee shall be to provide input to the VC Emergency Medical Services (EMS) Medical Director and VC EMS administration on matters pertaining to emergency medical services, including, but not limited to, dispatch, first responders, ambulance services, communications, medical equipment, training, personnel, facilities, and disaster medical response.

III. Membership

A. Voting Membership

Voting membership in the committee shall be composed of 2 representatives, as appointed by the organization administrator, from each of the following organizations:

Type of Organization	Member	Member
Base Hospitals	PCC	PLP
Receiving Hospitals	ED Manager	ED Physician
First Responders	Administrative	Field (provider of "hands-on" care)
Ambulance Companies	Administrative	Field (provider of "hands-on" care)
Emergency Medical Dispatch Agency	Emergency Medical Dispatch Coordinator (1 representative selected by EMD Agency coordinators)	
Air Units	Administrative	Field (provider of "hands-on" care)
Paramedic Training Programs	Director (1 representative from each program.)	

B. Non-voting Membership

Non-voting members of the committee shall be composed of VC EMS staff to be determined by the VC EMS Administrator and the VC EMS Medical Director.

C. Membership Responsibilities

Representatives to PSC represent the views of their agency. Representative should ensure that agenda items have been discussed/reviewed by their agency prior to the meeting.

D. Voting Rights

Designated voting members shall have equal voting rights.

E. Attendance

1. Members shall remain as active voting members by attending 75% of the meetings in a (calendar) year. If attendance falls below 75%, the organization administrator will be notified and the member will lose the right to vote.
   (a) Physician members may have a single designated alternate attend in their place, no more than two times per calendar year.
   (b) Agencies may designate one representative to be able to vote for both representatives, no more than two times per calendar year.
2. The member whose attendance falls below 75% may regain voting status by attending two consecutive meetings.
3. If meeting dates are changed or cancelled, members will not be penalized for not attending.

IV. Officers

A. The chairperson of PSC is the only elected member. The chairperson shall perform the duties prescribed by these guidelines and by the parliamentary authority adopted by the PSC.

B. A nominating committee, composed of 3 members, will be appointed at the regularly scheduled March meeting to nominate candidates for PSC Chair. The election will take place in May, with duties to begin at the July meeting.

C. The term of office is one (1) year. A member may serve as Chair for up to three (3) consecutive terms.

V. Meetings

A. Regular Meetings

The PSC will meet on the second Thursday of each month, unless otherwise determined by the PSC membership. VCEMS will prepare and distribute electronic PSC Packet no later that one week prior to a scheduled meeting.

B. Special Meetings

Special meetings may be called by the chairman, VC EMS Medical Director, VC EMS Administrator or Public Health Director. Except in cases of emergency, seven (7) days notice shall be given.

C. Quorum

The presence a simple majority (1/2 of committee membership plus 1) of voting members shall constitute a quorum. The presence of a quorum at the beginning of the meeting shall allow the committee to continue to do business until adjournment, regardless of the number of members who leave during the meeting.

VI. Task Forces and Ad-hoc Committees

The PSC Chair, VC EMS Administrator, VC EMS Medical Director or Public Health Director may appoint task forces or ad-hoc committees to make recommendations to the PSC on particular issues. The person appointing the task force or ad-hoc committee will name the chair. A task force or ad-hoc committee shall be composed of at least three (3) members and no more than seven (7) individuals. Persons other than voting members may be appointed to task forces or ad-hoc committees.

VII. Calendar Year

The Prehospital Services Committee will operate on a calendar year

VIII. Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order, newly revised, shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these guidelines, and any special rules of order the PSC may adopt.

IX. Submission of Agenda Items

Agenda items shall be received by the Ventura County EMS Office 14 days before the meeting it is to be presented. Items may be submitted by US mail, fax or e-mail and must include the following information:

A. Subject

B. Reason for request

C. Description/Justification

D. Supporting medical information/other research as applicable

E. List of affected VC EMS policies, if a requested policy change

F. Agenda Category:

1. Operational
2. Medical

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106
APPROVED: Administration	Steven L Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Last Reviewed: Review Date:	March 7, 1990 September 13, 2018 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies

II. AUTHORITY: Health and Safety Code Section 1797.220

III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below

IV. PROCEDURE:

A. New Policies and/or Procedures

1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS using the attached form. Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
3. A first draft will be developed from the proposal by VC EMS staff for presentation at the PSC meeting.
4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/ procedure to be assessed.
5. If special committees are assigned:
   a. The evaluation will take place as quickly as possible. Representatives of the special committees will confer as needed.

b. The consensus evaluation and consensus recommendations will be presented to the PSC for further action.

6. The EMS Medical Director and EMS Administrator will receive copies of all comments to proposals and draft policies for review and comment.
7. Proposals and policies may be distributed to potentially affected provider agencies and/or organizations, as appropriate for review and comment.

C. Amendments/Revisions to Existing Policies

1. Suggestions for amendment/revision to an existing policy will be submitted to VC EMS for review by the EMS Medical Director and EMS Administrator using the attached form.
2. The item will be placed on the agenda of the next meeting of the PSC.
3. Information regarding discussion and recommendations will be submitted to the EMS Medical Director for appropriate action.

D. Individuals submitting a proposed policy/procedure, or an amendment to an existing policy must be present at PSC to discuss.

Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by:_____ Date:_____

Representing:_____

A. Description

Title of Agenda Item:_____

Description of Item

_____
_____
_____
_____
_____
_____

B. Analysis

How will this enhance the Ventura County EMS System?

_____
_____
_____

Advantages

_____
_____
_____

Disadvantages

_____
_____
_____

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

C. EMS Agency Review

Received by VC EMS Agency: _____

Reviewed by EMS Administrator: _____

Assigned to:

_____ Purpose: _____
_____ Purpose: _____
_____ Purpose: _____
_____ Purpose: _____

EMS Staff Review Summary

D. Disposition

- ☐ Add as PSC Agenda item on: _____
- ☐ Inadequate or incomplete information - return submission
- ☐ Not to be addressed at this time, resubmit in _____.
- ☐ Adopt item
- ☐ Refer to: (for review and comment)
  - ☐ CQI Subcommittee
  - ☐ EMD Subcommittee
  - ☐ Prehospital Educators
  - ☐ MCI Subcommittee
  - ☐ Other: _____

EMS Administrator Signature:_____ Date:_____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: County Ordinance No. 4099: Ambulance Business License Code		Policy Number 110
APPROVED: Administration	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Revised Date: Last Reviewed: Review Date:	July 10, 1994 September 13, 2007 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

See following pages.

ORDINANCE NO. 4099

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

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

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

(a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.

(b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.

(c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.

(d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.

(e) "COUNTY" or "VC" shall mean County of Ventura.

(f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.

(g) "EMERGENCY CALL" shall mean any of the following:

1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.

2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.

3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.

(h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.

(i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.

(j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.

(k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.

(l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

(m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.

(n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.

(o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

Section 2423 - GENERAL PROVISIONS

Section 2423-l - Ambulance Company License Required - No person, either as owner, agent. or otherwise, shall operate an ambulance or conduct, advertise, or otherwise be engaged in or profess to be engaged in the provision of emergency or non-emergency ambulance service upon the streets or any public way or place of the County, unless he holds a current valid license for an ambulance issued pursuant to this ordinance. An ambulance operated by or contracted for by an agency of the United States or the State of California shall not be required to be licensed hereunder.

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

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.
Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

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

(a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.

(b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.

(c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura, or with the approval of the County of Ventura.

(d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

Section 2423-2 - Ambulance Operators and Personnel

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

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

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

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

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

(a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.

(b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.

(c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.

(1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.

(2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

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

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

(a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or

(b) Habitually or excessively uses or is addicted to the use of narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or

(c) Has falsified or failed to disclose a material fact in his application; or

(d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or

(e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

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

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions

Section 2120-1 - Hearing - A license issued pursuant to the provisions of this division may be suspended or revoked only after complying with the following procedures.

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

Section 2120-1.2 - Acts or Omissions Charged - It shall specify the ordinance code sections, policies or regulations allegedly violated.

Section 2120-1.3 - Notice and Request for Hearing - Upon the filing of a statement of charges, the Clerk of the Board shall serve a copy thereof upon the respondent named therein in a manner provided by Ordinance Code Section 14. It shall be accompanied by a statement that respondent may request a hearing by filing a written request with the Clerk of the Board within ten (10) days after service.

Section 2120-1.4 - Waiver of Hearing - If no request for a hearing is received, the hearing is deemed waived and the VC EMSD may proceed with suspension or revocation. Notice shall be sent respondent of suspension or revocation.

Section 2120-1.5 - Hearing Officer - The Tax Collector or his deputy is hereby designated as hearing officer for any hearing conducted pursuant to this article. The hearing officer shall hear all evidence presented and at the conclusion of the hearing, rule on the charges presented.

Section 2120-1.6 - Time, Place and Notice of Hearing - Upon receipt of request for hearing, the Clerk of the Board shall contact the hearing officer and arrange a date, time and place for the hearing. Notice thereof shall be given all parties at least ten (10) days prior to the hearing.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions
Section 2133 - Appeals

Any person whose application for a license is disapproved or whose license is suspended or revoked after a hearing, may appeal to the Board of Supervisors within thirty (30) days after the date of such denial, suspension or revocation by filing with the Clerk of the Board of Supervisors a request that the Board review denial, suspension or revocation. The appeal shall be in the form of a written notice filed with the Clerk of the Board of Supervisors and signed by the appellant. The notice shall have attached a copy of the written application, suspension or revocation, and shall state clearly and concisely the reasons upon which the appellant relies for his appeal. The Clerk of the Board of Supervisors shall set the matter for hearing within fifteen (15) days after the notice is filed, and shall notify the appellant and VC EMSD of the setting. At the hearing, the appellant shall have the burden of establishing to the satisfaction of the Board that he is entitled to relief, or otherwise the denial of the application, the suspension, or revocation of the license or permit shall stand.

Ord. 4033/215/227.1 April 27, 1993

AN ORDINANCE OF THE COUNTY OF VENTURA
AMENDING VENTURA COUNTY ORDINANCE CODE
SECTION 2423-3 RELATING TO SETTINGS OF AMBULANCE RATES

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

Section 1. Section 2423-3 of the Ventura County Ordinance Code is hereby amended to read as follows:

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

(a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except for consumer price index or other changes as provided for in ambulance provider agreements or as hereinafter specified.

(b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.

(c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA except that consumer price index or other changes provided for in ambulance provider agreements shall be in accordance with such agreements. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.

    (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.

    (2) The VCEMSA shall notify the Board of Supervisors via the informational Agenda of any changes made pursuant to this subsection (c). the Board of Supervisors, after public hearing, may overrule any changes made by the VCEMS pursuant to this subsection (c).

Section 2. This Ordinance shall take effect thirty (30) days following final passage and adoption.
PASSED AND ADOPTED this day of , 1996, by the following vote:

AYES: Supervisors

NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

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

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title AMBULANCE COMPANY LICENSING PROCEDURE	Policy Number 111
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: June 1, 1997 Date Revised: May 8, 2014 Date Last Reviewed: September 13, 2018 Next Review Date: September 30, 2021	Effective Date: December 1, 2018

I. Purpose: All ambulance companies conducting business within Ventura County shall be licensed to operate in the County of Ventura.

II. Authority: Ventura County EMS Agency (VCEMS) Policy 110, Ventura County Ordinance No. 4099.

III. Policy:

A. License Application:

Every applicant for an ambulance company license shall submit the application fee, if any, along with an ambulance license application packet, containing the following elements:

1. Letter of interest on company letterhead, labeled as “Attachment I”, stating at minimum:
    a. Company’s interest in providing services in Ventura County.
    b. Brief statement of your company’s service history and background, including the trade or other fictitious name, if any, under which the applicant does business and/or proposes to do business.
    c. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance(s).
2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. The applicant shall contact VCEMS for the fingerprinting procedure. A copy of the completed Live Scan form(s) shall accompany the application labeled as “Attachment II”.
3. Documentation of the training and experience of the applicant and managers involved in the transportation and care of patients, labeled as “Attachment III”. Evidence shall include applicant and manager resumes showing type and duration of transportation experience, including at least five (5) years of increasingly

responsible experience in the operation or management of a basic or advanced life support service. Each applicant and/or manager must complete, sign, and submit a written statement, (1) identifying all licenses and franchises held during the last ten (10) years, (2) disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, and (3) describing the applicant and/or manager's prior conviction of any misdemeanor or felony, and/or any pending criminal proceedings at the time of application.

4. The location and descriptions of the place or places from which ambulances are intended to operate, labeled as "Attachment IV". Prior to approval of an ambulance license, applicant must establish at least one ambulance station within Ventura County, with the capability of supporting ambulance operations on a continuous 24-hour-per-day basis.
    a. All such locations will comply with all applicable zoning, building, and occupational health and safety regulations and shall be sufficient for all personnel in accordance with all local, state and federal regulations.
    b. Each ambulance station will be adequate to house the ambulance crew(s) required for the ambulance(s) based at that location. Each ambulance based at that location must be available as a disaster resource within one hour of VCEMS request.
    c. Ambulance stations are subject to announced or unannounced VCEMS inspection.

    Upon approval and issuance of an ambulance license, applicant will provide a minimum of one on-duty ambulance on a continuous 24-hour-per-day basis within the County of Ventura. Additionally, applicant must have a supervisor on duty 24 hours per day who will be available in Ventura County within one hour of a request from VCEMS.
5. Description of each ambulance proposed to be operated by the applicant, labeled as "Attachment V". Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulances and a description of the total number of vehicles operated by applicant and the number of ambulance licenses that applicant is requesting. For each ambulance listed for licensure, provide the unit number, license number, vehicle identification number (VIN), make, model

year, model type, mileage, projected vehicle life, and patient capacity of each vehicle. Attach copies of the current vehicle registration issued by the Department of Motor Vehicles (DMV), the California Highway Patrol (CHP) emergency vehicle license and the results of the most recent CHP inspection for each vehicle to be licensed. Prior to approval of an ambulance license, all ambulances proposed to operate in Ventura County will be inspected and shall meet the following:

a. Primary ambulances assigned to Ventura County must be less than six (6) years old and have less than 250,000 miles at time of initial licensure. Ambulances exceeding these maximums may be authorized for use in a reserve capacity following an annual inspection.

b. BLS transport unit equipment and supply requirements as established in VCEMS Policy 504.

c. Radio communication capabilities as provided in VCEMS Policy 905.

d. Radio identification number shall be clearly marked on all four sides of ambulances assigned to Ventura County.

e. All ambulances authorized to operate within Ventura County will be required to install and continuously operate automatic vehicle location (AVL) equipment compatible with the Ventura County Fire Department's regional communications system. Applicant shall contact VCEMS for AVL requirements and procurement procedure.

Any costs for procurement, installation and the continuous operation of the equipment/supplies, radio and AVL requirements are the sole responsibility of the ambulance provider. Only ambulances equipped as described above will be permitted to operate in Ventura County. Ambulances will be subject to announced and unannounced inspection by VCEMS.

6. A statement listing any facts which the applicant believes tend to prove that public convenience, safety and necessity require the granting of a license, labeled as "Attachment VI". Facts shall include written statements or other evidence of either inadequate response times or inadequate care from existing providers. To establish public convenience, safety, or necessity, the applicant shall demonstrate to the satisfaction of the VCEMS Administrator that it has complied with each of the following requirements:

a. The applicant has complied with all provisions of this policy.
b. The applicant is, under normal conditions, serving or likely to serve the public adequately.
c. The applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
d. The applicant meets the minimum requirements to have an ambulance license.

7. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm, labeled as “Attachment VII”. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to documentation provided in response to Section III.A.3 above. The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations. All applicants must also submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even formulas), and describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed. If approved, applicant will submit annual financial statements to VCEMS within three (3) months of the end of the applicant’s fiscal year.
8. Applicant shall establish a VCEMS approved EMT AED Service Provider program which, at a minimum, meets all requirements of VCEMS Policies 802 and 803. Documentation of EMT AED Service Provider program and VCEMS approval shall be labeled as “Attachment VIII”.
9. Applicant shall provide verification of a VCEMS approved Continuous Quality Improvement Program (CQIP), labeled as “Attachment IX”. Applicant’s CQIP must meet the requirements of VCEMS Policy 120 and applicant must agree to fully participate in VCEMS CQI projects and committees.

10. Applicant shall provide copies of its medical dispatch policies and procedures, labeled as “Attachment X”. Applicant must submit copies of dispatch logs for the thirty (30) day period immediately prior to the date of the application and a description of the qualifications for dispatchers. Applicant must also submit a letter of agreement to use the VCEMS approved “Dispatch Call Entry Form” for any Ventura County based ambulance requests.
11. Applicant shall provide a description of the company’s accounts receivable management system, labeled as “Attachment XI”. Documentation should include the location of the closest physical billing office to Ventura County and the training and experience of billing staff and billing management. If the location is not in Ventura County, applicant must provide staff specifically trained and available to address billing inquiries from Ventura County patients.
12. A list of insurance and liability coverage, including certificates of insurance or other evidence of coverage, labeled as “Attachment XII”. The minimum insurance coverage types and limit requirements for ambulance companies include general liability insurance with limits of not less than $1 million each occurrence and $2 million aggregate; automobile liability insurance with limits of not less than $1 million each accident covering all vehicles used by the applicant; worker’s compensation and employers’ liability insurance, or an equivalent program of self-insurance coverage which complies with California Labor Code requirements; and professional liability insurance covering applicant’s errors and omissions with limits of not less than $1 million per each claim and $2 million aggregate. Such insurance shall be provided by insurer(s) satisfactory to VCEMS and upon licensure approval, the general and auto liability insurance policies shall name the County of Ventura as an additional insured.
13. Applicant shall provide a written statement, labeled as “Attachment XIII”, of intent to comply with the Multi-Casualty Incident Response plan as addressed in VCEMS Policy 131. During multi-casualty incidents (MCIs), the capability of the 911 ambulance providers to provide necessary prehospital emergency care and transportation may be insufficient for the number of casualties. Therefore, it is necessary that all non-911 ambulances operating in Ventura County be available to assist during an MCI. For this reason, each ambulance provider will make available, and place into service, all available licensed units upon VCEMS request. All ambulance providers, in the event of an MCI, will:

a. Provide immediate ambulance resource availability within Ventura County when requested by VCEMS.
b. Have an emergency response plan which includes a personnel call-back plan.
c. Have all management and field personnel trained for compliance with VCEMS Policy 131 within 6 months of licensure.
d. Provide, within reason, immediate response to any polls or surveys from VCEMS.
e. Provide, within reason, equipment, facilities, and personnel as requested by VCEMS.
f. When funding is available, the County of Ventura may assist the participating providers in seeking reimbursement for its costs from any disaster relief funding. The County of Ventura will have no financial responsibility for these costs or charges.

When requested by VCEMS, the licensed ambulance provider will participate in a Ventura County organized disaster exercise by assigning a minimum of one (1) fully staffed ambulance and one (1) supervisor. VCEMS will request participation from licensed providers with a minimum of thirty (30) days written notice. All costs associated with participation in the disaster exercise will be the sole responsibility of the licensed provider.

14. The applicant shall provide a written statement, labeled as “Attachment XIV”, of intent to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.
15. Attach evidence of support for applicant and label as “Attachment XV”. Applicant must provide a minimum of three (3) written statements of support, on letterhead, from responsibly positioned, Ventura County-based, residents, institutions, or users of the service.
16. Submit the completed application packet and payment, if any, and five (5) copies of the entire application (including all attachments) to:

    EMS Administrator
    Ventura County EMS Agency
    2220 E. Gonzales Rd. #130
    Oxnard, CA 93036

The original and all copies of the application packet must be submitted in a 3-ring loose leaf binder, with labeled dividers for each attachment identified above. Do

not place documents or pages of the application in page protectors or covers. Two sided copies are encouraged, whenever possible. Applications determined to be incomplete will be returned to the applicant and will not be processed.

B. Procedure for Processing Application for Ambulance Company License:

1. VCEMS shall commence processing an application within fifteen (15) calendar days from the date the application is filed and determined to be complete. Application packets will initially be reviewed by VCEMS staff for compliance with the application requirements in Section III.A of this policy. Once all sections of the application have been reviewed for compliance, the VCEMS Administrator will determine if the application is complete or if the application is deficient in any area. If the application is determined to be deficient, the application will be denied and the applicant will be notified in writing. The applicant will have thirty (30) calendar days in which to respond. Failure to provide the requested information within thirty (30) days will result in the abandonment of the application and the complete application process, including fees, must be restarted in order to be considered for licensure. If the application is determined to be complete, the review process will continue as follows:
    a. VCEMS Administrator will notify all ambulance companies licensed by the County, members of the Prehospital Services Committee (PSC), and EMS Advisory Committee of the receipt of the application and the name and address of the applicant.
    b. VCEMS staff will thoroughly investigate the conditions and requirements listed in Section III.A (except for Sections III.A.7, III.A.11 and III.A.12) of the application packet to verify the information submitted as they relate to the applicant's ability to provide ambulance service in compliance with the standards of this policy.
2. Specific Ventura County departments will review sections of the application that are pertinent to their area of responsibility as follows:
    a. The Ventura County Auditor/Controller's Office shall be requested to review and comment on the financial statement and accounts receivable documents provided in response to Sections III.A.7 and III.A.11, as they relate to the applicant's ability to meet the financial obligations of the business.

b. The Ventura County Risk Management Division shall be requested to review the insurance and liability documents provided in response to Section III.A.12, as they relate to the minimum coverage requirements.

3. The VCEMS Administrator shall conclude evaluation of the application and prepare an administrative report that summarizes each of the application sections and verifies the applicant's compliance with all of the required elements of this policy.

4. VCEMS will present the administrative report and all information received regarding the application to the PSC within one hundred twenty (120) days of the date the application was determined to be complete. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials. PSC members from current Ventura County licensed ambulance providers will be excused during the review process.

   a. PSC shall review the application and develop a written report of its findings to submit to the EMS Advisory Committee.

   b. The findings shall include:

      (1) Whether the applicant has substantially met all elements of the ambulance licensing procedure described in this policy.

      (2) Whether or not public convenience, safety and necessity requires the issuance of an ambulance license.

      (3) Whether the applicant's experience and past performance meets the standards in the VCEMS Policies and Procedures Manual.

      (4) Any other pertinent information.

5. The EMS Advisory Committee shall convene; within ninety (90) days from the date PSC completes its review, to evaluate the application packet, the VCEMS administrative report and the PSC report. The EMS Advisory Committee will develop a written report recommending approval or denial of the application and shall include:

   a. Whether the applicant has complied with all provisions of this policy.

   b. Whether the applicant is, under normal conditions, serving or likely to serve the public adequately.

c. Whether the applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.

d. Whether the applicant meets the minimum requirements to have an ambulance license.

e. Whether additional information is needed.

An approval recommendation by the EMS Advisory Committee is required before proceeding with the application process. Failure to receive an approval recommendation from the EMS Advisory Committee will result in an administrative denial of the application.

6. A denial recommendation from the EMS Advisory Committee may be appealed to the Ventura County Board of Supervisors by following the appeal provisions in Ventura County Ordinance No. 4099.

7. If the EMS Advisory Committee issues an approval recommendation, the Director of the Health Care Agency, Director of the Public Health Department and the VCEMS Administrator and/or their designee(s), will take the application, the VCEMS administrative report, the PSC report and the EMS Advisory Committee recommendation to the Ventura County Board of Supervisors for final action of approval or denial.

8. The VCEMS Administrator shall notify the Ventura County Auditor/Controller of approved applications and shall indicate the service area for which the license is valid.

9. Upon payment of the established license fee by the applicant, VCEMS shall issue the license.

10. The license shall be valid for two (2) years from the date of issue or until surrendered by the licensee, until sale of the company, or until revoked or suspended in accordance with the provisions of the VCEMS Policies and Procedures Manual.

11. The Director of the Health Care Agency or designee(s) shall deny, suspend or revoke an ambulance license in accordance with Sections 2424-1 and 2424-2 of Ventura County Ambulance Ordinance No. 4099.

12. Application for ambulance license renewal, and license renewal fee, if any, shall be received by VCEMS at least sixty (60) days prior to the expiration of the current ambulance license.

13. Ambulance providers that contract with the County to provide emergency ambulance service and which are required by contract to meet all the required conditions for license applicants, may be deemed by the VCEMS Administrator to meet the qualifications for a license and for ongoing license renewals. In such cases, the providers will not be required to comply with the application and re-application procedure described in Section III.A.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hospital Emergency Services Reduction Impact Assessment	Policy Number 124
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: June 1999 Date Revised: May 13, 2004 Date Last Reviewed: September 13, 2018 Review Date: September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To provide a mechanism for Ventura County to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system of the reduction or closure of emergency services in hospitals.

II. AUTHORITY: Health and Safety Code Section 1300 (c).

III. POLICY: Acute care hospitals intending to implement either a reduction or closure of emergency services must advise the EMS agency as soon as possible, but at least 90 days prior to the proposed change.

A. The notification of change proposal must include:

1. Reason for the proposed change(s).
2. Itemization of the services currently provided and the exact nature of the proposed change(s).
3. Description of the local geography, surrounding services, the average volume of calls.
4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.

B. Evaluation Process

1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.
2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will

complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a minimum, the Impact Evaluation report shall include:

a. Assessment of community access to emergency medical care.
b. Effect on emergency services provided by other entities.
c. Impact on the local EMS system.
d. System strategies for accommodating the reduction or loss of emergency services.
e. Potential options, if known.
f. Public and emergency services provider comments.
g. Suggested/recommended actions.

3. Within fifty (50) days of notification, the EMS Agency will release the draft impact evaluation report to prehospital and hospital emergency services personnel, with a 10 working day comment period; and conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearings may be incorporated with other public meetings held by the Public Health Department, Board of Supervisors and/or other government agencies, commissions, or committees.
4. Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation, and submit those findings to the California Department of Health Services, State EMS Authority, Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, planning/zoning authorities, local EMS participants and other interested parties.
5. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the affected county.
6. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
7. The hospital proposing a reduction or closure of service(s) will be charged a $750.00 fee by Ventura County Emergency Medical Services for the impact evaluation.

Time Line (in calendar days) for Development of Report of Impact on the EMS System in the Event of Closure or Reduction of Emergency Department Services in Local Hospitals					
Day 0	By Day 7	By Day 35	By Day 50	By Day 60	By Day 90
VC EMS is notified of pending closure or reduction in emergency services	Hospital has formally received necessary information relating to impact study	1. Draft EMS Impact Evaluation Report completed and distributed. to prehospital and hospital emergency medical services personnel with a 10 working day comment period 2. Public Hearing Date set.	1. At least one public hearing has been conducted 2. Results of comments and hearing(s) are incorporated into the final Impact Evaluation.	VC EMS will prepare Final Impact Evaluation VC EMS will submit the report to agencies listed in Section III.4	The hospital will serve notice of the public hearings regarding closure / reduction of services and hold such hearings.

CLOSURE / REDUCTION IN SERVICES IMPACT EVALUATION
HOSPITAL ASSESSMENT CRITERIA
VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

This tool provides a quantitative indication of the relative impact potential of an emergency service reduction/elimination by one or more of the listed facilities. The numeric value indicates the magnitude of the impact, not the "value" of the facility to its community or the EMS system. Values are for a 12 month period.

Hospitals (in alphabetical order)	GEOGRAPHIC ISOLATION B (# of Hospitals within 15 mile radius) (Maximum points – 30) < 2 30 2-4 20	911 ALS TRANSPORTS	911 BLS TRANSPORTS	TOTAL ED VOLUME 1 point per 1000	HOSPITAL SERVICES Base Hospital 25 Cardiovascular Surgery 10 Neuro 25 NICU 5 Psych. (5150) 10	ED DIVERSION Hours <50 30 50-99 25 100-199 20 200-299 15 300-399 10 400-499 5 >500 0	TOTAL
Adventist Health Simi Valley							
Los Robles Regional Medical Center							
St. John's Pleasant Valley Hospital							
St. John's Regional Medical Center							
Ojai Valley Community Hospital							
Ventura County Medical Center							
Community Memorial Hospital							

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: Date Last Reviewed: Date Revised: Review Date:	November 1, 2003 September 13, 2018 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

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

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

AGENCY/IES INVOLVED:		Personnel Involved:
☐ AMR ☐ GCA ☐ VEN ☐ VCSAR	☐ FLM ☐ LMT ☐ VNC	
☐ SVH ☐ SJRMC	☐ LRRMC ☐ VCMC	
Medication Name(s):		
TYPE OF ERROR:		
☐ WRONG DOSAGE ☐ VARIATION FROM 705 POLICIES ☐ CALCULATON ERROR ☐ EXCEEDING MAX DOSE	☐ WRONG ROUTE ☐ WRONG MEDICATION ☐ MEDICATION OMMITED ☐ INCORRECT TIME ☐ 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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ALS Response Unit Staffing		Policy Number: 318
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 August 9, 2018 August 9, 2018 August 31, 2021	Effective Date: December 1, 2018

I. PURPOSE: To establish medical control standards for ALS response unit paramedic staffing.

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

III. DEFINITIONS:

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

B. Definition of an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.

IV. POLICY:

A. All ALS Response Units must be staffed with a minimum of one Level II paramedic who meets the requirements in this policy.

B. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT meeting requirements in VCEMS Policy 306. An ALS response unit may be staffed with a non-accredited Paramedic only when it is also staffed with an authorized Field Training Officer (FTO) or Paramedic Preceptor, unless the non-accredited Paramedic is functioning in a BLS capacity in accordance with VCEMS Policy 306.

C. ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry.

D. Field Training Officer (FTO): An agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist Authorization, Paramedic Accreditation, Level I or Level II Paramedic Authorization/Re-Authorization.

E. Paramedic Preceptor: A Paramedic, as identified in California Code of Regulations, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a Field Training Officer, when designated by that individual's agency.

V. PROCEDURE:

A. Level I

1. A paramedic will have Level I status upon completion of the following:
   a. Current Paramedic Licensure by the State of California
   b. Current Accreditation in the County of Ventura per VCEMS Policy 315.
2. To maintain Level I status, the paramedic shall:
   a. Maintain employment with an approved Ventura County ALS service provider.
   b. Complete a minimum of 288 hours of practice as a paramedic or 30 patient contacts (minimum of 15 ALS) every six-month period (January 1 – June 30 and July 1 – December 31);
      1) With the approval of the EMS Medical Director, for those paramedics with a minimum of 1 year of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full-time basis, complete a minimum of 144 hours of practice, or 20 patient contacts (minimum 10 ALS), in the previous 6-month period in Ventura County.
   c. Complete VCEMS continuing education requirements, as described in Section V.C.
3. If the paramedic fails to meet these requirements, s/he is no longer authorized as a Level I paramedic.
4. To be reauthorized as a Level I paramedic, the paramedic must complete a minimum of 48 hours as a second or third crewmember of direct field observation by an authorized Paramedic FTO, to include a minimum of 5 ALS contacts.

B. Level II

1. A paramedic will have Level II status upon completion of the following:
   a. Employer approval.
   b. All of the requirements of Level I.
   c. A minimum of 240 hours of direct field observation by an authorized Ventura County Paramedic FTO.
      1) This will include a minimum of 30 patient contacts, (minimum 15 ALS contacts).
      2) If a paramedic has a minimum of 4000 hours of prehospital field experience performing initial ALS assessment and care. Direct field observation with the approval of the Paramedic FTO and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).
   d. Approval by the paramedic FTO who evaluated most of the contacts.
   e. Successful completion of competency assessments:
      1) Scenario based skills assessment conducted by the candidate’s preceptor,

Provider's clinical coordinator, PCC and PLP when possible.

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

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

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

1) Delays in arranging or scheduling direct field observation shift(s) should not delay the Level II upgrade process. In the event an observation shift cannot be arranged with the PCC by the end of the 240 hour upgrade process, the observation requirement may be waived with VCEMS approval. Every attempt should be made to schedule this observation in advance, and conduct the shift prior to the completion of the 240 hour upgrade process.

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

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

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

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

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

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

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

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

2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another

county or work in an acute care setting (RN or LVN) on a full-time basis, complete a minimum of 288 hours of practice, or 30 patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.

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

4) If the paramedic fails to meet this requirement:

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

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

c) If Level II authorization has lapsed for less than one year and the paramedic has not worked as a paramedic for 6 months or more during the lapse interval OR if Level II authorization has lapsed for greater than one year, reauthorization will require completion of all of the requirements in Section V.B.1. These requirements may be reduced at the discretion of the VCEMS Medical Director.

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

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

C. Continuing Education Requirements

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

1. Advanced Cardiac Life Support (ACLS) certification shall be obtained within three months and either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months and remain current.
2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.
3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:
   a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.
   b. Education and/or testing on updates to local policies and procedures.
   c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.

d. Successful completion of any additional VCEMS-prescribed training as required. These may include, but not be limited to:

1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.
2) Education and/or testing for Local Optional Scope of Practice Skills.
3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1-hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.
4) One airway lab refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VCEMS Medical Director, or the VCEMS Medical Director.
5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.

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

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

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

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

Appendix A

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION FORM

Employer: Please instruct the paramedic to complete the requirements in the order listed. Employer shall contact PCC to schedule appointment.

_____, paramedic has been evaluated and has met all criteria for upgrade to Level II status as defined in Ventura County EMS Policy 318.

Level II Paramedic

_____ All the requirement of level I met.
_____ Completion of 240 hrs of direct field observation by an authorized Paramedic FTO
_____ Approval by Paramedic FTO
_____ Submit all appropriate documentation to VCEMS including

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

Please sign and date below for approval.

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

Paramedic FTO Signature	Print FTO name legibly	Date:
Employer Signature	Print Employer name legibly	Date

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

PCC Signature	Print PCC signature legibly	Date

Appendix B

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

6	600 601 603 606 613 306	Medical Control on Scene Medical Control at the Scene – EMS Personnel Against Medical Advice Determination of Death Do Not Resuscitate EMT-I: Req. to Staff an ALS Unit			
7	402 612 618	Patient Diversion/ED Closure Notification of Exposure to a Communicable Disease Unaccompanied Minor ECG Review Radio Communication			
8	 131 607 1202 1203	Mega Codes MCI Hazardous Material Exposure-Prehospital Protocol Air Unit Dispatch for Emergency Medical Response. Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation Review Head to Toe Assessments			
10		Review Policies and Procedures			
		VCEMS Policy and Arrhythmia Exams			

Paramedic Name: _____ **License. #**_____**Date**_____

FTO Signature_____**Date**_____

PCC Signature_____**Date**_____

Employer Signature: _____**Date:** _____

METHOD OF EVALUATION KEY

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

Appendix C

NAME: _____

EMPLOYER: _____ LICENSE #: P_____

Ventura County Accreditation Requirements
Continuing Education Log

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

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

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

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

Field Care Audit Hours (12 hours are required, 6 hours must be completed in Ventura County)				
	Date	**Location**	**# Of Hours**	**Provider Number**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours

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

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

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

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

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

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

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

Additional Hours **(12 hours)**

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Preceptor / FTO	Policy Number: 319
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: June 1, 1997 Date Revised: September 13, 2018 Last Date Reviewed: September 13, 2018 Next Review Date: September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To establish minimum requirements for designation as a Ventura County paramedic preceptor.

II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798. California Code of Regulations, Title 22, Division 9, Section 100150

III. DEFINITIONS:

A. A field training officer (FTO) is an agency designation for those personnel qualified to train others for the purposes of EMT ALS-Assist authorization, paramedic accreditation, level I or level II Paramedic authorization/re-authorization.

B. The paramedic preceptor as identified in California Code of Regulations, is qualified to train paramedic student Interns. A paramedic preceptor may also be a FTO, when designated by that individual's agency.

IV. POLICY:

A. A Paramedic may be designated a paramedic preceptor upon completion of the following:

1. Be a licensed paramedic in the state of California, working in the field for at least the last two (2) years
2. Be under the supervision of the principal instructor, program director and/or program medical director of the applicable paramedic training program.
3. 6 months, (minimum 1440 hours) practice in Ventura County as a level II paramedic.
4. Written approval submitted to VCEMS by employer.

5. Written approval submitted to VCEMS by the prehospital care coordinator at the base hospital of the area where the paramedic practiced the majority of the time.
6. Successful completion of a Ventura County Emergency Medical Services Agency (VCEMS) paramedic preceptor training course.
7. Written notification of intent to practice as a paramedic preceptor shall be submitted to VCEMS prior to preceptor working in this capacity.

B. A preceptor shall not precept or evaluate more than one person at a time.

C. Paramedic Interns: Preceptors must directly observe the performance of all "Critical Procedures" and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.

1. Critical Procedures:

a. Endotracheal Intubation

1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding). The intern will not make a second attempt.

b. Needle Thoracostomy
c. Intraosseous needle insertion
d. Childbirth
e. Medication Administration
f. PVAD
g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).

F. Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.

G. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

Employer: Please instruct the Paramedic to complete the requirements in the order listed. Upon employer approval the employer will contact the PCC prior to Paramedic contacting PCC for approval.

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

Please initial the appropriate box

Paramedic Preceptor

_____ All the requirement of level II met.
_____ 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.
_____ Successful completion of the VC EMS Preceptor Training course.
_____ Approval by employer
_____ Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.
_____ Notification of VC EMS
_____ Completion of Curriculum Vitae

Please sign and date below for approval.

Employer Date:

PCC, BH Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse Authorization Criteria		Policy Number: 321
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Last Date Reviewed: Next Review Date:	April 1, 1983 May 8, 2014 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.

II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.

III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Paramedics at the scene of an emergency.

IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:

- A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
- B. Successfully completes an approved MICN Developmental Course.
- C. Ride with an Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
- D. Be recommended for MICN authorization by his/her employer.
- E. Successfully complete the authorization examination process.
- F. Complete an MICN internship.

V. AUTHORIZATION REQUIREMENTS

- A. Professional Experience:

  The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
- B. Prehospital Care Exposure

The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the previous six calendar months, the candidate shall have one or more of the following assignments.

1. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six-(6) months' critical care experience. A Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

1. The MICN developmental course shall include a four (4) hour Mass Casualty Incident (MCI)-Basic training module to be administered by a VCEMS or authorized representative.

D. Field Observation

Candidates shall ride with an approved Ventura County Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response patient contact or simulated drill.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Prehospital Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.

3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

   The recommendation shall include:

   a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).

   b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.

   c. Verification that each candidate has successfully completed an approved MICN Developmental Course.

   d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.

F. Examination Process

1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.

   a. The examination's overall minimum passing score shall be 80%.

   b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.

   c. The examination shall be scheduled in conjunction with class completion dates.

2. Examination Failure

   a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.

   b. A minimum score of 80% must be attained on repeat examination.

   c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.

3. Failure to Appear

   a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.

b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.

c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (l0) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (l0) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period

or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

Appendix A

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of the MICN Authorization Criteria

_____ Has been employed by _____ in the Emergency Department for at least 520 hours gaining prehospital care exposure.

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.

_____
Emergency Department Medical Director/
Paramedic Liaison Physician

_____
Emergency Department Nursing Supervisor

_____
Prehospital Care Coordinator

Date: _____

Appendix B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301

Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.

Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ( )	Work Phone: ( )	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	

Initial Authorization:

- ☐ Pass the Ventura County EMS MICN Exam with a score of 80% or higher.
- ☐ Provide a copy of a valid and current license as a registered nurse in California
- ☐ Provide a copy of a valid and current ACLS card (front and back of card)
- ☐ Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)
- ☐. Field Observation Verification (VCEMS Policy 321, appendix C)
- ☐. Documentation of Critical Care Experience (VCEMS Policy 321, appendix A)
- ☐. Documentation of Ventura County Emergency Department Experience
- ☐. Letter of Recommendation
- ☐ Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D)

Reauthorization

- ☐ Provide a copy of a valid and current license as a registered nurse in California
- ☐ Provide a copy of a valid and current ACLS card (front and back of card)
- ☐ Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)
- ☐ Verification of employment as an MICN at a designated base hospital
- ☐ Letter of Recommendation (VCEMS Policy 322, appendix A)
- ☐ Continuing Education Log (VCEMS Policy 322, appendix D)

Applicant Signature: Date

Prehospital Care Coordinator Signature: Date

POLICY 321
APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.:_____

EMPLOYER: _____ RIDE-ALONG DATE: _____

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

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED:YES: _____# _____ NO_____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Paramedic Signature Paramedic Signature

_____ _____
MICN Signature PCC Signature

(Use other side for additional comments)

_____

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.		

Date	Incident # (and Pt # of Total as needed)	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Policy 321
Appendix E

VERIFICATION OF INTERNSHIP COMPLETION

_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:

Category	Rating	Comments
Understands and operates equipment properly		
Sets correct priorities		
Requests additional information as needed		
Orders are specific, complete and appropriate		
Understands treatment rationale		

NOTE:
In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:

1. Poor
2. Fair
3. Average
4. Good
5. Excellent

ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Signatures:

_____
BH Medical Director/Paramedic Liaison Physician

_____
Prehospital Care Coordinator

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	April 1983 May 8, 2014 September 13, 2018 September 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).

II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.

II. POLICY:

Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).

III. PROCEDURE:

A. Ventura County MICNs shall:

1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
   a. Field Care Audits (Field care audit): Twelve hours per two years.
   b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
      1) EMS Updates (Mandatory, up to two times per year, as offered).
      2) ACLS recertification - 4 hours credit
      3) PALS, PEPP, or ENPC recertification – 4 hours credit
      3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.

a) Self-study CE shall be documented by a certificate from the sponsor of the self-study opportunity (e.g., EMS journals mail courses, etc.).

b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A posttest shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.

c) Ride along with an approved Ventura County Paramedic unit may be required at PCC discretion.

c. Basic MCI Training for the MICN:

1) Four (4) hour initial training required no later than December 31, 2014 for all new and existing MCINs.

2) Two (2) hour refresher training required for MICN re-authorization every two years after the initial training has been completed.

d. Miscellaneous Education: Ten hours per two years. Miscellaneous education Includes:

1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,

2) ALS level teaching, maximum of 8 hours.

3) Additional field care audit and/or lecture/ seminar, or

4) Administrative assistance to PCC.

e. Verification of attendance must be retained by the MICN.

1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.

2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the Paramedic/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.

3) Credit shall be given only for actual time in attendance at CE.

4) Credit may be received for a class one time only in an authorization cycle.

2. To Maintain MICN Authorization
   a. Function as an MICN for an average of 32 hours per month over a six-month period or
   b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.
3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
4. Maintain current ACLS and PALS, PEPP or ENPC certification.

B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse Authorization Reactivation		Policy Number 324
APPROVED: Administration	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Revised: Date Last Reviewed: Next Review Date:	December 1991 September 11, 2014 September 13, 2108 September 30, 2021	Effective Date: December 1, 2018

I. Purpose: To define the procedure for reactivating a lapsed or inactive authorization.

II. Authority: Health and Safety Code 1797.56 and 1797.58, 1797.213 and 1798.

III. Policy: An individual may reactivate his/her authorization upon completion of the following requirements.

V. Procedure: An individual whose Mobile Intensive Care Nurse (MICN) authorization has become inactive or lapsed shall be eligible for reauthorization when the following have been met:

A. MICN Authorization has lapsed due to failure to meet continuous service requirements and date on authorization has not expired.

1. Notify VCEMS of intent to reactivate authorization.
2. Within six (6) months of notification of intent to reactivate, complete a minimum of six - (6) hours of lecture/seminar and six (6) hours field care audit. These hours will be applied to continuing education requirements for reauthorization.
3. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction to a field unit under the direction of an authorized MICN or MD during minimum of five (5) ALS call-ins requiring ALS care.
4. Submit recommendations for reactivation of authorization from Base Hospital.

B. MICN authorization expired for 1-31 days:

1. Notify VCEMS of intent to reactivate.
2. Meet the requirements for authorization reactivation as defined in Policy 322.

C. MICN authorization expired less than one (1) year.

1. Notify VCEMS of intent to reactivate. Complete the following in order and within six (6) months.
2. Prior to assignment on a radio:
   a Meet the requirements for reauthorization as defined in Policy 322.
   b Complete additional continuing education consisting of six (6) hours lecture/seminar and six (6) hours field care audit.
   c Complete eight (8) hours of Field Observation on a Ventura County ALS unit.
3. Demonstrate competence to practice as an MICN by satisfactorily rendering the medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of five (5) ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
4. Submit recommendations for reactivation of MICN authorization from the Base Hospital to VC EMS.

D. MICN authorization expired between one (1) and two (2) years.
1. Notify VC EMS of intent to reactivate. In the following order, and within six (6) months:
2. Prior to assignment on a radio:
   a. Meet the requirements for reauthorization as defined in Policy 322.
   b. Complete additional continuing education consisting of nine (9) hours lecture/seminar and nine (9) hours field care audit.
   c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during minimum of ten ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.

E. Authorization expired for two (2) years or more
1. Notify VC EMS of intent to reactivate. Criteria must be met in the following order and within six (6) months.

2. Prior to assignment on a radio:
    a. Meet the requirements for reauthorization as defined in Policy 322
    b. Complete additional continuing education consisting of an additional twelve (12) hours field care audit and twelve (12) hours lecture/seminar.
    c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of ten (10) ALS responses. An ALS response is defined as the performance, by the Paramedic one or more of the skills listed in the VC EMS Scope of Practice.
4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.

F. EMS Agency Responsibilities

VC EMS shall issue an authorization card upon successful completion of the requirements for reactivation.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: EMT/Paramedic/MICN Decertification and Discipline	Policy Number 330
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: April 9, 1985 Date Revised: October 11, 2018 Date Last Reviewed: October 11, 2018 Review Date: October 31, 2021	Effective Date: December 1, 2018

I. PURPOSE: Defines the disciplinary process regarding prehospital emergency care certificates including provision of counseling, placing certificate holder on probation or suspension, revocation of certificate, denial of renewal of certificate, or denial of certification.

II. AUTHORITY: California Health and Safety Code, Section 1798.200

III. POLICY: The Ventura County Emergency Medical Services Agency (VCEMS) may provide counseling, place on probation, suspend from practice for a designated time period, deny or revoke certification or deliver reprimands to Ventura County Certified EMT, Paramedic, or MICN if their actions, while providing prehospital care, constitutes a threat to public health and safety.

GROUNDS FOR DISCIPLINARY ACTION:

A. Evidence that one or more of the following actions that constitute a threat to public health and safety has/have occurred:

1. Fraud in the procurement of any certification, license or authorization.
2. Gross negligence or repeated negligent acts
3. Incompetence
4. Commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
5. Conviction of any crime, which is substantially related to the qualifications, functions and duties of prehospital personnel. The record of conviction shall be considered conclusive evidence of conviction.
6. Violation of or an attempt to violate or assistance in or abetting the violation of, or conspiring to violate, any provision of Division 2.5 of the Health and Safety Code, or of the regulations promulgated by the California State Emergency Medical Services Authority, or the County of Ventura pertaining to prehospital care personnel.

7. Violation of or an attempt to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs or controlled substances.
8. Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs or controlled substances.
9. Functioning as a Ventura County certified EMT, accredited Paramedic, or authorized MICN while under the influence of alcoholic beverages, narcotics, dangerous drugs or controlled substances.
10. Functioning outside the scope of the held certificate or independent of medical controls in the local prehospital emergency medical care system except as authorized by other license or certification.
11. Unprofessional conduct exhibited by any of the following:
    a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT or Paramedic from assisting a peace officer, or a peace offer that is acting in the dual capacity of peace officer and EMT or Paramedic, from using that force that is reasonably necessary to affect a lawful arrest or detention.
    b. The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the California Civil Code.
    c. The commission of any sexually related offense specified under Section 290 of the California Penal Code.
12. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

B. Failure to pass a certifying or recertifying examination shall be sufficient grounds for the denial of a certificate or the denial of the renewal of a certificate without a formal appeal process.

IV. PROCEDURE:

A. Submission of Claim

When any of the grounds for disciplinary action are exhibited by a certificate holder, any individual observing such grounds may submit a written claim relative to the infraction as well as any other supporting evidence to the VCEMS. Discovery through medical audit shall be considered as a source of information for action.

B. Notification of Claim against Certificate Holder.

Before any formal investigation is undertaken, VCEMS shall evaluate the claim(s) relative to the potential threat to the public health and safety and determine if further action appears to be warranted.

When such a claim is submitted to VCEMS, the PCC and ED medical director at the appropriate base hospital shall be notified, in addition to the ALS provider management (if the certificate holder is an EMT or paramedic) of the claim. Notification of such a claim shall be given verbally within twenty-four (24) hours, or as soon as possible, followed by written notification within ten (10) days. The written notice shall include:

1. A statement of the claim(s) against the certificate holder.
2. A statement which explains that the claim(s), if found to be true, constitute a threat to the public health and safety and are cause for VCEMS to take disciplinary action pursuant to Section 1798.200 of the Health and Safety Code.
3. An explanation of the possible actions, which may be taken if the claims are found to be true.
4. A brief explanation of the formal investigation process.
5. A request for a written response to the claim(s) from the certificate holder.
6. A statement that the certificate holder may submit in writing any information, which she/he feels in pertinent to the investigation, including statements from other individuals, etc.
7. The date by which the information must be submitted.
8. A statement that if she/he so chooses, the certificate holder may designate another person, including legal counsel or the certificate holder's employer, to represent him/her during the investigation.

   This notification may be combined with notification of disciplinary action if the certificate holder's certificate is being immediately suspended.

   The claim shall be responded to by the appropriate individual(s) and relevant information shall be submitted to VCEMS within fifteen (15) days after receipt of written notification.

C. Review of Submitted Material

VCEMS shall review the submitted material and determine the appropriate disciplinary action.

1. The nature of the disciplinary action shall be related to the severity of the risk to the public health and safety caused by the actions of the certificate holder or applicant for a prehospital care certificate.

2. The types of action, which may be taken prior to or subsequent to formal investigation, include:

   Immediate suspension: VCEMS may immediately suspend a prehospital emergency medical care certificate at any point in the investigative or appeal process if there is evidence which indicates in the expert opinion of the VCEMS Medical Director that a continuing threat to the public health and safety will exist if the certificate is not suspended. The certificate holder's relevant employer shall be notified prior to or concurrent with initiation of the suspension. An expedited appeal hearing shall be convened if the certificate holder requests, in writing, such a hearing. Written notification shall be sent by certified mail.

COUNTY OF VENTURA HEALTH CARE AGENCY	POLICIES AND PROCEDURES EMERGENCY MEDICAL SERVICES
Policy Title: Ventura County Emergency Departments	Policy Number: 400
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: October, 1984 Date Revised: August 9, 2018 Date Last Reviewed: August 9, 2018 Next Review Date: August 31, 2021	Effective Date: December 1, 2018

Base Hospitals
Basic Emergency Departments

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

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

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

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

Receiving Hospitals
Basic Emergency Departments

Community Memorial Hospital
147 No. Brent Street
Ventura, CA 93003
(805) 652-5018

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

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

Receiving Hospital
Standby Emergency Department

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title ALS Base Hospital Standards		Policy Number: 410
APPROVED Administration:	Steven L. Carroll, Paramedic	Date: September 1, 2018
APPROVED Medical Director:	Daniel Shepherd, MD	Date: September 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 22, 1986 August 9, 2018 August 9, 2018 August 31, 2021	Effective Date: September 1, 2018

I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Base Hospital (BH) designation.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.

III. POLICY:

A. An Advanced Life Support (ALS) BH, approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:

1. Meet all requirements of an ALS Receiving Hospital (RH) per VCEMS Policy 420.
2. Have an average emergency department (ED) census of 1200 or more visits per month.
3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.
    a. If the communications capability of the BH is interrupted, the ALS provider and the nearest BH shall be notified immediately by telephone.
    b. ALS calls shall be routed to the nearest BH until communication capability is restored and telephone notification of the ALS provider and nearest BH is made.
    c. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.
4. Assure that communication between the BH and ALS Unit for each ALS call shall be provided only by the BH ED physician or Ventura County authorized Mobile Intensive Care Nurse (MICN) by radio or telephone.
5. Designate a Prehospital Liaison Physician (PLP) who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The PLP shall:

a. Be regularly assigned to the ED.
b. Have experience in and knowledge of BH operations.
c. Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.
d. Be responsible for reporting deficiencies in patient care to VCEMS.
e. Coordinate BH activities with RH, Prehospital Services Committee (PSC) and VCEMS policies and procedures.
f. Attend PSC meetings.
g. Provide ED staff education.
h. Evaluate paramedics for clinical performance and makes recommendation to VCEMS.
j. Evaluate MICNs for authorization/reauthorization and makes recommendation to VCEMS.

6. Have on duty, on a 24-hour basis, one (1) MICN who meets the criteria in VCEMS Policy 321.
7. Identify an MICN with experience in, and knowledge of, BH communications operations and VCEMS policies and procedures as a Prehospital Care Coordinator (PCC) to assist the PLP in the medical control, supervision, and continuing education (CE) of prehospital care personnel. The PCC shall be a full-time or full-time equivalency employee whose responsibility is dedicated to the oversight and management of the prehospital / EMS duties of the BH.
8. Provide for the CE of prehospital care personnel, paramedics MICNs, EMTs, and first responders, in accordance with VCEMS:
9. Cooperate with and assist the PSC and the VCEMS medical director in the collection of statistics and review of necessary records for program evaluation and compliance.
10. Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders.
11. Agree to maintain all recorded communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to, the recording of the prehospital communication, prehospital care record, paramedic BH communications form and documentation of telephone communication with the RH (if utilized). All prehospital data except the recording will be integrated with the patient chart.

B. There shall be a written agreement between the BH and VCEMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for ALS program participation as specified by State regulations and VCEMS policies and procedures.

C. The VCEMS shall review its agreement with each BH at least every two years.

D. The VCEMS may deny, suspend, or revoke the approval, of a BH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the PSC and Board of Supervisors for appropriate action.

E. A hospital wishing to become an ALS BH in Ventura County must meet Ventura County BH Criteria and agree to comply with Ventura County regulations.

1. Application:
   Eligible hospitals shall submit a written request for BH approval to VCEMS documenting the compliance of the hospital with the Ventura County BH Criteria.
2. Approval:
   a. Program approval or disapproval shall be made in writing by the VCEMS to the requesting BH within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
   b. The VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all the program requirements.
3. Withdrawal of Program Approval:
   Non-compliance of any criterion associated with program approval, use of non-certified personnel, or non-compliance with any other Ventura County regulation applicable to a BH, may result in withdrawal, suspension or revocation of program approval by the VCEMS.

F. Advanced Life Support BHs shall be reviewed on an annual basis.

1. All BH's shall receive notification of evaluation from the VCEMS.
2. All BH's shall respond in writing regarding program compliance.
3. On-site visits for evaluative purposes may occur.
4. Any BH shall notify the VCEMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

BASE HOSPITAL
CRITERIA COMPLIANCE CHECK LIST

Base Hospital: _____ Date: _____

	YES	NO
An Advanced Life Support (ALS) Base Hospital (BH), approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:		
1. Meet all requirements of an ALS Receiving Hospital (RH) per (VCEMS) Policy 420.		
2. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics. If the communications capability of the BH is interrupted, the ALS provider and the nearest BH shall be notified immediately by telephone. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.		
3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.		
4. Designate a Prehospital Liaison Physician (PLP) who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The PLP shall:		
• Be regularly assigned to the Emergency Department (ED).		
• Have experience in and knowledge of BH operations.		
• Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.		
• Be responsible for reporting deficiencies in patient care to VCEMS.		
• Coordinate BH activities with RH, Prehospital Services Committee (PSC) and VCEMS policies and procedures.		
• Attend PSC meetings.		
• Provide ED staff education.		
• Evaluate MICNs for authorization/reauthorization and make recommendation to VCEMS.		
5. All BH MICN's shall:		
• Be authorized in Ventura County by the VCEMS Medical Director.		
• Be assigned only to the ED while functioning as an MICN.		
• Maintain current ACLS certification.		
• Be a BH employee.		

		YES	NO
6.	Identify an MICN with experience in and knowledge of BH communication operations and VCEMS policies and procedures as a Prehospital Care Coordinator (PCC) to assist the PLP in the medical control, supervision, and continuing education (CE) of prehospital care personnel. The PCC shall be a full-time or full-time equivalency employee whose responsibility is dedicated to the oversight and management of the prehospital / EMS duties of the BH.		
7.	Provide for the CE of prehospital care personnel (paramedics MICN's, EMTs, and first responders), in accordance with VCEMS Policy 1131:		
8.	Cooperate with and assist the Prehospital Services Subcommittee (PSC) and the VCEMS MD in the collection of statistics and review of necessary records for program evaluation and compliance.		
9.	Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders and medical procedures.		
10.	Agree to maintain all recorded communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to the tape of the prehospital communication, prehospital care record paramedic BH communications form, documentation of telephone communication with the RH (if utilized). All prehospital data except the tape recording will be integrated with the patient chart.		
11	Submit a letter to VCEMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for program participation as specified by State regulations and VCEMS policies and procedures.		

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	Steven L. Carroll, Paramedic	Date: September 1, 2018
APPROVED Medical Director:	Daniel Shepherd, MD	Date: September 1, 2018
Origination Date: April 1, 1984 Date Revised: August 9, 2018 Date Last Reviewed: August 9, 2018 Review Date: August 31, 2021		Effective Date: September 1, 2018

I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.

III. POLICY:

A. A RH , approved and designated by the Ventura County, shall:

1. Be licensed by the State of California as an acute care hospital.
2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
3. Be accredited by a CMS accrediting agency.
4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a “Comprehensive Emergency Department,” “Basic Emergency Department” or a “Standby Emergency Department.”
5. Operate an Intensive Care Unit.
6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics

7. Have operating room services available within 30 minutes.

8. Have the following services available within 15 minutes.

   X-ray Laboratory Respiratory Therapy

9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.

10. Have the capability at all times to communicate with the ambulances and the Base Hospital (BH).

11. Designate a ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:

    a. Be regularly assigned to the ED.

    b. Have knowledge of VCEMS policies and procedures.

    c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.

    d. Attend, or have designee attend, PSC meetings.

    e. Provide ED staff education.

    f. Schedule medical staffing for the ED on a 24-hour basis.

12. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:

    a. All Emergency Department physicians shall:

        1) Be immediately available to the Emergency Department at all times.

        2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:

            a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.

            b. Have and maintain current Advanced Trauma Life Support (ATLS) certification.

            c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.

    b. RH EDs shall be staffed by:

        1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or

2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.

a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.

b) Physicians working in more than one hospital may total their hours.

c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.

d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.

c. All RH RNs shall:

1) Be regular hospital staff assigned solely to the ED for that shift.

2) Maintain current ACLS certification.

d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.

e. Sufficient licensed personnel shall be staffed to support the services offered.

13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.

14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.

15. Participate with the BH in evaluation of paramedics for reaccreditation.

16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.

B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.

C. EMS shall review its agreement with each RH at least every two years.

D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.

E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.

F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.

1. Application:
   Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
2. Approval:
   Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.

G. ALS RHs shall be reviewed every two years.

1. All RH shall receive notification of evaluation from the EMS.
2. All RH shall respond in writing regarding program compliance.
3. On-site visits for evaluative purposes may occur.
4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.

H. Paramedics providing care for emergency patients with potentially serious medical conditions, and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:

1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
2. Chest pain or discomfort of known or suspected cardiac origin
3. Sustained respiratory distress not responsive to field treatment
4. Suspected pulmonary edema not responsive to field treatment
5. Potentially significant cardiac arrhythmias
6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
8. Burns greater than 10% body surface area
9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital

I. A RH with a standby emergency department only, offering "standby emergency medical service," is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.

1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
   a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
   b. With bleeding that cannot be controlled
   c. Without an effective airway
2. 3. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
4. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____ Date: _____

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County , shall:		
1.	Be licensed by the State of California as an acute care hospital.		
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3.	Be accredited by a CMS accrediting agency		
4.	Operate an Intensive Care Unit.		
5.	Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
	• Cardiology		
	• Anesthesiology		
	• Neurosurgery		
	• Orthopedic Surgery		
	• General Surgery		
	• General Medicine		
	• Thoracic Surgery		
	• Pediatrics		
	• Obstetrics		
6.	Have operating room services available within 30 minutes.		
7.	Have the following services available within 15 minutes.		
	• X-Ray		
	• Laboratory		
	• Respiratory Therapy		
8.	Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.		
9.	Have the capability at all times to communicate with the ambulances and the BH.		
10.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
	a. Be regularly assigned to the Emergency Department.		
	b. Have knowledge of VC EMS policies and procedures.		

					YES	NO
	c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.				
	d.	Attend or have designee attend PSC meetings.				
	e.	Provide Emergency Department staff education.				
	f.	Schedule medical staffing for the ED on a 24-hour basis.				
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:					
	a.	All Emergency Department physicians shall:				
		1).	Be immediately available to ED at all times.			
		2)	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:			
			a).	Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
			b)	Have and maintain current Advanced Trauma Life Support (ATLS)certification.		
			c)	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
	b.	RH EDs shall be staffed by:				
		1).	Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or			
		2)	Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.			
			a)	Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
			b)	Physicians working in more than one hospital may total their hours		
			c)	Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

			YES	NO
		d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.)		
	c.	All RH RNs shall:		
		1) Be regular hospital staff assigned solely to the ED for that shift.		
		2) Maintain current ACLS certification.		
	d.	All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
	e.	Sufficient licensed personnel shall be utilized to support the services offered.		
12.		Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13.		Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14.		Participate with the BH in evaluation of paramedics for reaccreditation.		
15.		Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B.		There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____ Date: _____

All Emergency Department physicians shall:			YES	NO
1.	Be immediately available to the RH ED at all times.			
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:			
	a.	Have and maintain current ACLS certification.		
	b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
	c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL STANDBY EMERGENCY DEPARTMENT ADDITIONAL CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital w/Standby ED:_____ Date: _____

	EMS REVIEW	
The RH with standby ED has:	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B. Ability of staff to care for the degree and severity of patient injuries or condition.		
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: BLS And ALS Unit Equipment And Supplies		Policy Number: 504
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Last Reviewed: Review Date:	May 24, 1987 October 11, 2018 October 11, 2018 October 31, 2021	Effective Date: December 1, 2018

I. PURPOSE: To provide a standardized list of equipment and supplies for response and/or transport units in Ventura County.

II. POLICY: Each response and/or transport unit in Ventura County shall be equipped and supplied according to the requirements of this policy.

III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218, 1797.221 and California Code of Regulations Sections 100148, 100306, 100404

IV. PROCEDURE:

The following equipment and supplies shall be maintained on each response and/or transport unit in Ventura County.

Deviation from the standards outlined in this policy shall only be authorized with written approval (see attached Equipment/Medication Waiver Request form) from the VCEMS Medical Director. Mitigation attempts should be documented in the comment section on the waiver request form, such as what vendors were contacted, etc.

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS				
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 infant
Bag valve units Adult Child	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3
Nasopharyngeal airway (adult and child or equivalent)	1 each	1 each	1 each	1 each
Continuous positive airway pressure (CPAP) device	1 per size	1 per size	1 per size	1 per size
Nerve Agent Antidote Kit	9	9	9	0
Blood glucose determination devices *(optional for non-911 BLS units)*	2	1	1	1
Oral glucose 15gm unit dose	1	1	1	1
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.
Portable suction equipment	1	1	1	1
Transparent oxygen masks Adult nonrebreather Child Infant	 3 3 2	 2 2 2	 2 2 2	 2 2 2
Bandage scissors	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	 12 6	 12 2 0	 12 6 2	 5 4 2
Blood pressure cuffs Thigh Adult Child Infant	 1 1 1 1	 1 1 1 1	 1 1 1 1	 1 1 1 1
Emesis basin/bag	1	1	1	1
Flashlight	1	1	1	1
Traction splint or equivalent device	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	4	4	4
Potable water or saline solution	4 liters	4 liters	4 liters	4 liters
Cervical spine immobilization device	2	2	2	2
Spinal immobilization devices KED or equivalent	1	1	1	1

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
60" minimum with at least 3 sets of straps	1	0	1	
Sterile obstetrical kit	1	1	1	1
Tongue depressor	4	4	4	4
Cold packs	4	4	4	4
Tourniquet	1	1	1	1
1 mL and 5 mL syringes with IM needles	4	4	4	4
Automated External Defibrillator (if not equipped with ALS monitor/defibrillator)	**1**	**1**	**1**	**1**
Personal Protective Equipment per State Guideline #216				
Rescue helmet	2	1	0	0
EMS jacket	2	1	0	0
Work goggles	2	1	0	0
Tyvek suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Tychem hooded suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Nitrile gloves	1 Med / 1 XL	1 Med / 1 XL	0	0
Disposable footwear covers	1 Box	1 Box	0	0
Leather work gloves	3 L Sets	1 L Set	0	0
Field operations guide	1	1	0	0
OPTIONAL EQUIPMENT				
Occlusive dressing or chest seal				
Hemostatic gauze per EMSA guidelines				
B. TRANSPORT UNIT REQUIREMENTS				
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1 Set	0	0	1 Set
Soft Ankle and wrist restraints.	1	0	0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0
Bedpan	1	0	0	0
Urinal	1	0	0	0

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS UNIT REQUIREMENTS				
Cellular telephone	1	1	1	1
Alternate ALS airway device	2	1	1	1
Arm Boards 9” 18”	 3 3	 0 0	 1 1	 0 0
Cardiac monitoring equipment	1	1	1	1
CO_2 monitor	1	1	1	1
Colorimetric CO2 Detector Device	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets
Endotracheal intubation tubes, sizes 6.0, 6.5, 7.0, 7.5, 8.0 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
EZ-IO intraosseous infusion system	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Intravenous Fluids (in flexible containers) • Normal saline solution, 500 ml • Normal saline solution, 1000 ml	 2 6	 1 2	 1 4	 1 3
IV admin set - macrodrip	4	1	4	3
IV catheter, Sizes l4, l6, l8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries Curved blade #2, 3, 4 Straight blade #1, 2, 3	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each
Magill forceps Adult Pediatric	 1 1	 1 1	 1 1	 1 1
Nebulizer	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1
Needle Thoracostomy kit	2	2	2	2
Pediatric length and weight tape	1	1	1	1
SpO_2 Monitor (If not attached to cardiac monitor)	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)				
Flexible intubation stylet				
Cyanide Antidote Kit				

	BLS Unit Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
D. MEDICATION, MINIMUM AMOUNT					
Adenosine, 6 mg		3	3	3	3
Albuterol 2.5mg/3ml		6	2	3	1
Aspirin, 81mg		4 ea 81 mg	4 ea 81 mg	4 ea 81 mg	4 ea 81 mg
Amiodarone, 50mg/ml 3ml		6	3	6	3
Atropine sulfate, 1 mg/10 ml		2	2	2	2
Diphenhydramine (Benadryl), 50 mg/ml		2	1	1	2
Calcium chloride, 1000 mg/10 ml		2	1	1	1
Dextrose					
• 5% 50ml, OR		2	1	2	1
• 10% 250 ml, OR		5	2	2	2
• 25% 2.5 GM 10ml, OR		1	1	1	1
• 50%, 25 GM/50		2	1	2	1
Epinephrine					
• Epinephrine , 1mg/ml					
• 1 mL ampule / vial, OR	2	5	5	5	5
• Adult auto-injector (0.3 mg), AND	2	4	2	2	2
Peds auto-injector (0.15 mg)	2	4	2	2	2
• Epinephrine 0.1mg/ml (1 mg/10ml preparation)		6	3	6	4
Glucagon, 1 mg/ml		2	1	2	1
Lidocaine, 100 mg/5ml		2	2	2	2
Magnesium sulfate, 1 gm per 2 ml		4	4	4	4
Morphine sulfate, 10 mg/ml		2	2	2	2
Naloxone Hydrochloride (Narcan)					
• IN concentration - 4 mg in 0.1 mL (optional for ALS and non-911 BLS units), OR	2	5	5	5	5
• IM / IV concentration – 2 mg in 2 mL preload (optional for non-911 BLS units)	2	5	5	5	5
Nitroglycerine preparations, 0.4 mg		1 bottle	1 bottle	1 bottle	1 bottle
Normal saline, 10 ml		2	2	2	2
Sodium bicarbonate, 50 mEq/ml		2	1	1	1
Ondansetron 4 mg IV single use vial		4	4	4	4
Ondansetron 4 mg oral		4	4	4	4
Midazolam Hydrochloride (Versed)		5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials

Ventura County EMS Agency
Equipment/Medication
Waiver Request

Date: _____ Form completed by: _____

Agency: _____

Equipment/Medication (name, concentration, supplied dose, packaging):

_____

Lot # and Expiration: _____

In response to an ongoing, or imminent shortage of the single and specific medication/equipment listed above, the provider agency requests the following *Action Plan* (choose one):

☐ **A)** One-time, 30-day waiver exempting the provider agency from minimum stocking standards listed in Policy 504 for the medication listed above requested to begin _____
Explain specific issue and mitigation attempt in comment section below:

☐ **B)** 90-day window for a preapproved, one-time, 30-day waiver exempting provider agency from minimum stocking standards listed in Policy 504 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.
Explain specific issue and mitigation attempt in comment below:

☐ **C)** Request for substitution of medication with alternative (concentration & amount)
Explain specifics and mitigation attempts in comment section below:

Pending approval of this request, the requesting provider agency certifies an understanding, and compliance with each of the following:

The provider agency will immediately report any adverse impacts on patient care resultant of this shortage to the EMS Agency.

If a need for continuing waiver is expected beyond 30 days the provider agency will submit a new request no later than five days before this waiver's expiration.

The provider agency will notify the EMS Agency within 24 hours when medication restock becomes available and this waiver will become null and void, unless otherwise specified by EMS Agency.

Action B only - The provider agency will notify the EMS agency within 24 hours when medication stock falls below minimum stocking levels and preapproved 30 day waiver is enacted.

The provider agency will provide any evidence required by EMS Agency of educational plan deemed necessary by EMS Agency to prepare field personnel to incorporate this shortage into patient care.

Submit to EMSA by email EMSAgency@ventura.org or fax to 805-981-5300

Comments:

Ventura County EMS Agency
Equipment/Medication
Waiver Request

EMS AGENCY USE ONLY

Requesting Agency

Date received:

Date Processed:

Equipment/Medication Shortage Mitigation and Response Strategies verified: Yes ☐ No ☐

Waiver granted: Yes ☐ No ☐

If yes, *Action Plan* granted: A ☐ B ☐ C ☐

Waiver start date:

Expires:

Action plan B only - Preapproved period starts:

Expires:

Approved by

Medical Director:

Print:

Sign: Date:

EMS Administration:

Print:

Sign: Date:

Comments:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transfer of Patients		Policy Number 605
APPROVED: Administration:	Steven L. Carroll	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Next Review Date:	July 26, 1991 August 9, 2018 August 9, 2018 August 31, 2021	Effective Date: December 1, 2018

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-Emergency Transfers

Non-emergency transfers shall be transported in a manner which allows the provider to comply with response time requirements.

B. Emergency Transfers

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. Transferring process

1. The transferring physician will determine the patient's resource requirements and request an inter-facility ALS, or BLS transfer unit using the following guidelines:

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

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. DOCUMENTATION

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

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: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	April 27, 1990 September 11, 2014 August 9, 2018 August 31, 2021	Effective Date: December 1, 2018

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)

Appendix A

Pre Hospital Exposure Tracking/ Request Form

Hospital Receiving Request							
☐	CMH	☐	LRHMC	☐	OVCH	☐	SJPVH
☐	SJRMC	☐	SPH	☐	SVH	☐	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:					

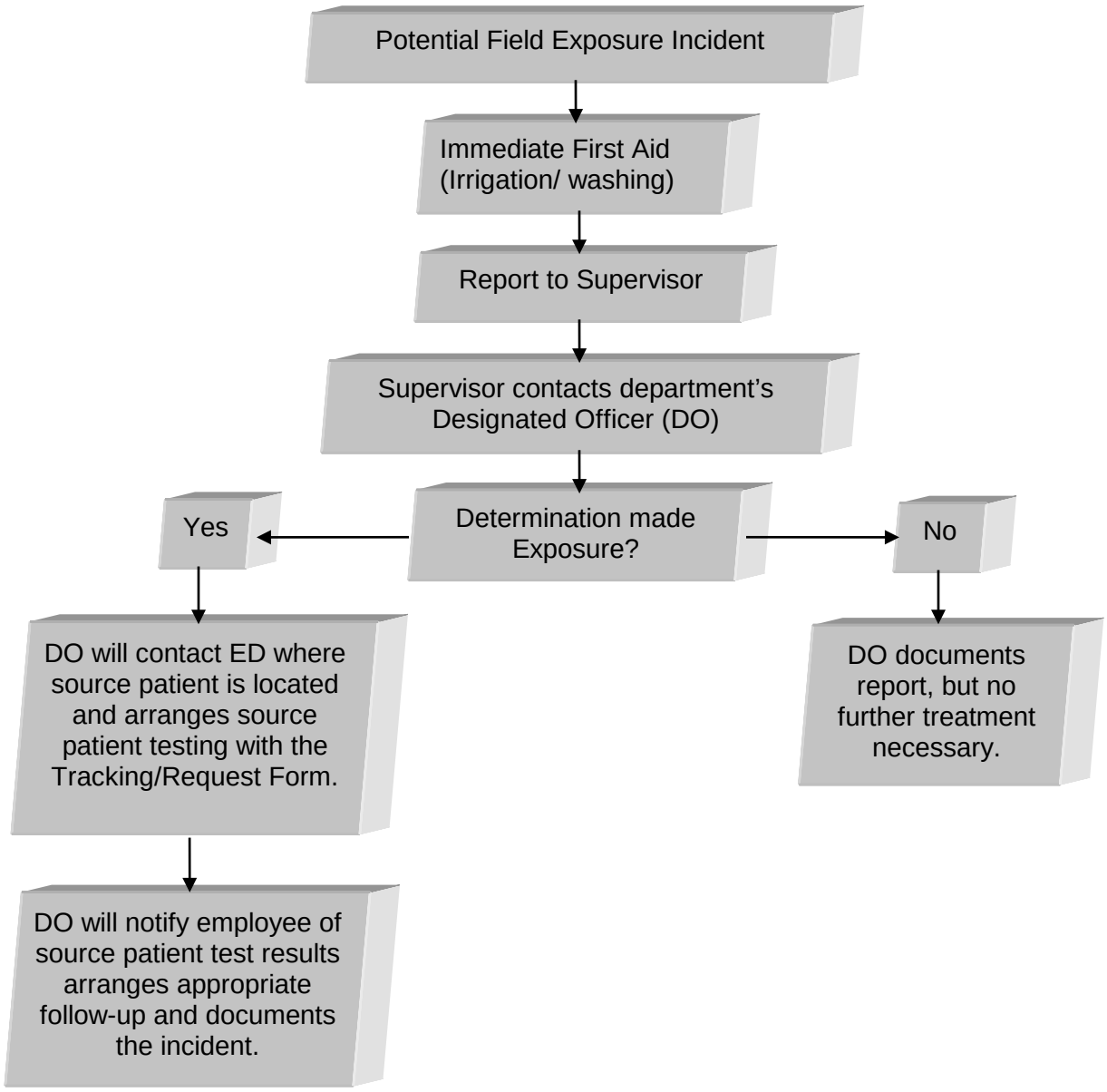
Diagnosis: Bloodborne Pathogen Exposure: V15.85
Exposed Employee's Name:
DOB: Date of Injury/Exposure:

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:		

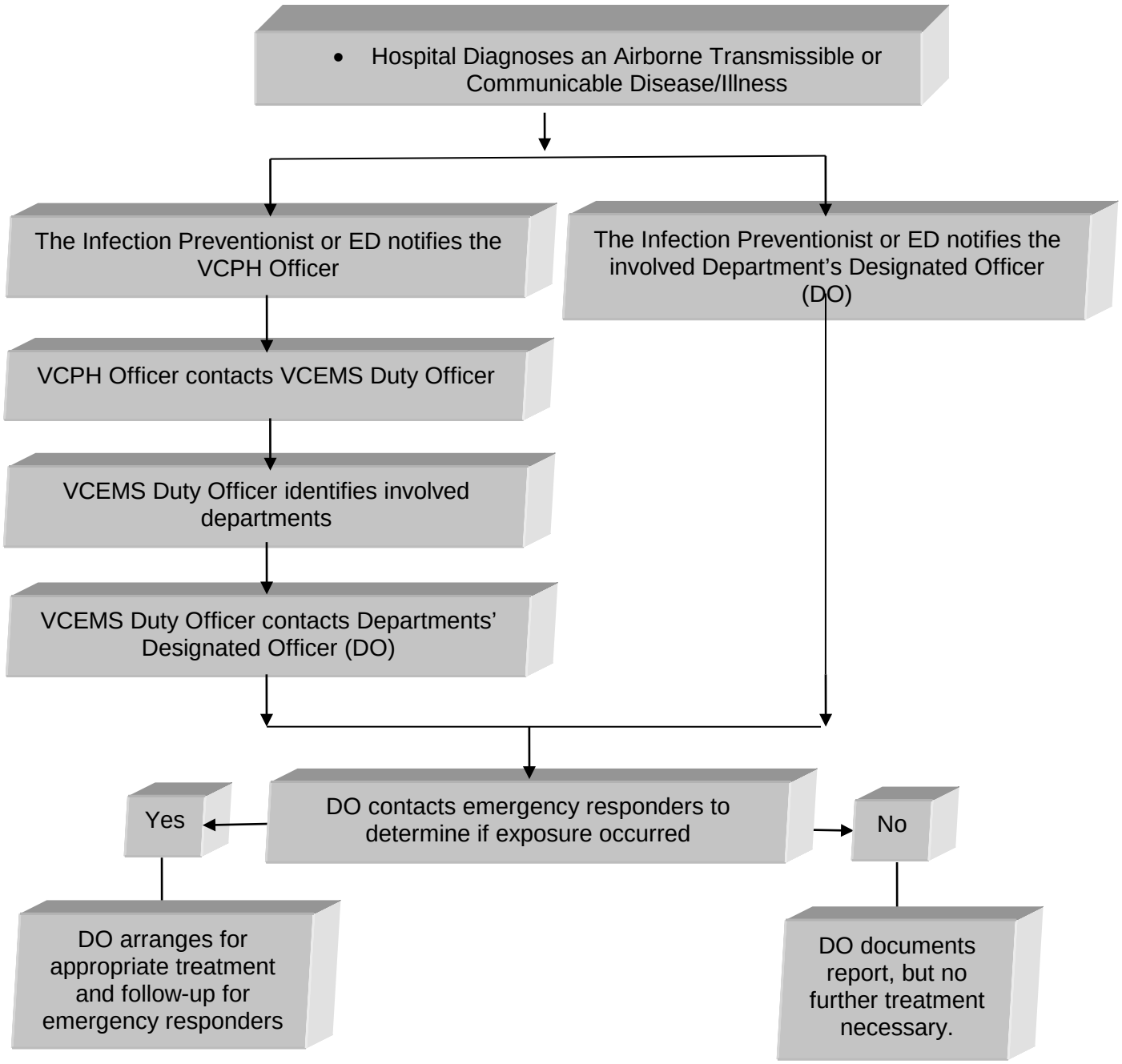
Appendix B

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



Appendix C

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



Appendix D

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)
Smallpox (variola)/Varioloa 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

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Organ Donor Information Search	Policy Number 615
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: October 1, 1993 Date Revised: June 14, 2018 Date Last Reviewed: June 14, 2018 Review Date: June 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To establish guidelines for Emergency Medical Services (EMS) field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears to be imminent.

II. AUTHORITY: Health and Safety Code Section 7152.5(b)

III. POLICY: EMS field personnel shall make a brief reasonable search to determine the presence or absence of an organ donor card on adult patients for whom death appears to be imminent. This brief search shall not interfere with patient care and must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible.

IV. DEFINITIONS:

A. "Reasonable Search": A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet, purse or other personal belongings on or near the individual likely to contain a driver's license or other identification card with this information. A REASONABLE SEARCH SHALL NOT TAKE PRECEDENCE OVER PATIENT CARE/TREATMENT.

B. "Imminent Death": A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at a hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

C. "Receiving Hospital": The hospital to which the patient is being transported.

IV. PROCEDURE:

A. When EMS field personnel encounter an unconscious adult patient for whom it appears that death is imminent (that is, death prior to arrival at a hospital), they shall attempt a "reasonable search" as defined in Section III. A. This search must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible. If a family member or patient representative is the only witness available, EMS field personnel should clearly and carefully explain the intent of the brief search. The identity of the witness to the brief search will be documented on the approved Ventura County Documentation System.

B. Treatment and transport of the patient remains the highest priority for EMS field personnel. This search shall not interfere with patient care or transport.

C. EMS field personnel shall notify the receiving hospital if organ donor information is discovered. Advanced Life Support (ALS) units shall notify the base hospital in addition to the receiving hospital.

D. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless it is requested by the investigating law enforcement officer. If the investigating law enforcement officer retains the organ donor card, the presence of the card will be documented on the approved Ventura County documentation system. In the event that the patient is not transported, any document will remain with the patient.

E. Field personnel should briefly note the results of the search, notification of hospital, and witness name(s) in the narrative section of the VCePCR.

F. No search is to be made by EMS field personnel after patient death occurs.

G. If a member of the patient's immediate family or other patient representative objects to the search for an organ donor document at the scene, no search shall be made, and their response to a question about the patient's organ donor wishes may be considered to satisfy the requirement of this policy. This information shall be documented on the approved Ventura County Documentation System.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Unaccompanied Minors		Policy Number 618
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 1, 1995 June 14, 2018 June 14, 2018 June 30, 2021	Effective Date: December 1, 2018

I. PURPOSE: To describe the process to be followed when EMS personnel determine that an unaccompanied minor does not need ambulance transport.

II. AUTHORITY: Sections 1797.200 and 1798, California Health & Safety Code; Section 100148, Title 22, Division 9 California Code of Regulations.

III. POLICY: The following procedure will be followed when field personnel assess a minor patient who is unaccompanied by a responsible adult and who is determined not to have an illness or injury requiring ambulance transport.

IV. PROCEDURE:

A. The patient is assessed according to Policy 603. Field personnel should attempt to contact the parent(s) of the patient.

B. The currently approved ePCR will be completed per Policy 1000 and 603.

C. The field personnel will document the name/badge# of an officer who will assume responsibility for the child until his/her parent(s) arrive.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Medical Control At Scene, Private Physician/Physician on Scene	Policy Number: 703
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: January 1985 Revised Date: June 14, 2018 Date Last Reviewed: June 14, 2018 Review Date: June 30, 2021	Effective Date: December 1, 2018

I. Purpose**:** To establish guidelines for medical control of patient care at the scene of a medical emergency. To assist the paramedic who, arrives on the scene of a patient who is being attended by a California licensed physician.

II. Authority: Health and Safety Code, Division 2.5, Sections 1798 & 1798.6. California Code of Regulations, Title 22, Division 9, Section 100175.

III. Policy: paramedics shall use the following procedure to determine on-scene authority for patient care.

IV. Procedure:

A. When a bystander at the scene of a medical emergency identifies himself/herself as a physician, the paramedic shall:

1. Obtain proper identification from the individual (preferably California licensure as M.D., or D.O.) and document name on the PCR.
2. Present the CMA card “Note to Physician on Involvement with AEMTs and EMT-Ps (Paramedic)” to him/her to read and choose level of involvement.
3. Contact the Base Hospital and advise them that there is a physician on scene.
4. Determine the level of involvement the physician wishes to have and inform the Base Hospital.

B. If the physician chooses not to assume patient care, the Base Hospital shall retain medical control and the paramedic's will utilize the physician as an "assistant" in patient care activities.

C. If the physician chooses to take medical control, the paramedic's will instruct the physician in radio operation procedures and have the physician at the scene communicate with the Base Hospital physician. The Base Hospital physician may do either of the following:

1. Retain medical control, but consider and/or utilize suggestions offered by the physician at the scene.
2. Request that the physician at the scene function in an observer capacity only.
3. Delegate medical control to the physician at the scene.
4. If the physician at the scene has been given medical control by the Base Hospital physician, the paramedic shall:
    a. Make ALS equipment and supplies available to the physician and offer assistance.
    b. Ensure that the physician accompany the patient in the ambulance to the hospital, and signs for all instructions and medical care given.
    c. Keep the Base Hospital advised.

D. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.

E. The Base Hospital shall:

1. Speak to the physician on scene, unless a delay would be detrimental to patient care, or the physician is the patient's personal physician, to determine qualification regarding emergency treatment and level of involvement chosen by the physician.
2. Document the physician's intent to assume patient care responsibility.
3. Relinquish patient care to the patient's personal physician, if he/she has arrived after Base Contact has been made and wishes to assume control.

4. In cases where a dispute arises regarding medical care, the ultimate decision as to patient care shall be made by the Base Hospital, except when the personal physician is present.

F. Private Physician on Scene

1. If the private physician is present and assumes responsibility for the patient care, the paramedic shall advise the Base Hospital that the patient is under the care of his/her private medical doctor (PMD) and inform the Base Hospital of the PMD's instructions.
2. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.

Allergic Reaction and Anaphylaxis

BLS Procedures

Administer oxygen as indicated
Anaphylaxis: Assist patient with prescribed epinephrine auto-injector, or

- If under 30 kg – Epinephrine IM 1 mg/mL
  - IM 0.15 mg via auto-injector, pre-filled syringe, or syringe/vial draw
    - May repeat x1 in 5 minutes if patient remains in distress
- If 30 kg and over – Epinephrine IM 1mg/mL
  - IM 0.3mg via auto-injector, pre-filled syringe, or syringe/vial draw
    - May repeat x1 in 5 minutes if patient remains in distress

ALS Prior to Base Hospital Contact

ADULT	PEDIATRIC
IV/IO access Allergic Reaction: • **Benadryl** o IV/IO/IM – 50 mg • **Albuterol (if wheezing is present)** o Nebulizer – 5 mg/6 mL ▪ Repeat as needed	IV/IO Access Allergic Reaction: • **Benadryl** o IV/IO/IM – 1 mg/kg ▪ Max 50 mg • **Albuterol (if wheezing is present)** • Less than 2 years old o Nebulizer – 2.5 mg/3 mL ▪ Repeat as needed • 2 years old and greater o Nebulizer – 5 mg/6 mL • Repeat as needed
Anaphylaxis without shock: • **Epinephrine** 1 mg/mL, if not already administered by BLS personnel o IM 0.3 mg ▪ May repeat x 1 q 5 minutes if patient remains in distress Anaphylaxis with Shock: • Epinephrine IM 1 mg/mL as above "anaphylaxis without shock" if IV/IO has not been established • Epinephrine IV/IO 0.1 mg/mL o 0.01 mg (1mL) increments – slow IV/IOP over 1-2 minutes ▪ Max 0.03mg (3mL) • Initiate 2nd IV/IO • **Normal Saline** o IV/IO bolus – 1 Liter	Anaphylaxis without Shock: • **Epinephrine 1 mg/mL, if not already administered by BLS personnel** o IM – 0.01 mg/kg to a max of 0.15 mg ▪ May repeat q 5 minutes, if patient remains in distress • If patient under 30 kg, max dose is 0.3 mg • If patient 30 kg and over, max dose is 0.6 mg Anaphylaxis with Shock: • Epinephrine IM 1 mg/mL as above "anaphylaxis without shock" if IV/IO has not been established • Epinephrine IV/IO 0.1 mg/mL o Slow IV/IOP - 0.01 mg/kg (0.1 mL/kg) increments over 1-2 minutes ▪ Max 0.03mg (3mL) • Initiate 2nd IV if possible or establish IO • **Normal Saline** o IV/IO bolus – 20 mL/kg

Communication Failure Protocol

Anaphylaxis without Shock • *Repeat* **Epinephrine 1 mg/mL** o IM – 0.3 mg q 5 min x 2 as needed Anaphylaxis with Shock • Epinephrine 1 mg/mL as above "anaphylaxis without shock" if IV/IO has not been established o *Repeat* **Normal Saline** • IV/IO bolus – 1 Liter • Epinephrine IV/IO 0.1 mg/mL o Slow IV/IOP - 0.01 mg (1 mL) increments over 1-2 minutes ▪ Max 0.03 mg (3 mL)	Anaphylaxis without Shock • *Repeat* **Epinephrine 1 mg/mL** o IM – 0.01 mg/kg q 5 min x 2 as needed Anaphylaxis with Shock • Epinephrine 1 mg/mL as above "anaphylaxis without shock" if IV/IO has not been established o *Repeat* **Normal Saline** • IV/IO bolus – 20 mL/kg • **Epinephrine 0.1 mg/mL** o Slow IV/IOP – 0.01 mg/kg (0.1 mL/kg) increments over 1-2 min • Max 0.03 mg (3 mL)

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL - or – 10 mcg / 1 mL

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Next Review Date: October 31, 2020
Date Revised: October 11, 2018
Last Reviewed: October 11, 2018

VCEMS Medical Director

Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)

ADULT	PEDIATRIC
BLS Procedures	
Initiate Cardiac Arrest Management (CAM) Protocol Airway management per VCEMS policy	
ALS Prior to Base Hospital Contact	
Assess/treat causes IV/IO access • PRESTO Blood Draw **Epinephrine** • IV/IO – **0.1mg/mL**: 1 mg (10 mL) q 3-5 min If suspected hypovolemia: • **Normal Saline** o IV/IO bolus – 1 Liter ALS Airway Management • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures	Assess/treat causes IV/IO access • PRESTO Blood Draw **Epinephrine 0.1mg/mL** • IV/IO – 0.01mg/kg (0.1 mL/kg) q 3-5 min If suspected hypovolemia: • **Normal Saline** o IV/IO bolus – 20 mL/kg • Repeat x 2 ALS Airway Management • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. Make early Base Hospital contact for all pediatric cardiac arrests
Base Hospital Orders only	
Tricyclic Antidepressant Overdose • **Sodium Bicarbonate** • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min Beta Blocker Overdose • **Glucagon** o IV/IO – 2 mg • May give up to 10mg if available Calcium Channel Blocker Overdose • **Calcium Chloride** o IV/IO – 1 g • Repeat x 1 in 10 min • **Glucagon** o IV/IO – 2 mg • May give up to 10mg if available History of Renal Failure/Dialysis • **Calcium Chloride** • IV/IO – 1 g • Repeat x 1 in 10 min • **Sodium Bicarbonate** • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min x2	Tricyclic Antidepressant Overdose • **Sodium Bicarbonate** • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min Beta Blocker Overdose • **Glucagon** • IV/IO – 0.1 mg/kg • May give up to 10mg if available Calcium Channel Blocker Overdose • **Calcium Chloride** • IV/IO – 20 mg/kg • Repeat x 1 in 10 min • **Glucagon** • IV/IO – 0.1 mg/kg • May give up to 10mg if available History of Renal Failure/Dialysis • **Calcium Chloride** • IV/IO – 20 mg/kg • Repeat x 1 in 10 min • **Sodium Bicarbonate** • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min x2
Consult with ED Physician for further treatment measures	

Additional Information:

- If sustained ROSC (> 30 seconds), perform 12-lead EKG and set VT/Vfib alarm if available. Transport to SRC.
- If suspected hypovolemia, initiate immediate transport
- In cases of normothermic cardiac arrest patients 18 years and older with unwitnessed cardiac arrest, adequate ventilations, vascular access, and persistent asystole or PEA despite 20 minutes of standard advanced cardiac life support, the base hospital should consider termination of resuscitation in the field. If transported, the patient may be transported Code 2. If unable to contact the base hospital, resuscitative efforts may be discontinued and patient determined to be dead.
- If patient is **hypothermic** – only ONE round of medication administration prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility.

Effective Date: December 1, 2018
Next Review Date: August 31, 2020

Date Revised: August 9, 2018
Last Reviewed: August 9, 2018

VCEMS Medical Director

Cardiac Arrest – VF/VT

ADULT	PEDIATRIC
BLS Procedures	
Initiate Cardiac Arrest Management (CAM) Protocol Airway management per VCEMS policy	
ALS Prior to Base Hospital Contact	
Defibrillate • Use the biphasic energy settings that have been approved by service provider medical director • Repeat every 2 minutes as indicated **IV or IO access** • PRESTO Blood Draw **Epinephrine** • IV/IO – 0.1mg/mL: 1 mg (10 mL) q 3-5 min **Amiodarone** • IV/IO – 300 mg – after second defibrillation • If VT/VF persists, 150 mg IV/IO in 3-5 minutes **ALS Airway Management** • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures If VF/VT stops, then recurs, perform defibrillation at the last successful biphasic energy setting	**Defibrillate** – 2 Joules/kg • If patient still in VF/VT at rhythm check, increase to 4 Joules/kg • Repeat every 2 minutes as indicated **IV or IO access** • PRESTO Blood Draw **Epinephrine** 0.1mg/mL • IV/IO – 0.01mg/kg (0.1 mL/kg) q 3-5 min **Amiodarone** • IV/IO – 5 mg/kg – after second defibrillation • If VT/VF-persists, 2.5 mg/kg IV/IO in 3-5 minutes **ALS Airway Management** • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. If VF/VT stops, then recurs, perform defibrillation at the last successful biphasic energy setting
Base Hospital Orders only	
Tricyclic Antidepressants • Sodium Bicarbonate o IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min Torsades de Pointes • Magnesium Sulfate o IV/IO – 2 g over 2 min • May repeat x 1 in 5 min	Tricyclic Antidepressants • Sodium Bicarbonate o IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min
Consult with ED Physician for further treatment measures <u>ED Physician Order Only</u> 1. History of Renal Failure/Dialysis • **Calcium Chloride** o IV/IO – 1g o Repeat x 1 in 10 min • **Sodium Bicarbonate** o IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min	Consult with ED Physician for further treatment measures <u>ED Physician Order Only</u> 1. History of Renal Failure/Dialysis • **Calcium Chloride** o IV/IO – 20 mg/kg over 1 min • Repeat x 1 in 10 min • **Sodium Bicarbonate** • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min
Additional Information: • If sustained ROSC (>30 seconds), perform 12-lead EKG and set VF/VT alarm if available. Transport to SRC. • After 30 minutes of sustained VF/VT, make base contact for transport decision • If patient is <u>hypothermic</u>–only ONE round of medication administration and limit *defibrillation to 6 times* prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility • Ventricular tachycardia (VT) is a rate > 150 bpm	

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VCEMS Medical Director

Chest Pain – Acute Coronary Syndrome

BLS Procedures

Administer oxygen if dyspnea, signs of heart failure or shock, or SpO2 < 94%
Assist patient with prescribed Nitroglycerin as needed for chest pain

- Hold if SBP less than 100 mmHg

ALS Prior to Base Hospital Contact

Perform 12-lead ECG

- Expedite transport to closest STEMI Receiving Center if monitor interpretation meets the manufacturer guidelines for a positive STEMI ECG and/or physician states ECG is positive for STEMI.
- Document all initial and ongoing rhythm strips and ECG changes

For continuous chest pain consistent with ischemic heart disease:

- **Aspirin**
  - PO – 324 mg
- **Nitroglycerin (DO NOT administer if ECG states inferior infarct)**
  - SL or lingual spray – 0.4 mg q 5 min for continued pain
    - No max dosage
    - Maintain SBP greater than 100 mmHg

IV/IO access

- 3 attempts only prior to Base Hospital contact

If pain persists and not relieved by NTG:

- **Morphine** – per policy 705 - Pain Control
  - Maintain SBP greater than 100 mmHg

If patient presents or becomes hypotensive:

- Lay Supine
- **Normal Saline**
  - IV/IO bolus – 500 mL -may repeat x1 for total 1000 mL.
    - Unless CHF is present

Communication Failure Protocol

One additional IV/IO attempt if not successful prior to initial BH contact

- 4 attempts total per patient

If hypotensive (SBP less than 90 mmHg) and signs of CHF are present or no response to fluid therapy:

- **Epinephrine 0.1 mg/mL**
  - Slow IV/IOP – 0.01 mg (1 mL) increments over 1-2 minutes
    - Repeat every 3-5 min
      - Max 0.03 mg (3 mL)

Base Hospital Orders only

Consult ED Physician for further treatment measures

ED Physician Order Only: For ventricular ectopy [PVC's > 10/min, multifocal PVC's, or unsustained V-Tach], consider Amiodarone IV/IOPB - 150 mg in 50 mL D5W infused over 10 minutes

Additional Information:

- Discard1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL - or – 10 mcg / 1 mL.
- Nitroglycerin is contraindicated in inferior infarct or when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. NTG then may only be given by ED Physician order
- Appropriate dose of Aspirin is 324mg. Aspirin may be withheld if able to confirm that patient has received appropriate dose prior to arrival. If unable to confirm appropriate dose, administer Aspirin, up to 324mg.

Effective Date: December 1, 2018
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Last Reviewed: October 11, 2018

VCEMS Medical Director

Crush Injury/Syndrome

ADULT	PEDIATRIC

BLS Procedures

Perform spinal precautions as indicated
Determine Potential vs. Actual Crush Syndrome
Administer oxygen as indicated

ALS Prior to Base Hospital Contact

Potential for Crush Syndrome

- IV/IO access
- Maintain body heat
- Release compression
- Monitor for cardiac dysrhythmias

Communication Failure Protocol

ADULT

Crush Syndrome

- Initiate 2nd IV/IO access
- **Normal Saline**
  - IV bolus – 1 Liter
    - Caution with cardiac and/or renal history
- **Sodium Bicarbonate**
  - IV mix – 1 mEq/kg
    - Added to 1st Liter of Normal Saline
- **Albuterol**
  - Nebulizer – 5 mg/6 mL
    - Repeat x 2
- **Morphine** – Per Policy 705 - Pain Control
- Maintain body heat
- Release compression
- Monitor for cardiac dysrhythmias
- For cardiac dysrhythmias:
  - **Calcium Chloride**
    - IV – 1 g over 1 min

For continued shock

- *Repeat* **Normal Saline**
  - IV bolus – 1 Liter

PEDIATRIC

Crush Syndrome

- Initiate 2nd IV/IO access if possible or establish IO
- **Normal Saline**
  - IV/IO bolus – 20 mL/kg
    - Caution with cardiac and/or renal history
- **Sodium Bicarbonate**
  - IV mix– 1 mEq/kg
    - Added to 1st Liter of Normal Saline
- **Albuterol**
  - Less than 2 years old
    - Nebulizer – 2.5 mg/3 mL
      - Repeat x 2
  - 2 years old and greater
    - Nebulizer – 5 mg/6 mL
      - Repeat x 2
- Maintain body heat
- Release compression
- Monitor for cardiac dysrhythmias
- For cardiac dysrhythmias:
  - **Calcium Chloride**
    - IV/IO – 20 mg/kg over 1 min

For continued shock

- *Repeat* **Normal Saline**
  - IV/IO bolus – 20 mL/kg

Base Hospital Orders only

ADULT

For persistent hypotension after fluid bolus:

- **Epinephrine 0.1 mg/mL**
  - Slow IV/IOP – 0.01 mg (1 mL) increments over 1-2 minutes
- Repeat every 3-5 min
  Max 0.03 mg (3 mL)

Consult with ED Physician for further treatment measures

PEDIATRIC

For persistent hypotension after fluid bolus:

- **Epinephrine 0.1mg/mL**
  - Slow IV/IOP – 0.01 mg/kg (0.1 mL/kg) over 1-2 min
- Repeat every 3-5 min
  Max 0.03 mg (3 mL)

Consult with ED Physician for further treatment measures

Additional Information:

- Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL- or – 10 mcg / 1 mL
- Potential Crush Syndrome – Continuous crush injury to torso or extremity above wrist or ankle for 2 hours or less.
- Crush Syndrome – Continuous crush injury to torso or extremity above wrist or ankle for greater than 2 hours.
- If elderly or cardiac history is present, use caution with fluid administration. Reassess and treat accordingly.
- Dysrhythmias are usually secondary to Hyperkalemia. ECG monitor may show: Peaked T-waves, Absent P-waves, widened QRS complexes, bradycardia
- Calcium Chloride and Sodium Bicarbonate precipitate when mixed. Strongly consider starting a second IV (if feasible) for administration of Calcium Chloride

Effective Date: December 1, 2018
Next Review Date: October 31, 2020

Date Revised: October 11, 2018
Last Reviewed: October 11, 2018

VCEMS Medical Director

Neonatal Resuscitation

BLS Procedures

Newly Born Infant

Provide warmth, dry briskly and discard wet linen
- Suction ONLY if secretions, including meconium, cause airway obstruction

Assess while drying infant
1. Full term?
2. Crying or breathing?
3. Good muscle tone?

If "YES" to all three
- Place skin-to-skin with mother
- Cover both with dry linen
- Observe breathing, activity, color

If "NO" to any of three
- Stimulate briefly (<15 seconds)
  - Flick soles of infant's feet
  - Briskly rub infant's back
- Provide warm/dry covering
- Continue to assess

Infant up to 48 hours old

Provide warmth
- Suction ONLY if secretions cause airway obstruction
- Stimulate briefly (<15 seconds)
  - Flick soles of infant's feet
  - Rub infant's back with towel

Provide warm/dry covering
Continue to assess

Assess Breathing
- If crying or breathing, assess circulation
- If apneic or gasping
  - Positive pressure ventilations (PPV) with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds
    - Continue PPV, reassessing every 30 seconds, until infant is breathing adequately
  - Reassess breathing, assess circulation

Assess Circulation
- If HR between 60 and 100 bpm
  - PPV with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds
    - Continue PPV, reassessing every 30 seconds, until infant maintains HR >100 bpm
- If HR < 60 bpm
  - CPR at 3:1 ratio for 30 seconds
    - 90/min compressions
    - 30/min ventilations
    - Continue CPR, reassessing every 60 seconds, until HR > 60 bpm
  - If no improvement after 90 seconds of ROOM AIR CPR, add supplemental O_2 until HR > 100

ALS Prior to Base Hospital Contact

Establish IO line only in presence of CPR

Asystole OR Persistent Bradycardia < 60 bpm

- **Epinephrine 0.1mg/mL**
  - IO – 0.01mg/kg (0.1mL/kg) q 3-5 min
- **Normal Saline**
  - IO bolus – 10mL/kg

PEA

- **Epinephrine 0.1mg/mL**
  - IO – 0.01mg/kg (0.1mL/kg) q 3-5 min
- **Normal Saline**
  - IO bolus – 10mL/kg

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:
- Resuscitation efforts may be withheld for extremely preterm infants (< 21 weeks or < 9 inches long). Sensitivity to the desires of the parent(s) may be considered. If uncertain as to gestational age, begin resuscitation.
- A rising heart rate is the best indicator of adequate PPV

Effective Date: December 1, 2018
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Last Reviewed: August 9, 2018

VCEMS Medical Director

Shortness of Breath – Pulmonary Edema

BLS Procedures

Administer oxygen as indicated

Initiate CPAP for moderate to severe distress

ALS Prior to Base Hospital Contact

Nitroglycerin

- SL or lingual spray – 0.4 mg q 1 min x 3
  - Repeat 0.4 mg q 2 min
  - No max dosage
  - Hold for SBP < 100 mmHg

If not already performed by BLS personnel, Initiate CPAP for moderate to severe distress

Perform 12-lead ECG (Per VCEMS Policy 726)

IV/IO access

If wheezes are present and suspect COPD/Asthma, consider:

- **Albuterol**
  - Nebulizer – 5 mg/6 mL
    - Repeat as needed

Communication Failure Protocol

If patient becomes or presents with hypotension

- **Epinephrine 0.1 mg/mL**
  - Slow IV/IOP – 0.01 mg (1 mL) increments over 1-2 min
  - Repeat q 3-5 min
    - Max 0.03 mg (3 mL)

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL - or – 10 mcg / 1 mL
- Nitroglycerin is contraindicated when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. In this situation, NTG may only be given by ED Physician order.

Effective Date: December 1, 2018
Next Review Date: October 31, 2020
Date Revised: October 11, 2018
Last Reviewed: October 11, 2018

EMS Medical Director

Effective Date: December 1, 2018
Next Review Date: October 31, 2020

Date Revised: October 11, 2018
Last Reviewed: October 11, 2018

EMS Medical Director

Shortness of Breath – Wheezes/Other

ADULT	PEDIATRIC

BLS Procedures

Administer oxygen as indicated

Initiate CPAP for both moderate and severe distress – 8 years of age and older

Assist patient with prescribed Metered Dose Inhaler if available

Severe Distress Only

- Epinephrine 1 mg/mL
  - If Under 30 kg
    - IM 0.15 mg
      - May repeat x1 in 5 minutes if patient still in distress
  - If 30 kg and Over
    - IM – 0.3 mg
      - May repeat x 1 in 5 minutes if patient still in distress

ALS Prior to Base Hospital Contact

Perform Needle Thoracostomy if indicated per VCEMS Policy 715

Moderate Distress

- **Albuterol**
  - Nebulizer – 5 mg/6 mL
    - Repeat as needed
- Epinephrine 1 mg/mL, if not already administered by BLS personnel
  - IM 0.3mg
    - May repeat x 1 in 5 minutes if patient still in distress

Severe distress

- Epinephrine 1 mg/mL as above for moderate distress if IV/IO has not been established
- Epinephrine IV/IO 0.1 mg/mL
  - Slow IV/IOP-0.01 mg (1 mL) increments over 1-2 minutes
    - Max 0.03 mg (3 mL)

If not already performed by BLS personnel, consider CPAP for both moderate and severe distress

IV/IO access

Perform Needle Thoracostomy if indicated per VCEMS Policy 715

Moderate Distress

- **Albuterol**
  - **Patient less than 30 kg**
    - Nebulizer – 2.5 mg/3 mL
      - Repeat as needed
  - **Patient greater than 30 kg**
    - Nebulizer – 5 mg/6 mL
      - Repeat as needed
- Epinephrine 1 mg/mL, if not already administered by BLS personnel
  - IM – 0.01 mg/kg to a max of 0.15 mg
    - May repeat distress 5 minutes, if patient remains in distress
      - If patient under 30kg, max dose is 0.3 mg
      - If patient 30 kg and over, max dose is 0.6 mg

Severe Distress

- Epinephrine 1 mg/mL, as above for moderate distress if IV/IO has not been established.
- Epinephrine IV/IO 0.1 mg/mL
  - Slow IV/IOP-0.01 mg/kg (0.1 mL/kg) increments over 1-2 minutes
    - Max 0.03 mg (3 mL)

Suspected Croup

- **Normal Saline**
  - Nebulizer/Aerosolized Mask – 5 mL

If not already performed by BLS personnel, consider CPAP if age 8 years old and greater

IV/IO access

Communication Failure Protocol

Base Hospital Orders only

Suspected Croup and no improvement with Normal Saline nebulizer

- Less than 30 kg
  - **Epinephrine 1mg/mL**
    - Nebulizer/Aerosolized Mask – 2.5 mg/2.5mL
- 30 kg and greater
  - **Epinephrine 1mg/mL**
    - Nebulizer/Aerosolized Mask – 5mg/5 mL

Consult with ED Physician for further treatment measures

Additional Information:

- Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL - or – 10 mcg / 1 mL
- High flow O_2 is indicated for severe respiratory distress, even with a history of COPD
- COPD patients have a higher susceptibility to spontaneous pneumothorax due to disease process
- If suspected Arterial Gas Embolus/Decompression Sickness secondary to SCUBA emergencies, transport patient in supine position on 15L/min O_2 via mask. Early BH contact is recommended to determine most appropriate transport destination.

Effective Date: December 1, 2018
Next Review Date: October 31, 2020

Date Revised: October 11, 2018
Last Reviewed: October 11, 2018

VCEMS Medical Director

Supraventricular Tachycardia

ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated	
ALS Prior to Base Hospital Contact	
Valsalva maneuver IV/IO access Stable – Mild to moderate chest pain/SOB Unstable – ALOC, signs of shock or CHF • Place on backboard and prepare for synchronized cardioversion	Valsalva maneuver IV/IO access Stable – Mild to moderate chest pain/SOB Unstable – ALOC, signs of shock or CHF • Place on backboard and prepare for synchronized cardioversion
Communication Failure Protocol	
Stable • **Adenosine** o IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush No conversion or rate control • **Adenosine** o IV/IO – 12 mg rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control Unstable • **Synchronized Cardioversion** o Use the biphasic energy settings that have been approved by service provider medical director. o Consider BHC for sedation (midazolam IV/IO 2mg) prior to cardioversion for special circumstances	Stable • **Adenosine** o IV/IO – 0.1 mg/kg (max dose 6 mg) rapid push immediately followed by 10-20 mL NS flush No conversion or rate control • **Adenosine** o IV/IO – 0.2 mg/kg (max dose 12 mg) rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control Unstable • **Synchronized Cardioversion** o Use the biphasic energy settings that have been approved by service provider medical director.
Base Hospital Orders only	
Consult with ED Physician for further treatment measure	

Additional Information:

- 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.
- Unless the patient is in moderate or severe distress, consider IV access and transport only. Consider withholding adenosine administration if patient is stable until ED Physician evaluation.
- Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.)
- Document all ECG strips during adenosine administration and/or synchronized cardioversion.
- Special circumstances for sedation prior to cardioversion includes, but is not limited to: Fully awake and alert, but with unstable vital signs

Effective Date: December 1, 2018
Next Review Date: August 31, 2020
Date Revised: August 9, 2018
Last Reviewed: August 9, 2018

VCEMS Medical Director

Symptomatic Bradycardia

ADULT (HR less than 45 bpm)	PEDIATRIC (HR less than 60 bpm)
BLS Procedures	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
ALS Prior to Base Hospital Contact	
IV/IO access **Obtain 12-lead ECG** **Atropine** • IV/IO – 0.5 mg (1 mg/10 mL) **Transcutaneous Pacing (TCP)** • Should be initiated only if patient has signs of hypoperfusion • Should be started immediately for 3º heart blocks and 2º Type 2 (Mobitz II) heart blocks • If pain is present during TCP o **Morphine** – per policy 705.19 - Pain Control	**IV/IO access** • IO access only if patient in extremis **Epinephrine 0.1mg/mL** • IV/IO – 0.01 mg/kg (0.1 mL/kg) q 3-5 min
Communication Failure Protocol	
If symptoms persist for 3 minutes after first atropine dose and if no capture with TCP • **Atropine** o IV/IO – 0.5 mg q 3-5 min • Max 0.04 mg/kg • **Epinephrine 0.1 mg/mL** o Slow IV/IOP – 0.01 mg (1 mL) increments over 1-2 min • Repeat q 3-5 min • Max 0.03 mg (3 mL)	
Base Hospital Orders only	
For suspected hyperkalemia • **Calcium Chloride** o IV/IO – 1 g over 1 min • Withhold if suspected digitalis toxicity • **Sodium Bicarbonate** o IV/IO – 1 mEq/kg	**Atropine** • IV/IO – 0.02 mg/kg o Minimum dose – 0.1 mg
Consult with ED Physician for further treatment measure	
Additional Information • Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP) • Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 100 mcg / 10 mL - or – 10 mcg / 1 mL	

Ventricular Tachycardia Sustained – Not in Arrest

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

IV/IO Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
  - IV/IOPB **-** 150 mg in 50mL D_5W infused over 10 minutes.

Unstable – ALOC, signs of shock or CHF

- **Synchronized Cardioversion**
  - Use the biphasic energy settings that have been approved by service provider medical director
  - Consider sedation (midazolam IV/IO 2mg) prior to cardioversion for special circumstances*
    - For IV/IO use – Dilute 5 mg (1mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL

Unstable polymorphic (irregular) VT:

- **Defibrillation**
  - Use the biphasic energy settings that have been approved by service provider medical director

If recurrent VT, perform synchronized cardioversion at last successful biphasic energy setting

After successful cardioversion, obtain an ECG per Policy 726.

Base Hospital Orders only

Torsades de Pointes

- **Magnesium Sulfate**
  - IV/IOPB – 2 g in 50 mL D_5W infused over 5 min
    - May repeat x 1 if Torsades continues or recurs

Consult with ED Physician for further treatment measures

ED Physician Order Only: After defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IV/IOPB in D_5W infused over 10 minutes.

Additional Information:

- Special circumstances for sedation prior to cardioversion includes, but is not limited to: Fully awake and alert, but with unstable vital signs
- Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.
- Ventricular tachycardia (VT) is a rate greater than 150 bpm

Effective Date:	December 1, 2018	Date Revised:	September 13, 2018
Next Review Date:	September 30, 2020	Last Reviewed:	September 13, 2018

VCEMS Medical Director

Smoke Inhalation

ADULT	PEDIATRIC
BLS Procedures	
Remove individual from the environment Consider gross decontamination Assess ABCs Assess for trauma and other acute medical conditions Administer high flow oxygen as indicated, or with evidence of smoke inhalation and ALOC or significant headache	Remove individual from the environment Consider gross decontamination Assess ABCs Assess for trauma and other acute medical conditions Administer high-flow oxygen as indicated, or with evidence of smoke inhalation and ALOC or significant headache
ALS Prior to Base Hospital Contact	
Airway support in accordance with Policy 710 – Airway Management IV/IO access as indicated If Wheezes present • **Albuterol** o Nebulizer – 5 mg/6 mL ▪ Repeat as needed If smoke inhalation AND unconscious or ALOC • **Hydroxocobalamin – If Available** o IV/IO – 5 g in 200 mL NS over 15 minutes	Airway support in accordance with Policy 710 – Airway Management IV/IO access as indicated If Wheezes present • **Albuterol** o **Patient less than 30 kg** • Nebulizer – 2.5 mg/3 mL o Repeat as needed o **Patient greater than 30 kg** • Nebulizer – 5 mg/6 mL o Repeat as needed If smoke inhalation AND unconscious or ALOC • **Hydroxocobalamin – If Available** o IV/IO – 70 mg/kg to a max of 5 g in 200 mL NS over 15 minutes
Base Hospital Orders only	
Continued unconscious/ALOC OR poor response to initial dose • **Hydroxocobalamin** o IV/IO – 5 g in 200 mL NS over 15 to 120 minutes, depending on clinical presentation.	Continued unconscious/ALOC OR poor response to initial dose • **Hydroxocobalamin** o IV/IO – 70 mg/kg to a max of 5 g in 200 mL NS over 15 to 120 minutes, depending on clinical presentation.
Consult with ED Physician for further treatment measures.	Consult with ED Physician for further treatment measures.

Additional Information:
- If monitoring equipment is available, the patient's carboxyhemoglobin levels should be checked if smoke inhalation is suspected.
- Evidence of smoke inhalation includes soot around mouth and/or nares, increased work of breathing, wheezing
- If additional IV/IO medications are indicated, establish a second IV or IO. DO NOT administer other medications with hydroxocobalamin through the same IV/IO line.
- DO NOT administer hydroxocobalamin if patient has a known allergy to hydroxocobalamin or cyanocobalamin

Effective Date: June 1, 2018
Next Review Date: March 31, 2019

Date Revised:
Last Reviewed:

VCEMS Medical Director

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Needle Thoracostomy		Policy Number: 715
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 2010 August 9, 2018 August 9, 2018 August 31, 2021	Effective Date: December 1, 2018

I. Purpose: To define the indications, procedure and documentation for needle thoracostomy use by paramedics.

II. Authority: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and100169.

III. Policy: Paramedics may perform needle thoracostomy on patients with a suspected tension pneumothorax in accordance with this policy.

IV. Procedure:

A. Indications

1. Patients with **ALL** of the following:
   a. Clinical suspicion of pneumothorax (e.g., trauma, dyspnea, chest pain),
   b. Systolic Blood Pressure less than 90 mmHg (adults) or 70 mmHg (pediatrics less than 40 kg) and signs of hypoperfusion.
   c. Absent or significantly decreased breath sounds on the affected side.

B. Contraindications: None in this setting

C. Equipment

1. Antiseptic solution
2. 10 ml syringe
3. Adults and pediatric patients over 40kg: 3-3.5 inch (8.0-8.5 cm), 14 gauge over-the-needle catheter
   Peds under 40kg: 1.25-inch (3cm), 16 gauge over-the-needle catheter
4. Connection tubing
5. Heimlich valve
6. Tape

D. Placement

1. Attach the syringe to the needle/catheter.
2. Identify and prep the site with antiseptic solution:

Preferred Adult Site:

- The lateral placement is the preferred method which is the fourth intercostal space in the anterior-axillary line (lateral to nipple).

Preferred Adult *Alternative* Site and Preferred Pediatric Site:

- If unable to access lateral placement due to patient size, position, or failed attempt, locate the second intercostal space in the mid-clavicular line.

3. Insert the needle/catheter perpendicular to the skin over the rib and direct it just over the top of the rib into the intercostal space.
4. After inserting the needle under the skin, maintain negative pressure in the syringe.
5. Advance the needle/catheter through the parietal pleura until a “pop” is felt and/or air or blood enters the syringe, then advance **ONLY** the catheter (not the syringe/needle) until the catheter hub is against the skin.

CAUTION: Do not reinsert needle into cannula due to danger of shearing cannula.

6. Hold the catheter in place and remove and discard the syringe and needle.
7. Attach tubing and Heimlich valve.
8. Secure the catheter hub to the chest wall with dressings and tape.
9. Reevaluate the patient (VS, lung sounds).

E. Documentation

1. All needle thoracostomy attempts must be documented in the Ventura County Electronic Patient Care Reporting System (VCePCR).
2. Documentation will include location, size of equipment, number of attempts, success, complications, patient response and any applicable comments.

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title 12 Lead ECG		Policy Number: 726
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 10, 2006 October 11, 2018 October 11, 2018 October 31, 2021	Effective Date: December 1, 2018

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

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

III. Policy: Paramedics will obtain 12-lead ECGs in patients demonstrating symptoms of acute coronary syndrome. Treatment of these patients shall be done in accordance with this policy. Only paramedics who have received training in this policy are authorized to obtain a 12-lead ECG on patients. EMTs who are specially trained may be authorized to set up the 12 lead.

IV. Procedure:

A. Indications for a 12-lead ECG: Medical history and/or presenting complaints consistent with an acute coronary syndrome. Patients will have the acute (within the previous 12 hours) onset or acute exacerbation of one or more of the following symptoms that have no other clear identifiable cause:

1. Chest, upper back or upper abdominal discomfort.
2. Generalized weakness.
3. Dyspnea.
4. Symptomatic bradycardia
5. After successful cardioversion/defibrillation of sustained V-Tach (Policy 705.25)
6. Paramedic Discretion

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

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

C. ECG Procedure:

1. Attempt to obtain an ECG during initial patient evaluation. Oxygen should be administered if patient is dyspneic, shows signs of heart

failure or shock, or has SpO2 < 94%. If the ECG can be completed without delay (less than 3 minutes after patient contact), and the patient is not in severe distress, perform ECG prior to medication administration.

2. The ECG should be done prior to transport.
3. If the ECG is of poor quality (artifact or wandering baseline), or the patient's condition worsens, repeat to a total of 3.
4. Once an acceptable quality ECG is obtained, switch the monitor to the standard 4-lead function.
5. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, note underlying rhythm, and verify by history and physical exam that the patient does not have a pacemaker or ICD.

D. Base Hospital Communication/Transportation:

1. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, report that to MICN immediately, along with the heart rate on ECG. If the ECG is of poor quality, or the underlying rhythm is paced, or atrial flutter, include that information in the initial report. All other information, except that listed in items 2, 4, and 5 below, is optional and can be given at the paramedic and MICN's discretion.
2. Paramedics are to ask the patient if they have a cardiologist and report the information to the base hospital.
3. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, patients should be transported to the closest and most appropriate STEMI Receiving Center (SRC) depending on patient preference and cardiac catheterization lab availability. MICN may direct ambulance to alternative SRC if cardiac catheterization lab not available.
4. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, and the underlying rhythm is Atrial Flutter or if the rate is above 140, the Base Hospital shall be notified at the beginning of the report. The Cath Lab will not be activated.
5. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, and the patient has a pacemaker or the ECG is of poor quality (wandering baseline and/or artifact) report that to the MICN.
6. If a first responder paramedic obtains an ECG that does **not have** an interpretation on monitor that meets your manufacturer guidelines for a

POS STEMI ECG, and the patient is stable, patient care may be turned over to the transporting paramedic. The ECG will be turned over to the transporting paramedic.

7. Positive ECGs will be handed to the receiving medical practitioner. The receiving practitioner will initial, time and date the ECG to indicate they have received and reviewed the ECG.

E. Patient Treatment:

1. Patient Communication: If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, the patient should be told that "according to the ECG you may be having a heart attack". If the ECG interpretation is anything else, the patient should NOT be told the ECG is normal or "you are not having a heart attack". If the patient asks what the ECG shows, tell him/her that it will be read by the emergency physician.

F. Other ECGs

1. If an ECG is obtained by a physician and the interpretation on the ECG is positive for STEMI, the patient will be treated as a positive STEMI. If the ECG obtained by a physician does not indicate a STEMI by interpretation, and the physician is stating ***it is*** a STEMI, perform a repeat ECG once patient is in the ambulance. If EMS ECG is positive for STEMI, transport to SRC as a STEMI alert. If EMS ECG is negative for STEMI, transport to SRC, however no STEMI alert will be activated. If physician is ***not stating*** it is a STEMI, and EMS ECG is not positive for STEMI, then transport to nearest facility.

3. The original ECG performed by physician shall be obtained and accompany the patient.

4. 12 Lead ECG will be scanned, or a picture will be obtained and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving facility.

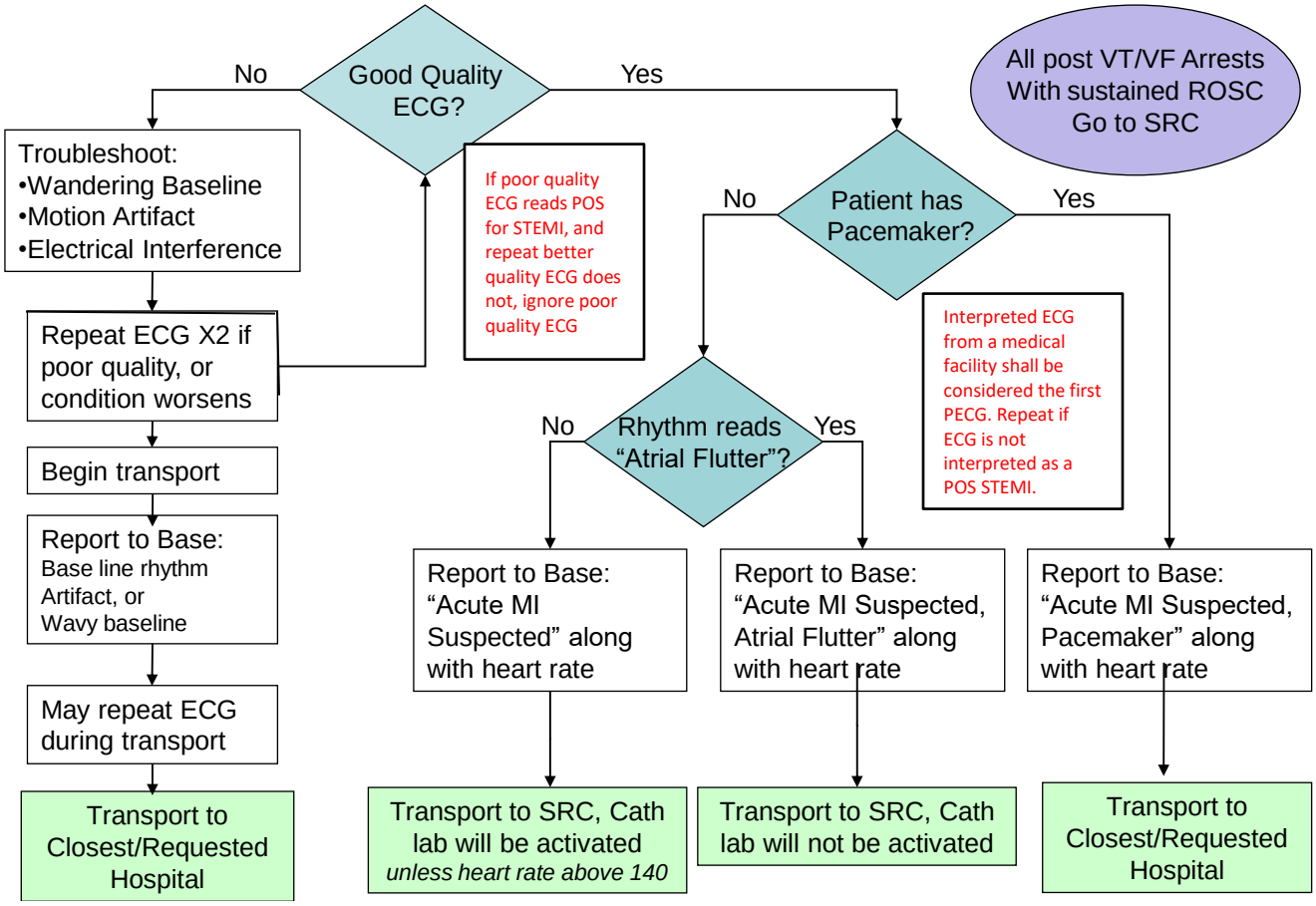
G. Documentation

1. VCePCR will be completed per VCEMS policy 1000. The original ECG will be turned in to the base hospital and ALS Service Provider.

H. Reporting

1. False Positive ECGs not recognized and called in as such to the Base Hospital, will be reported to VC EMS as an Unusual Occurrence in accordance with VC EMS Policy 150.

Interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG:



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Tourniquet Use		Policy Number: 731
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	July 2010 July 10, 2018 July 10, 2018 July 31, 2021	Effective Date: December 1, 2018

I. Purpose: To define the indications, procedure and documentation for tourniquet use by EMTs and paramedics.

II. Authority: Health and Safety Code, Sections 1797.220 and 1798.

III. Policy: EMTs and Paramedics may utilize tourniquets on patients in accordance with this policy.

IV. Procedure:

A. Indications

1. Life threatening extremity hemorrhage that cannot be controlled by other means.

B. Contraindications

1. Non-extremity hemorrhage.
2. Proximal extremity location where tourniquet application is not practical.

C. Relative Contraindications

1. AV fistulas: Bleeding fistulas are best managed with firm direct pressure. Applying a tourniquet can ruin a fistula and should be a last resort. Base contact prior to applying a tourniquet is encouraged but not required.

D. Tourniquet Placement:

1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.
2. Assess and document circulation, motor and sensation distal to injury site.
3. Apply tourniquet proximal to wound (usually 2-4 inches).
4. Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
5. Cover wound with appropriate sterile dressing and/or bandage.
6. Do not cover tourniquet- the device must be visible.
7. Re-assess and document absence of bleeding distal to tourniquet.

8. Remove any improvised tourniquet that may have been previously applied.
9. Tourniquet placement time must be documented on the tourniquet device.
10. Ensure receiving facility staff is aware of tourniquet placement and time tourniquet was placed.

D. Tourniquet removal, replacement, or repositioning

1. BLS providers may reposition an improperly placed tourniquet or replace malfunctioning device. Only ALS personnel may formally remove a tourniquet to assess if it is still necessary.
2. Indications
    a. Improperly placed tourniquet
    b. Poorly functioning device
    c. Absence of bleeding distal to the tourniquet should be confirmed after manipulation, adjustment, or removal.
3. Procedure
    a. Obtain IV/IO access
    b. Maintain continuous ECG monitoring.
    c. If repositioning or replacing a tourniquet, place a second tourniquet proximal to the first device in the appropriate location.
    d. Hold firm direct pressure over wound for at least 5 minutes before releasing a tourniquet.
    e. Gently release the initial tourniquet and monitor for reoccurrence of bleeding.
    f. If appropriate, document the time the tourniquet was released.
    g. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
    h. If bleeding resumes, requiring a tourniquet, re-application will be in accordance with application procedures outlined in Section IV of this policy.

E. Documentation

1. All tourniquet uses must be documented in the Ventura County Electronic Patient Care Reporting System.
2. Documentation will include location of tourniquet, time of application, and person at the receiving hospital to whom the tourniquet is reported.

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: December 1, 2018
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 15, 1998 June 14, 2018 June 14, 2018 June 30, 2021	Effective Date: December 1, 2018

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.

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:
    a. If a First Responder Advanced Life Support (FR ALS) Paramedic initiates care of the patient, the FR ALS Paramedic shall document all care provided to the patient on VCePCR.
    b. If care is turned over to another ALS agency, a VCePCR shall be completed by all pre-hospital provider agencies who delivered patient care and/or transport.
    c. 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 as required by any of the VCEMS 705 policies, a complete ECG data transfer shall be recorded and attached to the corresponding VCePCR. ECG data shall be downloaded by each provider agency involved in that incident and attached to the corresponding VCePCR. An original 12 lead ECG shall be printed and submitted upon transfer of care to hospital staff for any patient where a 12 lead ECG was performed.

1. If a 12 lead ECG is performed by medical staff at a clinic or urgent care, and a STEMI is identified on that 12 lead ECG, the original 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.

E. Submission to VCEMS

1. In the following circumstances, a complete VCePCR shall be completed and posted by any transporting unit, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination:
    a. Any patient that falls into Step 1 or Step 2 (1.1 – 2.8) of the Ventura County Field Triage Decision Scheme
    b. Any patient that is in cardiac arrest, or had a cardiac arrest with ROSC.
    c. Any patient with a STEMI positive 12 lead ECG.
    d. Any patient with a positive Cincinnati Stroke Screening (CSS +). This includes all prehospital Stroke Alerts and all prehospital ELVO alerts.
    e. Any patient that is unable to effectively communicate information regarding present or past medical history.
    f. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.
2. For circumstances not listed above, in which the patient was transported to a hospital, the entire data set found within the VCePCR 'REPORT' tab shall be completed and electronically posted to the server by transporting agencies, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination. This includes all assessments, vital signs, procedures, and medications performed as part of the response.
    a. An exception to this circumstance would be during times of EMS system overload where a delay in a unit returning to service could pose significant delays in response times.
3. All other reports not falling into the above criteria shall be completed and posted to the server as soon as possible and no later than the end of shift.
4. In all circumstances in which a person is transported to a receiving hospital from the scene of an emergency, or as part of any

emergent/urgent specialty care transfer (STEMI, Stroke, Trauma), the transporting personnel shall obtain and document the eOutcome.04 – Hospital Encounter Number.

F. 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, explanation shall be documented in the narrative section of the VCePCR.

G. ALS Inter-facility Transfers (Acute Care Facility to Acute Care Facility)
Documentation shall be completed on all ALS Inter-facility transfers only. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment.
If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the VCePCR.

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

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

Attachment A

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

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

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

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

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

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

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

*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.