

Public Health Administration  
Large Conference Room  
2240 E. Gonzales, 2<sup>nd</sup> Floor  
Oxnard, CA 93036

Pre-hospital Services Committee  
Agenda

December 10, 2015  
8:30 a.m.

**I. Introductions**

**II. Approve Agenda**

**III. Minutes**

**IV. Medical Issues**

A. Other

**V. New Business**

A. 450 – Acute Stroke Center (ASC) Standards Karen Beatty

B. 604 – Transport and Destination Guidelines Karen Beatty

C. 704 – Guidelines for Base Hospital Contact Karen Beatty

D. 726 – 12 Lead ECG Karen Beatty

**VI. Old Business**

A. Other

**VII. Informational/Discussion Topics**

A. PRESTO Observational Study Update Katy Haddock

B. air-Q Study Trial Evaluation Dr. Salvucci

C. Anticoagulant List Update Karen Beatty

D. Airway Video Dr. Salvucci

**VIII. Policies for Review**

A. 605 – Interfacility Transports of Patients

B. 701 – Medical Control – Paramedic Liaison Physician

C. 1130 – Continuing Education Provider Approval

D. 1131 – Field Care Audit

**IX. Agency Reports**

A. Fire Departments

B. Ambulance Providers

C. Base Hospitals

D. Receiving Hospitals

E. Law Enforcement

F. ALS Education Program

G. TAG

H. EMS Agency

I. Other

**X. Closing**



# TEMPORARY PARKING PASS

Expires December 10, 2015

Health Care Services  
2240 E. Gonzales Rd  
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, EXCLUDES Patient parking areas

**Parking Instructions:** Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

**2240 Gonzales Rd. location**

If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

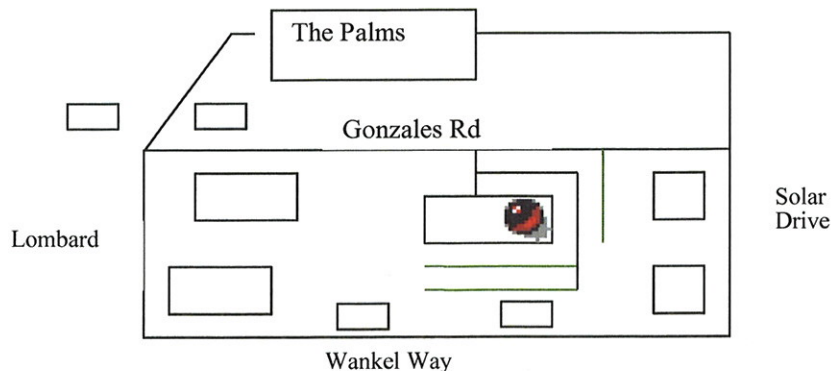
**2100 Solar Drive**

An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). Place this flyer on your dash. If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

**The Palms - shopping mall**

Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

**Additional parking is available on side streets, Lombard, Solar and Wankel Way.**



Health Administration  
 Large Conference Room  
 2240 E. Gonzales, 2<sup>nd</sup> Floor  
 Oxnard, CA 93036

Pre-hospital Services Committee  
 Minutes

October 08, 2015  
 9:30 a.m.

Topic	Discussion	Action	Assigned
<b>II. Approve Agenda</b>		Approved	Approved by Tom O'Connor Seconded by Jeff Winter
<b>III. Minutes</b>		Approved	Approved by Scott Zeller Seconded by Joe Dullam
<b>IV. Medical Issues</b>			
<b>V. New Business</b>			
A. Other	Dr. Tilles brought up the struggles with Behavioral Health patients in the E.R. and the county's Behavioral Health Team's response to hospitals.	Julie and Steve will meet with the director of B.H. to discuss this and other issues.	
<b>VI Old Business</b>			
A. 729 – air-Q	Dr. Salvucci told the committee that there have been 14 uses in 3 months. We are still waiting for the holders which should be arriving soon.  There will be expanded air-Q training opportunities in the future.	Policy approved with minor changes.  IV. D, 10: add “or with commercial securing device if available.”	Approved by Bob Scott Seconded by Joe Dullam
<b>VII. Informational/Discussion Topics</b>			
A. PRESTO Observational Study Update	Dr. Salvucci stated “The study needs more blood draws! Please make sure that the samples get to Moorpark for pick-up”.  PRESTO Coordinators are working with hospitals to get the background information and medical records of PRESTO participants, dead or alive.		
B. air-Q Study Trial Update	See VI. A above		
C. CAM/ART Certification Issues	Dr. Salvucci told the committee that the latest draft copy of the CAM training video is in final editing stages.	Take issues discussed today back to CAM Committee.	

	Mark Komins stated that the CAM training could be completed by February 1, 2016. The committee began to discuss "start dates" for CAM and it was decided that these issue will go back to the CAM Committee.		
D. Mandatory Influenza Vaccination	Dr. Salvucci re-stated the importance of flu vaccines in the pre-hospital setting and went over Dr. Levin's order for all healthcare workers to be vaccinated. Last meeting there were questions about mandating personnel to prove to their employer that they have had the vaccine. Dr. Salvucci stated that these are internal policy issues and VCEMS will not be involved.		
E. Cardiac Arrest – D10 and Narcan	Dr. Salvucci told the committee that new data shows that there is no positive outcome using Narcan and D10.	Tabled until next meeting.	
<b>VIII. Policies for Review</b>			
A. 600 – Scene Control at a Medical Emergency	Approved		Approved by Ira Tilles Seconded by Matt Beatty
B. 624 – Patient Medications	Approved		Approved by Tom O'Connor Seconded by Kathy McShea
C. 705.03 – Altered Neurological Function	Approved		Approved by Kathy McShea Seconded by James Rosolek
D. 708 – Patient Transfer from One Prehospital Team to Another	Policy not needed.	Delete Policy	
<b>XI TAG Report</b>	The committee reviewed their 2 charter projects. For the Utstein project, they are looking to see what data points to collect for the next meeting. For the EMD to first compression project, the comm. continues to work toward reducing the time to first compression.		
<b>X. Agency Reports</b>			

A. Fire departments	<p><b>VCFPD</b> – They have 5 new dispatchers.  <b>VCFD</b> – The new EMS Coordinator will be starting soon.  <b>OFD</b> – They interviewed 5 Fire Chief candidates last week.  <b>Fed. Fire</b> – none  <b>SPFD</b> – They have 5 new medics.  <b>FFD</b>- none</p>	
B. Transport Providers	<p><b>LMT</b> –.none  <b>AMR/GCA</b> – none</p>	
C. Base Hospitals	<p><b>SVH</b> – They have a new CEO.  <b>LRRMC</b> – none  <b>SJRM</b> – none  <b>VCMC</b> – Dr. Roslansky is filling in for Dr. Chase.</p>	
D. Receiving Hospitals	<p><b>PVH</b> – They are losing 2 beds soon due to construction. 14 beds currently used down to 12 beds.  <b>SPH</b> – They have a new manager, Carrie Holt.  <b>CMH</b> – Amy Querol is the new ER Director.  <b>OVCH</b> – Ed Pulido is the new E.R. Manager/Director.</p>	
E. Law Enforcement	<p><b>VCSO</b> – none  <b>CSUCI PD</b> – none</p>	
F. ALS Education Programs	<p><b>Ventura College</b> – The college renovated a trailer for students to practice in a “home environment”. On Nov. 16 and 17, they will be running scenarios in the trailer. There are 23 new students and 3 returning from last class.</p>	
G. EMS Agency	<p><b>Dr. Salvucci</b> – none  <b>Steve</b> – The EMS Agency will be sending out information on the Ventura County Health Care Coalition.  If you have staff changes, please notify us by sending an e-mail to the EMS Agency e-mail address.  The new high school in Camarillo has a Healthcare Academy. We have been asked to partner with them and provide speakers, etc. from the EMS/Medical Community.  <b>Chris</b> – none  <b>Katy</b> - none  <b>Julie</b> – none  <b>Randy</b> – none  <b>Karen</b> – none</p>	
H. Other		
<b>XI. Closing</b>	<b>Meeting adjourned at 1145</b>	

Prehospital Services Committee 2015

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/8/2015	2/12/2015	3/12/2015	4/9/2015	5/14/2015	6/11/2015	7/9/2015	8/13/2015	9/10/2015	10/8/2015	11/12/2015	12/10/2015	%
AMR	Stefansen	Adriane	AS		AS		AS	AS		AS		AS			
AMR	Carmona	Yoni	CP		CP		CP	CP		CP		CP			
CMH - ER	Canby	Neil	NC		NC		NC	NC				NC			
CMH - ER	Querol	Amy			CC		CC			SLJ		AQ			
OVCH - ER	Pulido	Ed	DP				DP	DP				EP			
OVCH - ER	Patterson	Betsy	BP		BP		BP	BP		BP		BP			
CSUCI PD	Drehesen	Charles	CD		CD		CD	CD		CD		CD			
CSUCI PD	DeBoni	Curtis	KM		GD		CD	CD		CD		CD			
FFD	Herrera	Bill			BH		BH			BH					
FFD	Scott	Bob	BS		BS		BS					BS			
GCA	Panke	Chad	TN		TN		TN								
GCA	Reed	Jeff	JS		JS		JS	JS							
Lifeline	Rosolek	James	JR		JR		JR	JR				JR			
Lifeline	Winter	Jeff	JW		JW		JW			JW		JW			
LRRMC - ER	Beatty	Matt	MB		MB		MB	MB				MB			
LRRMC - ER	Licht	Debbie	DL		DL		DL	DL		DL		DL			
OFD	Schroepfer	Kevin	SC		SC		SM	SC		CC		SC			
OFD	Martin	Blair	SH		SH		SH			SH		SH			
SJPVH - ER	Hall	Elaina					EH					X			
SJPVH - ER	Hua	Kevin			KH		KH	KH		BD					
SJRMCM - ER	Larsen	Todd			TL		TL	TL		TL		TL			
SJRMCM - ER	McShea	Kathy	KM		KM		KM	KM		KM		KM			
SPFD	Lazenby	Dustin	DL												
SVH - ER	Tilles	Ira	IT		IT		IT	IT				IT			
SVH - ER	Hoffman	Jennie	JH		JH		JH			JH		JH			
V/College	O'Connor	Tom	TO				TO	TO		TO		TO			
VCFD	Tapking	Aaron	AT				AT	AT				AT			
VCFD	Ellis	Heather	DU		DU		JV	JV				JV			
VNC	Zeller	Scott	SZ		SZ		SZ	SZ		SZ		SZ			
VNC	Dullam	Joe	JD				JD	JD		JD		JD			
VNC - Dispatch	Gregson	Erica	EG		EG		EG					EG			
VCMC - ER	Roslansky	Stephen	DC		DC		DC	DC							

Agency	LastName	FirstName	1/8/2015	2/12/2015	3/12/2015	4/9/2015	5/14/2015	6/11/2015	7/9/2015	8/13/2015	9/10/2015	10/8/2015	11/12/2015	12/10/2015	%
VCMC - ER	Gallegos	Tom	TG		TG		TG	TG		TG		TG			
VCMC-SPH	Gautam	Pai													
VCMC-SPH	Melgoza	Sarah	SM		SM							SM			
VCSO SAR	Hadland	Don	DH		DH			DH				DH			
VCSO SAR	Seabrook	Jeff	JS												
VFF	Santillo	Dave										DS			
VFF	Pena	Greg	GP												
<b>Eligible to Vote</b>	<b>Date Change/cancelled - not counted against member for attendance</b>														
<b>Non Voting Members</b>															
AMR	Taigman	Mike	MT					MT				MT			
EMS	Carroll	Steve	SC				SC	SC		SC		SC			
EMS	Frey	Julie	JF		JF		JF	JF		JF		JF			
EMS	Haddock	Katy	KH		KH		KH	KH		KH					
EMS	Perez	Randy	RP					RP		RP		RP			
EMS	Rosa	Chris	CR		CR			CR		CR		CR			
EMS	Salvucci	Angelo	AS		AS		AS	AS		AS		AS			
EMS	Hansen	Erik	EH		EH			EH							
EMS	Beatty	Karen	KB		KB		KB	KB		KB		KB			
LMT	Frank	Steve			SF		SF					SF			
VCMC	Duncan	Thomas			TD		TD	TD				TD			
VNC	Shedlosky	Robin			RS		RS	RS							
VNC	Komins	Mark	MK		MK		MK	MK				MK			

COUNTY OF VENTURA HEALTH CARE AGENCY <b>DRAFT</b>		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Acute Stroke Center (ASC) Standards		Policy Number 450	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: December 1, 2012	
APPROVED: Medical Director:		Date: December 1, 2012	
Origination Date: October 11, 2012			
Date Revised:		Effective Date: December 1, 2012	
Last Review: September 12, 2013			
Review Date: September, 2016			

- I. **PURPOSE:** To define the criteria for designation as an Acute Stroke Center in Ventura County.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100147 and 100169.
- III. **POLICY:**
  - A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VC EMS) shall meet the following requirements:
    - A. All the requirements of a Receiving Hospital in VCEMS Policy 420.
    - B. Certification as a Primary Stroke Center (PSC) by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.
    - C. Participate in the Ventura County Stroke Registry.
      1. All data must be documented in the registry no later than 60 days after the end of the month of the hospital admission.
    - D. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
    - E. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician. B.
  - Designation Process:
    1. Application:
 

Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation,



documenting the compliance of the hospital with Ventura County ASC Standards.

2. Approval:
  - a. Upon receiving a written request for ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
  - b. ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.
  - c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VC EMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. ASCs shall be reviewed on a biannual basis.
  - a. ASCs shall receive notification of evaluation from the VCEMS.
  - b. ASCs shall respond in writing regarding program compliance.
  - c. On-site ASC visits for evaluative purposes may occur.
  - d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Provisional Designation Process

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VC EMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification as a PSC by an approving body. Only when the following requirements are satisfied will VC EMS grant a provisional designation:

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Policy 450: Acute Stroke Center (ACS) Standards  
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1. Application:  
Eligible hospitals shall submit a written request for provisional ASC designation to VC EMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.
  2. Provisional Approval:
    - a. Upon receiving a written request for provisional ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
    - b. Provisional ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
    - c. Certification as a Primary Stroke Center by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VC EMS.
  3. VC EMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
  4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
  5. VC EMS may deny, suspend, or revoke the provisional designation of an ASC for failure to comply with any applicable policies, procedures, or
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regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

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COUNTY OF VENTURA HEALTH CARE AGENCY		<b>DRAFT</b>	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transport and Destination Guidelines			Policy Number 604	
APPROVED: Administration: Steven L. Carroll, EMT-P			Date: December 1, 2013	
APPROVED: Medical Director: Angelo Salvucci, M.D.			Date: December 1, 2013	
Origination Date: June 3, 1986			Effective Date: December 1, 2013	
Date Revised: July 11, 2013				
Date Last Reviewed: July 11, 2013				
Review Date: July, 2016				

- I. **PURPOSE:** To establish guidelines for determining appropriate patient destination, so that to the fullest extent possible, individual patients receive appropriate medical care while protecting the interests of the community at large by optimizing use and availability of emergency medical care resources.
- II. **AUTHORITY:** Health and Safety Code, Section 1317, 1797.106(b), 1797.220, and 1798 California Code of Regulations, Title 13, Section 1105(c) and Title 22, Section 100147.
- III. **POLICY:** In the absence of decisive factors to the contrary, patients shall be transported to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patients.
- IV. **PROCEDURE:**
  - A. Hospitals unable to accept patients due to an internal disaster shall be considered NOT "prepared to receive emergency cases".
  - B. In determining the most accessible facility, transport personnel shall take into consideration traffic obstruction, weather conditions or other factors which might affect transport time.
  - C. **Most Accessible Facility**  
The most accessible facility shall ordinarily be the nearest hospital emergency department, except for:
    1. **Base Hospital Direction for ALS patients**
      - a. Upon establishment of voice communication, the Base Hospital is responsible for patient management until the patient reaches a hospital and medical care is assumed by the receiving hospital.

- b. The Base Hospital may direct that the patient be transported to a more distant hospital which in the judgment of the BH physician or MICN is more appropriate to the medical needs of the patient.
  - c. Patients may be diverted in accordance with Policy 402.
  - 2. Patients transported in BLS ambulances demonstrating conditions requiring urgent ALS care (e.g., unstable vital signs, chest pain, shortness of breath, airway obstruction, acute unconsciousness, OB patient with contractions), shall be transported to the nearest hospital emergency department prepared to receive emergency cases.
- D. "Decisive Factors to the Contrary"
- Decisive factors to the contrary **for BLS or ALS** patients include, but are not limited to, the following:
- 1. Prepaid Health Plans
    - a. EMS personnel shall not request information on insurance or delay transport or treatment while determining insurance status.
    - b. A member of a group practice prepayment health care service who volunteers such information and requests a specific facility may be transported according to that plan when the ambulance personnel or the **ALS** Base Hospital determines that the condition of the member permits such transport. Therefore when **ALS** the Base Hospital contact is made the **ALS** Base Hospital must always be notified of the patient's request.
    - c. However, when the **on duty supervisor** determines that such transport would unreasonably remove the ambulance unit from the service area, the member may be transported to the nearest hospital capable of treating the member.
  - 2. Patient Requests
    - a. When a person or his/her legally authorized representative requests emergency transportation to a hospital other than the most accessible emergency department, **which may include out of the county**, the request should be honored when ambulance personnel, BH physician or MICN determines that the condition of the patient permits such transport. Therefore when the **ALS** Base

Hospital contact is made the **ALS** Base Hospital must always be notified of the patient's request.

- b. When it is determined by **the on duty supervisor** that such transport would unreasonably remove the ambulance unit from the service area, the patient may be transported to the nearest hospital capable of treating him/her.

3. Private Physician's Requests

When a treating physician requests emergency transportation to a hospital other than the most accessible acute care hospital, **which may include out of the county**, the request should be honored unless it is determined by **the on duty supervisor** that such transport would unreasonably remove the ambulance from the service area. In such cases:

- a. If the treating physician is immediately available, ambulance personnel shall confer with the physician regarding a mutually agreed upon destination.
- b. If the treating physician is not immediately available, the patient should be transported to the nearest hospital capable of treating him/her.
- c. If Base Hospital contact has been made due to the condition of the patient and the immediate unavailability of the treating physician, and the BH physician or MICN determines that the condition of the patient permits or does not permit such transport, BH directions shall be followed. If communication with the treating physician is possible, the BH should consult with the physician.

4. Physician on Scene per VC EMS Policy 703

When a bystander identifies him/herself as a physician and offers assistance on scene, VC EMS Policy 702 shall be followed.

5. Direct Admits

When a patient's physician has arranged direct admission to a hospital, the patient should be transported to that hospital regardless of Emergency Department diversion status unless the Base Hospital determines that the patient's condition requires that s/he be transported to a more appropriate facility.

- E. “Medical facilities equipped, staffed and prepared to administer care appropriate to needs of the patients.”
1. Paramedics treating patients that meet trauma criteria Steps 1-3 in VCEMS Policy 1405 will make Base Hospital contact with a designated Trauma Center. The Trauma Center MICN or ED physician will direct the patient to either the Trauma Center or a non-trauma hospital.
  2. Patients who meet STEMI criteria in VC EMS Policy 440 will be transported to a STEMI Receiving Center.
  3. Patients who are treated for cardiac arrest and achieve sustained return of spontaneous circulation (ROSC) will be transported to a STEMI Receiving Center.
  4. Patients who meet Stroke criteria in VC EMS Policy 451 will be transported to an Acute Stroke Center.

COUNTY OF VENTURA HEALTH CARE AGENCY		<b>DRAFT</b>	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, 2014	
APPROVED: Medical Director: Angelo Salvucci, MD			Date: December 1, 2014	
Origination Date: October 1984		Effective Date: December 1, 2014		
Date Revised: September 11, 2014				
Date Last Reviewed: September 11, 2014				
Review Date: September, 2016				

- I. PURPOSE: To define patient conditions for which EMT-Ps shall establish BH contact.
- II. AUTHORITY: Health and Safety Code Sections 1798, 1798.102 and 1798.2
- III. POLICY: A paramedic shall contact a BaseHospital 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 ALTE patient.
    - 8. AMA involving any pediatric patient under 8 years old**
    9. Any patient who, in paramedic's opinion, would benefit from base hospital consultation.



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		<b>DRAFT</b>	HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title 12 Lead ECG			Policy Number: 726	
APPROVED: Administration: Steven L. Carroll, Paramedic			Date: December 1, 2014	
APPROVED: Medical Director: Angelo Salvucci, MD			Date: December 1, 2014	
Origination Date: August 10, 2006				
Date Revised: October 9, 2014		Effective Date: December 1, 2014		
Date Last Reviewed: October 9, 2014				
Review Date: December, 2016				

- 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 of one or more of the following symptoms that have no other identifiable cause:
    1. Chest, upper back or upper abdominal discomfort.
    2. Generalized weakness.
    3. Dyspnea.
  - 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 SAO<sub>2</sub> < 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, may repeat to a total of 3.
  4. Once an acceptable quality ECG is obtained, switch the monitor to the standard 3-lead function. Repeat the 12-lead ECG only if the original ECG interpretation is NOT \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, and patient's condition worsens.
  5. If interpretation is \*\*\*ACUTE MI SUSPECTED\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, 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 ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*; report that to the MICN **immediately along with the rate on ECG**.~~at the beginning of the report.~~ 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 ECG Interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, 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 ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, and the underlying rhythm is Atrial Flutter **or 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 ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\* 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 is **not** \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\* 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 ECG interpretation is \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*, 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 physician interpretation is Acute MI, the patient will be treated as an \*\*\*ACUTE MI SUSPECTED\*\*\* or \*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\*. Do not perform an additional ECG unless the ECG is of poor quality, or the patient’s condition worsens.
2. If there is no interpretation of another ECG then repeat the ECG.
3. The original ECG performed by physician shall be obtained and accompany the patient.
4. 12 Lead ECG will be scanned and added as an attachment to the Ventura County electronic Patient Care Report (VCePCR), in addition to being hand delivered to the receiving facility.

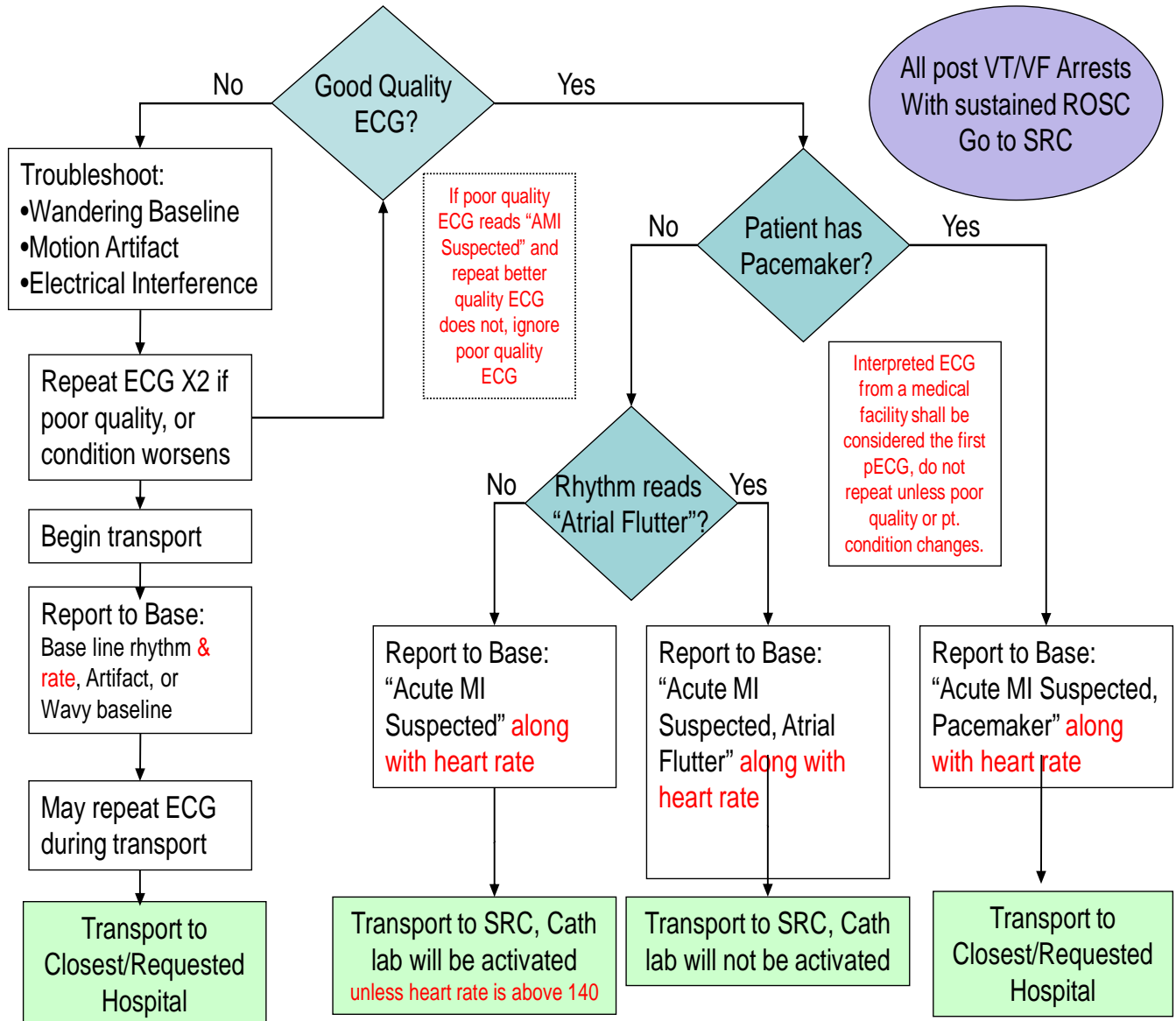
G. Documentation

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

- 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.

**\*\*\*ACUTE MI SUSPECTED\*\*\* or  
\*\*\*MEETS ST SEGMENT ELEVATION MI CRITERIA\*\*\***





# EMS Trauma/Stroke

## List of Anticoagulant and Antiplatelet Medications

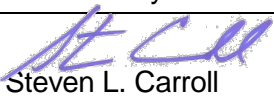

### Anticoagulant Medications

Brand Name	Generic Name
Arixtra	fondaparinux
Coumadin	warfarin
Eliquis	apixaban
Jantoven	warfarin
Lixiana	edoxaban
Lovenox	enoxaparin
Pradaxa	dabigatran
Savaysa	edoxaban
Xarelto	rivaroxaban

### Antiplatelet Medications

Brand Name	Generic Name
Aggrenox	aspirin & dipyridamole
Aspirin (325mg NOT 81mg)	acetylsalicylic acid
Brilinta	ticagrelor
Effient	prasugrel
Persantine	dipyridamole
Plavix	clopidogrel
Pletal	cilostazole
Ticlid Add on	ticlopidine

Updated 12/2015

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Interfacility Transfer of Patients		Policy Number 605	
APPROVED: Administration:	 Steven L. Carroll	Date: December 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2011	
Origination Date:	July 26, 1991	Effective Date:	December 1, 2011
Date Revised:	April 13, 2006		
Date Last Reviewed:	August 11, 2011		
Next Review Date:	October 31, 2014		

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

2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

C. Transferring Physician

1. Maintains responsibility for patient until patient care is assumed at receiving facility.
2. Determines level of medical assistance to be provided for the patient during transfer.
3. Receives confirmation from the receiving physician and receiving hospital that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer.

D. Receiving Physician

1. Makes suitable arrangements for the care of the patient at the receiving hospital.
2. Determines and confirms that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer, in conjunction with the transferring physician.

E. Transportation Provider

1. The patient being transferred must be provided with appropriate medical care, including qualified personnel and appropriate equipment, throughout the transfer process. The personnel and equipment provided by the transporting agency shall comply with local EMS agency protocols.
2. Interfacility transport within the jurisdiction of VC EMS shall be performed by an ALS or BLS ambulance.
  - a. BLS transfers shall be done in accordance with EMT Scope of Practice per Policy 300
  - b. ALS transfers shall be done in accordance with Paramedic Scope of Practice per Policy 310

IV. PROCEDURE:

A. Non-Emergency Transfers

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

B. Emergency Transfers

Emergency transfers require documentation by the transferring hospital that the condition of the patient medically necessitates emergency transfer. Provider agency dispatchers shall verify that this need exists when transferring hospital personnel make the request for the transfer.

C. Transferring process

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

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

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



- g. Hospital personnel attending patient
- h. Patient medications
- 3. The transferring physician and nurse will complete documentation of the medical record. All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.
- 4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).
- 5. The Transferring Facility will provide:
  - a. A verbal report appropriate for patient condition
  - b. Review of written orders, including DNAR status.
  - c. A completed transfer form from Transferring Facility.



V. DOCUMENTATION

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control: Paramedic Liaison Physician		Policy Number 701	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: June 1, 2014	
Origination Date: August 1, 1988		Effective Date: June 1, 2014	
Date Revised: January 9, 2014			
Date Last Reviewed: January 9, 2014			
Review Date: December 31, 2017			

- I. PURPOSE: To define the role and responsibility of the Paramedic Liaison Physician (PLP) with respect to EMS medical control.
- II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162
- III. POLICY: The Base Hospital shall implement the policies and procedures of VCEMS for medical direction of prehospital advanced life support personnel. The PLP shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VCEMS. This includes:
  - A. Medical direction and supervision of field care by:
    1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
    2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.
  - B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).
  - C. Audit and evaluation by:
    1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
      - a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.

- b. Compliance with current policies, procedures and protocols of the local EMS agency.
  - c. Base Hospital voice communication skills.
  - d. Monthly review of all ALS documentation when the patient is not transported.
- D. Investigations according to VC EMS Policy 150.
- E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
  - 1. The activities of all Base Hospital physicians, MICNs and Paramedics.
  - 2. The education, audit, and evaluation of base hospital personnel
  - 3. Communications by base hospital personnel
- F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.
- G. Base Hospital liaison by ensuring:
  - 1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
  - 2. Ongoing liaison with EMS provider agencies and the local medical community.
  - 3. On-going liaison with the local EMS agency.
- H. Ensuring compliance with Base Hospital Designation Agreement.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration:	 Steven L. Carroll	Date	December 1, 2011
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date	December 1, 2011
Origination Date:	February 2001	Effective Date: December 1, 2011	
Date Revised:	October 13, 2011		
Date Last Reviewed:	October 13, 2011		
Review Date:	December 1, 2014		

- I. **PURPOSE:** To identify the procedure for approval of Continuing Education Providers (CEP's) in Ventura County, both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.
- II. **AUTHORITY:** California Code of Regulations, Title 22, Division 9, Chapter 11, Article 4.
- III. **POLICY:**
  - A. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.
  - B. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
- IV. **PROCEDURE:**
  - A. Program Approval
    1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
    2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
    3. Applicant shall agree to implement Year 2010 American Heart Association ECC and CPR Guidelines.
    4. Applicant shall submit resumes for the Program Director and the Clinical Director.
    5. Educational Staff Requirements:  
Nothing shall preclude one person from filling more than one position.
      - a. Program Director

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

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

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

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

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

# Ventura County Emergency Medical Services Agency Continuing Education Provider

## APPROVAL REQUEST

### General Information

Program/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Status Requested:  BLS  ALS

### Requirements

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

#### 1. Program Eligibility

<p><b>Eligible Programs</b></p> <ul style="list-style-type: none"> <li>Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc)</li> </ul>	<p><b>Name of Program</b></p>
<p>Written request for CEP Approval</p>	<p><input type="checkbox"/> Attached</p>
<p>Submit resumes for Program Director and Clinical Coordinator</p>	<p><input type="checkbox"/> Attached</p>
<p><b>If you will be offering CPR, state what organization will provide certification (AHA or ARC)</b></p>	<p><input type="checkbox"/> AHA <input type="checkbox"/> ARC</p>
<p><b>Our organization verifies that we have implemented the Year 2010 American Heart Association ECC and CPR Guidelines.</b></p>	<p>Signature: _____</p>

#### 2. Program Administration and Staff

<p><b>Program Director</b></p> <ul style="list-style-type: none"> <li>Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1).</li> <li>Include current CV, resume, and copies of certifications/licensures.</li> </ul>	<p>Name of Program Director:</p>
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<p><b>Clinical Director</b></p> <ul style="list-style-type: none"> <li>• Two years experience in emergency medicine or prehospital care in the past five years.</li> <li>• Currently licensed CA MD, RN, PA, or paramedic.</li> <li>• Include current CV, resume, and copies of certifications/licensures.</li> </ul>	<p>Name of Clinical Director:</p>
<p><b>CE Provider Instructor(s)</b></p> <ul style="list-style-type: none"> <li>• Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.</li> </ul>	<p>Name(s) of CE Provider Instructor(s):</p>

**3. CE Records and Quality Improvement**

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

*VCEMS Office Use Only*

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education - Field Care Audit		Policy Number 1131	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2012	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2012	
Origination Date:	August 1, 1094	Effective Date:	June 1, 2012
Date Revised:	February 9, 2012		
Date Last Reviewed:	February 9, 2012		
Next Review Date:	February 28, 2015		

- I. **PURPOSE:** The Field Care Audit is an important component of the continuing education of prehospital personnel, and is a vital tool in evaluating the effectiveness of mobile intensive care. These regular reviews allow team members the opportunity to critique their own performance, as well as the performance of others. In addition, the review allows all members of the EMS team the opportunity to exchange ideas and opinions on the management of patient calls, thus improving the interpersonal relationships and promoting appropriate communication patterns.  
Implementation of the Field Care Audit guidelines will provide a structured session with the group dynamics important in the recording critique process and will enhance the prehospital education experience.
- II. **AUTHORITY:** California Code of Regulations, Title XXII, Division 9, Chapter II, 100390.
- III. **POLICY:** Each Base Hospital shall provide at least one (1) hour of field care audit per month.
- IV. **PROCEDURE:**
  - A. All Field Care Audits shall be conducted by a Prehospital Care Coordinator (PCC).
  - B. Field Care Audits shall be a minimum of one (1) hour and a maximum of four (4) hours.
  - C. When conducting a field care audit, the following guidelines should be utilized:
    1. Field Care Audits shall have a minimum of three (3) persons in attendance, one whom shall be a PCC.
    2. Recordings should be reviewed to determine educational value before they are presented at a formal Field Care Audit session. A recording

which is specifically requested by prehospital personnel should be presented at a field care audit as soon as possible.

3. All personnel involved in a response to be discussed at a Field Care Audit should be contacted directly and encouraged to attend the review, if possible. It is appropriate to include didactic instructions as part of a recording critique program when a specific problem needs to be clarified.
4. A continuing education attendance roster shall be made for each Field Care Audit. Each prehospital personnel shall sign and print his/her name. The Ventura County Certification/authorization or paramedic's State license number shall be filled in.
5. An evaluation form shall be completed by each attendee for each hour of Field Care Audit that is provided. The Base Hospital conducting the Field Care Audit shall retain the attendance roster. A CE Certificate will be provided for each hour of Field Care Audit provided, to each attendee.
6. Fifty (50) percent of required Field Care Audit hours shall be attended in Ventura County for Ventura County certified prehospital personnel.