County of Ventura
Department of Public Health

Notice of Changes to Policy Manual

Emergency Medical Services
Policies and Procedures

To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: December 1, 2015

Policy Status	Policy #	Title/New Title	Notes
Replace		Policy Manual Table of Contents	
Replace	0124	Hospital Emergency Services Reduction Impact Assessment	Review Date Updated
Replace	0333	Accreditation/Authorization/Certification Review Process	Review Date Updated
Replace	0451	Stroke System Triage and Destination	**Changes Effective August 1, 2015 – Please Update Manual**
Replace	0600	Scene Control at a Medical Emergency	Formatting, Signature and Authority Added
Replace	0618	Unaccompanied Minors	Formatting, Signature and Authority Added
Replace	0624	Patient Medications	Formatting and Signature Added; VCADS changed to VCePCR
Replace	0626	CHEMPACK Deployment	Review Date Updated
Replace	0705_00	General Patient Treatment Guidelines	Minor wording change to reflect current practice
Replace	0705_03	Altered Neurologic Function	Table Formatting, Review Date Updated
Replace	0705.19	Pain Control	**Changes Effective September 1, 2015 – Please update manual.**
Replace	0705.21	Shortness of Breath – Pulmonary Edema	Policy Number added to 12 lead reference, Review Date Updated
DELETE	0708	Patient Transfer from One Prehospital Team to Another	**Policy Deleted – Please Remove from Manual**
Replace	0716	Use of Preexisting Vascular Access Devices	Formatting and Signature Added, Review Date Updated
Replace	0729	air-Q	Procedural changes throughout policy
Replace	0731	Tourniquet Use	Minor change to removal procedure; Formatting changes

100	Emergency Medical Service, Local Agency (9/13/84)	6/15/1998	7/1/1980	10/1/2003	12/13/2012	11/30/2014
507	Critical Care Transports	12/1/2014	10/31/1995	10/9/2014	10/9/2014	10/1/2017
508	First Responder Advanced Life Support Units	6/1/2013	6/1/1997	4/25/2013	4/11/2013	3/31/2015
VI.	**General Emergency Medical Services - Policies**					
600	Control At The Scene of An Emergency	12/1/2015	1/31/1995	6/11/2015	6/11/2015	6/1/2018
601	Medical Control At The Scene: EMS Prehospital Personnel	6/1/2000	10/1/1993	10/31/1999		6/1/2002
603	Against Medical Advice/Release From Liability Form	10/31/1995	6/3/1986			10/31/1997
604	Transport and Destination Guidelines	12/1/2010	6/3/1986	6/10/2010	7/11/2013	7/1/2016
605	Interfacility Transfer of Patients	12/1/2011	7/26/1991	8/11/2011	8/11/2011	10/31/2014
606	Withholding or Termination of Resuscitation and Determination of Death	12/1/2012	6/1/1984	7/12/2012	7/12/2012	7/12/2014
607	Hazardous Materials Incident	6/1/2013	2/12/1987	2/14/2013	2/14/2013	1/31/2015
612	Notification of Exposure to a Communicable Disease	12/1/2014	4/27/1990	9/11/2014	9/11/2014	9/1/2017
613	Do Not Resuscitate (DNR)	6/1/2011	10/1/1993	2/10/2011	2/10/2011	2/28/2014
614	Spinal Immobilization	6/1/2009	10/31/1992	12/11/2008	5/14/2015	5/31/2017
615	Organ Donor Information Search	6/1/2013	10/1/1993	2/14/2013	2/14/2013	1/31/2015
618	Unaccompanied Minors	12/1/2015	5/1/1995	6/11/2015	6/11/2015	6/1/2018
619	Safely Surrendered Babies	6/1/2008	2/13/2003	11/8/2007	5/14/2015	5/31/2018
620	EMT-I Administration of Oral Glucose	6/1/2006	11/18/1982	3/9/2006		10/31/2011
622	ICE - In Case of Emergency for Cell Phones	12/1/2008	5/11/2006	7/10/2008	9/11/2014	9/1/2017
624	Patient Medications	12/1/2015	12/6/2006	8/13/2015	8/13/2015	8/1/2018
625	POLST	12/1/2014	1/7/2009	10/9/2014	10/9/2014	10/1/2016
626	Chempack	6/1/2010	2/2/2010		8/13/2015	8/1/2018
627	Fireline Medic	12/1/2014	10/5/2011	9/11/2014	9/11/2014	9/1/2016
628	Rescue Task Force Operations	12/1/2014	9/3/2014			9/1/2015
VII.	**Advanced Life Support Medical Control and Treatment Policies**					
701	Medical Control: Paramedic Liaison Physician	6/1/2013	8/1/1988	12/13/2012	12/13/2012	1/31/2014
703	Medical Control At Scene, Private Physician	6/1/2008	1/31/1985	3/13/2008	9/12/2013	9/1/2015
704	Guidelines For Base Hospital Contact	12/1/2014	10/1/1984	9/11/2014	9/11/2014	9/1/2016
705	00 - General Patient Guidelines	12/1/2015	8/1/2010	6/11/2015	6/11/2015	6/1/2017
705	01 - Trauma Treatment Guidelines	6/1/2013	8/1/2010	4/11/2013	4/11/2013	3/31/2015
705	02 - Allergig/Adverse Reaction and Anaphylaxis	6/1/2015	8/1/2010	5/14/2015	5/14/2015	5/31/2017
705	03 - Altered Neurologic Function	6/1/2013	8/1/2010	8/13/2015	8/13/2015	8/1/2017
705	04 - Behavioral Emergencies	8/1/2013	8/1/2010	7/11/2013	7/11/2013	7/1/2015
705	05 - Bites and Stings	12/1/2010	8/1/2010	8/1/2010	3/12/2015	3/12/2017
705	06 - Burns	12/1/2014	8/1/2010	10/9/2014	10/9/2014	10/1/2016
705	07 - Cardiac Arrest - Asystole/Pulseless/PEA	6/1/2015	8/1/2010	3/12/2015	3/12/2015	3/31/2017
705	08 - Cardiac Arrest - VF/VT	6/1/2015	8/1/2010	1/8/2015	1/8/2015	1/31/2017
705	09 - Chest Pain - Acute Coronary Syndrome	12/1/2014	8/1/2010	9/11/2014	9/11/2014	9/1/2016
705	10 - Childbirth	12/1/2013	8/1/2010	10/30/2013	10/10/2013	10/1/2015
705	11 - Crush Injury/Syndrome	6/1/2015	8/1/2010	3/12/2015	3/12/2015	3/31/2017
705	12 - Heat Emergencies	12/1/2014	8/1/2010	10/9/2014	10/9/2014	10/1/2016
705	13 - Hypothermia	12/1/2012	8/1/2010	8/9/2012	1/8/2015	1/31/2017
705	14 - Hypovolemic Schock	6/1/2013	8/1/2010	4/11/2013	4/11/2013	3/31/2015
705	15 - Nausea/Vomiting	12/1/2013	8/1/2010	10/10/2013	10/10/2013	12/1/2015
705	16 - Neonatal Resuscitation	6/1/2011	8/1/2010	4/14/2011	5/14/2015	5/31/2017
705	17 - Nerve Agent Poisoning	6/1/2014	8/1/2010	5/8/2014	5/8/2014	4/30/2014
705	18 - Overdose/Poisoning	12/1/2014	8/1/2010	10/9/2014	10/9/2014	10/1/2016
705	19 - Pain Control	9/1/2015	8/1/2010	8/13/2015	8/13/2015	8/1/2017
705	20 - Seizures	12/1/2013	8/1/2010	10/10/2013	10/10/2013	10/1/2015
705	21 - Shortness of Breath - Pulmonary Edema	12/1/2010	8/1/2010	8/13/2015	8/13/2015	8/1/2017
705	22 - Shortness of Breath - Wheezes/Other	12/1/2010	8/1/2010	8/1/2010	1/8/2015	1/31/2017
705	23 - Supraventricular Tachycardia	12/1/2012		8/9/2012	9/11/2014	9/1/2016
705	24 - Symptomatic Bradycardia	6/1/2015		5/14/2015	5/14/2015	5/31/2017
705	25 - Ventricular Tachycardia, Sustained Not In Arrest	6/1/2013		4/11/2013	2/14/2013	1/31/2015
705	26 - Suspected Stroke	12/1/2014	12/1/2012	10/9/2014	10/9/2014	10/1/2016

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hospital Emergency Services Reduction Impact Assessment	Policy Number 124
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2004
Origination Date: June 1999 Date Revised: May 13, 2004 Date Last Reviewed: August 13, 2015 Review Date: August, 2018	Effective Date: December 1, 2004

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

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

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

A. The notification of change proposal must include:

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

B. Evaluation Process

1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.
2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a

minimum, the Impact Evaluation report shall include:

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

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

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

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

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Accreditation/Authorization/Certification Review Process		Policy Number: 333
APPROVED: Administration:	Steve L. Carroll, EMT-P	Date: December 1. 2010
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date: December 1, 2010
Origination Date: Date Revised: Date Last Reviewed: Review Date:	April 1993 October 14, 2010 June 11, 2015 June, 2018	Effective Date: December 1, 2010

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 offence 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.

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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: Stroke System Triage and Destination	Policy Number 451
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: August 1, 2015
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: August 1, 2015
Origination Date: October 11, 2012 Date Revised: August 13, 2015 Date Last Reviewed: August 13, 2015 Review Date: August, 2017	Effective Date: August 1, 2015

I. PURPOSE: To outline the process of pre-hospital triage and transport of suspected acute stroke patients to facilities designated as an Acute Stroke Center (ASC).

II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798, California Code of Regulations, Title 22, Division 9, Sections 100147, and 100169

III. DEFINITIONS:

Acute Stroke Center (ASC): Hospitals that are designated as an Acute Stroke Center, as defined in VCEMS Policy 450

Stroke Alert: An early notification by pre-hospital personnel to the base hospital that a patient is suffering a possible acute stroke.

Time Last Known Well (TLKW): The date/time at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.

IV. POLICY:

1. **Stroke System Triage:** A patient meeting criteria in each of the following sections (a,b,c) shall be triaged into the VC EMS stroke system and transported to the nearest ASC.
    a. Patient's TLKW is within 6 hours.
    b. Blood Glucose is greater than sixty (60) OR patient continues to exhibit signs and symptoms of an acute stroke after pre-hospital treatment of abnormal blood glucose levels.
    c. Identification of *any* abnormal finding of the Cincinnati Stroke Scale (CSS).

        Facial Droop

        Normal: Both sides of face move equally

        Abnormal: One side of face does not move normally

        Arm Drift

        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

Speech

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute

2. Stroke Alert: Upon identification of a patient meeting stroke system criteria, Base Hospital Contact (BHC) will be established and a Stroke Alert will be activated.
    a. The base hospital will determine the closest appropriate ASC using the following criteria:
        1. Patients condition
        2. ASC availability
        3. Transport time
        4. Patient request

        The Base Hospital will notify the appropriate ASC of the Stroke Alert patient.
    b. You ***may*** be asked to take your patient directly to the CT scanner.
        - Give report to the nurse, transfer your patient from your gurney onto the CT scanner platform, and then return to service.
        - If there is any delay, such as the CT scanner not being readily available, or a nurse not immediately available, you will not be expected to wait. You will take your patient to a monitored bed and give report as usual.
3. Destination Decision: patients meeting stroke system criteria shall be transported to the nearest ASC, except in the following cases:
    a. Stroke patients in cardiac arrest shall be transported to the nearest receiving hospital. Patients who have greater than thirty seconds of return of spontaneous circulation (ROSC) shall be transported to the nearest STEMI Receiving Center (SRC).
    b. The nearest ASC is incapable of accepting a stroke alert patient due to ED, CT or Internal Disaster diversion, transport to the next closest ASC.
    c. The patient requests transport to an alternate facility, not extending transport by more than twenty (20) minutes, and approved by the Base Hospital.
4. Documentation
    a. Care and findings related to an acute stroke patient shall be documented in the Ventura County electronic patient care reporting (VCePCR) system in accordance with VCEMS policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: SCENE CONTROL AT A MEDICAL EMERGENCY		Policy Number 600
APPROVED: Administration:	Steven L Carroll, Paramedic	Date: December 1, 2015
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: December 1, 2015
Origination Date: Date Revised: Date Reviewed: Review Date:	January 1985 June 11, 2015 June 11, 2015 June, 2018	Effective Date: December 1,2015

I. PURPOSE: To establish authority for scene control at a medical emergency.

II. AUTHORITY: California Health and Safety Code, Section 1797.6(c)

III. POLICY:

A. Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority.

B. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health.

C. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Unaccompanied Minors	Policy Number 618
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2015
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2015
Origination Date: May 1, 1995 Date Revised: June 11, 2015 Date Last Reviewed: June 11, 2015 Review Date: June, 2018	Effective Date: December 1, 2015

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

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

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

IV. PROCEDURE:

A. The patient is assessed according to EMS protocols. Field personnel should consider using their cellular telephone to contact the parent(s) of the patient.

B. The currently approved Patient Care Report will be completed, documenting that no illness or injuries requiring ambulance transport are present.

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

D. An AMA signature is not needed.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Patient Medications	Policy Number 624
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2015
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: December 1, 2015
Origination Date: December 6, 2006 Date Revised: August 13, 2015 Date Last Reviewed: August 13, 2015 Next Review Date: August, 2018	Effective Date: December 1, 2015

I. PURPOSE: To establish a procedure for locating, identifying, and transporting medications in order to assist in the prompt and accurate hospital evaluation and treatment of patients.

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

III. POLICY:

A. Reasonable efforts are to be made to determine the essential information for all medications: name, strength, dose, route, frequency, and time of last dose.

B. For patients who do not know this information, either a detailed list or the medications in their original containers will be taken with the patient to the hospital whenever possible.

C. Medications include all prescriptions, nutritional and herbal supplements, over-the-counter preparations, pumps, patches, inhalers, drops, sprays, suppositories, creams or ointments.

IV. PROCEDURE:

A. For patients who do not know all of the essential information on all of their medications, either a list of medications with essential information or the medications in the original containers should be taken to the hospital.

B. If unable to locate the original labeled medication containers, pills in unlabeled containers or pills not in containers will be taken.

C. If the patient or family objects to turning over the medication to EMS personnel, the family must be told of their importance and instructed to take them to the emergency department promptly.

D. Medications taken to the hospital are to be turned over to an identified individual hospital staff person.

E. Hospital staff is responsible for returning the medications to patient or family.

F. EMS personnel must document all actions in the Ventura County Electronic Patient Care Reporting (VCePCR) system, including discussing medications, taking them to the hospital, the person to whom they were turned over, and explain if unable to obtain essential information or medications.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: CHEMPACK Deployment		Policy Number 626
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2010
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2010
Origination Date: Date Revised: Date Last Reviewed: Review Date:	February 2, 2010 August 13, 2015 August, 2018	Effective Date: June 1, 2010

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

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

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

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

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

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

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

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

V. PROCEDURE: CHEMPACK Deployment and Movement

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

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

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

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

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

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

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

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

C. Post Event Actions:

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

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

VCEMS General Patient Guidelines

I. Purpose: To establish a consistent approach to patient care

A. Initial response

1. Review dispatch information with crew members and dispatch center as needed

2 Consider other potential issues (location, time of day, weather, etc.)

B. Scene arrival and Size-up

1. Address Body Substance Isolation/Personal Protection Equipment (BSI/PPE)
2. Evaluate scene safety
3. Determine the mechanism of injury (if applicable) or nature of illness
4. Determine the number of patients
5. Request additional help if necessary (refer to VCEMS Policy 131)
6. Consider spinal precautions (refer to VCEMS Policy 614)

C. Initial assessment

1. Airway
   a. Open airway as needed, maintaining inline cervical stabilization if trauma is suspected
   b. Insert appropriate airway adjunct if indicated
   c. Suction airway if indicated
   d. If a partial or complete Foreign Body Airway Obstruction (FBAO) is present, utilize appropriate interventions
2. Breathing
   a. Assess rate, depth, and quality of respirations
   b. Assess lung sounds
   c. If respiratory effort inadequate, assist ventilations with BVM
   d. Initiate airway management and oxygen therapy as indicated
3. Circulation
   a. Assess skin color, temperature, and condition
   b. Check distal/central pulses, including capillary refill time
   c. Control major bleeding
   d. Initiate shock management as indicated
4. Disability
   a. Determine level of consciousness
   b. Assess pupils
   c. Assess Circulation, Sensory, Motor (CSM)
5. Exposure

a. If indicated, remove clothing for proper assessment/treatment of injury location. Attempt to maintain patient dignity

b. Maintain patient body temperature at all times

D. Determine chief complaint. Initiate treatment per VCEMS policies/protocols

II. History of Present Illness – including pertinent negatives and additional signs/symptoms

1. Onset of current illness or chief complaint
2. Provoking factors
3. Quality
4. Radiation
5. Severity – 1 to 10 on pain scale
6. Time

III. Vital Signs

1. Blood Pressure and/or Capillary Refill
2. Heart Rate
3. Respirations
4. ALS assessments are primary survey and secondary assessment performed by a Paramedic and may include:
   a. Cardiac rhythm
   b. 12-lead ECG as indicated per VCEMS Policy 726
   c. Pulse Oximetry
   d. Capnography

IV. Obtain history, including pertinent negatives

1. Signs/Symptoms leading up to the event
2. Allergies
3. Medications taken
4. Past medical history
5. Last oral intake (as indicated)
6. Events leading up to present illness

V. Perform Detailed Physical Examination per Trauma Assessment/Treatment Guidelines

VI. Base Hospital contact shall be made for all ALS patients in accordance with VCEMS Policy 704

VII. Transport to appropriate facility per VCEMS guidelines

1. Transport and Destination Guidelines – Policy 604
2. STEMI Receiving Center Standards – Policy 430
3. Stroke System Triage and Destination – Policy 451
4. Post cardiac arrest with ROSC – Policy 705 (Cardiac Arrest)

5. Trauma Triage and Destination Criteria – Policy 1405
6. Hospital Diversion – Policy 402

VII. Continuously monitor vital signs and document all findings. Continue appropriate treatments and reassess throughout transport to assess for changes in patient status

IX. Documentation

1. Completion of patient care documentation per VCEMS Policy 1000
2. Document all assessment findings, pertinent negatives, vital signs, interventions/treatments (both initial and ongoing), responses to treatments, and all changes in patient status
3. Submit ECG strips for all ALS patients
4. Maintain patient confidentiality at all times

Altered Neurologic Function

BLS Procedures

If suspected stroke, refer to VC EMS Policy 705.26 – Suspected Stroke
Administer oxygen as indicated
If low blood sugar suspected
• **Oral Glucose**
o PO – 15 gm

ALS Prior to Base Hospital Contact

ADULT

IV Access
Determine Blood Glucose level
If <60
- **D10W - Preferred**
  - IVPB-100mL (10gm)-Rapid Infusion
- **D5W**
  - IVPB-200mL (10gm)-Rapid Infusion
- **D50W**
  - IV – 25mL (12.5gm)
- **Glucagon** (If no IV access)
  - IM – 1mg

Recheck Blood Glucose level 5 min after D10W, D5W D50, or 10 min after Glucagon administration
If still < 60
- **D10W - Preferred**
  - IVPB-150ml (15gm)-Rapid Infusion
- **D5W**
  - IVPB-250mL(12.5gm)- Rapid Infusion
- **D50W**
  - IV – 25mL (12.5gm)

PEDIATRIC

Consider IV Access
Determine Blood Glucose Level
If <60
- All Pediatric Patients
- **D10W - Preferred**
  - IVPB-5ml/kg-Rapid Infusion
  - Max 100mL
- **D5W**
  - IVPB-10mL/kg-Rapid Infusion
  - Max 200mL
- Less than 2 years old
- **D25W**
  - IV – 2mL/kg
- 2 years old and greater
- **D50W**
  - IV – 1mL/kg
- All Pediatric Patients
- **Glucagon** (If no IV access)
  - IM – 0.1mL/kg
  - Max 1 mg

Recheck Blood Glucose level 5 min after D25, D50, D10W, D5W or 10 min after Glucagon administration

If still <60
- All Pediatric Patients
- **D10W - Preferred**
  - IVPB-7.5mL/kg-Rapid Infusion
  - Max 150mL
- **D5W**
  - IVPB-15mL/kg-Rapid Infusion
  - Max 250mL
- Less than 2 years old
- **D25**
  - IV – 2mL/kg
- 2 years old and greater
- **D50W**
  - IV – 1mL/kg

Base Hospital Orders only

Consider IO Access if unable to establish IV access or administer glucagon IM

Additional Information:
• 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 >60 mg/DL, consider alternate causes:

A - Alcohol	**O - Overdose**	**I - Infection**
E - Epilepsy	**U - Uremia**	**P - Psychiatric**
I - Insulin	**T - Trauma**	**S - Stroke**

Effective Date: June 1, 2013
Next Review Date: August, 2017
Date Revised: August 13, 2015
Last Reviewed: August 13, 2015

VCEMS Medical Director

Pain Control

ADULT	PEDIATRIC
BLS Procedures	
Place patient in position of comfort Administer oxygen as indicated	
ALS Prior to Base Hospital Contact	
IV/IO access Cardiac Monitor **Ondansetron** • IV/IM/ODT – 4 mg **Morphine – Pain 5 out of 10 or greater** **Initial IV Dose** • Slow IVP - 0.1 mg/kg over 2 minutes[1] • Maximum for **ANY** IV dose is 10 mg **Initial IM Dose** • IM - 0.1 mg/kg[1] • Maximum for **ANY** IM dose is 10 mg **Second IV/IM Dose, if pain persists** 5 minutes after IV morphine, or 15 minutes after IM morphine • Administer half of the initial morphine dose **Third IV/IM Dose, if pain persists** 5 minutes after 2nd IV morphine, or 15 minutes after 2nd IM morphine • **Ondansetron** (only if third dose of morphine needed) • IV/IM/ODT – 4 mg • Administer half of the initial morphine dose Check and document vital signs before and after each administration • Hold if SBP < 100 mmHg *If patient has significant injury to head, chest, abdomen or is hypotensive, **DO NOT** administer pain control unless ordered by ED Physician*	IV/IO access Cardiac Monitor **Ondansetron:** Patient 4 years of age or older • IV/IM/ODT – 4 mg **Morphine – Pain 5 out of 10 or greater** **Morphine** – given for burns and isolated extremity injuries only. Consider early base contact for other pediatric complaints of pain (e.g. dog bite, cancer) **Initial IV Dose** • Slow IVP - 0.1 mg/kg over 2 minutes[1] • Maximum for **ANY** IV dose is 10 mg **Initial IM Dose** • IM - 0.1 mg/kg[1] • Maximum for **ANY** IM dose is 10 mg **Second IV/IM Dose, if pain persists** 5 minutes after IV morphine, or 15 minutes after IM morphine • Administer half of the initial morphine dose **Third IV/IM Dose, if pain persists** 5 minutes after 2nd IV morphine, or 15 minutes after 2nd IM morphine • **Ondansetron** (only if third dose of morphine needed) • IV/IM/ODT – 4 mg • Administer half of the initial morphine dose Check and document vital signs before and after each administration • Hold if SBP < 100 mmHg *If patient has significant injury to head, chest, abdomen or is hypotensive, **DO NOT** administer pain control unless ordered by ED Physician*
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Additional Information

1. **Special considerations, administer 0.05 mg/kg**
   - Consider lower dose for patients 65 years of age and older.
   - Chest pain not resolved by nitroglycerine (NTG)
   - Patient with history of adverse reaction to morphine
   - Symptomatic bradycardia for patients receiving transcutaneous pacing.

Effective Date: September 1, 2015
Next Review Date: August, 2017
Date Revised: August 13, 2015
Last Reviewed: August 13, 2015

VCEMS Medical Director

Shortness of Breath – Pulmonary Edema

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

Nitroglycerin

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

Initiate CPAP for moderate to severe distress

Perform 12-lead ECG, in accordance with VCEMS Policy 726

IV access

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

- **Albuterol**
  - Nebulizer – 5mg/6mL

Communication Failure Protocol

If patient becomes or presents with hypotension

- **Dopamine**
  - IVPB – 10 mcg/kg/min

Base Hospital Orders only

Consult with ED Physician for further treatment measures

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number: 716
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: December 1, 2015
APPROVED: Medical Director	Angelo Salvucci, MD	Date: December 1, 2015
Origination Date: Date Revised: Last Reviewed: Review Date:	March 2, 1992 August 13, 2015 August 13, 2015 August, 2017	Effective Date: December 1, 2015

I. PURPOSE: To define the use of pre-existing vascular access devices (PVAD) by Paramedics in the prehospital setting.

II. AUTHORITY: Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.

III. POLICY: PVADs may be used in the prehospital setting as set forth by this document.

IV. Definition: A PVAD is a heparin/saline lock or an indwelling catheter/device placed into a vein, to provide vascular access for those patients requiring long term intravenous therapy or hemodialysis. Internal subcutaneous indwelling devices are not to be accessed by prehospital field personnel.

V. Procedure: After successful completion of an approved Ventura County training module, a Paramedic may access a PVAD and administer normal saline and medications, for a patient with the following conditions:

A. Peripheral Vein Heparin/Saline Lock

1. Any conditions requiring intravenous fluids and/or medications

B. Central Vein Indwelling Catheter/Device

Urgent need to administer fluids and/or medications which can only be given by the IV route and a peripheral IV site is not readily/immediately available.

C. Hemodialysis Fistula (to be used only in the absence of peripheral or central IV access):

Urgent need to administer fluids and/or medications which can only be given by the IV route and an alternate IV site is not readily/immediately available.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: air-Q		Policy Number: 729
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: December 1, 2015
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: December 1, 2015
Origination Date: Date Revised: Date Reviewed: Next Review Date:	November 13, 2014 October 8, 2015 October 8, 2015 October, 2017	Effective Date: December 1, 2015

I. Purpose: To define the indications and use of the air-Q®sp.

II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.

III. Policy: Paramedics may utilize the air-Q®sp according to this policy and Policies 705 and 710. The air-Q®sp may be used as the primary advanced airway device by paramedics who opt to use it during the care of a patient for whom they believe it would be the most appropriate airway management device. Alternately, the air-Q®sp shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.

IV. Procedure:

A. Indications:
   1. Cardiac arrest.
   2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.

B. Contraindications:
   1. Intact gag reflex.
   2. Weight less than 45 kg (100 pounds).
   3. Age less than 18 years.

C. Preparation:
   1. Sizing:
      a. Size 3.5 (red top) for women less than 6', men less than 5'6" tall, and any patient whose mouth is too small to accept a size 4.5.
      b. Size 4.5 (purple top) for women at least 6' and men at least 5'6" tall.
   2. There will be no more than 2 attempts, each no longer than 40 seconds.
   3. For patients in cardiac arrest, chest compressions will not be interrupted.
   4. Verify the red or purple top is securely seated on the tube.

5. Generously lubricate the entire surface, including the mask cavity ridges.

D. Placement:
   1. Tilt the patient's head back - unless there is a suspected cervical spine injury.
   2. Open the patient's mouth and insert the air-Q so the tube is between the teeth, then elevate the tongue with thumb. The air-Q will serve as a bite block and protect fingers. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
   3. Direct the air-Q between the base of the tongue and the soft palate at a slight forward angle.
   4. Gently advance the air-Q into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw. Stop when first resistance if felt. Inserting too deeply will worsen the seal. A rocking or wiggling motion works best.
   5. The patient's teeth should be between the tube markings.
   6. Return head to neutral position.
   7. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
   8. If there is any question about the proper placement (e.g., large air leak, airway resistance):
      a. In and Out Technique: Pull the air-Q back until the bowl is visible under the tongue. Gently wiggle and advance just until a "soft stop" is reached.
      b. Finger Flick Technique: If large air leak continues, the problem may be that the air-Q tip is still bent backward. With your right hand, pull the air-Q back until the bottom of the bowl is at the level of the teeth. Insert your left index finger, with the back of the finger against the back of the air-Q bowl, to be sure the bowl is straight.
   9. If 2 attempts at air-Q placement are unsuccessful, attempt again to ventilate the patient with BVM.
   10. Secure the air-Q with cloth strap from air-Q package or with commercial securing device if available.
   11. If patient vomits, do not remove tube. May turn patient on side, suction both air-Q and oropharynx.

E. Documentation:
   1. Documentation per VCEMS Policy 1000.

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Tourniquet Use		Policy Number: 731
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: December 1, 2015
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date: December 1, 2015
Origination Date: Date Revised: Date Last Reviewed: Review Date:	July 2010 August 13, 2015 August 13, 2015 August, 2017	Effective Date: December 1, 2015

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

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

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

IV. Procedure:

A. Indications

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

B. Contraindications

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

C. Tourniquet Placement:

1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.
2. Assess and document circulation, motor and sensation distal to injury site.
3. Apply tourniquet proximal to wound (usually 2-4 inches).
4. Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
5. Cover wound with appropriate sterile dressing and/or bandage.
6. Do not cover tourniquet- the device must be visible.
7. Re-assess and document absence of bleeding distal to tourniquet.
8. Remove any improvised tourniquet that may have been previously applied.
9. Tourniquet placement time must be documented on the tourniquet device.
10. Ensure receiving facility staff is aware of tourniquet placement and time tourniquet was placed.

D. Tourniquet Removal (Paramedic only)

1. Indications
    a. Releasing the tourniquet should only be considered if applied for 60 minutes or longer.
    b. Absence of bleeding distal to the tourniquet should be confirmed.
2. Procedure
    a. Obtain IV/IO access
    b. Maintain continuous ECG monitoring.
    c. Hold firm direct pressure over wound for at last 5 minutes before releasing tourniquet.
    d. Gently release the tourniquet and monitor for reoccurrence of bleeding.
    e. Document time tourniquet was released.
    f. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
    g. If bleeding resumes, requiring a tourniquet, re-application will be in accordance with application procedures outlined in Section IV of this policy.

E. Documentation

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