COUNTY OF VENTURA
PUBLIC HEALTH SERVICES

EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

NOTICE OF CHANGES TO POLICY MANUAL

TO: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

Date: November 1, 2009 CHANGE NO. 2

Policy Status	POLICY#	Title
Review only/Replace	100	Local Emergency Medical Services Agency
Review only/Replace	124	Hospital Emergency Services Reduction Impact Assessment
Replace	150	Unusual Occurrence Reportable Events/Sentinel Event
Review only/Replace	501	Advanced Life Support Transport Provider Criteria
Review only/Replace	502	Advanced Life Support Service Provider Approval Process
Review only/Replace	508	First Responder Advanced Life Support Providers
Replace	607	Hazardous Material Exposure: Prehospital Protocol
Review only/Replace	615	Organ Donor Information Search
New	626	CHEMPACK Deployment
Review only/Replace	701	Medical Control: Base Hospital Medical Director
Replace	703	Medical Control at Scene: Privat Physician/Physician on Scene
Review only/Replace	722	Interfacility Transport of Patients with IV Heparin & Nitroglycerin
Review only/Replace	724	Apparent Life-Threatening Event (ALTE)
Replace	920	Reddinet Communications Policy
Replace	1301	Lay Rescuer Automated External Defibrillator (AED) Provider Standards
Replace		Table of Contents

Policy Status Description

Add	New policy. Please add to your policy manual.
Delete	Policy has been deleted from the VCEMS policy manual. Please delete from you policy manual.
Review Only/Replace	Policy had no changes. Review Date was reached and policy was reviewed for update only. Please replace in your policy manual.
Replace	Policy had changes. Please replace in your policy manual.

EMS website for policies address is http://www.vchca.org/ph/ems/policies/index.htm

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Local Emergency Medical Services Agency		Policy Number 100
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2010
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2010
Origination Date: Date Revised: Last Reviewed: Review Date:	July 1, 1980 October, 2003 November 12, 2009 January, 2013	Effective Date: December 1, 2003

I. PURPOSE: To establish a local EMS agency as required for the development of an emergency medical services program in Ventura County.

II. AUTHORITY: Health and Safety Code, Sections 1797.94 and 1797.200. Ventura County Board of Supervisors Board Letter dated July 1, 1980.

III. POLICY: The Ventura County Health Care Agency is designated as the Local Emergency Medical Services Agency for Ventura County. The Ventura County Emergency Medical Services Agency (VCEMS) has primary responsibility for administration of emergency medical services in Ventura County.

A. Organizational History of the VC EMS Agency:

- 1980 EMS Coordinator reports directly to the County Health Officer
- 1987 VCEMS is made a department of Public Health
- 1989 VCEMS is made a department of the Health Care Agency
- 1996 VCEMS is made a department of Public Health

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, EMT-P	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1999 May 13, 2004 November 12, 2009 April, 2013	Effective Date: December 1, 2004

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
Simi Valley Hospital							
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: Unusual Occurrence Reportable Events/Sentinel Event	Policy Number 150
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: March 11, 2010
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: March 11, 2010
Origination Date: June, 1990 Date Revised: March 11, 2010 Date Last Reviewed: March 10, 2010 Review Date: June, 2013	Effective Date: March 11, 2010

I. PURPOSE: To define Unusual Occurrences and differentiate reportable events.from Sentinel Events. To give direction for investigating and reporting occurrences. To define the role of VCEMS in relation to these events.

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

III. DEFINITIONS:

A. Unusual Occurrence: Any event or occurrence deemed to have impact or potential impact on patient care, and/or any practices felt to be outside the norm of acceptable patient care, as defined by the Ventura County EMS (VCEMS) Policies & Procedures manual. Unusual occurrences also cover events outside the "normal" flow of operations surrounding dispatch, response, rescue and disposition of all ALS and BLS calls. Unusual occurrences may or may not have life threatening impacts.

1. Sentinel Event: The Joint Commission defines Sentinel Events as "…an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome An Unusual Occurrence is considered a Sentinel Event if it could reasonably be considered to be the direct cause of a death or serious injury. Sentinel Events warrant immediate investigation, and reporting to VCEMS.

2. Reportable Event: A reportable event is an unexpected occurrence during the dispatch, rescue, care and transportation of a victim requiring emergency medical care that *is not the direct cause of* serious physical, psychological injury, or the risk thereof,

but does require investigation for the purposes of quality improvement.

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

V. PROCEDURE:

A. Reporting

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

B. Investigation:

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

f. VCEMS Unusual Occurrence Form
g. Patient Care Records (AVCDS and ED)
h. Rhythm Strips when applicable
i. Diversion status print out (Reddinet) if applicable

6. Complete report of the investigation will be submitted to VCEMS within **5 working days.**
7. If the investigating party is unable to comply with this time frame, VCEMS will be notified and every reasonable attempt will be made to adjust this requirement according to VCEMS, hospital and provider needs.
8. Upon completion, the report will be submitted to VCEMS, where a final conclusion and or recommendation will be made on the case.

C. Follow Up

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

f. Education

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

VENTURA COUNTY EMS AGENCY
UNUSUAL OCCURRENCE
Reporting Form

Person Reporting	Agency	Date of Report	Date to EMS

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

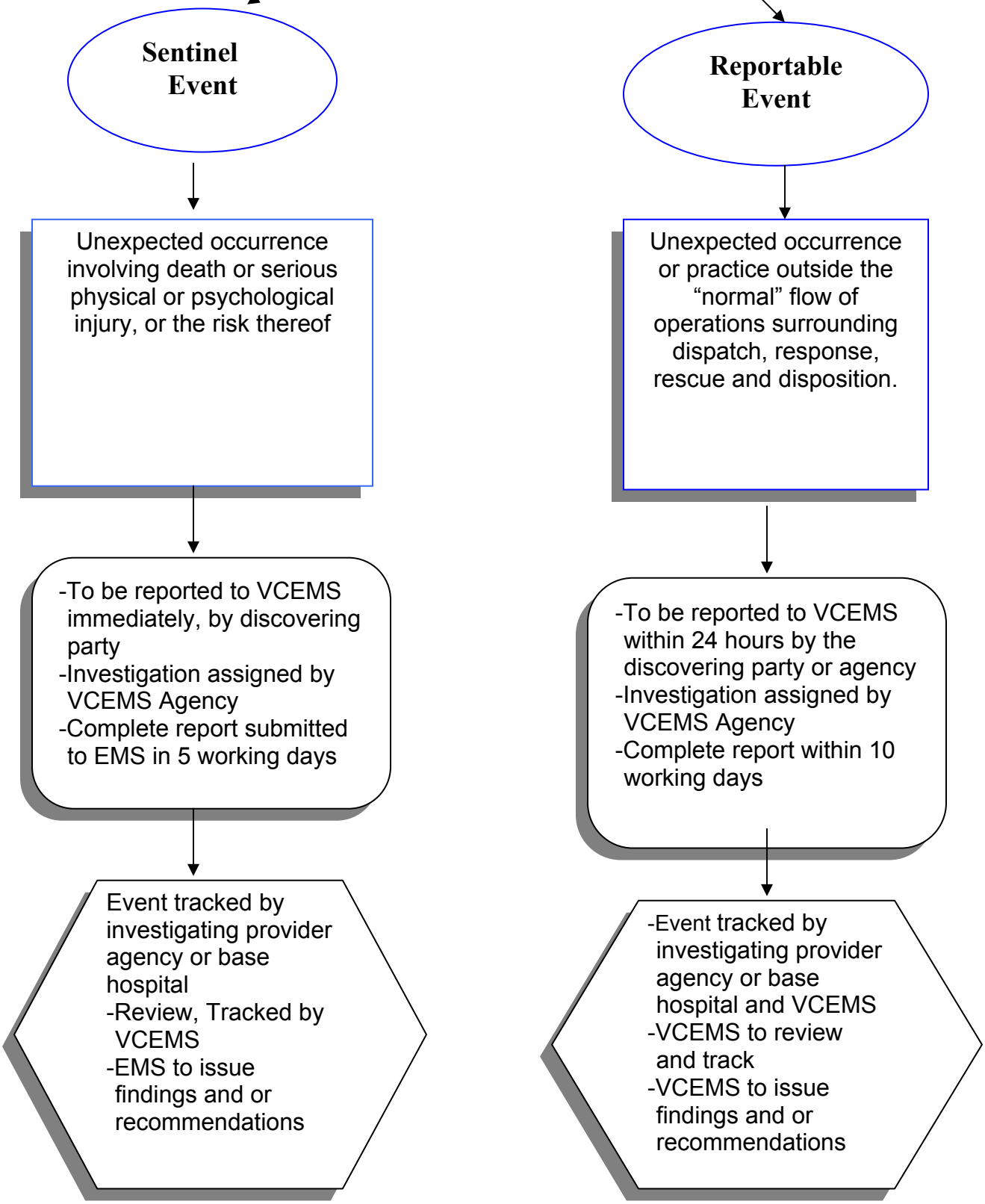
Personnel Involved	Agency

Description of Unusual Occurrence

Identified Issues

Please send to VC EMS CQI Coordinator
Or Fax to VC EMS Agency (805)981-5300 Attn: CQI Coordinator

UNUSUAL OCCURRENCE



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Advanced Life Support Transport Provider Criteria		Policy Number 501
APPROVED Administration:	Steve L. Carroll, EMT-P	Date: June 1, 2010
APPROVED Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2010
Origination Date: Date Revised: Last Reviewed: Review Date:	April 1984 September 8, 2005 November 12, 2009 April 30, 2013	Effective Date: December 1, 2005

I. PURPOSE: To define the criteria for ALS transport providers.

II. POLICY: A Ventura County ALS Transport Provider shall meet the following criteria.

III. AUTHORITY:

Health and Safety Code, Section 1797.218.

IV. PROCEDURE:

A. ALS Transport Provider Requirements

An Advanced Life Support Transport Provider, approved by Ventura County Emergency Medical Services (VC EMS), shall:

1. ALS Unit Response Capability

Provide medical services response on a continuous twenty-four (24) hours per day, basis 7 days a week. Any change in response capability of the ALS transport provider must be reported to the Base Hospital (BH) and VC EMS immediately or during the first day of office hours after the change in response capability. All requests for pre-hospital emergency care shall be met by ALS capable staff and vehicles.

Interfacility transfers are not considered emergency medical service unless the transfer is for an urgent life or limb threatening condition that cannot be medically cared for at the transferring facility. (Refer to Policy 605: Interfacility Transfers)

2. ALS Unit Coverage and Staffing

All requests for pre-hospital emergency medical care shall be responded to with the following:

a. An ambulance that meets the requirements of Policy 504 and

b. 2 paramedics or 1 paramedic and 1 EMT ALS Assist per VC EMS Policies 318 and 306. At least one paramedic must be employed by the contracted ambulance transport agency.

3. ALS Patient Transport

Provide transportation for ALS patients in an ALS unit.

4. ALS Communications

   Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

   Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

   Each ALS Transport Provider shall have a minimum of one fully equipped and operational satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The ALS Transport Provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

5. ALS Drugs, Equipment and Supplies

   Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504.

6. Contract with VC EMS

   Have a contract with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.

7. Medical Direction

   Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under Prior to Base Hospital Contact and Communications Failure Policies.

8. Personnel Records

   Keep a personnel file for each paramedic and EMT-I, which includes but not limited to licensure/certification, accreditation, employment status and performance.

9. ACLS and PALS/PEPP Course

   Assure that each paramedic maintains current ACLS and PALS/PEPP courses.

10. Quality Assurance

    Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.

11. Basic Life Support

    Provide Basic Life Support services if ALS services are not indicated.

12. ALS Rates

    Charge ALS rates, as approved by the Board of Supervisors, only when ALS services are performed.

13. Documentation

    Submit documentation according to VC EMS Policy 1000.

B. Advertising

1. ALS Transport Provider

   No paramedic transport provider shall advertise itself as providing ALS services unless it does, in fact, routinely provide ALS services on a continuous twenty-four (24) hours per day and complies with the regulations of Ventura County Emergency Medical Services Agency.

2. ALS Responding Unit

   No responding unit shall advertise itself as providing ALS services unless it does, in fact, provide ALS services twenty-four (24) hours per day and meets the requirements of VC EMS.

C. ALS Policy Development

Medical policies and procedures for the VC EMS system shall be developed by the Pre-hospital Services Committee for recommendation to and approval by the EMS Medical Director.

D. Contract Review

VC EMS shall review its contract with each ALS transport provider on an annual basis.

E. Denial, Suspension or Revocation of Transport Provider Approval

VC EMS may deny, suspend, or revoke the approval of an ALS transport provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

F. ALS Transport Provider Review Process, New Designation

Newly designated ALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Advanced Life Support Service Provider Approval Process		Policy Number 502
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 06/01/2008
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	May 1984 January 10, 2008 November 12, 2009 January, 2013	Effective Date: June 1, 2008

I. PURPOSE: To define criteria by which an agency may be designated as an Advanced Life Support (ALS) Service Provider (SP) in Ventura County.

II. POLICY: An agency wishing to become an ALS SP in Ventura County must meet Ventura County ALS SP Criteria and agree to comply with Ventura County regulations. An initial six-month review of all ALS activity will take place and subsequent program review will occur per Ventura County Emergency Medical Services (VC EMS) policies and procedures.

III. PROCEDURE:

A. Request for ALS SP Program Approval

The agency shall submit a written request for ALS SP approval to Ventura County Emergency Medical Services (VC EMS), documenting the compliance of the company/agency with the Ventura County EMS Policy 501 or 508.

B. Program Approval or Disapproval:

Program approval or disapproval shall be made in writing by VC EMS to the agency requesting ALS SP designation 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.

VC EMS shall establish the effective date of program approval upon the satisfactory documentation of compliance with all the program requirements. All contracts or memorandum of understanding must be approved by the County Board of Supervisors prior to implementation.

C. Initial Program Evaluation

Review of all ALS activity for the initial 6 months of operation as an Advanced Life Support Ambulance Provider shall be done in accordance with VC EMS policies and procedures.

D. Program Review

Program review will take place at least every two years according to policies and procedures established by VC EMS.

E. ALS SP Program Changes

An approved ALS Service Provider shall notify VC EMS by telephone, followed by letter within 48 hours, of program or performance level changes.

F. Withdrawal, Suspension or Revocation of Program Approval

Non-compliance with any criterion associated with program approval, use of non-licensed or accredited personnel, or non-compliance with any other Ventura County regulation or policy applicable to an ALS SP may result in withdrawal, suspension or revocation of program approval by VC EMS.

G. Appeal of Withdrawal, Suspension or Revocation of Program Approval

An ALS SP whose program approval has been withdrawn, suspended, or revoked may appeal that decision in accordance with the process outlined in the Ventura County Ordinance Code,

ADVANCED LIFE SUPPORT SERVICE PROVIDER APPROVAL PROCESS
CRITERIA COMPLIANCE STATEMENT

APPLICANT:	DATE:

The above named agency agrees to observe the following criteria as a condition of approval as an Advanced Life Support Provider in the Ventura County EMS system.

	YES	NO
1. Provide ALS service on a continuous 24-hour per day basis.		
2. Provide appropriate transportation for ALS patients.		
3. Provide for electronic communication between the EMT-Ps and the BH, complying with VC Communications Department requirements.		
4. Provide and maintain ALS drugs, solutions and supplies per VC EMS policies and procedures.		
5. Assure that all personnel meet certification/accreditation and or training standards in VCEMS policies.		
6. Cooperate with data collection, QA and CQI programs.		
7. Provide BLS service when ALS in not indicated.		
8. Charge for ALS services only when rendered.		
9. Submit patient care and other documentation per VC EMS policies and procedures.		
10. Comply with all VC EMS policies and procedures.		

If any statements are checked as “NO”, supply information stating the rationale for each “NO” answer. The information will be considered, but submission does not assure approval of the program.

Signature: _____

Title: _____

Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: First Responder Advanced Life Support Providers		Policy Number: 508
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 06/01/2010
APPROVED: Medical Director	Angelo Salvucci, MD	Date: 06/01/2010
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 October 13, 2005 November 12, 2009 April, 2013	Effective Date: December 1, 2005

I. Purpose: To define the criteria for First Responder Advanced Life Support (FRALS) providers.

II. Authority: Health and Safety Code, Sections 1797.206, 1797.220, and 1798.

III. Definition: First Responder Advanced Life Support (FRALS) means a non transport ALS resource that is dispatched as part of the routine EMS response to a medical emergency.

IV. Policy:

A. FRALS Provider Requirements:

A FRALS provider approved by Ventura County EMS (VC EMS) shall:

1. Provide medical services response on a continuous twenty-four (24) hours per day basis 7 days a week. Any change in response capability of the provider must be reported to the Base Hospital (BH) and VC EMS immediately.
2. ALS Unit Coverage and Staffing:
   a. FRALS units shall meet the requirements of Policy 504 and
      1. Shall be staffed at a minimum with two (2) personnel, of which one shall be a paramedic who meets the applicable requirements of VC EMS Policy 318.
      2. Other personnel may be a paramedic who meets the requirements of VC EMS Policy 318 or an EMT-ALS Assist who meets the requirements of VC EMS Policy 306.
3. ALS Communications

   Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

Each FRALS provider shall have access to a satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The FRALS provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

4. Have a written agreement with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.
5. Medical Direction

   Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under “Prior to Base Hospital Contact and Communications Failure Policies”.
6. Personnel records

   Keep a personnel file for each paramedic and EMT-I, which includes but not limited to licensure/certification, accreditation, employment status and performance.
7. ACLS and PALS/PEPP Course

   Assure that each paramedic maintains current ACLS and PALS/PEPP course.
8. Quality Assurance

   Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.
9. Equipment:

   FRALS shall carry the following equipment:

   a. ALS Drugs, Equipment and Supplies

      Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.

   b. BLS Equipment as described in VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.

   c. Manual or automatic defibrillator per VC EMS Policy 306.

10. Documentation

Submit documentation according to VC EMS Policy 1000.

B. ALS Policy Development

Medical policies and procedures for the VC EMS system shall be developed by the Prehospital Services Committee for recommendation to and approval by the EMS Medical Director.

C. Agreement Review

VC EMS shall review its agreement with each FRALS provider on an annual basis.

D. Denial, suspension or Revocation of FRALS Provider Approval

VC EMS may deny, suspend, or revoke the approval of an FRALS provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

E. FRALS Provider Review Process, New Designation

Newly designated FRALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hazardous Material Exposure: Prehospital Protocol	Policy Number: 607
APPROVED: Administration: Steven L. Caroll, EMT-P	Date: 06/01/2010
APPROVED: Medical Director Angelo Salvucci, MD	Date: 06/01/2010
Origination Date: February 12, 1987 Date Revised: March 11, 2010 Date Last Reviewed: March 11, 2010 Review Date: March, 2013	Effective Date: June 1, 2010

I. PURPOSE: This policy establishes guidelines for the response of pre-hospital care providers to incidents involving hazardous materials.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1798. California Code of Regulations, Title 22, Division 9, Section 100175.

III. POLICY: The Ventura County Regional Response Team (VCRRT), under direction of the Incident Commander, assumes responsibility for control of the hazardous materials incident.

The responding Emergency Medical Services personnel assume responsibility for patient care and transportation after release and/or decontamination by VCRRT. The EMS personnel and/or treatment team shall coordinate treatment/transport efforts with VCRRT so as not to jeopardize scene integrity, causing unnecessary spread of contamination to ambulance, equipment, EMS personnel and hospital personnel or citizens.

IV. PROCEDURE:

A. INITIAL NOTIFICATION

1. The responding EMS unit shall be notified by the Fire Department as soon as possible on all hazardous material incidents in order to facilitate their entry into the scene. Necessary information should include:

   a. Radio channel/frequency for the incident

   b. Estimated number of victims or potential victims

   c. Urgency of the incident

   d. Approach to the incident

e. Location of the staging area
f. Identification (radio designation) of the Incident Commander
g. Hazardous substance involved
h. Request for specialized equipment needed

2. While enroute, the EMS unit shall make radio contact with the Incident Commander or FCC and verify location, approach and staging information prior to their arrival on-scene.
3. Upon arrival at the scene, the ambulance unit shall notify the base hospital or receiving hospital affected as to the number of patients, description of hazard, and any other pertinent information relative to hospital needs. (Note: the IC or VCRRT should provide this information upon request).

B. ARRIVAL ON-SCENE

1. If the scene has not been secured and a staging area has not been established, the ambulance unit should make radio contact with the Incident Commander or FCC for staging instructions.
2. In the absence of an Incident Commander and/or a staging area, EMS personnel should stay upwind and avoid entering the contaminated area.
3. If the scene has been secured, the first-in ambulance unit should enter the staging area and report to the Incident Commander for direction.

C. VICTIM DECONTAMINATION

1. Victims contaminated by a hazardous substance or radiation shall be appropriately decontaminated by VCRRT, despite the urgency of their medical condition, prior to being moved to the triage area for transporation.
2. VCRRT shall determine the disposition of all contaminated clothing ad personal articles.
3. The transfer of the victim from the contaminated zone to the safe zone must be accomplished by trained personnel in an appropriate level of protective clothing and carefully coordinated so as not to permit the spread of contamination.
4. Contaminated clothing and personal articles shall be properly prepared for disposal by the VCRRT.

5. Every effort shall be made to preserve, protect and return personal articles.

D. TRANSPORTATION

1. Any equipment, including transportation units, found to have been exposed and contaminated by a hazardous substance shall be taken out of service pending decontamination and a second ambulance unit responded to transport patients to the hospital when available.
2. At no time shall ambulance personnel transport contaminated patients. If during transport a victim off-gasses a strong odor or vomits what is believed to be toxic emesis, personnel/victim shall vacate ambulance and request assistance from fire.
3. Prior to transportation of patients to the hospital, the ambulance unit shall notify the hospital of the following:
   a. number of victims
   b. confirmation that patients being transported have been field decontaminated
   b. extent each patient was contaminated
   c. materials causing contamination
   d. extent of injuries
   e. patient assessment
   f. ETA
   g. any other pertinent information

E. ARRIVAL AT EMERGENCY ROOM

1. Upon arrival at the hospital, emergency room personnel shall meet the patient at the ambulance in order to determine if further decontamination is needed prior to delivery of patient(s) into the emergency room.
2. All hospitals should develop a plan for receiving patients who have been decontaminated and those patients who may need additional decontamination and a contingency plan for mass decontamination.
3. If additional decontamination resources are needed, the VCRRT decontamination equipment and personnel may be requested through dispatch.

F. EMERGENCY PERSONNEL DECONTAMINATION

1. All treatment team members coming in contact with contaminated patients or contaminated materials shall take immediate measures to insure proper decontamination. Secondary decontamination is recommended which includes taking a shower and changing clothes.
2. Clothing, bedding, instruments, body fluids, etc. may be considered extremely hazardous and must be handled with care, contained and disposed of properly.
3. Follow-up monitoring of all personnel shall be conducted as deemed necessary by the Medical Director.

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, EMT-P	Date: 06/01/2008
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	October 1, 1993 March 11, 2004 November 12, 2009 January, 2013	Effective Date: June 1, 2004

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) on the approved Ventura County Documentation System.

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: CHEMPACK Deployment		Policy Number 626
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 06/01/2010
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 06/01/2010
Origination Date: Date Revised: Date Last Reviewed: Review Date:	February 2, 2010 November 12, 2009 June, 2013	Effective Date: June 1, 2010

I. PURPOSE: This policy establishes guidelines for the deployment and use of the CHEMPACK by pre-hospital care providers in response to incidents involving suspected nerve agent exposure.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1798.

III. DEFINITION: The Centers for Disease Control and Prevention (CDC) has established the “CHEMPACK” project for the forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of exposed and affected persons.

There are two types of CHEMPACKs available. The “Hospital CHEMPACK” is designed for hospital and healthcare provider use, consisting mostly of single dose vials and a small quantity of auto-injectors. The “EMS CHEMPACK” is designed for field use and contains mostly auto-injectors. Ventura County has elected to only host EMS CHEMPACKs.

Content of CHEMPACKs			
Unit Pack	**Units**	**Cases**	**Quantity**
Mark 1 auto-injector	240	5	1200
Atropine Sulfate 0.4 mg/ml 20 ml	100	1	100
Pralidoxime 1 Gm inj. 20 ml	279	1	1
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5 mg/ml auto-injector	150	2	300
Diazepam 5 mg/ml vial, 10 ml	25	2	50

Sterile water for inj (SWFI) 20cc vials	100	2	200
Sensaphone®2050	1	1	1
Satco B DEA Container	1	1	1

IV. POLICY: Actual location of the CHEMPACK will be maintained as confidential. This policy outlines the responsibilities and the operational requirements to pre-position or utilize a cache within the Ventura County Operational Area.

In the case of an accidental or deliberate release of a nerve agent or potent organophosphate compound, time will be of the essence to minimize morbidity and mortality. This is a key consideration in cache placement, notification, transportation and administration.

V. PROCEDURE: CHEMPACK Deployment and Movement

A. Authorization to Open or Forward Deploy a CHEMPACK Container – Emergency Incident Based:

1. The Ventura County EMS Agency shall be contacted for authorization to open or forward deploy any CHEMPACK within the Ventura County Operational Area. The EMS Agency Duty Officer can be accessed on a 24-hour basis by calling the Ventura County Fire Department Fire Communications Center at 805-388-4279.
2. In the event that return contact by the EMS Agency Duty Officer is delayed and the situation clearly warrants immediate action, the CHEMPACK provider may elect to open or forward deploy the CHEMPACK for an emergency incident. Attempts to contact the EMS Agency Duty Officer shall be made in all cases through the Fire Communications Center.
3. The EMS Agency may request deployment of a CHEMPACK to a location within the Ventura County Operational Area or outside the operational area under a medical-health mutual aid request. The CHEMPACK provider shall make CHEMPACK resources immediately available upon request by the EMS Agency.
4. The EMS Agency shall immediately notify the Region 1 Regional Disaster Medical Health Specialist (RDMHS) of any CHEMPACK movement from fixed locations or opening of a CHEMPACK container. The RDMHS will ensure that California Department of Health Services / Emergency

Preparedness Office (DHS/EPO) is notified promptly of any movement or deployment of CHEMPACK material. DHS/EPO will in turn notify CDC.

5. Qualifying Events – Emergency Deployment: CHEMPACK material may be accessed, deployed or used only when it is determined that an accidental or intentional nerve agent or other organophosphate release has threatened the public health security of a community. A seal will be broken and material used only when it is determined that other means to save human life will not be sufficient. Authorization to deploy, break the seal on, or move a CHEMPACK container from its specified location will be limited to any of the following events:
   a. Release of a nerve agent or potent organophosphate with human effects or immediate threats too great to adequately manage with other pharmaceutical supplies available.
   b. Large or unusual occurrence of patients presenting with signs and/or symptoms consistent with nerve agent or organophosphate exposure or intoxication.
   c. A credible threat of an imminent event of a magnitude likely to require the assets of the CHEMPACK.
   d. An event with potential to create a nerve agent or organophosphate release with human exposure (e.g. a transportation accident with fire or loss of container integrity).
   e. Any mutual aid request from another region or neighboring state in which CHEMPACK assets are being deployed or staged.
   f. Any event which, in the judgment of the County Health Officer, EMS Agency Medical Director, or Medical & Health Operational Area Coordinator (MHOAC), justifies the deployment of CHEMPACK supplies.
   g. A physical threat to the CHEMPACK at the fixed location (i.e. fire, theft, flood).

B. Authorization to Forward Deploy a CHEMPACK Container – Event or Threat Planning:

1. The EMS Agency may authorize movement of a CHEMPACK container and contents to any location within the Ventura County Operational Area, or outside the area under a medical-health mutual aid request. The EMS

Agency will notify the Region 1 RDMHS in advance of any pre-planned CHEMPACK container movement for a particular event or threat.

2. Qualifying Events – Pre-Emptive Deployment: Pre-emptive movement is the relocation of a sealed CHEMPACK container and its contents to a site providing for levels of environmental and security controls generally identical to those required for its regular placement site. Breaking the seal, removing any contents, or moving the cache to a location without those controls constitutes deployment, not pre-emptive movement, and must meet deployment conditions.
    a. Pre-emptive movements may be requested to the EMS Agency by any emergency medical, public health, emergency management, hazardous materials or other related agency in preparation for, or response to, a planned or occurring event deemed appropriate for forward CHEMPACK placement.
    b. Any such request must be made to the RDMHS for approval. Unless an imminent or ongoing emergency, each request must be made at least 48 hours before the movement. The RDMHS will refer any request to the RDMHC and to DHS/EPO for consideration. If an RDMHS is unavailable to take timely action on a movement request, that request may be made to DHS/EPO via the State Warning Center.

C. Post Event Actions:
1. Incident documentation should begin as soon as possible following any emergency operation involving CHEMPACK assets by the EMS Agency. The documentation must include the following:
    a. A thorough description of the incident or event involving CHEMPACK resources.
    b. A list of the approving officials.
    c. An inventory of used and unused CHEMPACK contents.
    d. An after-action critique of CHEMPACK deployment effectiveness.
2. The CHEMPACK container and any unused contents will be returned to the CHEMPACK Provider and will be resealed. The EMS Agency will coordinate resupply with the Region 1 RDMHS, DHS/EPO and the CDC as appropriate. Currently the CHEMPACK Project is not funded to replace

CHEMPACK supplies used for an emergency event. However, requests for replenishment of CHEMPACK supplies should be made to the SNS Program as soon as possible after their use. The SNS Program will attempt to secure federal funding to replace and restock supplies used in response to an emergency event

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Medical Control: Base Hospital Medical Director		Policy Number 701
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 06/01/2008
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 1, 1988 January 10, 2008 November 12, 2009 January 31, 2013	Effective Date: June 1, 2008

I. PURPOSE: To define the role and responsibility of the Base Hospital Medical Director with respect to EMS medical control.

II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162

III. POLICY: The Base Hospital shall implement the policies and procedures of VC EMS for medical direction of prehospital advanced life support personnel. The Base Hospital Medical Director shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VC EMS. This includes:

A. Medical direction and supervision of field care by:

1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.

B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).

C. Audit and evaluation by:

1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:

a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.

b. Compliance with current policies, procedures and protocols of the local EMS agency.
c. Base Hospital voice communication skills.
d. Monthly review of all ALS documentation when the patient is not transported.

D. Investigations according to VC EMS Policy 150.

E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
1. The activities of all Base Hospital physicians, MICNs and Paramedics.
2. The education, audit, and evaluation of base hospital personnel
3. Communications by base hospital personnel

F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.

G. Base Hospital liaison by ensuring:
1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
2. Ongoing liaison with EMS provider agencies and the local medical community.
3. On-going liaison with the local EMS agency.

H. Ensuring compliance with Base Hospital Designation Agreement.

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, EMT-P	Date: 06/01/2010
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: 06/01/2010
Origination Date: January, 1985 Revised Date: August 11, 2005 Date Last Reviewed: November 12, 2009 Review Date: August, 2013	Effective Date: June 1, 2010

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.

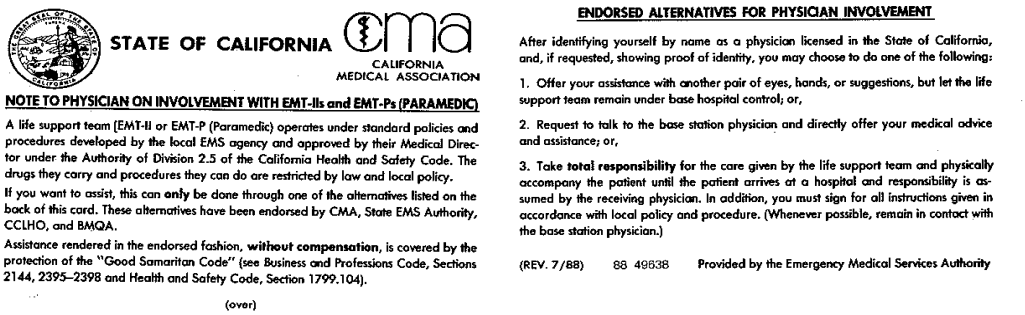
II. Authority: Health and Safety Code, Division 2.5, Sections 1798 & 1798.6. California Code of Regulations, Title 22, Division 9, Section 100175.

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 EMT-II and Paramedic” to him/her to read and choose level of involvement.



STATE OF CALIFORNIA cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIAN ON INVOLVEMENT WITH EMT-IIs and EMT-Ps (PARAMEDIC)

A life support team (EMT-II or EMT-P (Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can **only** be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO, and BMQA.

Assistance rendered in the endorsed fashion, **without compensation**, is covered by the protection of the "Good Samaritan Code" (see Business and Professions Code, Sections 2144, 2395–2398 and Health and Safety Code, Section 1799.104).

(over)

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the State of California, and, if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take **total responsibility** for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure. (Whenever possible, remain in contact with the base station physician.)

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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.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: 01-10-08
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: 01-10-08
Origination Date: June 15, 1998 Date Revised: January 10, 2008 Date Last Reviewed: February 11, 2010 Review Date: January, 2012	Effective Date :January 10, 2008

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:

1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250ml or 50 mg/250ml.
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe hypotension, the medication drip will be discontinued and the receiving hospital notified.
4. Drip rates will not exceed 50 mcg/minute.
5. Vital signs will be monitored and documented every 5 minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:

1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/ml of IV fluid (25,000 units/250ml or 50,000 units/500 ml).
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe uncontrolled bleeding, the medication drip will be discontinued and the base hospital notified.
4. Drip rates will not exceed 1600 units/hour.
5. Vital signs will be monitored and documented every 10 minutes.

D. QI: All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Apparent Life-Threatening Event (ALTE)		Policy Number: 724
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: 06/01/2008
APPROVED: Medical Director	Angelo Salvucci, MD	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	March, 2005 November 12, 2009 April, 2013	Effective Date: June 1, 2005

I. PURPOSE: To define and provide guidelines for the identification and management of pediatric patients with an Apparent Life-Threatening Event (ALTE).

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

III. POLICY: All EMS personnel should be knowledgeable with ALTE and follow the guidelines listed below.

IV. PROCEDURE:

A. Recognition:

1. Chief Complaint.
   a. ALTEs (or "near miss SIDS" as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered an ALTE.
   b. An Apparent Life-Threatening Event (ALTE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:
      1) **Marked change or loss in muscle tone**
      2) **Color change** (cyanosis, pallor, erythrism, plethora)
      3) Apnea (central or obstructive)
      4) Loss of consciousness
      5) Choking or gagging
2. History:
   a. Hx of any of the following:
      1) Apnea
      2) Loss of consciousness
      3) Color change
      4) Loss in muscle tone

5) Episode of choking or gagging

b. Determine the severity, nature and duration of the episode.
   1) Was child awake or sleeping at time of episode?
   2) What resuscitative measures were taken?

c. Obtain a complete medical history to include:
   1) Known chronic diseases?
   2) Evidence of seizure activity?
   3) Current or recent infections?
   4) Recent trauma?
   5) Medication history?
   6) Known gastro esophageal reflux or feeding difficulties?
   7) Unusual sleeping or feeding patterns?

3. Treatment:
   a. **Assume the history given is accurate**.
   b. Perform a comprehensive physical assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma. **Note: Exam May Be Normal**
   c. Treat any identifiable causes as indicated.
   d. Transport. **Note: If parent/guardian refuses medical care/and or transport, a consult with Base Hospital is required prior to completing a Refusal of Care form**.

4. Precautions and Comments
   a. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel. The parent/caregiver's perception that "something is or was wrong" must be taken seriously.
   b. Approximately 40-50% of ALTE cases can be attributed to an identifiable cause(s) such as child abuse, SIDS, swallowing dysfunction, gastro esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.
   c. Keep in mind, especially if the parent/guardian declines transportation, that child abuse is one cause of ALTE.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ReddiNet Communications Policy	Policy Number 920
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: 06/01/2010
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: 06/01/10
Origination Date: April 26, 2007 Date Revised: March 13, 2008 Date Last Reveiewed: November 12, 2009 Review Date: March, 2013	Effective Date: June 1, 2010

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

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

III. POLICY:

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

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

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

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

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

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

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

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

IV. PROCEDURE:

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

1. Status – Hospitals will utilize the Reddinet System to update all diversion status pursuant to VCEMS Policy 402. Hospitals should note that the ReddiNet System also displays diversion status for other facilities within the region.
2. Multi Casualty Incidents (MCI) – During an MCI, the designated Base Hospital will coordinate response activities with other hospitals using ReddiNet unless relieved by EMS Agency personnel. The Base Hospitals will initiate an MCI using the ReddiNet MCI function. All patients received by hospitals during an MCI are to be recorded in ReddiNet, within the MCI function. The System will send an alert tone when a facility is being included in an MCI response.
3. Assessment – This function within the ReddiNet System allows a facility or the EMS Agency to assess the status of other facilities and other resources (such as staffing, equipment, etc). Assessments are polls that ask specific questions and require a response. All facilities are to respond as quickly as possible to active polls. Assessments contain one or more questions whose answers are formatted (I.e., Yes/No, numeric, multiple choice, text, etc) The System will send an alert tone when Assessments are received.
4. Public Health Surveillance – The Public Health Department may initiate disease surveillance programs utilizing Reddi-Net. These will be in the form of assessment polls that ask for specific information on a routine basis. Each facility is to ensure that these assessments are answered in a timely manner. This will likely require involvement of Infectious/Communicable Disease staff at each facility. This does not replace the obligation of health care providers to report certain diseases on a Confidential Morbidity Report (CMR) pursuant to Title 17, California Code of Regulations, §2500 (rev. 1996)
5. Messages – All facilities are expected to utilize the Reddi-Net messaging function to communicate appropriate information within their facility, with other hospitals, the EMS Agency and the Public Health Department. The system is similar to email. All messages that are appropriate for dissemination to other staff are to be printed or otherwise shared with affected staff. The System will send an alert tone when messages are received.

6. Bed Capacity – Hospitals are expected to update their bed availability by 9:00 AM on a daily basis. Updates ideally should be done twice per day, morning and evening shift. Hospitals should update their bed availability after their normally scheduled daily discharge time.

B. ReddiNet System Failure or Disruption –

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

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

Hospital	Hospital Grouping
Community Memorial Hospital	(OVCH, SJRMC, SPH, VCMC)
Los Robles Hospital and Medical Center	(SVH, SJRMC, SJPVH)
Ojai Valley Community Hospital	(CMH, SPH, VCMC)
Santa Paula Hospital	(CMH, OVCH, SJRMC, VCMC)
Simi Valley Hospital	(LRHMC, SJPVH, SJRMC, VCMC)
St. Johns Regional Medical Center	(CMH, SJPVH, VCMC)
St. Johns Pleasant Valley Hospital	(SJRMC, LRHMC, SVH, VCMC)
Ventura County Medical Center	(CMH, SPH, OVCH, SJRMC)

County of Ventura
Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

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

Time: _____ _____

Name: _____ _____

Hospital: **Diversion Category:**

☐ **CMH**	☐ **SJPVH**	☐ **ICU / CCU Saturation**
☐ **LRRMC**	☐ **SJRMC**	☐ **ED Saturation**
☐ **OVCH**	☐ **SVH**	☐ **Neuro / CT Scanner**
☐ **SPH**	☐ **VCMC**	☐ **Internal Disaster**

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

Hospital	*Fax Number*	*Hospital Grouping*
Community Memorial Hospital	**(805) 648-6170**	(OVCH, SJRMC, SPH, VCMC)
Los Robles Hospital and Medical Center	**(805) 370-4579**	(SVH, SJRMC, SJPVH)
Ojai Valley Community Hospital	**(805) 640-2360**	(CMH, SPH, VCMC)
Santa Paula Hospital	**(805) 525-6778**	(CMH, OVCH, SJRMC, VCMC)
Simi Valley Hospital	**(805) 527-9374**	(LRHMC, SJPVH, SJRMC, VCMC)
St. Johns Regional Medical Center	**(805) 981-4436**	(CMH, SJPVH, VCMC)
St. Johns Pleasant Valley Hospital	**(805) 383-7465**	(SJRMC, LRHMC, SVH, VCMC)
Ventura County Medical Center	**(805) 652-3299**	(CMH, SPH, OVCH, SJRMC)

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

Ventura County Fire Communications Center (805) 383-7631

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Lay Rescuer Automated External Defibrillation (AED) Provider Standards		Policy Number 1301
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: March 11, 2010
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: March 11, 2010
Origination Date: Date Revised: Date Last Reviewed: Review Date:	September 14, 2000 March 11, 2010 March 11, 2010 March 31, 2012	Effective Date: March 11, 2010

I. PURPOSE

A. To provide for system wide lay rescuer automated external defibrillation standards, review and oversight by Ventura County Emergency Medical Services.

B. To provide structure to programs implementing automated external defibrillators for use by lay persons treating victims of cardiac arrest.

C. To provide for integration of public access defibrillation programs in the established emergency medical services system.

D. To provide a mechanism for AED Quality Improvement throughout the Ventura County EMS System.

II. AUTHORITY

A. California Health and Safety Code Sections 1797.5, 1797.107, 1797.190 and 1797.196.

B. California Code of Regulations Title 22, Division 9, Chapter 1.8 Sections 100031 through 100042, as revised January 8, 2009.

III. SERVICES PROVIDED AND APPLICABILITY

AED programs shall be operated consistent with VCEMS policy and California State statutes and regulations.

IV. DEFINITIONS

A. “AED Service Provider” means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who is not breathing. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.

B. “Automated External Defibrillator” or “AED” means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

C. "Lay Rescuer" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of this policy.

D. "Medical Director" means a physician and surgeon currently licensed in California, who provides medical oversight to the AED Service Provider as set forth in California Code of Regulations, Title 22, Section 100040..

E. "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.

F. "Internal Emergency Response Plan" means a written Internal Emergency Response Plan of action which utilizes responders within a facility to activate the "9-1-1" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

V. GENERAL TRAINING PROVISIONS: APPLICATION AND SCOPE

A. Any training program, AED Service Provider or vendor may authorize a Lay Rescuer to apply and operate and AED on an unconscious person who is not breathing only if that Lay Rescuer has successfully completed a CPR and AED course according to the standards prescribed in this policy.

B. The training standards prescribed by this policy shall apply to employees of the AED Service Provider and not to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the Health and Safety Code.

VI. MEDICAL DIRECTOR REQUIREMENTS

Any AED Service provider shall have a physician Medical Director who:

A. Meets the qualifications of a Medical Director per California Code of Regulations, Title 22, Section 100036.

B. Shall ensure that AED Service Provider's Lay Rescuer CPR and AED training meets the requirements of this policy.

C. Shall review each incident where emergency care of treatment on a person in cardiac arrest is rendered and to ensure that the Internal Emergency Response Plan, along with the CPR and AED standards that the Lay Rescuer was trained to, were followed.

D. Is involved in developing an Internal Emergency Response Plan and to ensure compliance for training, notification, and maintenance as set forth in this policy.

E. The Medical Director shall maintain a list of authorized individuals that s/he has trained.

F. The Medical Director (or his/her designee) shall maintain a record of authorized individuals that are currently participating in the AED program under that physician's control. The record shall include the authorized individuals:

1. Name
2. Address
3. Telephone Number
4. Copy of CPR certificate
5. Date of initial training
6. Dates of retraining

G. VCEMS may audit or review this information upon request.

H. The Medical Director shall review each incident of application and the recordings of such.

I. The Medical Director (or his/her designee) shall submit a "Report of CPR or AED Use" form (attachment A) to Ventura County EMS within 96 hours of a cardiac arrest incident at an AED site. Send this completed form to:

AED Program
Ventura County EMS
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036-0619

VII. AED VENDOR REQUIREMENTS:

Any AED vendor who sells an AED to an AED Service Provider shall notify the AED Service Provider, at the time of purchase, both orally and in writing of the AED Service Provider's responsibility to comply with this policy.

A. Notify the local EMS Agency of the existence, location, and type of AED at the time it is acquired.

B. Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

VIII. AED TRAINING PROGRAM REQUIREMENTS: REQUIRED TOPICS AND SKILLS

The Lay Rescuer shall maintain current CPR and AED training, as prescribed in this policy.

CPR and AED training shall comply with the American Heart Association or American Red Cross CPR and AED Guidelines. The training shall include the following topics and skills:A. Basic CPR skills;

B. Proper use, maintenance and periodic inspection of the AED;

C. The importance of;

1. Early activation of an Internal Emergency Response Plan
2. Early CPR
3. Early defibrillation

4. Early advanced life support, and

D. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel; E. Assessment of an unconscious patient, to include evaluation of airway and breathing, to determine appropriateness of applying and activating an AED.

F. Information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the Lay Rescuer or other nearby persons to include, but not limited to;

1. Age and weight restrictions for use of the AED,
2. Presence of water of liquid on or around the victim,
3. Presence of transdermal medications, and
4. Implantable pacemakers or automatic implantable cardioverter-defibrillators;

G. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.

H. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and,

I. The responsibility for continuation of care, such as continued CPR and repeated shocks, as indicated, until the arrival of more medically qualified personnel.

J. The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the California Health and Safety Code.

IX. TESTING

CPR and AED training for Lay Rescuers shall include a competency demonstration of skills on a manikin, directly observed by an instructor which tests the specified conditions prescribed in California Code of Regulations, Title 22, Section 100038.

X. AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

A. An AED Service Provider shall ensure their internal AED programs include all of the following:

1. Development of a written Internal Emergency Response Plan which describes the procedures to be followed in the event of an emergency that may involve the use of an AED and complies with this policy. The written Internal Emergency Response Plan shall include but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.
2. Maintain AEDs in working order and maintain current protocols on the AEDs.
3. That all applicable VCEMS policies and procedures be followed.

4. That Lay Rescuers complete a training course in CPR and AED use and maintain current CPR and AED training that complies with requirements of this policy at a minimum of every two years and are familiar with the Internal Emergency Response Plan.
5. For every AED acquired up to five units, no less than one Lay Rescuer per AED unit shall complete a training course in CPR and AED use that complies with the requirements of this policy. After the first five AED units are acquired, one Lay Rescuer shall be trained for each additional five AED units required. AED Service Providers shall have Lay Rescuers who should be on site to respond to an emergency that may involve the use of an AED unit during normal operating hours.
6. That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, and according to any applicable rules and regulations set forth by the governmental authority under the Federal Food and Drug Administration and any other applicable state and federal authority.
7. Every AED shall be checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these periodic checks shall be maintained.
8. That a mechanism exists to ensure that any person, either a Lay Rescuer as part of the AED Service Provider, or member of the general public who renders emergency care of treatment on a person in cardiac arrest by using the service provider's AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the Medical Director and the local EMS Agency.
9. That there is involvement of a currently licensed California physician and surgeon that meets the requirements of California Code of Regulations, Title 22, Section 100040.
10. That a mechanism exists that will assure continued competency of the CPR and AED trained individuals in the AED Service Provider's employ to include periodic training and skills proficiency demonstrations.

XI. INTERNAL EMERGENCY RESPONSE PLAN

A. AED programs are required to establish and utilize an AED medical control program meeting the requirements of Title 22, Division 9, Chapter 1.8, Section 1000.35

B. The Medical Director of Ventura County EMS is responsible for authorizing AED programs, and assuring those programs comply with the medical control requirements of Title 22, Division 9, Chapter 1.8, Section 100035.

Attachment A

Ventura County EMS Agency
REPORT OF CPR OR AED USE

AED Program (location name)	
AED Provider (defibrillator user)	
Place of Occurrence (address and specific site)	
Date Incident Occurred	
Time of Incident	
Patient's Name (if able to determine)	
Patient's Age (Estimate if unable to determine)	
Patient's Sex (Male or Female)	
Time (Indicate best known or approximated time):	
• Witnessed arrest to CPR	
• Witnessed arrest to 9-1-1 Called	
• Witnessed arrest to first shock	
• Patient contact to first shock	
• 9-1-1 to arrival on scene	
• 9-1-1 to first shock	
• Total number of defibrillation shocks	

Was the cause of the arrest determined?	Yes	No
Was the cause of the arrest cardiac?	Yes	No
Was the arrest witnessed?	Yes	No
Was bystander CPR implemented?	Yes	No
Was there any return of spontaneous circulation?	Yes	No

Please attach any additional information that you think would be helpful.

This form must be completed and sent to Ventura County EMS within 96 hours of a cardiac arrest incident at an AED site. Send this completed form to:

Ventura County EMS - AED Program
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036-0619
FAX: 805-981-5300

Office Use Only

• Date Received by EMS Agency	
• Patient prehospital outcome	
• Patient discharged from hospital?	

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
I.	**Administrative Policies**					
100	Emergency Medical Service, Local Agency (9/13/84)	6/15/1998	7/1/1980	10/1/2003	11/12/2009	1/31/2013
105	Prehospital Services Committee Operating Guidelines	6/1/2009	3/1/1999	4/9/2009	4/9/2009	4/30/2012
106	Development of Proposed Policies/Procedures; Amendments to Existing Policies	12/1/2009	3/7/1990	6/11/2009	6/11/2009	6/30/2012
110	County Ord. No. 4099 Ambulance Business License Code	12/1/2007	7/10/1984	9/13/2007	8/13/2009	9/30/2011
111	Ambulance Company Licensing Procedure	12/1/2006	9/26/1986	6/8/2006		8/31/2011
112	Ambulance Rates	7/1/2009	1984	7/1/2009	7/1/2009	7/1/2010
120	Prehospital Emergency Medical Care Quality Assurance Program	6/1/2009	1/1/1996	12/11/2009	12/11/2008	12/31/2012
124	Hospital Emergency Services Reduction Impact Assessment	12/1/2004	6/1/1999	5/13/2004	11/12/2009	4/30/2013
131	Multi-Casualty Incident Response	3/13/2008	9/1/1991	3/13/2008		3/31/2010
150	Unusual Occurrence Reportable Event/Sentinel Event	3/11/2010	6/1/1999	3/10/2010	3/10/2010	6/30/2013
151	Medication Error Reporting	11/1/2003	11/1/2003	4/10/2008		4/30/2010
II.	**Legislation/Regulations**					
210	Child, Dependent Adult, or Elder Abuse Reporting	11/1/2003	6/14/1984	9/11/2003	8/13/2009	11/1/2011
III.	**Personnel Policies**					
300	Scope of Practice Emergency Medical Technician - I	10/14/2004	8/1/1988	10/14/2004		10/31/2006
301	Emergency Medical Technician I Certification - Ventura County (EMT-I)	2/12/2009	6/1/1984	2/6/2009	2/6/2009	3/31/2012
302	Emergency Medical Technician I Recertification - Ventura County (EMT-I)	2/12/2009	6/1/1984	2/6/2009	2/6/2009	2/28/2012
304	Emergency Medical Technician I	10/14/2004	6/1/1984	10/14/2004		10/31/2006
306	EMT-I Requirements to Staff and ALS Unit	12/1/2006	6/1/1997	8/10/2006		10/31/2011
310	EMT-P Scope of Practice	6/1/2009	5/1/1984	3/12/2009	3/12/2009	3/31/2012
315	Emergency Medical Technician-Paramedic Accreditation To Practice	12/1/2007	1/1/1990	9/13/2007		9/30/2009
318	Paramedic Training and Continuing Education Standards to Staff an ALS Response Unit	6/1/2008	6/1/1997	1/10/2008		1/31/2010
319	Paramedic Preceptor	12/1/2008	6/1/1997	7/10/2008		7/31/2011
321	Mobile Intensive Care Nurse: Authorization Criteria	12/1/2008	4/1/1983	8/14/2008		8/31/2011
322	Mobile Intensive Care Nurse: Reauthorization Requirements	12/1/2008	4/1/1983	8/14/2008		8/31/2011
323	Mobile Intensive Care Nurse: Authorization Challenge	6/1/2008	4/1/1983	11/8/2007	6/11/2009	11/30/2012
324	Mobile Intensive Care Nurse: Authorization Reactivation	12/1/2008	12/1/1991	8/14/2008		8/31/2011
330	EMT-I/EMT-P/MICN Decertification and Discipline	6/1/2009	4/9/1985	12/12/2008	12/12/2008	12/31/2011
332	EMS Personnel Background Check Requirements	12/1/2004	7/31/1990	5/13/2004	12/11/2008	5/31/2011
333	Denial of Prehospital Care Certification or Accreditation	6/1/2008	4/1/1993	4/10/2008		4/30/2010
334	Prehospital Personnel Mandatory Training Requirements	6/1/2009	9/14/2000	12/11/2008	12/11/2008	12/31/2012
335	Out of County Paramedic Internship Approval Process	12/1/2008	10/13/2005	10/9/2008		4/30/2011
342	Notification of Personnel Changes - Provider	12/1/2007	5/15/1987	9/13/2007	6/11/2009	9/30/2012
350	Prehospital Care Coordinator Job Duties	6/1/2009	1/0/1900	2/12/2009	2/12/2009	2/28/2012
351	EMS Update Procedure	12/1/2009	2/9/2005	9/10/2009	9/10/2009	9/30/2012
IV.	**Emergency Medical Services - Facilities**					
400	Ventura County Emergency Departments	12/1/2006	10/1/1984	8/10/2006		10/31/2011
402	Patient Diversion/Emergency Department Closures	10/1/2003	12/1/1990	3/31/2003	12/11/2008	11/30/2012
410	ALS Base Hospital Approval Process	6/1/2009	8/22/1986	2/12/2009	2/12/2009	2/28/2012
420	Receiving Hospital Standards	12/1/2007	4/1/1984	9/13/2007		9/30/2009
430	STEMI Receiving Center (SRC) Standards	12/1/2009	7/28/2006	6/11/2009	6/11/2009	6/30/2012
440	Code STEMI Interfacility Transfer	6/11/2009	7/1/2007	6/11/2009	6/11/2009	9/30/2012

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
705	Hypothermia	6/1/2008		4/10/2008		6/30/2011
705	Hypovolemic Schock - Trauma	12/1/2008		8/14/2008		12/31/2010
705	Hypovolemic Shock Non Trauma	12/1/2008		8/14/2008		8/31/2010
705	Insect and Spider Bites	6/1/2008		4/1/2008	1/8/2009	6/30/2011
705	Marine Animals	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Nerve Agent Poisoning	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Newborn Resuscitation	6/1/2008		12/31/2006	1/8/2009	12/31/2010
705	Non-Traumatic Focal Neurological Changes	12/11/2008		12/11/2008	12/11/2008	12/31/2010
705	Overdose/Poisoning	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Pain Control	1/10/2008		1/1/2008	12/12/2008	1/31/2011
705	Seizures	12/11/2008		12/11/2008	12/11/2008	12/31/2010
705	Shortness of Breath	12/1/2007		10/15/2007		12/1/2009
705	Snake Bite	12/1/2007		9/13/2007		12/31/2009
705	Supraventricular Tachycardia - Rate> 150 (Adult)	12/1/2008		8/14/2008		8/31/2010
705	Symptomatic* Bradycardia, Pediatric, Not In Arrest	12/1/2005		12/1/2004	12-11-008	12/31/2010
705	Ventricular Tachycardia, Sustained Not In Arrest	6/1/2009		1/8/2009	5/4/2009	6/30/2011
708	Patient Transfer From One Prehospital Team To Another	6/1/2009	10/31/1992	12/11/2008	12/11/2008	6/30/2011
710	Endotracheal Intubation Indications For Use	6/1/2008	6/1/1986	4/13/2008		4/30/2010
713	Intralingual Injection	6/1/2004	8/30/1990	1/8/2004		7/31/2011
715	Needle Thoracostomy	12/1/2007	11/1/1990	6/12/2007	8/13/2009	6/30/2011
716	Use of Pre-existing Vascular Access Devices	12/1/2007	3/2/1992	9/13/2007	6/11/2009	6/30/2011
717	Pediatric Intraosseous Infusion	6/1/2008	9/10/1992	4/13/2008		3/31/2010
720	Guidelines For Limited Base Hospital Contact	12/11/2008	6/15/1998	12/11/2008	12/11/2008	12/31/2010
722	Interfacility Transport of Patient with Patient with IV Heparin	1/10/2008	6/15/1998	1/10/2008	2/11/2010	1/31/2012
723	Continuous Positive Airway Pressure (CPAP)	12/1/2007	12/1/2004	9/13/2007	6/11/2009	9/30/2011
724	Apparent Life-Threatening Event (ALTE)	6/1/2005	3/1/2005		11/12/2009	4/30/2013
725	Patients After TASER Use	8/29/2006	8/10/2006			10/31/2011
726	12-Lead ECG	6/1/2009	8/10/2006	3/31/2009	3/12/2009	3/31/2011
727	Transcutaneous Cardiac Pacing	12/1/2008	12/1/2008	12/11/2008	12/11/2008	12/31/2010
728	King Airway	8/14/2008	4/10/2008			6/30/2010
729	Trauma Treatment Protocol		6/5/2008			
730	Narcotic Control					
VIII.	**Emergency Medical Technician - Defibrillation Policies**					
802	Emergency Medical Technician-I Defibrillation (EMT-ID) Medical Director	11/30/2002	11/1/1988	6/30/2002		11/30/2004
805	Emergency Medical Technician Defibrillation (EMT-ID) Medical Cardiac Arrest	6/1/2006	10/1/1993	4/24/2006		6/30/2008
808	Emergency Medical Technician Defibrillation Integration with Public AED Operation	11/30/2002	5/9/2002	8/31/2002		11/30/2004
IX.	**Emergency Medical Services Communications**					
905	Ambulance Provider Response Units: Required Frequencies	12/1/2006	7/1/1999	6/8/2006		8/31/2011
910	Emergency Medical Dispatch System Guidelines	12/1/2005	10/31/1994	9/8/2005		5/31/2007
920	ReddiNet Policy	3/13/2008	4/26/2007	3/13/2008		3/31/2010
X.	**Documentation**					
1000	Documentation of Prehospital Care	12/1/2004	6/15/1998	10/14/2004		10/31/2006
1001	EMT-P/BH Communication Record	12/1/2007	7/6/2007	7/9/2007	6/11/2009	7/31/2011

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Deleted
I.	**Administrative Policies**				
102	Coordination of Ambulance Program (New policy #102)	6/15/1998	10/1/1984		6/1/2004
104	EMCC (old policy #106)	6/1/1984	6/1/1984		2/1/1996
118	Coordination of Ambulance Program (New policy #102)	10/1/1984	10/1/1984		See 102
119	Ambulance Business License (New policy # 110)	7/10/1984	7/10/1984		See 110
122	Trial Study – Additional ALS Procedure (old policy #105)	2/28/1985	2/28/1985		11/1/2003
130	Medical Disaster Response Procedure (old policy #108)	6/1/1984	6/1/1984		?
140	Special Events Medical (0ld policy #109)	6/1/1984	6/1/1984		12/1/2004
II.	**Legislation/Regulations**				
200	Health and Safety Code	2/21/2003			11/1/2003
201	CCR - EMT-I Regulations	1/11/2000	6/17/1994		11/1/2003
202	CCR - Paramedic Regulations	2/20/2003	6/1/1997		11/1/2003
203	CCR - First Aid Standards for Public Safety Personnel	6/30/2000			11/1/2003
204	CCR - EMS Personnel Certification Review Process	3/25/2000			11/1/2003
205	CCR -Prehospital EMS Aircraft Regulations	1/10/1997	3/29/1988		11/1/2003
206	CCR – Process for Applicant Verification	8/4/1998			11/1/2003
207	EMT-I Certification Disciplinary Action Guidelines	3/2/2000			6/1/2001
III.	**Personnel Policies**				
303	Procedure for EMT-NA to become EMT-IA	6/1/1984			6/1/2002
305	EMT-I Ambulance Challenge Exam (New policy # 304)	4/25/1985			See 304
311	EMT-P Certification	4/30/1994	6/16/1980		10/31/1999
312	EMT-P Recertification	4/30/1994	1/6/1986		10/31/1999
313	EMT-P Reactivation of Certification	7/1/1992	6/16/1980		11/1/2003
314	EMT-P Out of State Challenge	1/1/1990	4/25/1985	12/1/1991	11/1/2003
316	EMT-P Reactivation of Inactive Accreditation to Practice	10/31/1996	10/1/1990		11/1/2003
317	EMT-P Continuous Accreditation Requirements	5/1/1996	1/1/1990		6/1/2002
331	Certification Review: Base Hospital and Provider Responsibilities	10/1/1987	10/1/1987		4/9/1996
340	Ventura County Ambulance Personnel Listing	6/1/1984			5/1/2003
341	Basic and Advanced Life Support Notification of Personnel Changes – Base Hospital	5/15/1987			5/1/2003
IV.	**Emergency Medical Services - Facilities**				
401	Approved Burn Centers	8/8/1988			6/1/2002
406	Basic and Advanced Life Support Notification of Personnel Changes – EMS Providers (New policy	5/15/1987			See 342
411	Advanced Life Support Base Hospital Approval Process)				12/1/2002
412	ALS New Hospital six month evaluation of provision of ALS service	6/1/2002	4/1/1984	6/30/2004	12/1/2002
413	ALS Base Hospital Program Review	5/22/1984			12/1/2002
421	Receiving Hospital Approval Process	6/1/2002	5/22/1984	6/30/2004	12/1/2002
422	ALS New Receiving Hospital – six month evaluation of provision of ALS services	7/22/1984			12/1/2002
423	ALS Receiving Hospital Program Review	5/22/1984			12/1/2002
V.	**Emergency Medical Services - Field Providers**				
503	Provider Program Review	5/22/1984			11/1/2003
505	ALS Unit Staffing Exception	7/1/1995	12/12/1988		6/1/2002
VI.	**General Emergency Medical Services - Policies**				
608	Staffing on Helicopter for Patient Transport (New Policy # 1201)	5/20/1988			See 1201
609	Non-Breather Masks	3/31/1990	1/1/1988	1/1/1992	6/1/2002
611	EMT-I Monitoring of IV Fluids	6/1/2004	6/1/1984	1/31/2004	6/12/2007

616	Comfort Measures Only	6/1/1990	10/1/1993	2/1/2001	5/1/2003
621	EMT-IA-Monitoring IV Fluid Administration (Old policy number 904) (New policy # 611)	6/1/1984			See 611
VII.	**Advanced Life Support Medical Control and Treatment Policies**				
700	Medical Control – Emergency Medical Services Medical Director	8/1/1988		8/1/1990	1/1/2004
702	Medical Control- Physician At the Scene	10/31/1995	1/31/1985		12/1/2005
706	Prior to BH Contact - Airway Obstruction	5/16/1991			10/31/1994
706	Prior to BH Contact -Anaphylaxis	11/12/1995			10/31/1994
706	Prior to BH Contact -Apnea or Agonal Respiration	9/30/1993			10/31/1994
706	Prior to BH Contact -Bradycardia, Adult, Symptomatic, not in arrest	1/5/1993			10/31/1994
706	Prior to BH Contact -Cardiac Arrest	5/13/1993			10/31/1994
706	Prior to BH Contact -Chest Pain	11/12/1992			5/1/1995
706	Prior to BH Contact -Hypovolemic Shock	5/13/1993			4/30/1994
706	Prior to BH Contact -Shortness of Breath	3/31/1994			10/31/1994
706	Prior to BH Contact -Venous Access	12/31/1992	3/30/1983		10/31/1995
707	Communication Failure Protocols	2/24/1993	3/1/1983		10/31/1995
707	Communication Failure Protocols – Airway Obstruction				10/31/1994
707	Communication Failure Protocols – ALOC	9/30/1993	11/1/1990		10/31/1994
707	Communication Failure Protocols - Anaphylaxis	11/1/1990	4/1/1990		10/31/1994
707	Communication Failure Protocols – Apnea	9/30/1993			10/31/1994
707	Communication Failure Protocols - Cardiac Arrest, Asystole, Bradycardic EMD, Non Brady, VF,	5/13/1993			5/1/1995
707	Communication Failure Protocols – Chest Pain	5/13/1993			5/1/1995
707	Communication Failure Protocols – Hypovolemia	3/31/1994			10/1/1994
707	Communication Failure Protocols – Needle Thoracostomy				10/1/1995
707	Communication Failure Protocols – Shortness of Breath	9/30/1993			10/1/1994
707	Communication Failure Protocols – Status Epilepticus	4/22/1992			10/1/1994
709	Alternative ALS Airway Management Devices Indications For Use	12/1/2005	9/10/1985	12/31/2007	10/1/2008
711	ALS Verapamil Hydrochloride	6/3/1986			12/1/2005
712	Administration of Nebulized Metaproterenol	2/1/1989	2/1/1989		6/1/2002
714	Glucose Testing	10/1/1990	8/1/1990		11/1/2003
719	Saline Locks		5/15/1993		12/1/2005
721	Pulse Oximetry Monitoring	6/1/2004	6/1/2004		6/12/2007
VIII.	**Emergency Medical Technician - Defibrillation Policies**				
800	EMT-I Defibrillation Plan, Equipment Requirements, Program Parameters	6/1/2000	11/1/1988	6/1/2002	12/1/2002
801	EMT-I Defibrillation Base Hospital	10/31/1996	11/1/1988		12/1/2002
804	EMT-I Defibrillation Performance Standards	5/1/1996	11/1/1988		12/1/2002
806	EMT-I Defibrillation Initial and Continuing Accreditation Requirements	7/1/1995	11/1/1988		12/1/2002
807	EMT-I Defibrillation Criteria for Hospitals Receiving patients	5/1/1996	11/1/1988		12/1/2002
IX.	**Emergency Medical Services Communications**				
901	Paramedic Communication Plan	10/11/1984	10/11/1984		6/12/2007
902	Frequencies (New policy #905) Contents moved to 905				12/1/2006
906	Verapamil Hydrochloride	1/30/1985	?		?
X.	**Documentation**				
1002	Inability to Make or Maintain Base Hospital Contact Report Form	6/1/2008	10/31/2001		11/30/2009
1004	Paramedic/MICN Lecture Approval Form (form only)				6/12/2007
1005	EMT-P/MICN Attendance Roster (form coversheet)	7/6/2007	7/6/2007	7/31/2009	
1009	EMT-P/MICN Continuing Education Record (New policy #1132) Contents moved to 1132	11/9/1984			10/20/1993

1011	ALS MICN Continuing Education Requirements (New policy 322) Contents moved to 322				See 322
XI.	**Education**				
1101	EMT-I Curriculum for IV Monitoring (New policy 611) Contents moved to 611		6/1/1984		1/8/2004
1102	EMT-I Training Programs Approval in California				6/1/2002
1106	ALS Personnel Written Examination Process	1/1/1990			6/1/2002
1107	EMT-ID Training Module	6/1/2000	10/31/1998		6/1/2002
1110	MICN Developmental Course	6/14/1984			11/1/2003
1115	MICN Continuing Education Requirements	12/1/1989	6/14/1984		11/1/2003
1116	MICN Continuing Education Field Observation	11/9/1984	11/9/1984		11/1/2003
1120	Endotracheal Intubation Training, Accreditation and Skills Maintenance	4/30/1994	11/5/1985		1/8/2004
1121	EMT-P Training: Verapamil Hydrochloride	6/3/1986			10/31/1995
1122	Needle Thoracostomy Training	10/31/1996	11/1/1990		12/1/2005
1123	Pre Existing Vascular Access Devices	6/1/2005	7/31/1992	6/30/2007	6/1/2002
1124	EMT-P Training: Adenosine				1/8/2004
1125	EMT-P Continuing Education Requirements	1/1/1990	6/16/1980	12/1/1991	6/1/2002
1126	EMT-P Clinical Hours				1/8/2004
1127	Esophageal Tracheal Double Lumen Airway Training	10/11/2001	4/30/1994		?
1128	Training for IV Heparin for Use in a Transfer Setting	6/15/1998	4/23/1998		?
1129	Cervical Spine Immobilization Training	6/1/1999	3/25/1999		?
1133	Continuing Education Record	9/1/1989	11/9/1984	9/1/1990	6/1/2002
1134	Training and Testing Criteria		7/21/1989	7/1/1991	1/8/2004
XII.	**Search and Rescue**				
1210	Criteria for Patient Transport Via Helicopter	10/31/1994	10/31/1994		11/1/1998
XIII.	**Public Access Defibrillation**				