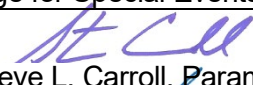



To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: November 1, 2021

Policy Status	Policy #	Title/New Title	Notes
ADD	132	EMS Coverage for Special Event or Mass Gatherings	<i>New Policy</i> – outlines minimum EMS coverage recommendations for special events and mass gatherings. Also outlines process for review and approval of event medical plans.
Replace	319	Paramedic Preceptor	Updated language to match California Code of Regulations (CCR)
Replace	323	MICN Authorization Challenge	Minor changes to language and formatting
Replace	332	EMS Personnel Background Check	Reviewed, minor changes to language
Replace	333	Accreditation Authorization/Certification/Review Process	Reviewed, no changes
Replace	335	Out of County Internship	Out of county internship “window” was removed from Section IV.C and replaced with statement advising host agency to coordinate with local paramedic training program to ensure placement does not conflict with local intern placement.
Replace	420	Receiving Hospital Criteria	Minor formatting changes
Replace	504	BLS and ALS Equipment	D 50 Removed
Replace	606	Determination of Death	Added language for transport in trauma. Minor formatting changes.
Replace	613	Do Not Resuscitate	Added language for verbal DNR requests, and guidance for sensitive locations. Minor formatting changes.
Replace	625	Physician’s Orders for Life Sustaining Treatment (POLST)	Reviewed, no changes
Replace	704	Guidelines for Base Hospital Contact	No Changes
Replace	705.03	Altered Neurologic Function	D 50 Removed
Replace	705.16	Neonatal Resuscitation	Treatment guidelines simplified and re-formatted.
Replace	705.26	Suspected Stroke	Reviewed - No changes
Replace	722	Interfacility IV Heparin and NTG	Added audit form with link & QR code access
Replace	724	Brief Resolve Unexplained Event (BRUE)	Fixed typo, no changes
Replace	726	12 Lead ECG	Added Post ROSC to indications

Policy Status	Policy #	Title/New Title	Notes
Replace	734	Tranexamic Acid (TXA) Administration	Add language about Base order for Post-partum hemorrhage or any other bleeding not indicated in the policy.
Replace	736	Leave at Home Naloxone	Added Section IV.E. Paramedics may now leave naloxone at the scene of suspected overdose where patient is transported and family/friends feel they are unable to obtain naloxone through other means (existing Behavioral Health programs)
Replace	1135	Paramedic Program Approval	Reformatted existing policy and added new language from CCR from recent changes in paramedic regs.
Replace	1601	PSFA and TCC Training Program Approval	Added existing language from CCR related to retraining requirements. Updated training program approval checklist. Other minor formatting changes
ADD	1603	PSFA Nerve Agent Antidote Administration	New policy outlining indications and training requirements for PSFA agencies that add Nerve Agent Antidote to their inventory.
ADD	1604	PSFA Oxygen Administration and BLS Airway Adjuncts	New policy outlining indications and training requirements for PSFA agencies that already administer oxygen, or that add oxygen to their inventory.
Replace	1605	Public Safety Naloxone Administration	Updated existing policy. Added language referencing new PSFA policies and added language related to reporting and documentation of PSFA naloxone use.
ADD	1606	PSFA Epinephrine Administration	New policy outlining indications and training requirements for PSFA agencies that add Epinephrine to their inventory.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Coverage for Special Events or Mass Gatherings		Policy Number 132	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	September 9, 2021		
Date Revised:		Effective Date: December 1, 2021	
Date Last Reviewed:			
Review Date:	September 30, 2022		

- I. PURPOSE: To establish recommendations for adequate EMS coverage at special events and/or mass gatherings occurring within the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, and 1798; California Code of Regulations, Title 22, Sections 100063, 100146, 100253
- III. DEFINITIONS:

Special Event: Any event associated with some level of planning leading up to the actual event taking place. For the purposes of this policy, EMS coverage for a special event will be recommended when daily attendance is expected to exceed 2,500 people. This threshold may be reduced in the event that planned activities include a greater potential for illness or injury.

Mass Gathering: An event, whether spontaneous or planned, that is associated with an increased risk of strain on the EMS resources and/or the EMS system within the County of Ventura. Examples of mass gatherings may include public demonstrations, protests, and/or civil unrest.
- IV. POLICY:
 - A. A special event requiring review prior to the issuance of a permit by a local jurisdiction and/or fire district or department should be reviewed for medical coverage and should meet the minimum coverage recommendations for the size and type of event, as outlined in this policy. These minimum coverage recommendations are included in Attachment A of this policy.
 - B. For special events or mass gatherings where daily attendance is expected to exceed 10,000 people or in any event where there is a significantly heightened risk for the health and well-being of special event/mass gathering participants and/or the surrounding community(ies), the Ventura County EMS Agency Medical Director, or his designee, should review and approve the proposed medical coverage plan.

V. PROCEDURE:

A. Special event and/or mass gathering medical plans should include the following:

1. Event description, including the event name, location and expected attendance.
2. Participant safety (the safety plan for the event participants and spectators)
3. Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and onlookers)
4. Description of the following medical resources:
 - a. Personnel trained in CPR and in the use of an Automated External Defibrillator (AED), and in how to activate the 911 system;
 - b. Aid Station(s), as indicated in Attachment A;
 - c. Ambulances (ALS and/or BLS), as indicated in Attachment A;
 - d. Advanced licensed medical practitioners, as indicated in Attachment A
5. A communications plan, including the names and contact information for the event organizers and lead personnel, as well as an on-site primary point of contact for the duration of the event. This plan will include method of communications (e.g. cell phone, two-way radios, etc.).
 - a. If the special event / mass gathering is being coordinated through a government entity, or a public safety agency, the communications plan should be completed on an Incident Radio Communications Plan (ICS 205) form.
6. A multi-casualty contingency plan describing the ability to care for multiple casualties, and activate additional medical resources, should the need arise.

B. Minimum Requirements for Medical Personnel

1. Basic Life Support (BLS)
 - a. On-site medical personnel will be minimally certified as an Emergency Medical Technician in the State of California.
 - b. If a Paramedic is equipped and utilized only to provide care at a BLS level, that Paramedic will be currently licensed in the State of California.
 2. Advanced Life Support (ALS)
 - a. Any Paramedic utilized for the purposes of ALS medical coverage at a special event or mass gathering shall be employed by a VCEMS approved ALS service provider, and shall meet all requirements outlined in VCEMS Policies and Procedures.
-

- 1) ALS Ambulance Services utilized for the purposes of special event or mass gathering coverage shall be licensed to operate within the County of Ventura, and shall be authorized by VCEMS, in accordance with VCEMS Policies and Procedures.
 - 2) ALS Ambulance(s) should be co-located with an aid station, when applicable
 - b. Medical plans outlining the use of advanced level practitioners (RN, PA, DO, MD) will be reviewed and approved by the VCEMS Medical Director or his designee.
- C. Submitting Special Event Medical Plans
1. Medical plans for special events where daily attendance is greater than or equal to 2,500 but less than 15,000:
 - a. Permitting fire district / department should review medical coverage plan to ensure it meets minimum recommendations outlined in this policy.
 2. Medical plans for special events where daily attendance equals or exceeds 15,000:
 - a. Medical coverage plan should be submitted to VCEMS for review and approval.
 - 1) Upon receipt, VCEMS will review and return approval form (Attachment B) or request for additional information within five (5) working days.
- D. Unplanned Mass Gatherings
1. Spontaneously occurring mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel should be met with an increased index of suspicion, as it relates to medical standby coverage, regardless of incident size.
 - a. VCEMS Duty Officer will be notified in all instances of unplanned mass gatherings that present an increased risk of strain on the EMS system and/or public safety personnel.
 - b. Personnel on scene will coordinate with law enforcement agencies to ensure that plans are in place and contingencies have been discussed in terms of tactical operations and forward-deployment of tactical medical personnel (TEMS-Specialist and/or TEMS-FRO), if applicable.
-

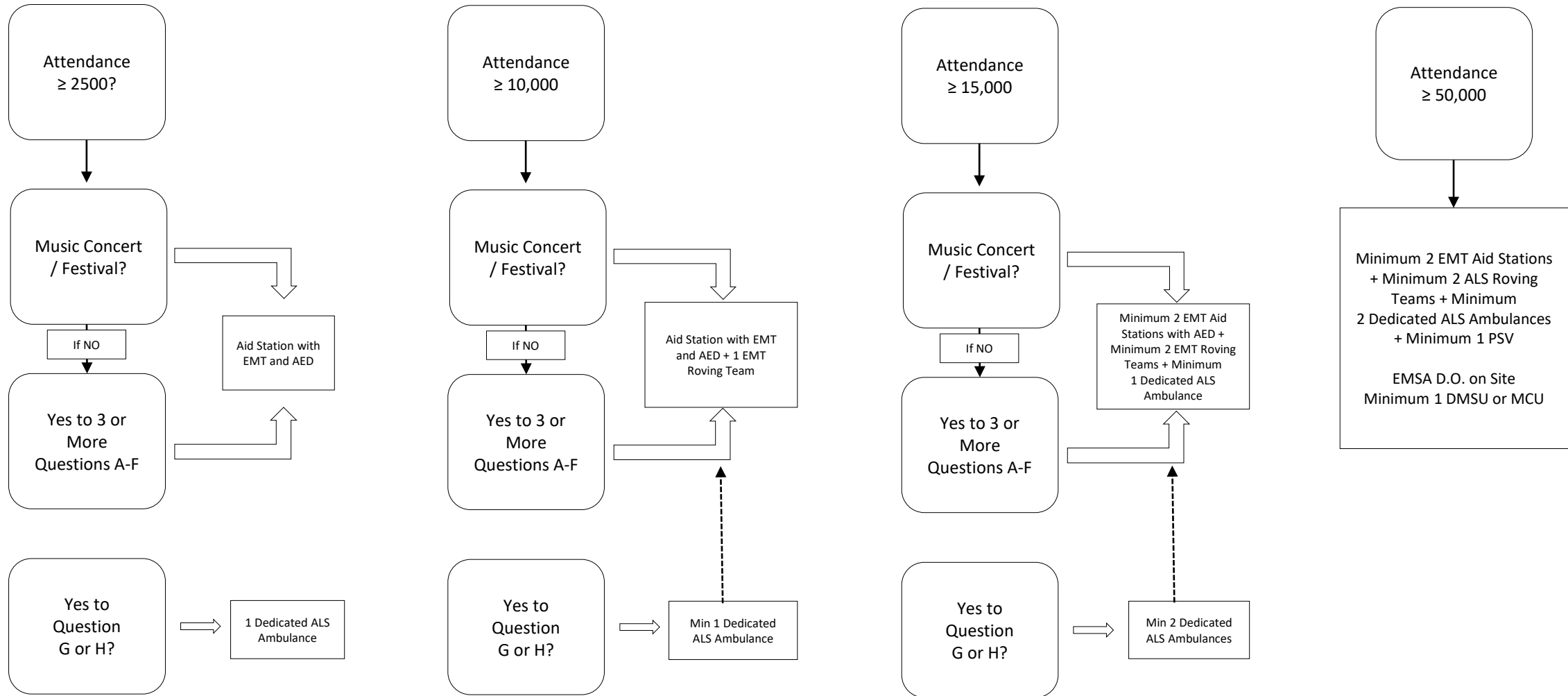
E. Documentation of Patient Care

1. Agencies operating within the formal VCEMS system will document patient care in accordance with VCEMS Policies and Procedures.
 - a. Depending on the type of event, and number of event participants, these requirements may be altered or reduced at the discretion of VCEMS.
2. Organizations not operating within the formal VCEMS system will document patient care in a manner that is appropriate for the level of care provided to the patient.
 - a. For the purposes of QA/QI and medical system oversight, this documentation of patient care may be requested by VCEMS for further review and/or after-action reporting.

F. VCEMS Duty Officer Notification

1. VCEMS Duty Officer should be notified of any special event or mass gathering that has an expected attendance greater than or equal to ten thousand (10,000).
 - a. Request for duty officer notification may be made over the air or by contacting FCC.
 - b. Duty officer notification may also be made by emailing relevant incident information to emsagencydutyofficer@ventura.org. *Please note that this email address is only monitored during regular business hours, and it should not be used for emergent/urgent issues.*
 2. VCEMS Duty Officer will be on site for any event or mass gathering that has an attendance greater than or equal to fifty thousand (50,000).
-

Attachment A: Minimum EMS Coverage Recommendations for Special Events/Mass Gatherings



Questions

- A. High-risk activities such as sports, racing, etc.?
- B. Environmental extremes of heat or cold?
- C. Average age of crowd less than 25 or greater than 50?
- D. Crowd includes large numbers of persons with acute or chronic illnesses?
- E. Crowd density presents challenges for patient access or transfer to medical transport resources?
- F. Alcohol is sold at the event, or a history of alcohol or drug use by the crowd at prior events?
- G. Past history of *significant* number of patient contacts at the event or patients transported to area hospitals?
- H. Event is greater than 15-minute ground transport time to closest receiving hospital?

Definitions

- Aid Station:** Fixed location on site staffed by at least one (1) certified Emergency Medical Technician or higher, capable of providing emergency medical care within their defined scope of practice.
- Roving Team:** A team of two or more personnel at the EMT (BLS) or Paramedic (ALS) level with supplies and equipment for delivery of emergency medical care.
- Dedicated ALS Ambulance:** A ground ambulance staffed with at least one (1) authorized Level II Paramedic and one authorized EMT ALS Assist, capable of providing advanced prehospital care and transport to a receiving hospital. In the event the dedicated ambulance transports a patient from the event, an additional ALS ambulance will be moved in to cover the event until the original dedicated ambulance can return.

Attachment B Special Event / Mass Gathering Medical Plan Authorization Form

In accordance with VCEMS Policy 132 – EMS Coverage for Special Events or Mass Gatherings, the Ventura County EMS Agency has reviewed the applicable medical plan for the events below and has determined that the plan meets minimum coverage recommendations, based on anticipated number of participants.

Event Name: _____

Applicant Name: _____



Applicant Point of Contact: _____

Event Date(s): _____

Event Location(s): _____

Planned Level of Coverage: _____

<i>VCEMS Use Only</i>	
Plan Reviewed By:	
Plan Reviewed Date	
Additional Info Requested Date:	
Final Approval Issue Date:	
Approval Name/Title:	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	June 1, 1997	Effective Date: December 1, 2021	
Date Revised:	May 13, 2021		
Last Date Reviewed:	May 13, 2021		
Next Review Date:	May 31, 2024		

- I. PURPOSE: To establish minimum requirements for designation as a Ventura County paramedic preceptor.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798. California Code of Regulations, Title 22, Division 9, Section 100150
- III. DEFINITIONS:
 - A. A field training officer (FTO) is an agency designation for those personnel qualified to train other prehospital personnel working for that agency.
 - B. The paramedic preceptor as identified in California Code of Regulations Title 22, Division 9, Chapter 4, Article 3, Section 100150, is qualified to train paramedic student Interns. A paramedic preceptor may also be a FTO, when designated by that individual's agency.
- IV. POLICY:
 - A. A Paramedic may be designated a paramedic preceptor upon completion of the following:
 1. Be a licensed paramedic in the state of California, working in the field for at least the last two (2) years
 2. Be under the supervision of the principal instructor, program director and/or program medical director of the applicable paramedic training program.
 3. Have completed a field preceptor training program approved by VCEMS, in accordance with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) standards and guidelines for the accreditation of Educational Programs in the EMS Professions (2015). Training shall include a curriculum that will result in preceptor competency

in the evaluation of paramedic students during the internship phase of the training program and the completion of the following:

- a. Conduct a daily field evaluation of students
 - b. Conduct cumulative and final field evaluations of all students
 - c. Rate students for evaluation using written field criteria
 - d. Identify ALS contacts and requirements for graduation
 - e. Identify the importance of documenting student performance
 - f. Review the field preceptor requirements outlined by the State of California and in local VCEMS Policy
 - g. Assess student behaviors using cognitive, psychomotor, and affective domains.
 - h. Create a positive and supportive learning environment
 - i. Measure students against the standards of entry level paramedics
 - j. Identify appropriate student progress
 - k. Counsel the student who is not progressing
 - l. Identify training program support services available to the student and the preceptor
 - m. Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.
3. 6 months, (minimum 1440 hours) practice in Ventura County as a level II paramedic.
 4. Written approval submitted to VCEMS by employer.
 5. Written approval submitted to VCEMS by the prehospital care coordinator at the base hospital of the area where the paramedic practiced the majority of the time.
 7. Written notification of intent to practice as a paramedic preceptor shall be submitted to VCEMS prior to preceptor working in this capacity.
- B. A preceptor shall not precept or evaluate more than one person at a time.
- C. Paramedic Interns: Preceptors must directly observe the performance of all “Critical Procedures” and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.
1. Critical Procedures:
 - a. Endotracheal Intubation

- 1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding).
The intern will not make a second attempt.
 - b. Needle Thoracostomy
 - c. Intraosseous needle insertion
 - d. Childbirth
 - e. Medication Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- D. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

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

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

Please initial the appropriate box

<p>Paramedic Preceptor</p> <p><input type="checkbox"/> All the requirement of level II met.</p> <p><input type="checkbox"/> 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.</p> <p><input type="checkbox"/> Successful completion of a preceptor training course approved by VCEMS.</p> <p><input type="checkbox"/> Approval by employer</p> <p><input type="checkbox"/> Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.</p> <p><input type="checkbox"/> Notification of VCEMS</p> <p><input type="checkbox"/> Completion of Curriculum Vitae</p>



Please sign and date below for approval.

Employer

Date:

PCC, BH

Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Challenge		Policy Number: 323	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	April 1983	Effective Date: December 1, 2021	
Date Revised:	May 13, 2021		
Date Last Reviewed:	May 13, 2021		
Review Date:	May 31, 2024		

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.

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

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

- IV. PROCEDURE:
 - A. VC EMS shall be notified by the Base Hospital of an MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
 - 1. Evidence of the candidate's current out-of-county authorization as an MICN
 - 2. Application (Appendix B)
 - 3. Record of Continuing Education from the previous authorizing agency, and
 - 4. BH recommendation (Appendix A)

 - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
 - 1. Professional experience
 - The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care

areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.

2. Prehospital care exposure

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

- a. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six- (6) months' critical care experience. Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
- b. Have responsibility for management, coordination, or training for prehospital care personnel, or
- c. Be employed as a staff member of Ventura County Emergency Medical Services.
- d. The internship requirement shall be completed within six (6) months of the initiation of the challenge process.

3. Field observation

Candidates shall ride with an approved Ventura County ALS unit for a minimum of eight (8) hours. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (See Appendix C).

4. Internship

The candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a Mobile Intensive Care Nurse, the Pre-Hospital Care Coordinator, and/or an Emergency Department physician experienced with VCEMS 705 treatment policies.

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)

- b. Upon successful completion of at least ten (10) responses, the responses shall be evaluated by the Pre-Hospital Care Coordinator. All Radio Communication Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS.
- 5. Employer recommendation
 - a. Mobile Intensive Care Nurse candidates shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician, Pre-Hospital Care Coordinator and Emergency Department Nurse Supervisor.
 - b. Candidates employed by Ventura County Emergency Medical Services shall be recommended by the Emergency Medical Services Medical Director.
- 6. All recommendations shall be submitted in writing to Ventura County Emergency Medical Services
- 7. Examination Process
 - 1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. Candidate will have only one opportunity to pass the examination
- C. After receipt and review of all challenge documents for satisfactory compliance with Ventura County requirements, authorization shall be granted.
- D. The expiration date of the authorization card shall be the same date of the out-of-county authorization card.

LETTER OF RECOMMENDATION
AUTHORIZATION CHALLENGE

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

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

_____ Holds a valid California Registered Nurse License.
_____ Is currently authorized as an MICN in another California County or State in the United States.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

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

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Field Observation Verification
4. Letter of Recommendation
5. Facsimile of out of county MICN Authorization
6. Documentation of completion of Internship
7. Record of Continuing Education during current authorization period from currently authorizing county.

MICN Candidate Signature

Prehospital Care Coordinator

Date: _____

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

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

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

Paramedic Signature

Paramedic Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

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

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

VERIFICATION OF INTERNSHIP COMPLETION

_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH RADIO COMMUNICATION PERFORMANCE EVALUATION FORM								
Signatures:	_____ BH Medical Director/Paramedic Liaison Physician							
	_____ Prehospital Care Coordinator							

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Personnel Background Check Requirement		Policy Number 332	
APPROVED: Administrator: Steven L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: December 1, 2021	
Origination Date: July, 1990		Effective Date: December 1, 2021	
Date Revised: October 14, 2021			
Date Last Reviewed: October 14, 2021			
Review Date: October 31, 2024			

- I. PURPOSE: To provide a method to ascertain the criminal background history of persons applying for EMT certification/recertification or Paramedic accreditation as EMS Prehospital care personnel in Ventura County.

- II. AUTHORITY: California Health and Safety Code, Section 1798.200, California Code of Regulations, Section 100206, et seq. Title 13, California Code of Regulations, Section 1101.

- III. POLICY:
 - A. All applicants for Ventura County EMT certification/recertification or paramedic accreditation shall complete a California Bureau of Criminal Identification, Department of Justice background investigation and Federal Bureau of Identification background check via Live Scan Service as a condition of initial EMT certification, EMT recertification in Ventura County, or Ventura County Paramedic accreditation.
 - B. Ventura County EMS shall keep record of criminal background if certification or accreditation is active.
 - C. Ventura County EMS shall contract with the California Bureau of Criminal Identification for subsequent arrest notification.
 - D. Criteria in Health and Safety Code Section 1798.200 and 13CCR1101 et al shall be used to determine whether certification is given or denied based upon the results of the background check (Refer to VCEMS Policy 333 – Accreditation, Authorization or Certification Review Process).

- IV. PROCEDURE:
 - A. All applicants for certification/recertification or accreditation shall refer to VCEMS website at vchca.org/ems for the DOJ Live Scan instructions.
 - B. This procedure applies to:
 1. All persons applying for initial California EMT certification/ or paramedic accreditation in Ventura County

2. EMT recertification in Ventura County for the first time
 3. EMT recertification in Ventura County, after lapse in certification, and the Department of Justice has been notified that subsequent notices are no longer required.
- C. EMTs who are currently certified in Ventura County and are now becoming Paramedics, do not need to repeat their background.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Accreditation/Authorization/Certification Review Process		Policy Number: 333	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director Daniel Shepherd, MD		Date: December 1, 2021	
Origination Date: April 1993		Effective Date: December 1, 2021	
Date Revised: October 14, 2010			
Date Last Reviewed: May 13, 2021			
Review Date: May 31, 2024			

- I. **PURPOSE:** This policy defines the Ventura County Emergency Medical Services (VCEMS) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.
- II. **AUTHORITY:** California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. CCR, Title 22, Division 9, Chapter 6.
- III. **DEFINITIONS:**
- Certificate** - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.
- Certifying Entity** - as used in this policy means VCEMS.
- Certification Action** - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.
- Certificate Holder** – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.
- CCR** – means the California Code of Regulations, Title 22, Division 9.
- Crime** - means any act in violation of the penal laws of California, any other state, or federal laws.
- Conviction** – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.
- Discipline** - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.

Disciplinary Cause - means an act that is substantially related to the qualifications, functions, and duties of an EMT and is evidence of a threat to the public health and safety, per Health and Safety Code Section 1798.200.

Disciplinary Plan - means a written plan of action that can be taken by a Relevant Employer as a consequence of any action listed in Section 1798.200 (c). The Disciplinary Plan shall be submitted to the VCEMS Medical Director and may include recommended Certification Action consistent with the Recommended Guidelines for Disciplinary Orders and Conditions of Model Disciplinary Orders.

Functioning outside of medical control - means any provision of prehospital emergency medical care which is not authorized by, or is in conflict with, any policies, procedures, or protocols established by VCEMS, or any treatment instructions issued by the base hospital providing immediate medical direction.

Model Disciplinary Orders (MDO) - means the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (State EMS Authority Document #134) which were developed to provide consistent and equitable discipline in cases dealing with Disciplinary Cause.

Relevant Employer(s) - means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the Certificate Holder works for or was working for at the time of the incident under review, as an EMT either as a paid employee or a volunteer.

IV. POLICY: Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which purports a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the CCR, Chapter 6. For the purposes of a Crime, the record of Conviction or a certified copy of the record shall be conclusive evidence of such Conviction.

V. PROCEDURE:

A. An individual who indicates a criminal history on their certification, authorization or accreditation application or whose background check results in a criminal history will be subject to an investigation. Criminal history does not include an arrest only. The investigation shall consist of one or more of the following:

1. Documentation review
2. Interview by staff
3. An Interview by the VCEMS Medical Director and/or Administrator or designee

- B. VCEMS will use the most current version of the MDO's as a reference.
- C. Responsibilities of Relevant Employer
 - 1. Under the provisions of the CCR and this policy, Relevant Employers:
 - a. Shall notify VCEMS within three (3) working days after an allegation has been validated as potential for Disciplinary Cause.
 - b. Shall notify VCEMS within three (3) working days of the occurrence of any of following:
 - 1) The employee is terminated or suspended for a Disciplinary Cause,
 - 2) The employee resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a Disciplinary Cause,
 - or
 - 3) The employee is removed from employment-related duties for a Disciplinary Cause after the completion of the employer's investigation.
 - c. May conduct investigations to determine Disciplinary Cause.
 - d. Upon determination of Disciplinary Cause, the Relevant Employer may develop and implement a Disciplinary Plan in accordance with the MDOs.
 - 1) The Relevant Employer shall submit that Disciplinary Plan to VCEMS along with the relevant findings of the investigation related to Disciplinary Cause, within three (3) working days of adoption of the Disciplinary Plan.
 - 2) The employer's Disciplinary Plan may include a recommendation that the VCEMS Medical Director consider taking action against the holder's certificate to include denial of certification, suspension of certification, revocation of certification, or placing a certificate on probation.
- D. Jurisdiction of VCEMS
 - 1. VCEMS shall conduct investigations to validate allegations for Disciplinary Cause when the EMT is not an employee of a Relevant Employer or the Relevant Employer does not conduct an investigation. Upon determination of Disciplinary Cause, the VCEMS Medical Director may take certification action as necessary against a Certificate Holder.
 - 2. VCEMS may, upon determination of Disciplinary Cause and according to the provisions of this policy, take certification action against an EMT to deny,

suspend, or revoke, or place a Certificate Holder on probation, upon the findings by the VCEMS of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:

- a. The Relevant Employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the VCEMS Medical Director makes a determination that discipline imposed by the Relevant Employer was not in accordance with the MDOs and the conduct of the Certificate Holder constitutes grounds for Certification Action.
 - b. The VCEMS Medical Director determines, following an investigation conducted in accordance with this policy, that the conduct requires Certification Action.
3. The VCEMS Medical Director, after consultation with the Relevant Employer or without consultation when no Relevant Employer exists, may temporarily suspend, prior to a hearing, a Certificate Holder upon a determination of the following:
- a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and
 - b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.
4. If the VCEMS Medical Director takes any certification action the VCEMS Medical Director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the State Central Registry.

E. Evaluation of Information

1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).
2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise protected by the law to the Relevant Employer for investigation, if there is a Relevant Employer, within three (3) working days of receipt of the information.

If there is no Relevant Employer or the Relevant Employer does not wish to investigate the complaint, VCEMS shall evaluate the information received from a credible source, including but not limited to, CORI information, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by VCEMS or pursuant to Division 2.5, of the Health and Safety Code.

3. The Relevant Employer or VCEMS shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

F. Investigations Involving Firefighters

1. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of official duties.
2. All investigations involving Certificate Holders who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

G. Due Process

The Certification Action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

H. Determination of Action

1. Upon determining the Disciplinary Plan or Certification Action to be taken, the Relevant Employer or VCEMS shall complete and place in the personnel file or any other file used for any personnel purposes by the Relevant Employer or VCEMS, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the Disciplinary Plan and the date the Disciplinary Plan shall take effect.
2. A temporary suspension order pursuant to Section 100209 (c) of the CCR shall take effect upon the date the notice required by Section 100213 of the CCR, is mailed to the Certificate Holder.
3. For all other Certification Actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a Certificate unless another time is specified or an appeal is made.

- I. Temporary Suspension Order
 1. The VCEMS Medical Director may temporarily suspend a certificate prior to hearing if the Certificate Holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of the CCR and if in the opinion of the VCEMS Medical Director permitting the Certificate Holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.
 2. Prior to, or concurrent with, initiation of a temporary suspension order of a Certificate pending hearing, the VCEMS Medical Director shall consult with the Relevant Employer of the Certificate Holder.
 3. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the Certificate Holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice shall include the allegations that allowing the Certificate Holder to continue to engage in certified activities would pose an imminent threat to the public health and safety.
 4. Within three (3) working days of the initiation of the temporary suspension, by VCEMS, Relevant Employer and VCEMS shall jointly investigate the allegation in order for the VCEMS Medical Director to make a determination of the continuation of the temporary suspension.
 - a. All investigatory information, not otherwise protected by the law, held by the VCEMS and the Relevant Employer shall be shared between the parties via facsimile transmission or overnight mail relative to the decision to temporarily suspend.
 - b. VCEMS shall serve within fifteen (15) calendar days, an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
 - c. If the Certificate Holder files a Notice of Defense, the administrative hearing shall be held as soon as possible based on Administrative Law Judge's (ALJ) availability.
 - d. The temporary suspension order shall be deemed vacated if VCEMS fails to serve an accusation within fifteen (15) calendar days or fails to make a final determination on the merits within fifteen (15) calendar days after the ALJ renders a proposed decision.

- J. Final Determination of Certification Action by the VCEMS Medical Director
1. Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the respondent so chooses, the VCEMS Medical Director may take the following final actions on a Certificate:
 - a. Place the Certificate Holder on probation
 - b. Suspension
 - c. Denial
- K. Placement of a Certificate Holder on Probation
- The VCEMS Medical Director may place a Certificate Holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the Certificate Holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. VCEMS may revoke the Certificate if the Certificate Holder fails to successfully complete the terms of probation.
- L. Suspension of a Certificate
1. The VCEMS Medical Director may suspend an individual's Certificate for a specified period of time for Disciplinary Cause in order to protect the public health and safety.
 2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
 3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The VCEMS Medical Director shall continue the suspension until all conditions for reinstatement have been met.
 4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.
- M. Denial or Revocation of a Certificate
1. The VCEMS Medical Director may deny or revoke any Certificate for Disciplinary Cause that has been investigated and verified by application of this policy.
 2. The VCEMS Medical Director shall deny or revoke an Certificate if any of the following apply to the applicant:

- a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
 - b. Has been convicted of murder, attempted murder, or murder for hire.
 - c. Has been convicted of two (2) or more felonies.
 - d. Is on parole or probation for any felony.
 - e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
 - f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
 - g. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
 - h. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.
 - i. Has been convicted within the preceding five (5) years of any theft related misdemeanor.
 - j. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
 - k. Is required to register pursuant to Section 11590 of the Health and Safety Code.
4. Subsection V.M.1 and 2 shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/Certificate Holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in V.M.1 and 2. As used in Section M, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.
5. This Section shall not apply to EMTs who obtain their California Certificate prior to July 1, 2010; unless:

- a. The Certificate Holder is convicted of any misdemeanor or felony after July 1, 2010.
 - b. The Certificate Holder committed any sexually related offense specified under Section 290 of the Penal Code.
 - c. The Certificate Holder failed to disclose to the certifying entity any prior convictions when completing the application for initial EMT certification or certification renewal.
6. Nothing in this Section shall negate an individual's right to appeal a denial of a Certificate pursuant to this policy.
 7. Certification action by the VCEMS Medical Director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT whose application was denied or an EMT whose certification was revoked by the VCEMS Medical Director shall not be eligible for EMT Certification by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action. EMT's whose certification is placed on probation must complete their probationary requirements with the Certifying Entity that imposed the probation.
- N. Notification of Final Decision of Certification Action
1. For the final decision of Certification Action, the VCEMS Medical Director shall notify the applicant/Certificate Holder and Relevant Employer(s) of the Certification Action within ten (10) working days after making the final determination.
 2. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
 - a. The specific allegations or evidence which resulted in the Certification Action;
 - b. The Certification Action(s) to be taken, and the effective date(s) of the Certification Action(s), including the duration of the action(s);
 - c. Which certificate(s) the Certification Action applies to in cases of holders of multiple certificates;
 - d. A statement that the Certificate Holder must report the Certification Action within ten (10) working days to any other EMS Agency and Relevant Employer in whose jurisdiction s/he uses the certificate.

- O. Certification/authorization or accreditation applicants who fail to reveal a criminal history, but for whom a criminal history of conviction is discovered, or for an applicant who fraudulently answered any question on their application or eligibility statement may have their certification/authorization or accreditation placed on probation, suspended or revoked.



Ventura County Emergency Medical Services
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036
Phone: 805-981-5301
Fax: 805-981-5300

APPENDIX A

Arrest Status Report Form

Today's Date: _____

After initial report, the form is due on the first of each month until the case has been settled

Personal Information

Name: _____

Street Address _____

City _____ State _____ Zip _____

Certification/License # (if applicable) _____

This report form is being submitted for the following reason: (Please check all that apply)

- Initial report (Please attach all court documents and arrest reports)
- Monthly report form
- Final Report (attach all court documentation)

Court Information

Case Number #: _____

Court Address: _____

When is your next court appearance scheduled? _____

If you are completed with your court hearings, please forward a copy of your court documents to the VCEMS Office immediately.

Signature: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Out of County Paramedic Internship Approval Process		Policy Number 335	
APPROVED: Administrator: Steven L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2021	
Origination Date: October 13, 2005		Effective Date: December 1, 2021	
Date Revised: October 14, 2021			
Date Last Reviewed: October 14, 2021			
Next Review Date: October 31, 2023			

- I. PURPOSE: To establish a mechanism for notifying the EMS Agency of out of county paramedic student placement within the local EMS system and ensure appropriate medical control and oversight of Paramedic Interns prior to practicing within the local jurisdiction.
- II. AUTHORITY: Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulation, Title 22, Sections 100147 and 100153.
- III. DEFINITIONS: This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the paramedic training program approving authority, and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County.
A paramedic intern is a person trained by a VCEMS approved training program who while under the supervision of an approved preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.
- IV. POLICY:
 - A. All of the following requirements (IV.A.1 – IV.A.3) must be submitted to VCEMS at least 45 days prior to commencement of the internship:
 1. Paramedic Training Program Requirements:
 - a. Letter requesting approval for out of county paramedic student placement within the local EMS system;
 - b. Copy of Paramedic Training Program's CAAHEP accreditation;
 - c. Evidence of a contract to provide field training between the ALS training program and the ALS provider agency where the intern will be training;

- d. Copies of forms used to document student's progress, continuum of care and the training program's collaboration with the field preceptor;
 - e. Confirmation that the intern successfully completed didactic and clinical training at the same institution that is requesting internship placement. This requirement may be reduced at the discretion of the VCEMS Medical Director.
2. Paramedic Intern Requirements:
- a. Completed VCEMS application;
 - b. Copy of intern's valid government issued photo identification;
 - c. Copy of intern's professional rescuer level CPR card;
 - d. Completion of a California Department of Justice (CA DOJ Live Scan) background check through VCEMS. A copy of the Request for Live Scan Services form must be submitted to VCEMS at time of application;
 - e. Letter from training program confirming intern's good standing and current affiliation with a VCEMS approved training program including dates of hospital clinical completion and contact name and phone number for the instructor responsible for the intern;
 - f. Letter from training program confirming that the intern has performed five (5) successful live patient endotracheal intubations during primary ALS training;
 - g. Upon completion of above requirements, intern shall contact VCEMS to schedule appointment to complete internship process.
3. ALS Provider Requirements:
- a. Notify VCEMS of intention to provide field internship for a specific intern;
 - b. Provider agency shall submit a completed Appendix A to VCEMS for each intern who is placed for internship;
 - c. Ensure that the student has been oriented to the Ventura County EMS System including local policies, procedures and treatment protocols.

- B. Paramedic Intern Photo Identification:
Upon VCEMS verification of all above requirements including background check results, intern will be issued a Paramedic Intern photo identification badge that must be worn visible at all times while providing pre-hospital care in Ventura County. Internship shall not start until the Paramedic Intern photo identification badge is issued.
- C. If out of county internship placement coincides with the local paramedic training program's field internship timeframe, prehospital provider agency will coordinate with local program to ensure the out of county placement does not conflict with local field intern placement.

ATTACHMENT A

Out of County Paramedic Internship Authorization
 (To be completed by ALS provider agency and submitted to VCEMS)

Intern Name	
Start date of internship	
Agency sponsoring intern	
Preceptor name	
Training Institute	

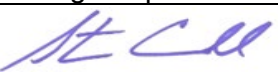

Information below is to be completed by the EMS Agency

Authorization approved:	Date
Authorization is not approved because:	
ALS Provider notified on:	Date
Training Program notified on:	Date
EMS Representative	Signature

AVCDS LOGIN

LOGIN	PASSWORD

The password issued is a default password. You must change it upon successful login.

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021
APPROVED Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2021
Origination Date:	April 1, 1984	Effective Date: December 1, 2021
Date Revised:	October 14, 2021	
Date Last Reviewed:	October 14, 2021	
Review Date:	October 31, 2023	

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. A RH, approved and designated by the Ventura County EMS Agency, shall:
 1. Be licensed by the State of California as an acute care hospital.
 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 3. Be accredited by a CMS accrediting agency.
 4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a “Comprehensive Emergency Department,” “Basic Emergency Department” or a “Standby Emergency Department.”
 5. Operate an Intensive Care Unit.
 6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics
 7. Have operating room services available within 30 minutes.

8. Have the following services available within 15 minutes.
X-ray Laboratory Respiratory Therapy
9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.
10. Have the capability at all times to communicate with the ambulances and the Base Hospital (BH).
11. Designate a ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
 - a. Be regularly assigned to the ED.
 - b. Have knowledge of VCEMS policies and procedures.
 - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
 - d. Attend, or have designee attend, PSC meetings.
 - e. Provide ED staff education.
 - f. Schedule medical staffing for the ED on a 24-hour basis.
12. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
 - a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
 - a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
 - b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.
 - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - b. RH EDs shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or

- 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.
 - a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.
 - d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.
 - c. All RH RNs shall:
 - 1) Be regular hospital staff assigned solely to the ED for that shift.
 - 2) Maintain current ACLS certification.
 - d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
 - e. Sufficient licensed personnel shall be staffed to support the services offered.
13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
 14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
 15. Participate with the BH in evaluation of paramedics for reaccreditation.
 16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.

- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
 - 1. Application:
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
 - 2. Approval:
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
 - 1. All RH shall receive notification of evaluation from the EMS.
 - 2. All RH shall respond in writing regarding program compliance.
 - 3. On-site visits for evaluative purposes may occur.
 - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions, and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
 - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
 - 2. Chest pain or discomfort of known or suspected cardiac origin
 - 3. Sustained respiratory distress not responsive to field treatment
 - 4. Suspected pulmonary edema not responsive to field treatment
 - 5. Potentially significant cardiac arrhythmias
 - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
 8. Burns greater than 10% body surface area
 9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
 10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
 - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
 - b. With bleeding that cannot be controlled
 - c. Without an effective airway
 2. 3. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
 4. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

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

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

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____

Date: _____

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

The above named physician is:

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

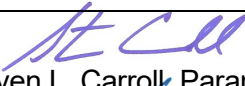

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
STANDBY EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED: _____

Date: _____

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: BLS And ALS Unit Equipment And Supplies		Policy Number: 504	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	May 24, 1987	Effective Date: December 1, 2021	
Date Revised:	October 14, 2021		
Last Reviewed:	October 14, 2021		
Review Date:	October 31, 2022		

- I. PURPOSE: To provide a standardized list of equipment and supplies for response and/or transport units in Ventura County.
- II. POLICY: Each response and/or transport unit in Ventura County shall be equipped and supplied according to the requirements of this policy.
- III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218, 1797.221 and California Code of Regulations Sections 100148, 100306, 100404
- IV. PROCEDURE:
The following equipment and supplies shall be maintained on each response and/or transport unit in Ventura County.

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

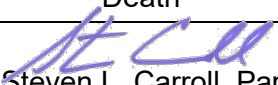

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS				
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 infant
Bag valve units Adult (1,000 mL) Child (500 mL) Infant (240 mL)	1 each	1 each	1 each	1 adult
Nasal cannula Adult	3	3	3	3
Nasopharyngeal airway (adult and child or equivalent)	1 each	1 each	1 each	1 each
Continuous positive airway pressure (CPAP) device	1 per size	1 per size	1 per size	1 per size
Nerve Agent Antidote Kit	9	9	9	0
Blood glucose determination devices (<i>optional for non-911 BLS units</i>)	2	1	1	1
Oral glucose 15gm unit dose	1	1	1	1
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.
Portable suction equipment	1	1	1	1
Transparent oxygen masks Adult nonbreather Child Infant	3 3 2	2 2 2	2 2 2	2 2 2
Bandage scissors	1	1	1	1
Bandages <ul style="list-style-type: none"> • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing 	12 6	12 2 0	12 6 2	5 4 2
Blood pressure cuffs Thigh Adult Child Infant	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
Emesis basin/bag	1	1	1	1
Flashlight	1	1	1	1
Traction splint or equivalent device	1	1	1	1
Pneumatic or rigid splints (<i>capable of splinting all extremities</i>)	4	4	4	4
Potable water or saline solution	4 liters	4 liters	4 liters	4 liters
Cervical spine immobilization device	2	2	2	2
Spinal immobilization devices				

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
KED or equivalent 60" minimum with at least 3 sets of straps	1 1	1 0	1 1	1
Sterile obstetrical kit	1	1	1	1
Tongue depressor	4	4	4	4
Cold packs	4	4	4	4
Tourniquet	1	1	1	1
1 mL, 5 mL, and 10 mL syringes with IM needles	4	4	4	4
Automated External Defibrillator (if not equipped with ALS monitor/defibrillator)	1	1	1	1
Personal Protective Equipment per State Guideline #216				
Rescue helmet	2	1	0	0
EMS jacket	2	1	0	0
Work goggles	2	1	0	0
Tyvek suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Tychem hooded suit	2 L / 2 XXL	1 L / 1 XXL	0	0
Nitrile gloves	1 Med / 1 XL	1 Med / 1 XL	0	0
Disposable footwear covers	1 Box	1 Box	0	0
Leather work gloves	3 L Sets	1 L Set	0	0
Field operations guide	1	1	0	0
OPTIONAL EQUIPMENT				
Occlusive dressing or chest seal				
Hemostatic gauze per EMSA guidelines				
B. TRANSPORT UNIT REQUIREMENTS				
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1 Set	0	0	1 Set
Soft Ankle and wrist restraints.	1	0	0	0
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0
Bedpan	1	0	0	0
Urinal	1	0	0	0

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
C. ALS UNIT REQUIREMENTS				
Cellular telephone	1	1	1	1
Supraglottic Airway Devices: I-Gel with passive oxygenation port Sizes 1, 1.5, 2, 2.5, 3, 4, 5	2 of each	1 of each	1 of each	1 of each
I-Gel Airway Support Straps	2	2	2	2
Arm Boards 9" 18"	3 3	0 0	1 1	0 0
CO ₂ monitor Infant (<0.5 mL sidestream or <1 mL mainstream adaptor) Pediatric / Adult (6.6 mL sidestream or < 5 mL mainstream adaptor)	2 of each	2 of each	2 of each	2 of each
CO ₂ Monitor Adult size EtCO ₂ sampling nasal cannula Pediatric size EtCO ₂ sampling nasal cannula	1 of each	1 of each	1 of each	1 of each
Colorimetric CO ₂ Detector Device	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets
Endotracheal intubation tubes, sizes 6.0, 6.5, 7.0, 7.5, 8.0 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8
EZ-IO intraosseous infusion system	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Intravenous Fluids (in flexible containers) • Normal saline solution, 100 ml • Normal saline solution, 500 ml • Normal saline solution, 1000 ml	2 2 6	1 1 2	1 1 4	1 1 3
IV admin set - macrodrip	4	1	4	3
IV catheter, Sizes I4, I6, I8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each
Laryngoscope, replacement bulbs and batteries Curved blade #2, 3, 4 Straight blade #1, 2, 3	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each	1 set 1 each 1 each
Magill forceps Adult Pediatric	1 1	1 1	1 1	1 1
Intranasal mucosal atomization device	2	2	2	2
Nebulizer	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1
Needle Thoracostomy kit	2	2	2	2
Pediatric length and weight tape	1	1	1	1
SpO ₂ Monitor (If not attached to cardiac monitor)	1	1	1	1
SpO ₂ Adhesive Sensor (Adult, Pediatric, Infant)	1 of each	1 of each	1 of each	1 of each
Flexible intubation stylet				

	ALS / BLS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts
OPTIONAL ALS EQUIPMENT (No minimums apply)				
Cyanide Antidote Kit				

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Withholding or Termination of Resuscitation and Determination of Death		Policy Number: 606	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	June 1984	Effective Date: December 1, 2021	
Date Revised:	October 14, 2021		
Date Last Reviewed:	October 14, 2021		
Next Review Date:	October 31, 2023		

- I. PURPOSE: To establish criteria for withholding or termination of resuscitation and determination of death by prehospital EMS personnel.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220, 1798 and 7180. Government Code 27491 and 27491.2. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. POLICY: EMS Personnel may withhold or terminate resuscitation, determine that a patient is dead, and leave the body in custody of medical or law enforcement personnel, according to the procedures outlined in this policy.
- IV. DEFINITION:
 1. EMS Personnel: All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
 2. Further Assessment: refers to a methodical evaluation for signs/symptoms of life in the apparently deceased person. This evaluation includes examination of the respiratory, cardiac and neurological systems, and a determination of the presence or absence of rigor mortis and dependent lividity. The patient who displays any signs of life during the course of this assessment may NOT be determined to be dead.
 3. Hospital: A licensed health care institution that provides acute medical care.
 4. Skilled Nursing Facility: A licensed health care institution that provides non-acute care for elderly or chronically ill patients and has licensed medical personnel on scene (RN or LVN).
 5. Hospice: A care program into which terminally ill patients may be enrolled, to assist with the management of palliative care during the terminal stages of illness.

V. PROCEDURE:

A. General Guidelines:

1. The highest medical authority on scene shall determine death in the field.
 - a. If BLS responders have any questions or uncertainty regarding determination of death, BLS measures shall be instituted until arrival of ALS personnel.
 - b. If ALS responders have questions or uncertainty regarding determination of death, ALS measures shall be instituted until base hospital contact is made and orders received.
2. EMS Personnel who have determined death in the field in accordance with the parameters of this policy are not required to make base hospital contact.
3. EMS Personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.

PATIENTS WHO ARE OBVIOUSLY DEAD

Upon arrival, EMS Personnel shall rapidly assess the patient. For patients suffering any of the following conditions, no further assessment is required. No treatment shall be started and the patient shall be determined to be dead.

- Decapitation,
- Incineration,
- Hemicorporectomy, or
- Decomposition.

**PATIENTS WHO APPEAR TO BE DEAD
(WITH Rigor Mortis and/or Dependent Lividity)**

- B. Patients who are apneic and pulseless require further assessment as described in Table 1.
1. If rigor mortis and/or dependent lividity are present, and if no response to assessment procedures, the patient shall be determined to be dead.
 2. Rigor mortis is determined by checking the jaw and other joints for rigidity.
 3. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.

Table 1

CATEGORY	ASSESSMENT PROCEDURES	FINDINGS FOR DETERMINATION OF DEATH
Respiratory	Open the patient's airway. Auscultate lungs or feel for breaths while observing the chest for movement for a minimum of 30 seconds	No spontaneous breathing. No breath sounds on auscultation.
Cardiac	Palpate the carotid artery (brachial for infant) for a minimum of 1 minute. Auscultate for heart sounds for minimum of 1 minute. OR ALS ONLY- Monitor the patient's cardiac rhythm for minimum of 1 minute. Check asystole in 2 leads. Obtain a 6-second strip to be retained with the EMS provider's documentation.	No pulse. No heart sounds.
Neurological	Check for pupil response to light. Check for response to painful stimuli.	No pupillary response. No response to painful stimuli

1. While in the process of the assessment procedures, if any response indicates signs of life, resuscitation measures shall take place immediately.
2. **If rigor mortis and/or dependent lividity are present**, and if no response to assessment procedures, the patient shall be determined to be dead.

**PATIENTS WHO APPEAR TO BE DEAD:
 (WITHOUT Rigor Mortis and/or DEPENDENT LIVIDITY)**

- C. Patients who appear to be dead but display no signs of rigor mortis and/or dependent lividity shall have the cause of apparent death determined to be **MEDICAL** (including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strikes, and electrocution), or **TRAUMATIC** (and injuries are sufficient to cause death).
1. **MEDICAL ETIOLOGY:** Resuscitation measures shall take place.
 2. **TRAUMATIC ETIOLOGY:** Further assessment as defined in Table 1 shall be performed. If no response to assessment procedures, the patient's age should be determined. (reasonable estimation appropriate if positive determination of age is not possible)
 - a. For patients younger than 18 years of age, resuscitation measures, including transport to the closest trauma center, shall take place.

- b. For patients 18 years or older:
 - 1) **BLS RESPONDERS:**
 - a) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes, resuscitation measures, including transport to the closest trauma center, shall take place.
 - b) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be 20 minutes or more, the patient may be determined to be dead.
 - 2) **ALS RESPONDERS:**
 - a) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes, using a cardiac monitor, the patient's rhythm should be assessed.
 - (1) If the rhythm is narrow complex PEA, wide complex PEA greater than 30 beats per minute, ventricular tachycardia or ventricular fibrillation, resuscitation measures, including immediate transport to the closest trauma center, shall take place.
 - (2) If the rhythm is asystole or wide complex PEA at a rate of 30 beats per minute or slower, the patient shall be determined to be dead.
 - b) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be twenty minutes or more, the patient may be determined to be dead, regardless of cardiac rhythm.

D. Termination of Resuscitation

- 1. Base hospitals and EMS Personnel should consider terminating resuscitation measures on adult patients (age 18 and older) who are in cardiopulmonary arrest and fail to respond to treatment under VC EMS Policy 705.07 or 705.08: Cardiac Arrest, Adult.
- 2. If resuscitation measures have been initiated, base hospital contact should be attempted before resuscitation is terminated and the patient determined to be dead.

3. If unable to make base hospital contact, resuscitation efforts may be terminated and the patient determined to be dead using the following criteria:
 - a. Patients without evidence of trauma who meet termination of resuscitation criteria in VC EMS Policy 733: CAM and Post ROSC Care.
 4. In cases of cardiopulmonary arrest as a result of a lightning strike, electrocution or suspected hypothermia, CPR shall be performed for a minimum of 1 hour. **BLS responders in these circumstances shall make all reasonable attempts to access ALS care.**
- E. Documentation
1. EMS Personnel will document determination of death in the approved Ventura County Electronic Patient Care Reporting System (VCePCR).
- F. Disposition of Decedent's Body
1. Deaths that occur in hospitals or skilled nursing facilities, or to patients enrolled in hospice programs, do not require law enforcement response. Under these circumstances the body may be left at the scene.
 2. Deaths that occur anyplace other than a hospital or skilled nursing facility **except to patients enrolled in hospice programs**, must be reported to law enforcement personnel and the body must be left in their custody.

Ventura County EMS Determination of Death

DECAPITATION, INCINERATION, HEMICORPORECTOMY OR DECOMPOSITION?

NO

YES

DOD

RIGOR OR LIVIDITY?

YES

NO

ANY RESPONSE TO FURTHER ASSESSMENT?*

YES

NO

TREAT

DOD

MEDICAL
(Including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strike, electrocution)

TREAT

RIGOR: Check the jaw and other joints for rigidity.
LIVIDITY: Check the dependent areas of the body for purplish-red discoloration.

TRAUMATIC
Blunt or penetrating trauma (sufficient to cause death)

ANY RESPONSE TO FURTHER ASSESSMENT?*

YES

NO

TREAT PER 705.29, TX TRAUMA CENTER

YOUNGER THAN 18 YEARS OF AGE?

YES

NO

TREAT PER 705.29, TX TRAUMA CENTER

TRAUMA CENTER ETA LESS THAN 20

YES

NO

ALS PROVIDER

BLS PROVIDER

DOD

TREAT

Narrow complex PEA, Wide Complex PEA > 30/min, VT or VF?

YES

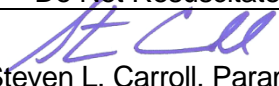

NO

DOD

TREAT PER 705.29, TX TRAUMA CENTER

* FURTHER ASSESSMENT PROCEDURES

#1 Respiratory	BLS and ALS: 1. Open airway. 2. Auscultate lungs or feel for breaths, while observing the chest for 30 seconds.
#2 Cardiac	BLS: 1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.) 2. Auscultate heart sounds for 1 minute. ALS: 1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.) 2. Monitor rhythm for 1 minute; check asystole in 2 leads. Print 6-second strip.
#3 Neuro	BLS and ALS: 1. Check pupils for response to light. 2. Check for response to painful stimuli.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Do Not Resuscitate		Policy Number 613	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	October 1, 1993	Effective Date: December 1, 2021	
Date Revised:	October 14, 2021		
Date Last Reviewed:	October 14, 2021		
Review Date:	October 31, 2023		

- I. **PURPOSE:** To establish criteria for a Do Not Resuscitate (DNR) Order, and to permit Emergency Medical Services personnel to withhold resuscitative measures from patients in accordance with their wishes.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.220, 1798 and 7186 and Division 1, Part 1.85 (End of Life Option Act).
California Probate Code, Division 4.7 (Health Care Decisions Law).
California Code of Regulations, Title 22, Section 100170.
Emergency Medical Service Authority California Health and Human Services Agency, EMSA #311, 6th Revision (EMSA Personnel Guidelines Limiting Pre-Hospital Care)
- III. **DEFINITIONS:**
- A. “EMS Personnel”: All EMTs, paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
- B. “Resuscitation”: Medical interventions whose purpose is to restore cardiac or respiratory activity, and which are listed below:
1. External cardiac compression (chest compressions).
 2. Defibrillation.*
 3. Tracheal Intubation or other advanced airway.*
 4. Assisted Ventilation for apneic patient.*
 5. Administration of cardiotoxic medications.*
- C. “DNR Medallion”: A permanently imprinted insignia, worn by a patient that has been manufactured and distributed by an organization approved by the California Emergency Medical Services Authority.
- D. “DNR Order”: An order to withhold resuscitation. A DNR Order shall be considered operative under any of the following circumstances. If there is a

* - Defibrillation, advanced airway, assisted ventilation, and cardiotoxic medications may be permitted in certain patients using a POLST form. Refer to VCEMS Policy 625.

conflict between two DNR orders the one with the most recent date will be honored.

1. A fully executed original or photocopy of the “Emergency Medical Services Prehospital DNR Form” has been read and reviewed on scene;
 2. The patient is wearing a DNR Medallion;
 3. A fully executed California Durable Power of Attorney For Health Care (DPAHC) form is seen, a health care agent designated therein is present, and that agent requests that resuscitation not be done;
 4. A fully executed Natural Death Act Declaration has been read and reviewed on scene;
 5. A fully executed California Advance Health Care Directive (AHCD) has been read and reviewed on scene and:
 - a. a health care agent designated therein is present, and that agent requests that resuscitation not be done, or
 - b. there are written instructions in the AHCD stating that the patient does not wish resuscitation to be attempted;
 6. A completed and signed Physician Orders for Life-Sustaining Treatment (POLST) form has been read and reviewed on scene, and in Section A, “Do Not Attempt Resuscitation/DNR” is selected;
 7. A fully executed Final Attestation Form, or;
 8. For patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities, a written document in the patient’s permanent medical record containing the statement “Do Not Resuscitate”, “No Code”, or “No CPR,” has been seen. A witness from the health care facility must verbally document the authenticity of this document.
 9. In cases where a verbal DNR request is expressed, EMS Personnel shall directly consult with the base hospital physician. Base hospital physicians retain authority for determining appropriateness of resuscitation.
- E. “California Advance Health Care Directive (AHCD)”. As defined in California Probate Code, Sections 4600-4805.
- F. “California Durable Power of Attorney for Health Care (DPAHC)”: As defined in California Civil Code, Sections 2410-2444.

- G. "Natural Death Act Declaration": As defined in the Natural Death Act of California, Health and Safety Code, Sections 7185-7195.
 - H. "Physician Orders for Life-Sustaining Treatment (POLST)". As defined in California Probate Code, Division 4.7 (Health Care Decisions Law).
 - I. "Final Attestation Form": As defined in the End of Life Option Act, California Health and Safety Code Section 443.11.
 - J. Comfort measures: Medical interventions used to provide and promote patient comfort. Comfort measures applicable to the End of Life Option Act may include airway positioning and suctioning.
- IV. PROCEDURE:
- A. All patients require an immediate medical evaluation.
 - B. Correct identification of the patient is crucial in this process. If not wearing a DNR Medallion, the patient must be positively identified as the person named in the DNR Order. This will normally require either the presence of a witness or an identification band.
 - C. When a DNR Order is operative:
 - 1. If the patient has no palpable pulse and is apneic, resuscitation shall be withheld or discontinued.
 - 2. The patient is to receive full treatment other than resuscitation (e.g., for airway obstruction, pain, dyspnea, hemorrhage, etc.).
 - 3. If the patient is taking high doses of opioid medication and has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes.
 - 4. If transport has been initiated, continue transporting the patient to the appropriate receiving facility and transfer care to emergency department staff.
 - a. If transport has not been initiated, but personnel are still on scene, patient should be left at scene, if not in a sensitive location (place of business, public place, etc.). The situation should be explained to the family or staff at the scene.

- D. A DNR Order shall be considered null and void under any of the following circumstances:
1. The patient is conscious and states that he or she wishes resuscitation.
 2. In unusual cases where the validity of the request has been questioned (e.g., a family member disputes the DNR, the identity of the patient is in question, etc.), EMS Personnel may temporarily disregard the DNR request and institute resuscitative measures while consulting the base hospital for assistance. Discussion with the family member, with explanation, reassurance, and emotional support may clarify any questions leading to validity of a DNR form.
The underlying principle is that the patient's wishes should be respected.
 3. There is question as to the validity of the DNR Order.
Should any of these circumstances occur, appropriate treatment should continue or immediately commence, including resuscitation if necessary. Base hospital contact should be made when appropriate.
- E. Other advanced directives, such as informal "living wills" or written instructions without an agent in the California Durable Power of Attorney for Health Care, may be encountered. Should any of these occur, appropriate treatment will continue or immediately commence, including resuscitation if necessary. Base hospital contact will be made as soon as practical.
- F. In case of cardiac arrest, if a DNR Order is operative, base hospital contact is not required and resuscitation should not be done. Immediate base hospital contact is strongly encouraged should there be any questions regarding any aspect of the care of the patient.
- G. If a DPAHC or AHCD agent requests that resuscitation not be done, EMS Personnel shall inform the agent of the consequences of the request.
- H. DNR in a Public Place
1. Persons in cardiac arrest with an operative DNR Order should not routinely be transported. The Medical Examiner's office should be notified by law enforcement or EMS personnel. If possible, an EMS representative should remain on scene until a representative from law enforcement or the Medical Examiner's office arrives.

2. If in a sensitive location (place of business, public place, etc.), it may be necessary to transport the patient to a hospital even without resuscitative measures, in order to move the body to a location that provides the family with more privacy and where arrangements can be made more expeditiously.
- I. For End-of-Life Option Act:
 1. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of the patient's mental state. In this instance, EMS personnel will provide medical care as per standard protocols and contact the base hospital.
 2. Family member(s) or significant other(s) may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act:
 - a. BLS personnel will provide BLS airway management and bag-mask ventilation as needed until ALS arrives.
 - b. ALS personnel will provide BLS airway management and bag-mask ventilation as needed, or instruct BLS personnel to continue, and consult the base hospital physician.
- V. DOCUMENTATION:
- For all cases in which a patient has been treated under a DNR Order, the following documentation is required in the Ventura County Electronic Patient Care Report (VCePCR):
- A. Name of patient's physician signing the DNR Order.
 - B. Type of DNR Order (DNR Medallion, Prehospital DNR Form, POLST Form, written order in a licensed health care facility, DPAHC, Natural Death Act Declaration, Final Attestation Form).
 - D. For all cases which occur within a licensed health care facility, in addition to above, if the DNR Order was established by a written order in the patient's medical record, the name of the physician signing and the witness to that order.
 - E. If resuscitation is not done because of the request of a healthcare agent designated in a DPAHC or AHCD, document the agent's name in the VCePCR narrative.

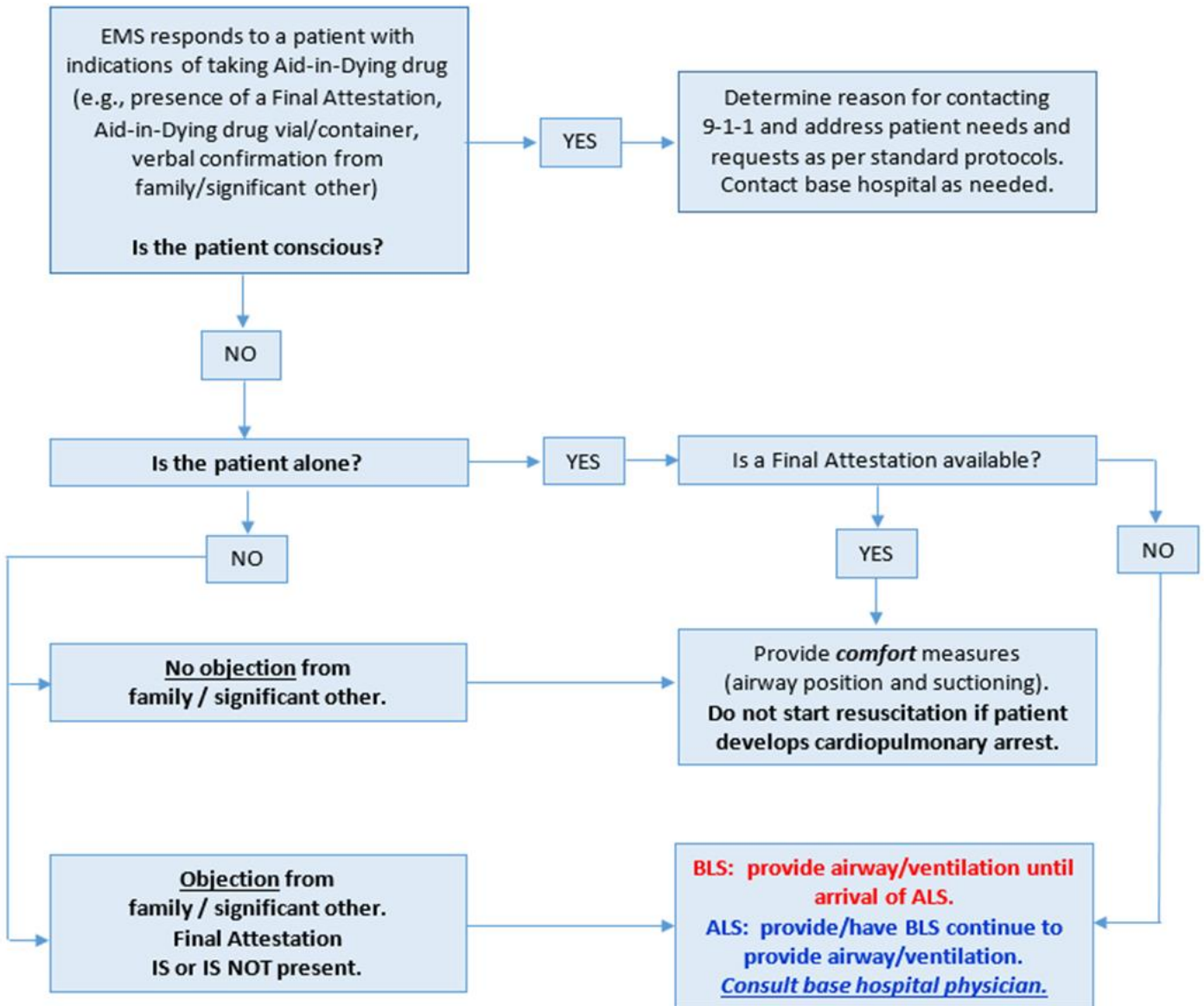
Appendix 1: Algorithm, Aid-in-Dying

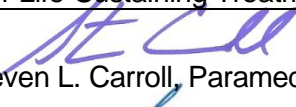



Appendix 1
Ventura County EMS Policy 613, "Do Not Resuscitate (DNR)"

For End of Life Options Act only:

Patient has taken Aid-in-Dying drug, is NOT in cardiopulmonary arrest



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Physician Orders for Life-Sustaining Treatment (POLST)		Policy Number 625	
APPROVED Administrator:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	January 7, 2009	Effective Date: December 1, 2021	
Date Revised:	January 10, 2019		
Date Last Reviewed:	September 9, 2021		
Review Date:	September 30, 2023		

- I. **PURPOSE:** To permit Ventura County Emergency Medical Services personnel to honor valid POLST forms and provide end-of-life care in accordance with a patient's wishes.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1798 and 7186.
California Probate Code, Division 4.7 (Health Care Decisions Law).
- III. **DEFINITIONS:**
 - A. "EMS Personnel": All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
 - B. Valid Physician Orders for Life-Sustaining Treatment (POLST). A completed and signed physician order form, according to California Probate Code, Division 4.7 and approved by the California Emergency Medical Services Authority.
- IV. **POLICY:**
 - A. A POLST form must be signed by the patient or surrogate and physician to be valid.
 - B. Although an original POLST form is preferred, a copy or FAX is valid.
 - C. When a valid POLST form is presented, EMS personnel will follow the instructions according to the procedures below.
 - D. The POLST form is intended to supplement, not replace, an existing Advance Health Care Directive. If the POLST form conflicts with the Advance Health Care Directive, the most recent order or instruction of the patient's wishes governs.
- V. **PROCEDURE:**
 - A. Confirm that:
 1. The patient is the person named in the POLST.
 2. The POLST form, Section D, is signed by the patient or surrogate and physician. The form is not valid if not signed by both.

- B. POLST form - Section A:
1. If the patient has no pulse and is not breathing AND “Do Not Attempt Resuscitation/DNR” is selected, refer to VC EMS Policy 613 – Do Not Resuscitate.
 2. If the patient has no pulse and is not breathing AND EITHER “Attempt Resuscitation/CPR” is selected OR neither option is selected then begin resuscitation. (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.
1. If “**Full Treatment**” is selected, the following treatments may be done as indicated:
 - a. All items included in Selective and Comfort-Focused Treatment
 - b. Intubation and other advanced airway interventions
 - c. Mechanical Ventilation
 - d. Cardioversion / Defibrillation
 2. If “**Selective Treatment**” is selected, the following treatments may be done as indicated:
 - a. All items included in Comfort-Focused Treatment
 - b. General Medical Treatment
 - c. IV Antibiotics
 - d. IV Fluids
 - e. Non-Invasive positive airway pressure
 3. If “**Comfort-Focused Treatment**” is selected, the following treatments may be done as indicated:
 - a. Relieve pain and suffering with medication by any route as needed
 - b. Oxygen
 - c. Suctioning
 - d. Manual treatment of airway obstruction

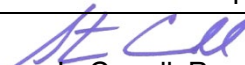

Do not use treatments listed in Full and/or Selective Treatment unless consistent with comfort goal. Request transfer to hospital **only** if comfort needs cannot be met in current location.

- D. If there is any conflict between the written POLST orders and on-scene individuals, contact the base hospital.
- E. Take the POLST form with the patient.

VI. DOCUMENTATION:

For all cases in which a patient has been treated according to a POLST form, the following documentation is required in the narrative section of the Ventura County Electronic Patient Care Report (VCePCR):

- A. A statement that the orders on a POLST form were followed.
- B. The section of the POLST form that was applicable.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines For Base Hospital Contact		Policy Number: 704	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	October 1984		
Date Revised:	March 8, 2018	Effective Date: December 1, 2021	
Date Last Reviewed:	October 14, 2021		
Review Date:	October 31, 2023		

- I. PURPOSE: To define patient conditions for which Paramedics shall establish BH contact.
- II. AUTHORITY: Health and Safety Code Sections 1798, 1798.102 and 1798.2
- III. POLICY: A paramedic shall contact a Base Hospital in the appropriate catchment area, based on the location of the incident in the following circumstances:
 - A. Any patient to which ALS care is rendered under VCEMS Policy 705: County Wide Protocols.
 - B. Patients with traumatic injuries who triage into steps 1-4 of VCEMS Policy 1405: Field Triage Decision Scheme.
 - C. General Cases
 1. Significant vaginal bleeding (OB or non-OB related).
 2. Pregnant female in significant distress (e.g., symptoms of placenta previa, placenta abruptio, toxemia, retained placenta, etc.).
 3. Syncope / Near Syncope
 4. Any safely surrendered baby.
 5. AMA involving any of the conditions listed in this policy.
 6. AMA including suspected altered level of consciousness
 7. AMA involving an actual/suspected BRUE patient.
 8. AMA involving any pediatric patient under 2 years old
 9. Any patient who, in paramedic's opinion, would benefit from base hospital consultation.

Altered Neurologic Function										
ADULT	PEDIATRIC									
BLS Procedures										
<p>If suspected stroke, refer to VC EMS Policy 705.26 – Suspected Stroke Administer oxygen as indicated Determine blood glucose level If less than 60 mg/dl</p> <ul style="list-style-type: none"> • Oral Glucose – patient must be awake and able to swallow with a gag reflex intact <ul style="list-style-type: none"> ○ PO 15 g <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>										
ALS Prior to Base Hospital Contact										
<p>IV/IO Access Determine Blood Glucose level, if not already performed by BLS personnel or post oral glucose administration</p> <p><u>If less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-100 mL (10 g)-Rapid Infusion • Glucagon (If no IV access) <ul style="list-style-type: none"> ○ IM – 1 mg <p>Recheck Blood Glucose level 5 min after Dextrose, or 10 min after Glucagon administration</p> <p><u>If still less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-150 mL (15 g)-Rapid Infusion <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>	<p>IV/IO Access Determine Blood Glucose level, if not already performed by BLS personnel or post oral glucose administration</p> <p><u>If less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-5 mL/kg-Rapid Infusion ○ Max 100 mL • Glucagon (If no IV/IO access) <ul style="list-style-type: none"> ○ IM – 0.1 mL/kg ○ Max 1 mg <p>Recheck Blood Glucose level 5 min after Dextrose or 10 min after Glucagon administration</p> <p><u>If still less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-7.5 mL/kg-Rapid Infusion ○ Max 150 mL <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>									
Base Hospital Orders only										
Consult with ED Physician for further treatment measures										
<p>Additional Information:</p> <ul style="list-style-type: none"> • Certain oral hypoglycemic agents (e.g. - sulfonylureas) and long-acting insulin preparations have a long duration of action, sometimes up to 72 hours. Patients on these medications who would like to decline transport MUST be warned about the risk of repeat hypoglycemia for up to 3 days, which can occur during sleep and result in the patient's death. If the patient continues to decline further care, every effort must be made to have the patient speak to the ED Physician prior to leaving the scene. • If patient has an ALOC and Blood Glucose level is greater than 60 mg/dl, consider alternate causes: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A - Alcohol</td> <td style="width: 33%;">O - Overdose</td> <td style="width: 33%;">I - Infection</td> </tr> <tr> <td>E - Epilepsy</td> <td>U - Uremia</td> <td>P - Psychiatric</td> </tr> <tr> <td>I - Insulin</td> <td>T - Trauma</td> <td>S - Stroke</td> </tr> </table>		A - Alcohol	O - Overdose	I - Infection	E - Epilepsy	U - Uremia	P - Psychiatric	I - Insulin	T - Trauma	S - Stroke
A - Alcohol	O - Overdose	I - Infection								
E - Epilepsy	U - Uremia	P - Psychiatric								
I - Insulin	T - Trauma	S - Stroke								

Effective Date: December 1, 2021
Next Review Date: October 31, 2023

Date Revised: October 14, 2021
Last Reviewed: October 14, 2021


VCEMS Medical Director

Neonatal Resuscitation

BLS Procedures

Newborn or Infant up to 48 hours old

Provide Warmth

Assess Responsiveness

- Flick soles of feet for infant or
- Assess newborn while drying

Ensure Adequate Ventilation

- Suction if secretions cause airway obstruction.
- If Apneic or gasping
 - Positive pressure ventilations (PPV) with BVM and ROOM AIR at 40-60 breaths per minute

Ensure Adequate Circulation

- If HR between 60 and 100 bpm
 - PPV with BVM and ROOM AIR at 40-60 breaths per minute
 - Continue PPV until infant maintains HR >100 bpm
- If HR < 60 bpm
 - CPR at 3:1 ratio
 - Continue CPR until HR > 60 bpm

Correct Hypoxia

- If no improvement after 90 seconds of ROOM AIR CPR, add supplemental O₂ until HR > 100

ALS Standing Orders

Utilize Handtevy Application

Ensure Adequate Ventilation and Oxygenation

- Monitor waveform capnography
- Consider placement of supraglottic airway device

Obtain IV/IO Access

For asystole/PEA or persistent bradycardia < 60 bpm

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

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

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



Effective Date: December 1, 2021
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Last Reviewed: October 14, 2021



VCEMS Medical Director

Suspected Stroke	
ADULT	
BLS Procedures	
Cincinnati Stroke Scale (CSS)	
Administer oxygen as indicated	
Administer oxygen if SpO2 less than 94% or unknown	
Determine Blood Glucose level, treat according to VC EMS policy 705.03 – Altered Neurologic Function	
ALS Standing Orders	
IV/IO access	
Cardiac monitor – document initial and ongoing rhythm strips	
If not already performed by BLS personnel, determine Blood Glucose level, treat according to VC EMS policy 705.03 – Altered Neurologic Function	
Patients meeting Stroke Alert criteria as defined in VC EMS Policy 451:	
<ul style="list-style-type: none"> • Notify Base hospital within 10 minutes of identifying a Stroke Alert • Expedite transport to appropriate Acute Stroke Center (ASC). 	
Patients meeting ELVO Alert criteria as defined in VC EMS Policy 451:	
<ul style="list-style-type: none"> • Notify TCASC within 10 minutes of identifying an ELVO Alert • Expedite transport to appropriate Thrombectomy Capable Acute Stroke Center (TCASC). 	
Base Hospital Orders Only	
Consult with ED Physician for further treatment measure	
Additional Information	
<u>Cincinnati Stroke Scale (CSS)</u>	<u>Ventura County ELVO Score (VES)</u>
Facial Droop	Forced Eye Deviation
Normal: Both sides of face move equally	
Abnormal: One side of face does not move normally	
Arm Drift	Aphasia
Normal: Both arms move equally or not at all	
Abnormal: One arm does not move, or one arm drifts down compared with the other side	Neglect
Speech	Obtundation
Normal: Patient uses correct words with no slurring	
Abnormal: Slurred or inappropriate words or mute	Refer to VC EMS Policy 451 for Detailed VES.
<ul style="list-style-type: none"> • Patients must meet Stroke Alert criteria in order to continue to VES • Document name and phone number in ePCR of person who observed patient's Time Last Known Well (TLKW), and report this information to the receiving facility. • Stroke patients in cardiac arrest with sustained ROSC (greater than 30 seconds) shall be transported to the nearest STEMI Receiving Center (SRC). • For seizure activity, refer to VC EMS Policy 705.20 Seizure. 	

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, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	June 15, 1998		
Date Revised:	October 14, 2021		
Date Last Reviewed:	October 14, 2021	Effective Date: December 1, 2021	
Review Date:	October 31, 2023		

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:

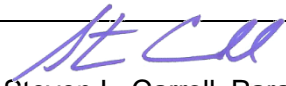

A. Medication Administration

- 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/250 mL 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, defined as a systolic blood pressure < 90 mmHg, 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 10 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/250 mL, 25,000 units/500 mL 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. The medication drip will be discontinued and the base hospital notified if the patient develops new, rapidly worsening, or uncontrolled bleeding.
 4. Drip rates will not exceed 1600 units/hour.
 5. Vital signs will be monitored and documented every 10 minutes.
- D. All cases of IV Heparin and IV Nitroglycerin administration will be documented in the VCePCR, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.
- E. 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.
1. Access to the audit form here (Link or QR code):

[VCEMS Policy 722: Audit Form](#)



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	March, 2005	Effective Date: December 1, 2021	
Date Revised:	March 8, 2018		
Date Last Reviewed:	September 9, 2021		
Review Date:	September 30, 2023		

- I. PURPOSE: To define and provide guidelines for the identification and management of pediatric patients with a Brief Resolved Unexplained Event (BRUE).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.
- III. POLICY: All EMS personnel should be knowledgeable with BRUE and follow the guidelines listed below.
- IV. PROCEDURE:
 - A. Recognition:
 1. Chief Complaint.
 - a. BRUEs (or "ALTEs" 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 BRUE.
 - b. A Brief Resolved Unexplained Event (BRUE) 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, erythrim, plethora)
 - 3) Absent, decreased, or irregular breathing
 - 4) Loss of consciousness or altered level responsiveness
 2. History:
 - a. Hx of any of the following:
 - 1) Absent, decreased, or irregular breathing
 - 2) Loss of consciousness or other altered level of responsiveness
 - 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:** Base Hospital contact required.
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 BRUE cases can be attributed to an identifiable cause(s) such as child abuse, , 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 BRUE.
-

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title 12 Lead ECG		Policy Number: 726
APPROVED: Administration:	<i>SLC</i> Steven L. Carroll, Paramedic	Date: December 1, 2021
APPROVED: Medical Director:	<i>Dr. S. M. D.</i> Daniel Shepherd, MD	Date: December 1, 2021
Origination Date:	August 10, 2006	Effective Date: December 1, 2021
Date Revised:	October 14, 2021	
Date Last Reviewed:	October 14, 2021	
Review Date:	October 31, 2023	

- I. Purpose: To define the indications, procedure and documentation for obtaining 12-lead ECGs.
- II. Authority: California Health and Safety Code, Sections 1797.220 and 1798, California Code of Regulations, Title 22, Section 100175.
- III. Policy: Paramedics will obtain 12-lead ECGs in patients demonstrating symptoms of acute coronary syndrome. Treatment of these patients shall be done in accordance with this policy. Only paramedics who have received training in this policy are authorized to obtain a 12-lead ECG on patients. EMTs who are specially trained may be authorized to set up the 12 lead.
- IV. Procedure:
 - A. Indications for a 12-lead ECG: Medical history and/or presenting complaints consistent with an acute coronary syndrome. Patients will have the acute (within the previous 12 hours) onset or acute exacerbation of one or more of the following symptoms that have no other clear identifiable cause:
 1. Chest, upper back or upper abdominal discomfort
 2. Generalized weakness
 3. Dyspnea
 4. Symptomatic bradycardia
 5. After successful cardioversion/defibrillation of sustained V-Tach (Policy 705.25)
 6. Post ROSC
 7. Paramedic Discretion
 - B. Contraindications: Do NOT perform an ECG on these patients:
 1. Critical Trauma: There must be no delay in transport.
 2. Cardiac Arrest unless return of spontaneous circulation
 - C. ECG Procedure:

1. Attempt to obtain an ECG during initial patient evaluation. Oxygen should be administered if patient is dyspneic, shows signs of heart failure or shock, or has SpO₂ < 94%. If the ECG can be completed without delay (less than 3 minutes after patient contact), and the patient is not in severe distress, perform ECG prior to medication administration.
 2. The ECG should be done prior to transport.
 3. If the ECG is of poor quality (artifact or wandering baseline), or the patient's condition worsens, repeat to a total of 3.
 4. Once an acceptable quality ECG is obtained, switch the monitor to the standard 4-lead function.
 5. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, note underlying rhythm, and verify by history and physical exam that the patient does not have a pacemaker or ICD.
- D. Base Hospital Communication/Transportation:
1. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, notify base hospital within 10 minutes of interpretation. Report POS STEMI ECG to MICN along with the heart rate on ECG. If the ECG is of poor quality, or the underlying rhythm is paced, or atrial flutter, include that information in the initial report. All other information, except that listed in items 2, 4, and 5 below, is optional and can be given at the paramedic and MICN's discretion.
 2. Paramedics are to ask the patient if they have a cardiologist and report the information to the base hospital.
 3. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, patients should be transported to the closest and most appropriate STEMI Receiving Center (SRC) depending on patient preference and cardiac catheterization lab availability. MICN may direct ambulance to alternative SRC if cardiac catheterization lab not available.
 4. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, and the underlying rhythm is Atrial Flutter or if the rate is above 140, the Base Hospital shall be notified at the beginning of the report. The Cath Lab will not be activated.

5. If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, and the patient has a pacemaker or the ECG is of poor quality (wandering baseline and/or artifact) report that to the MICN.
 6. If a first responder paramedic obtains an ECG that does **not have** an interpretation on monitor that meets your manufacturer guidelines for a POS STEMI ECG, and the patient is stable, patient care may be turned over to the transporting paramedic. The ECG will be turned over to the transporting paramedic.
 7. Positive ECGs will be handed to the receiving medical practitioner. The receiving practitioner will initial, time and date the ECG to indicate they have received and reviewed the ECG.
- E. Patient Treatment:
1. Patient Communication: If the interpretation on monitor meets your manufacturer guidelines for a POS STEMI ECG, the patient should be told that “according to the ECG you may be having a heart attack”. If the ECG interpretation is anything else, the patient should NOT be told the ECG is normal or “you are not having a heart attack”. If the patient asks what the ECG shows, tell him/her that it will be read by the emergency physician.
- F. Other ECGs
1. If an ECG is obtained by a physician and the interpretation on the ECG is positive for STEMI, the patient will be treated as a positive STEMI. If the ECG obtained by a physician does not indicate a STEMI by interpretation, and the physician is stating **it is** a STEMI, perform a repeat ECG once patient is in the ambulance. If EMS ECG is positive for STEMI, transport to SRC as a STEMI alert. If EMS ECG is negative for STEMI, transport to SRC, however no STEMI alert will be activated. If physician is **not stating** it is a STEMI, and EMS ECG is not positive for STEMI, then transport to nearest facility.
 2. The original ECG performed by physician shall be obtained and accompany the patient.
 3. 12 Lead ECG will be scanned, or a picture will be obtained and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving facility.

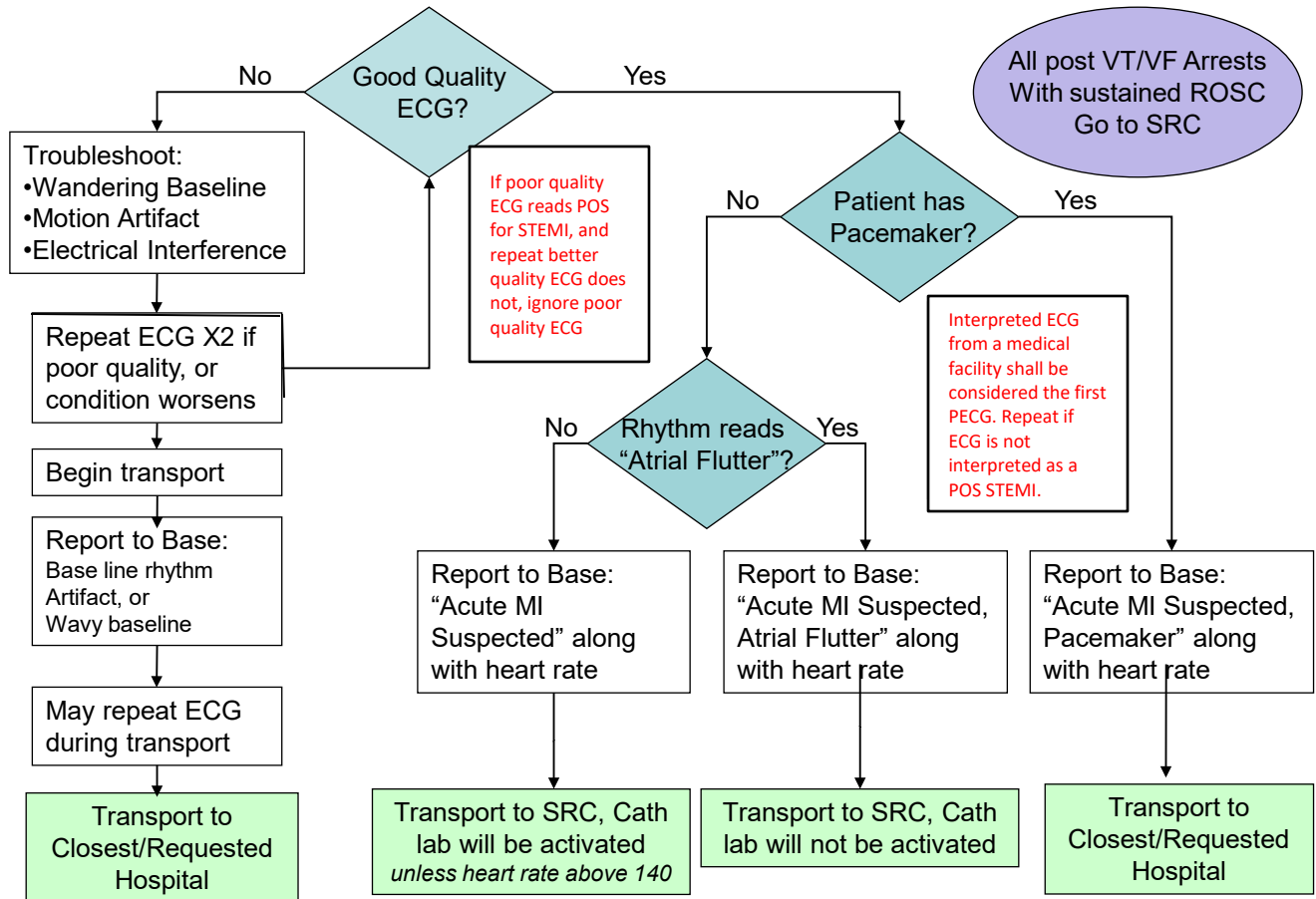
G. Documentation

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

H. Reporting

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

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



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Tranexamic Acid (TXA) Administration		Policy Number 734	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2021	
Origination Date: January 10, 2019		Effective Date: December 1, 2021	
Date Revised: September 9, 2021			
Date Last Reviewed: September 9, 2021			
Review Date: September 30, 2023			

- I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. POLICY: Paramedics may administer TXA to patients presenting with hypovolemic shock secondary to trauma in accordance with this policy. Base hospital physician may order TXA to be administered for indications other than those listed below.
- IV. PROCEDURE:
 - A. Indications
 1. Blunt or penetrating traumatic injury with SBP less than or equal to 90mmHg
 2. Significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application **AND** SBP less than or equal to 90 mmHg
 - B. Contraindications
 1. Greater than 3 hours post injury
 2. Isolated neurogenic shock
 3. Isolated head injury
 4. Isolated extremity injury when bleeding has been controlled
 5. Patient less than 15 years of age
 6. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism or DVT
 7. History of hypersensitivity or anaphylactic reaction to TXA
 8. Traumatic arrest without ROSC
 9. Drowning or hanging victims

C. Precautions

1. Severe kidney disease
2. Pregnancy

D. Adverse Effects

1. Chest Tightness
2. Difficulty Breathing
3. Facial flushing
4. Swelling in hands and feet
5. Blurred vision
6. Hypotension with rapid IV infusion

E. Preparation

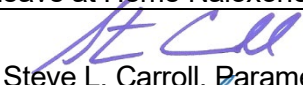
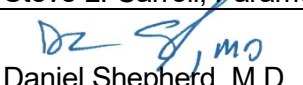
1. Supplies Needed:
 - i. 1g Tranexamic Acid (TXA) (1)
 - ii. 100mL bag of 0.9% normal saline (1)
 - iii. 10mL syringe (1)
2. Maintain sterile technique
3. Mixing Instructions
 - i. Inject 1g (10mL) of TXA into 100 mL NS bag
4. Label bag with the drug name and final concentration
 - i. Example: (TXA 1g in 100mL NS)

F. Dosing

1. IV/IO - 1g in 100mL Normal Saline over 10 minutes

G. Communication and Documentation

1. Communicate the use of TXA to the base hospital
2. Administration of TXA and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Leave at Home Naloxone Program		Policy Number 736	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: DRAFT	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: DRAFT	
Origination Date:	March 12, 2020	Effective Date: DRAFT	
Date Revised:	May 13, 2021		
Date Last Reviewed:	May 13, 2021		
Review Date:	May 31, 2023		

- I. PURPOSE: To authorize ALS prehospital personnel to distribute naloxone kits to patients with suspected opioid misuse, or family/friends of these patients, and to delineate the process for distribution of naloxone to Ventura County ALS provider agencies.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100146, 100169, 100170
- III. POLICY: The opioid crisis has had a profound impact on communities across the United States. This policy is part of a broader harm reduction strategy that attempts to mitigate the impact of the crisis by increasing the availability of Naloxone. ALS prehospital personnel may distribute naloxone kits to patients with suspected opiate misuse, or the friends/family of these patients. All appropriate training will be offered to the recipient at the time of distribution.
 - A. Indications
 1. Suspected opioid use misuse or self-reported dependence
 2. Patient is not transported
 - B. Contraindications
 1. Patient is transported
- IV. PROCEDURE:
 - A. Treat Patient in accordance with VCEMS policies and procedures
 - B. Once it has been determined that patient will refuse transport, AMA shall be processed and documented in accordance with VCEMS Policy 603 – Refusal of EMS Services.

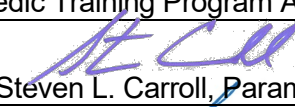

- C. Once AMA process has been completed, the patient, or the patient's family/friends (must be present on scene) will be offered a leave-at-home naloxone kit, with clearly identified kit number and medication expiration date, and the relevant training
- D. Friends/family can be offered a kit if the patient is determined to be dead. Kits and training should be offered if the individuals at the scene appear to be at risk for opioid misuse. For example, they were using drugs with the patient or there is paraphernalia on scene. Document as outlined below.
- E. In limited circumstances where patient is treated with naloxone for a suspected overdose and transported to hospital, but patient and/or family/friends express concern that they will not be able to afford a prescription or demonstrate an inability to access naloxone, a leave at home kit may be left at the scene.
 - 1. In these limited circumstances, efforts should be made to ensure patient and/or family/friends understand resources that are available to them related to overdose prevention. Resources include, but are not limited to:
 - a. OD rescue kit and training on how to administer nasal naloxone (Ventura County Behavioral Health) 805-667-6663
 - b. Treatment Services Access Line (Ventura County Behavioral Health) 844-385-9200
- F. Recipient Training and Education
 - 1. If the naloxone kit is accepted, the patient and/or family and friends will be trained on the recognition of opioid overdose and on the administration of nasal naloxone.
 - 2. At a minimum, the training will consist of the following:
 - a. Signs and symptoms of an opioid overdose
 - b. Administration of nasal naloxone
 - c. Activating the 911 system
 - d. Hands Only CPR. Instruct the recipient how to perform chest compressions: "place your hands between the nipples and push hard and fast."
 - 3. Printed training materials and resources related to ongoing drug treatment services, including the Behavioral Health Department's 24/7 Access line will be left with patient or patient's family/friends at the scene.

G. Documentation

1. Information will be completed for both the patient contact, as well as the refusal of EMS services, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.
2. In addition to the standard ePCR documentation, additional fields related to the leave at home naloxone kit will also be documented via supplemental ePCR fields. At a minimum, these fields will include:
 - a. Name of Naloxone Kit Recipient
 - b. Recipient relationship to patient
 - c. Recipient phone number
 - d. Kit number on Naloxone kit provided - Should begin with a letter, followed by three or four numbers (e.g. E123)
 - e. Confirmation that training was provided to recipient and family/friends on scene
 - f. Confirmation that addiction resources were left with recipient

H. Inventory

1. Distribution of leave at home naloxone will be tracked through the ePCR system, which means accurate documentation is very important.
2. Nasal naloxone should not be distributed through standard inventory that is part of the day-to-day equipment (i.e. jump bags, supply cabinets, etc). These kits will be specially marked and tracked outside of the standard inventory process.
3. As nasal naloxone inventory is depleted through the leave at home program, replacement kits will be supplied by VCEMS to agencies on a one-for-one basis.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Training Program Approval		Policy Number 1135	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	October 20, 1993	Effective Date: December 1, 2021	
Date Revised:	May 13, 2021		
Date Last Reviewed:	May 13, 2021		
Next Review Date:	May 31, 2024		

- I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.
- II. AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Sections 100137, 100148 - 100156, 100159, and 100162.
- III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support (ALS) within an organized Emergency Medical Services (EMS) system. The following procedure shall be followed when applying for approval for a paramedic training program approval.
- IV. DEFINITION(S): Paramedic training program approving authority means an agency or person authorized by the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 1, Section 100137 to approve a paramedic training program, as follows:
 - A. The approving authority for a paramedic training program that is conducted by a qualified statewide public safety agency shall be the Director of the California EMS Authority.
 - B. The approving authority for any paramedic training program(s) based in the County of Ventura shall be the Ventura County Emergency Medical Services Agency (VCEMS).
- V. PROCEDURE:
 - A. Approved Training Programs
 1. Eligibility for paramedic training program approval shall be limited to the following institutions:
 - a. Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the Department of Consumer Affairs, Bureau for Private Postsecondary Education

- b. Medical training units of the United States Armed Forces or Coast Guard
 - c. Licensed general acute care hospitals which meet the following criteria:
 - 1) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5;
 - 2) Provide continuing education (CE) to other health care professionals; and
 - 3) Are accredited by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association
 - d. Agencies of government
2. All approved paramedic training programs shall be accredited and shall maintain current accreditation or be in the process of receiving accreditation approval by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) in order to operate as an approved paramedic training program.
3. All approved paramedic training programs shall:
- a. Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes; and
 - b. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation; and
 - c. Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation
4. Paramedic training programs approved according to the provisions outlined in this policy shall provide the following information in writing to all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:
- a. The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP.

- b. The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.
5. Failure of the paramedic training program to maintain its LoR, submit their RAS form and ISSR to CoAEMSP, or obtain and maintain its accreditation with CAAHEP, as described above, by the date specified shall result in withdrawal of program approval as outlined in Section V.K of this policy.
6. Students graduating from a paramedic training program that fails to apply for, receive, or maintain CAAHEP accreditation by the dates required will not be eligible for state licensure as a paramedic.
7. Paramedic training programs shall submit to VCEMSA all documents submitted to, and received from CoAEMSP and/or CAAHEP, including but not limited to the RAS form, ISSR, and documents required for maintaining accreditation.
8. Paramedic training programs shall submit to the California EMS Authority the date their initial RAS form was submitted to CoAEMSP and copies of documentation received from CoAEMSP and/or CAAHEP verifying accreditation.

B. Student Eligibility

1. To be eligible to enter a paramedic training program an individual shall meet the following requirements:
 - a. Possess a high school diploma or general education equivalent; and
 - b. possess a current basic cardiac life support (CPR) card equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the healthcare provider level; and
 - c. possess a current EMT certificate or NREMT-Basic registration; or
 - d. possess a current AEMT certificate in the State of California; or
 - e. be currently registered as an Advanced-EMT with the NREMT.

C. Teaching Staff

1. Each paramedic training program shall have a medical director who is a physician currently licensed in the State of California, has experience in emergency medicine, and has education experience or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following:

- a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 - b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - c. Approval of hospital clinical and field internship experience provisions.
 - d. Approval of principal instructor(s).
2. Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include, but not be limited to the following:
- a. Administration, organization, and supervision of the educational program.
 - b. In coordination with the training program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 - c. Ensure training program compliance with all aspects of this policy, applicable sections of the California Code of Regulations, and other related laws.
 - d. Sign all course completion records.
 - e. Ensure the preceptors are trained according to VCEMS Policy 319 – Paramedic Preceptor.
3. Each training program shall have a principal instructor(s), who is responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria:
- a. Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.

- b. Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E; and
 - c. Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
 - d. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
4. A principal instructor may also be the training program medical director or training program director.
5. Each training program may have a clinical coordinator(s) who is either a physician, registered nurse, physician assistant or paramedic currently licensed in the State of California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the clinical coordinator shall include, but not be limited to, the following:
- a. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section V.C.8 of this policy
 - b. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contracts established by the paramedic training program as required for continued CAAHEP accreditation.
 - c. The tracking of student internship evaluation and terminal competency documents.
6. Each training program may have teaching assistant(s) who has training and experience to assist with teaching the course. The teaching assistant(s) shall be supervised by a principal instructor, the program director and/or the program medical director.
7. Each paramedic training program shall have a field preceptor(s) who meet all criteria outlined in VCEMS Policy 319 – Paramedic Preceptor.
8. Each paramedic training program shall have a hospital clinical preceptor(s) who shall meet the following criteria:

- a. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
- b. Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
- c. Be under the supervision of a principal instructor, the program director, and/or the program medical director.
- d. Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to:
 - 1) Evaluate a student's ability to safely administer medications and perform assessments.
 - 2) Document a student's performance.
 - 3) Review clinical preceptor requirements outlined in this policy
 - 4) Assess student behaviors using cognitive, psychomotor, and affective domains.
 - 5) Create a positive and supportive learning environment.
 - 6) Identify appropriate student progress.
 - 7) Counsel the student who is not progressing.
 - 8) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous materials.

D. Education and Training for Paramedic Students

1. Paramedic training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory
2. Hospital Clinical Education and Training
 - a. An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the VCEMS Medical Director. The maximum number of hours in the expanded clinical

- setting shall not exceed forty (40) hours of the total clinical hours specified in Section V.E of this policy
- b. Paramedic training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).
 - c. Paramedic training programs in nonhospital institutions shall enter into written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.
 - d. Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include performance of procedures or administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.
3. Field Internship
- a. A field internship shall provide emergency medical care training and experience to paramedic students under continuous supervision, instruction, and evaluation by an authorized preceptor and shall promote student competency in medical procedures, techniques, and the administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice, in the prehospital emergency setting within an organized EMS system.

- b. An approved paramedic training program shall enter into a written agreement with Advanced Life Support (ALS) service provider(s) that provide field internship services to students. This agreement shall include provisions to ensure compliance with this policy.
- c. The VCEMS Medical Director shall have medical control over the paramedic intern
- d. The assignment of a student to a field preceptor shall be a collaborative effort between the paramedic training program and the provider agency
 - 1) The assignment of a student to a field preceptor shall be limited to duties associated with the student's training or the student training program
- e. In the event the ALS service provider is located outside the jurisdiction of the County of Ventura, the paramedic training program shall do the following:
 - 1) Ensure the student receives orientation in collaboration with the LEMSA where the field internship will occur. The orientation shall include that LEMSA's local policies, procedures, and treatment protocols,
 - 2) Report to the LEMSA, where the field internship will occur, the name of the paramedic intern, the name of the field internship provider, and the name of the preceptor.
 - 3) Ensure the field preceptor has the experience and training as required in VCEMS Policy 319 – Paramedic Preceptor.
 - 4) The LEMSA Medical Director where the internship is located shall have medical control over the paramedic intern
- f. The paramedic training program shall enroll only the number of students it is able to place in field internships within ninety (90) days of completion of their hospital clinical education and training phase of the training program. The paramedic training program director and a student may agree to start the field internship at a later date in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.). This agreement shall be in writing.

- g. The internship, regardless of the location, shall be monitored by the training program staff, in collaboration with the assigned field preceptor.
- h. Training program staff shall, upon receiving input from the assigned field preceptor, document the progress of the student. Documentation shall include the identification of student deficiencies and strengths and any training program obstacles encountered by, or with, the student.
- i. Training program staff shall provide documentation reflecting student progress to the student at least twice during the student's internship.
- j. No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.

E. Required Course Hours

- 1. The total paramedic training program shall consist of not less than one thousand and ninety-four (1094) hours. These training hours shall be divided into:
 - a. A minimum of four-hundred and fifty-four (454) hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in tactical casualty care principles as provided in Section V.F of this policy
 - b. The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours
 - c. The field internship shall consist of no less than four-hundred and eighty (480) hours
- 2. The student shall have a minimum of forty (40) documented ALS patient contacts during the field internship as specified in V.C.3 of this policy. An ALS patient contact shall be defined as the student performance of one or more ALS skills identified in VCEMS Policy 310 – Paramedic Scope of Practice, with the exception of 3 or 4 lead cardiac monitoring and CPR, on a patient
 - a. When available, up to ten (10) of the required ALS patient contacts may be satisfied through the use of high fidelity adult simulation patient contacts.

- 1) High Fidelity Simulation means using computerized manikins, monitors, and similar devices or augmented virtual reality environments that are operated by a technologist from another location to produce audible sounds and to alter and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest sounds, and saturation of oxygen.
 - b. Under the supervision of the preceptor, students shall document patient contacts utilizing the Ventura County electronic Patient Care Reporting system (VCePCR) in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care.
 - 1) The ALS Service provider hosting the paramedic student will provide access to VCePCR through a username and password that is unique to that student.
 - c. For at least half of the ALS patient contacts the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.
3. The student shall have a minimum of twenty (20) documented experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operation in the field including, at least, the following:
 - a. Lead coordination of field personnel,
 - b. Formulation of field impression,
 - c. Comprehensively assessing patient conditions and acuity.
 - d. Directing and implementing patient treatment,
 - e. Determining patient disposition, and
 - f. Leading the packaging and movement of the patient.
4. The minimum hours outlined in this subsection shall not include the following:
 - a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
 - b. Examination for student eligibility.

- c. The teaching of any material not prescribed in Section V.F of this policy.
- d. Examination for paramedic licensure.

F. Required Course Content

- 1. The content of a paramedic course shall meet the objectives contained in the January 2009 U.S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077E, and be consistent with the paramedic basic scope of practice specified VCEMS Policy 310 – Paramedic Scope of Practice
- 2. In addition to the above, the content of the training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles. The minimum competency-based topics and skills for this TCC requirement are outlined in California Code of Regulations, Title 22, Division 9, Chapter 4, Article 3, Section 100155(b).

G. Required Testing

- 1. Approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this policy.
- 2. Documentation of successful student clinical and field internship performance shall be required prior to course completion

H. Course Completion Record

- 1. A tamper resistant course completion record shall be issued to each person who has successfully completed the paramedic training program. The course completion record shall be issued no later than ten (10) working days from the date the student successfully completes the paramedic training program.
- 2. The course completion record shall contain the following:
 - a. The name of the individual.
 - b. The date of completion.
 - c. The following statement:
 - 1) “The individual named on this record has successfully completed an approved paramedic training program.”
 - d. The signature of the training program director

- e. The name and location of the training program issuing the card
 - f. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.
- I. Procedure for Paramedic Training Program Approval
- 1. Eligible training programs, as outlined in Section V.A of this policy shall pay the established paramedic training program application fee and submit a written request, in addition to the completed application checklist attached to this policy, to VCEMS for program approval. The following documentation shall be submitted along with written request for approval and application checklist:
 - a. A statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.
 - b. An outline of course objectives.
 - c. Performance objectives for each skill.
 - d. The names and qualifications of the training program director, program medical director, and principal instructors.
 - e. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - f. Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - g. The location at which the courses are to be offered and their proposed dates.
 - h. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.
 - i. Written contracts or agreements between the paramedic training program and a provider agency (ies) for student placement for field internship training.
 - j. A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.

- k. Samples of written and skills examinations administered by the training program.
 - l. Samples of a final written examination(s) administered by the training program.
 - m. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.
- J. Program Approval / Disapproval
- 1. VCEMS shall, within thirty (30) working days of receiving a request for training program approval, notify the applicant that the request has been received, and shall specify if any additional information is needed to satisfy the requirements outlined in Section V.I
 - 2. The materials submitted will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background who is not associated with the applicant, and an MD who is not associated with the submitting applicant
 - 3. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed ninety (90) days.
 - 4. VCEMS shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.
 - 5. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval outlined in this policy.
- K. Withdrawal of Training Program Approval
- 1. Failure to comply with the requirements of this policy may result in denial, probation, suspension or revocation of program approval by VCEMS.
 - 2. The requirements for training program noncompliance notification and actions are as follows:
 - a. VCEMS shall provide written notification of noncompliance with this policy to the paramedic training program provider found in violation. The notification shall be in writing and sent by certified mail to the paramedic training program director.

- b. Within fifteen (15) days from receipt of the noncompliance notification, the approved training program shall submit in writing, by certified mail, to VCEMS one of the following:
 - 1) Evidence of compliance with the provisions of this policy, or
 - 2) A plan to comply with the provisions of this policy within sixty (60) days from the day of receipt of the notification of noncompliance.
 - c. Within fifteen (15) days from receipt of the approved training program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the approved paramedic training program, VCEMS shall issue a decision letter by certified mail to the California EMS Authority and the approved paramedic training program. The letter shall identify the VCEMS' decision to take one or more of the following actions:
 - 1) Accept the evidence of compliance provided.
 - 2) Accept the plan for meeting compliance provided.
 - 3) Place the training program on probation.
 - 4) Suspend or revoke the training program approval.
 - d. The decision letter shall also include, but need not be limited to, the following information:
 - 1) Date of the program training approval authority's decision;
 - 2) Specific provisions found noncompliant by the training approval authority, if applicable;
 - 3) The probation or suspension effective and ending date, if applicable;
 - 4) The terms and conditions of the probation or suspension, if applicable;
 - 5) The revocation effective date, if applicable;
 - e. VCEMS shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter.
- L. Program Review and Reporting
- 1. All program materials specified in this policy shall be subject to review by VCEMS and shall also be made available for review upon request by the California EMS Authority.

2. All programs shall be subject to on-site evaluation by VCEMS and may also be evaluated by the California EMS Authority
3. Paramedic training program shall provide VCEMS with written notification of changes to course objectives, hours of instruction, program director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.
4. Paramedic training program shall provide VCEMS a list of Paramedic Preceptors being utilized for the purposes of field internships no later than thirty (30) days prior to the internship rotations beginning.
5. Written notification shall be provided in advance, when possible, and no later than thirty (30) days after changes have been identified.

M. Training Program Expansion

1. Approved paramedic training programs shall request approval to add additional training classes or to enlarge class size. The training program shall provide written confirmation guaranteeing clinical and internship placement as outlined in Sections V.D.2 and V.D.3 of this policy.

Ventura County Emergency Medical Services Agency Paramedic Training Program

Application Checklist

Sections 1-10 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1135 – Paramedic Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Type of Institution		
<input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior College or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Medical training unit of the United States Armed Forces or Coast Guard <input type="checkbox"/> Licensed general acute care hospital, with proof that facility meets the following criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5; <input type="checkbox"/> Provide continuing education (CE) to other health care professionals; and <input type="checkbox"/> Current accreditation by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association <input type="checkbox"/> Agency of Government	Name of Institution or Agency	
3. Program Accreditation		
<input type="checkbox"/> Copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation. <input type="checkbox"/> Sample of letter to training program applicants containing the following: <ul style="list-style-type: none"> <input type="checkbox"/> The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP. <input type="checkbox"/> The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP. <input type="checkbox"/> Copies of all documents submitted to, and received from CoAEMSP and/or CAAHEP including but not limited to the RAS form, ISSR, and any/all documents required for maintaining accreditation.		
4. Teaching Staff		
a. Program Medical Director <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of experience in emergency medicine <input type="checkbox"/> Evidence of experience in education and/or methods of instruction	Name of Program Medical Director	
b. Program Director <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of baccalaureate degree <input type="checkbox"/> Evidence of education and experience in methods, materials, and evaluation of instruction <input type="checkbox"/> Evidence of one (1) year experience in an administrative or management level position <input type="checkbox"/> Evidence of three (3) years academic or clinical experience in prehospital care education	Name of Program Director	

<p>c. Principal Instructor(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) and certifications received <input type="checkbox"/> Evidence that individual(s) is knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E <input type="checkbox"/> Evidence of six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. <input type="checkbox"/> Evidence of education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. 	<p>Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic)</p>
<p>d. Clinical Coordinator(s) (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Documentation of at least two (2) years of academic and/or clinical experience in emergency medicine or prehospital care 	<p>Name(s) and Title(s) of Clinical Coordinator(s) (MD, RN, PA, Paramedic)</p>
<p>e. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license and certifications received <input type="checkbox"/> Evidence of qualification by training and experience to assist with teaching <input type="checkbox"/> Approval by program director in coordination with the program medical director 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>5. Hospital Clinical Education and Training</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program. <input type="checkbox"/> Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training. 	
<p>6. Field Internship</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program. <input type="checkbox"/> Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training. 	
<p>7. Required Course Hours and Content</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009. <input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy. <input type="checkbox"/> Outline of course objectives. <input type="checkbox"/> Performance objectives for each skill. <input type="checkbox"/> Samples of written and skills examinations administered by the training program. <input type="checkbox"/> Samples of a final written examination(s) administered by the training program. 	
<p>8. Training Program Facilities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> The location at which the courses are to be offered and their proposed dates. <input type="checkbox"/> Evidence of adequate training program facilities, equipment, examination securities, and student record keeping. 	
<p>9. Administrative Requirements</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Provide copy of course completion record <input type="checkbox"/> Provide copy of fee schedule <input type="checkbox"/> Provide copy of liability insurance for students 	

<p>10. Program Representative Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>

Phone Number	Email Address

*****VCEMS Office Use Only*****

1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Written request for program approval	
<input type="checkbox"/> Training program application checklist	
<input type="checkbox"/> Payment of established fee	
<input type="checkbox"/> Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.	
<input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.	
<input type="checkbox"/> An outline of course objectives.	
<input type="checkbox"/> Performance objectives for each skill.	
<input type="checkbox"/> Names, CV/Resume, and copies of license(s)/cert(s) for each of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Training program director <input type="checkbox"/> Program medical director <input type="checkbox"/> Principal instructor(s) <input type="checkbox"/> Clinical Coordinator(s) <input type="checkbox"/> Teaching Assistant(s) 	
<input type="checkbox"/> Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
<input type="checkbox"/> Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
<input type="checkbox"/> The location at which the courses are to be offered and their proposed dates.	
<input type="checkbox"/> Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.	
<input type="checkbox"/> Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.	
<input type="checkbox"/> A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.	
<input type="checkbox"/> Samples of written and skills examinations administered by the training program.	
<input type="checkbox"/> Samples of a final written examination(s) administered by the training program.	
<input type="checkbox"/> Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	
<input type="checkbox"/> Copy of Course Completion Record	
<input type="checkbox"/> Copy of Liability Insurance for Students	
<input type="checkbox"/> Copy of Fee Schedule	

2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration	Date

3. EMS Agency Representative Information	
Name of EMS Agency Representative Reviewing Application	
Signature	Date
Phone Number	Email Address

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety-First Aid (PSFA) and CPR / Tactical Casualty Care Training Program Approval		Policy Number 1601	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2021	
Origination Date: April 13, 2017		Effective Date: December 1, 2021	
Date Revised: May 13, 2021			
Date Last Reviewed: May 13, 2021			
Review Date: May 31, 2023			

- I. PURPOSE: The Ventura County EMS Agency shall establish minimum requirements for Public Safety First Aid and CPR and/or Tactical Casualty Care training programs.
- II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1997.210 and 1797.212; California Code of Regulations, Title 22, Division 9 Chapter 1.5; California EMS Authority #370 – California Tactical Casualty Care Training Guidelines
- III. POLICY: The approving authority for Public Safety First Aid and CPR (PSFA) and/or Tactical Casualty Care (TCC) training programs, not meeting the definition of a statewide public safety agency operating within the County of Ventura shall be the Ventura County EMS Agency (VCEMS). This does not apply to PSFA or TCC programs authorized by statewide public safety agencies such as the California Highway Patrol, California State Parks, etc. and approved by the California EMS Authority This also does not apply to PSFA or TCC programs authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority.
 - A. Programs eligible for program approval shall be limited to:
 1. A course in public safety first aid, including CPR and AED, developed and/or authorized by the California Department of Forestry and Fire Protection (Cal Fire); or
 2. A course in public safety and first aid, including CPR and AED, authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority. No later than twenty-four (24) months from the adoption of these regulations, POST, in consultation with the California EMS Authority, shall develop the course curriculum and testing competency standards for these regulations as they apply to peace officers; or

3. A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the California EMS Authority; or
4. A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the California EMS Authority; or
5. The U.S. Department of Transportation's emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by the VCEMS; or
6. A course of at least twenty-one (21) hours in first aid equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Section 100017 of the California Code of Regulations, and approved by the VCEMS; or
7. A tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370
8. An EMT or Paramedic training program approved pursuant to established VCEMS policies and procedures; or
9. An EMR course approved by the California EMS Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the California EMS Authority.

B. Approved training program course content shall meet or exceed all requirements outlined in Chapter 1.5, Section 100017 of the California Code of Regulations. If a Tactical Casualty Care Training program, all minimum requirements of CalEMSA #370 shall be met or exceeded.

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for PSFA and/or TCC training program approval to VCEMS
2. VCEMS shall review the following prior to approving a PSFA/TCC training program:
 - a. Name of the sponsoring institution, organization, or agency.

- b. A statement verifying the initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours of first aid and CPR training (If PSFA).
- c. A statement verifying that the training course meets the appropriate minimum requirements outlined in CalEMSA #370 (If TCC)
- d. A statement verifying CPR training equivalent to the current Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (If PSFA).
- e. A detailed course outline
 - 1) If PSFA - Any and all optional skills, as outlined in VCEMS Policy 1602 – PSFA Optional Skills Approval and Training, the program chooses to apply to its curriculum shall have prior written authorization by VCEMS Medical Director.
- f. Final written examination with pre-established scoring standards; and
- g. Skill competency testing criteria, with pre-established scoring standards.
- h. Provisions for the retraining of public safety first aid personnel in accordance with Section 100022 of the California Code of Regulations (If PSFA). At a minimum, these standards shall include:
 - 1) An approved retaining course which includes a review of the topics and skills relevant to the PSFA scope of practice, which consists of not less than eight (8) hours of first aid and CPR including AED every two (2) years; or
 - 2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or
 - 3) Successful completion of a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:
 - a) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR

- b) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and
 - c) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.
 - 4) A PSFA retraining course or pretest may be offered yearly by any approved training course, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years.
- i. Educational Staff
Validation of the instructor's qualifications shall be the responsibility of the agency or organization whose training program has been approved by VCEMS. Training in PSFA and/or TCC shall be conducted by an instructor who is:
 - 1) Proficient in the skills taught; and
 - 2) Qualified to teach by education and/or experience
- j. Testing Requirements
 - 1) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in sections 100017 and 100018 of Chapter 1.5 of the California Code of Regulations (If PSFA)
 - 2) A passing standard shall be established by the training program before administration of the examination and shall be in compliance with the standard submitted to and approved by VCEMS
 - 3) Training programs shall test the knowledge and skills specified in California Code of Regulations or CalEMSA #370 and have a passing standard for successful completion of the course and shall ensure competency of each skill.

- k. Course Completion Records
Training programs shall outline a process for validation of course completion, in accordance with Section 100029 of the California Code of Regulations or CalEMSA #370.
 - 1) A sample of the course completion certificate shall be submitted to VCEMS as part of the program approval application.
 - 2) The training program shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
 - 3) All training records shall be made available for inspection by VCEMS upon request.
 - l. A table of contents listing the required information detailed in this policy with corresponding page numbers.
 - m. Facilities and Equipment
 - 1) Facilities must comfortably accommodate all students, including those with disabilities
 - 2) Restroom access must be available
 - 3) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.
3. Course approval is valid for four (4) years from the date of approval.
- a. Requests for re-approval shall be submitted in the form of a formal training program approval packet and shall include all items outlined in Section IV.A.1-2
 - b. Requests for re-approval shall be submitted to VCEMS no later than sixty (60) days prior to the date of program approval expiration.
 - c. VCEMS may request additional materials or documentation as a condition of course approval and/or re-approval.
4. Training Program Notification
- a. VCEMS shall notify the training program submitting its request for training program approval within twenty-one (21) working days of receiving the request that:
 - 1) The request for approval has been received,

- 2) The request for approval contains or does not contain the information outlined in this policy and,
 - 3) What information, if any, is missing from the request.
 - b. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation as specified in this policy.
 - c. VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - d. VCEMS shall notify the California EMS Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, and program approval/ expiration date of program approval.
5. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for training program approval, use of any unqualified teaching personnel, non-compliance with any provision of this policy, non-compliance with any applicable regulation outlined in the California Code of Regulations and/or CalEMSA #370 or non-compliance with any other applicable guidelines regulations or laws may result in the denial, probation, suspension or revocation of program approval by VCEMS.
 - b. Notification of non-compliance and action to place on probation, suspend, or revoke shall be done as follows:
 - 1) VCEMS shall notify the approved training program course director in writing, by registered mail, of the provisions of this Policy with which the training program is not in compliance.
 - 2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by registered mail, to VCEMS one of the following:
 - a) Evidence of compliance with the provisions of this policy,
or

- b) A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
 - 3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program, VCEMS shall notify the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.
 - 4) If VCEMS decides to suspend, revoke, or place an training program on probation the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of VCEMS's letter of decision to the training program.
- 6. Program Review and Reporting
 - a. All course outlines, written exams, and competency testing criteria used in an approved training program shall be subject to periodic oversight and review as determined by VCEMS.
 - b. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions outlined in this policy, the California Code of Regulations, and/or in CalEMSA #370 and may be revoked by VCEMS in accordance with section IV.5 of this policy.

Ventura County Emergency Medical Services Agency PSFA/TCC Training Program

Application Checklist

Training program complete sections 1-5 of this checklist

For additional information on requirements and approval process, please refer to VCEMS Policy 1601 – PSFA and CPR / TCC Training Program Approval

1. General Program Information		
Training Program Name:		
Program Address	Program City	Program Zip Code
Program Phone #	Program Fax #	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	Name of Program	
3. Program Educational Staff		
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	Name(s) of Each Individual	
4. General Training Program Requirements		
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers <input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <input type="checkbox"/> All requirements outlined above <input type="checkbox"/> A detailed course outline <input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing <input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards <input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of public safety first aid personnel, in accordance with Section IV.2.h of this policy <input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered <input type="checkbox"/> Sample attendance record and training roster <input type="checkbox"/> Sample of course completion certificate		

5. Training Program Representative Completing Application	
Name of person completing application:	
Signature	Date
Phone Number	Email Address

VCEMS Office Use Only

1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s)	
<input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience.	
<input type="checkbox"/> Applicable licenses and/or certifications	
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers	
<input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <input type="checkbox"/> All requirements outlined above 	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of PSFA personnel, in accordance with Section IV.2.h of this policy	
<input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration Date	Date

3. EMS Agency Representative Information

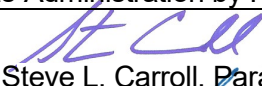

Name of EMS Agency Representative Processing Application

Signature

Date

Phone Number

Email Address

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Nerve Agent Antidote Administration by Public Safety First Aid Personnel		Policy Number 1603	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	May 13, 2021		
Date Revised:		Effective Date: December 1, 2021	
Date Last Reviewed:			
Review Date:	May 31, 2022		

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of nerve agent antidote for self/peer rescue in the event of confirmed or suspected exposure to a nerve agent / organophosphate pesticide.
- B. To provide medical direction and nerve agent antidote administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

- A. PSFA personnel shall only be permitted to use the Nerve Agent Antidote Kit on self or other public safety personnel.
- B. In Ventura County, the DuoDote® auto-injector and the Mark I auto injector (CHEMPACK only) are the only nerve agent antidote kits approved for use by PSFA and prehospital personnel.
- C. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
- D. PSFA agency training director shall be responsible for the following:
 - 1. Ensuring the agency’s supply of nerve agent antidote remains current and not expired at all times.
 - 2. Ensuring proper and efficient deployment of nerve agent antidote kits for use within the agency.
 - 3. Prompt replacement of any nerve agent antidote kit that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.
 - 4. Ensuring all personnel that will be using the nerve agent antidote kit have received appropriate training

5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable nerve agent antidote kit(s).

IV. PROCEDURE:

A. Indications

1. Confirmed or suspected exposure to nerve agent or organophosphate
2. Obvious signs and symptoms of nerve agent / organophosphate exposure (*SLUDGEM* - Salivation, Lacrimation, Urinary incontinence, Defecation, Gastrointestinal distress, Emesis, Miosis)

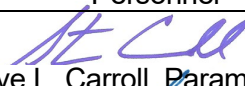
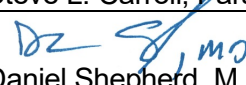
B. Contraindications

1. No contraindications in the presence of poisoning by nerve agents / organophosphate insecticides.

C. Nerve Agent Antidote Kit Administration

1. If Treating Self:
 - a. Avoid continued exposure by exiting from area of exposure; remove contaminated clothing; follow decontamination procedures when available.
 - b. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
 - c. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
 - d. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
 - e. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.
2. If treating other public safety personnel:
 - a. Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield, gown), avoid cross contamination.
 - b. Remove patient from area of continued exposure, remove contaminated clothing, and follow appropriate decontamination procedures.
 - c. Assess patient's respiratory, mental and pupillary status.

- d. Open the airway using appropriate BLS techniques and perform rescue breathing, as indicated. Provide oxygen per VCEMS Policy 1604 – Oxygen Administration by Public Safety First Aid Personnel
- e. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
- f. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
- g. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
- h. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Oxygen Administration and Basic Air Adjunct Use by Public Safety First Aid Personnel		Policy Number 1604	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	May 13, 2021		
Date Revised:		Effective Date: December 1, 2021	
Date Last Reviewed:			
Review Date:	May 31, 2022		

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of oxygen through a nasal cannula (NC), non-rebreather mask (NRB), or bag-valve mask (BVM), and for the use of basic airway adjuncts – specifically oropharyngeal airways (OPA) and nasopharyngeal airways (NPA).
- B. To provide medical direction and oxygen administration and basic airway adjunct parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

- A. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
- B. PSFA agency training director shall be responsible for the following:
 - 1. Ensuring the agency's supply of oxygen, oxygen delivery devices, and basic airway adjuncts remain current and not expired at all times.
 - 2. Ensuring proper and efficient deployment of oxygen and associated equipment for use within the agency.
 - 3. Prompt replacement of any equipment that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.
 - 4. Ensuring all personnel that will be administering oxygen and/or utilizing any associated equipment have received appropriate training
 - 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable oxygen and/or associated equipment.

IV. PROCEDURE:

A. Indications

1. Difficulty breathing or shortness of breath with signs and symptoms of poor oxygenation
2. Unresponsive and not breathing

B. Contraindications

1. No contraindications

C. Oxygen Administration

1. Difficulty Breathing or Shortness of Breath

- a. Ensure EMS has been activated through use of the 911 system
- b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
- c. Assess patient's level of responsiveness
- d. Ensure patient's airway is patent and assess patient's respiratory rate and effort
- e. Administer oxygen using nasal cannula or non-rebreather mask as indicated.
- f. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed.
- g. Document administration of oxygen as indicated per PSFA agency policies and procedures.

2. Unresponsive and Not Breathing

- a. Ensure EMS has been activated through use of the 911 system
- b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
- c. Begin chest compressions
- d. Obtain an AED
- e. Ensure patient's airway is patent utilize appropriate basic airway adjunct(s) such as an OPA or NPA as indicated.
- f. Perform ventilations via BVM with oxygen as indicated.
- g. Consider causes for current condition, such as opioid overdose anaphylaxis or exposure to nerve agent and treat those conditions per appropriate VCEMS PSFA policies.

- h. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed.
- i. Document administration of oxygen as indicated per PSFA agency policies and procedures
- j.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Naloxone Administration by Approved Public Safety First Aid Personnel		Policy Number 1605	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: December 1, 2021	
Origination Date: July 13, 2017		Effective Date: December 1, 2021	
Date Revised: May 13, 2021			
Date Last Reviewed: May 13, 2021			
Review Date: May 31, 2023			

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of naloxone hydrochloride in cases of suspected acute opioid overdose.
- B. To provide medical direction and naloxone administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Section 100019.

III. POLICY:

- A. Training shall be completed as outlined in California Code of Regulations, section 100019 and VCEMS Policy 1602 – PSFA Optional Skills Approval and Training
- B. The PSFA agency training program director shall be responsible for the following:
 - 1. Ensuring the agency’s supply of nasal naloxone remains current and not expired at all times.
 - 2. Ensuring proper and efficient deployment of nasal naloxone for use within the agency.
 - 3. Prompt replacement of any nasal naloxone that is used in the course of care, expired, damaged, or otherwise deemed unusable.
 - 4. Ensuring all personnel that will be using nasal naloxone has received appropriate training.
 - 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable naloxone.

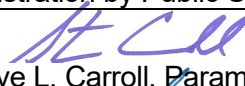

IV. PROCEDURE:

A. Indications

- 1. Suspected or confirmed opiate overdose
 - a. Environment indicates illegal or prescription use of opiate medication, AND

- b. Victim is unconscious or poorly responsive and respiratory rate appears to slow (less than 8 per minute) or shallow/inadequate; or victim is unconscious and not breathing.
 2. Need for complete or partial reversal of central nervous system and respiratory depression induced by opioids.
 3. Decreased level of consciousness of unknown origin and opioid induced respiratory depression
 4. Law enforcement or First Responders with known or suspected opiate exposure AND signs and symptoms of opiate overdose.
- B. Contraindications
 1. Known allergy to naloxone hydrochloride
- C. Relative Contraindications
 1. Use with caution in opiate-dependent patients and in neonates of opiate addicted mothers; opiate-dependent patients who receive naloxone may experience acute withdrawal reaction syndrome. Opiate withdrawal symptoms in the opiate-dependent patient include:
 - a. Agitation
 - b. Tachycardia
 - c. Hypertension
 - d. Seizures
 - e. Cardiac Rhythm Disturbances
 - f. Nausea, vomiting, and/or diarrhea
 - g. Profuse sweating
- D. Intranasal (IN) Naloxone Administration
 1. Ensure EMS personnel (fire and transport) have been responded to the scene through established communications channels.
 2. Maintain standard body substance isolation precautions utilizing appropriate personal protective equipment.
 3. Check patient/victim for responsiveness
 4. Open airway using established Basic Life Support techniques, Provide supplemental oxygen and assist ventilations, if authorized, per VCEMS Policy 1604 – Oxygen Administration and Basic Airway Adjunct Use by PSFA Personnel
 5. Perform CPR as indicated.

6. Administer intranasal naloxone
 - a. Naloxone 4mg IN
 - b. May repeat dose, if no improvement in patient condition, x 1 (total of 2 doses)
7. If response to naloxone and patient is a suspected chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms (agitation and vomiting)
8. Report administration of nasal naloxone to prehospital personnel for additional assessment and follow-up care, as needed.
9. Document administration of naloxone as indicated per PSFA agency policies and procedures.
 - a. On a monthly basis, law enforcement agencies that administer naloxone shall report all cases to the Ventura County EMS Agency using the established reporting form (Attachment A)

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Epinephrine Administration by Public Safety First Aid Personnel		Policy Number 1606	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	May 13, 2021		
Date Revised:		Effective Date: December 1, 2021	
Date Last Reviewed:			
Review Date:	May 31, 2022		

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) for for the administration of epinephrine by auto injector for treatment of anaphylaxis.
- B. To provide medical direction and epinephrine administration for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100019

III. POLICY:

- A. PSFA personnel shall only be authorized to administer epinephrine via auto-injector for the treatment of anaphylaxis in patients aged 14 and older.
- B. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
- C. PSFA agency training director shall be responsible for the following:
 1. Ensuring the agency’s supply of epinephrine auto injectors remain current and not expired at all times.
 2. Ensuring proper and efficient deployment of epinephrine auto injectors and associated equipment for use within the agency.
 3. Prompt replacement of any equipment/medication that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.
 4. Ensuring all personnel that will be administering epinephrine and/or utilizing any associated equipment have received appropriate training
 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable epinephrine auto injectors and/or associated equipment.

IV. PROCEDURE:

A. Indications

1. Exposure to a known or suspected allergen and any combination of two or more of the following signs and symptoms:
 - a. Hives, itchy, swollen tongue/lips
 - b. Respiratory compromise (wheezing, shortness of breath, stridor, hypoxia)
 - c. Persistent GI distress (vomiting, diarrhea, abdominal pain)
 - d. Hypotension (syncopal episode, decreased muscle tone, signs of shock, altered level of consciousness)

B. Contraindications

1. Patient is less than 14 years of age
2. No other contraindications for patients in the above situation

C. Epinephrine Administration

1. Ensure EMS has been activated through use of the 911 system
2. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
3. Provide supplemental oxygen and assist ventilations, if authorized, per VCEMS Policy 1604 – Oxygen Administration and Basic Airway Adjunct Use by PSFA Personnel
4. Administer Epinephrine via auto-injector into outer thigh (may be administered through clothing).
 - a. If symptoms persist, may administer one (1) additional auto-injector dose in five (5) minutes for a total of two (2) doses.
5. After Epinephrine administration, observe for improved breathing and level of consciousness. If breathing or level of consciousness do not improve, assist breathing with bag-valve-mask if available as authorized.
6. Begin CPR if patient is not breathing
7. Report administration of epinephrine to prehospital personnel for additional assessment and follow-up care, as needed.
8. Document administration of epinephrine as indicated per PSFA agency policies and procedures.