

Virtual	Pre-hospital Services Committee Agenda	May 13, 2021 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
IV. Medical Issues		
A. Coronavirus Update		Dr. Shepherd/Steve Carroll
V. New Business		
A. 319 - Paramedic Preceptor		Chris Rosa
B. 736 – Leave at Home Naloxone		Chris Rosa
C. 1135 – Paramedic Program Approval		Chris Rosa
D. 1601 – PSFA/TCC Training Approval		Chris Rosa
E. 1603 – Nerve Agent Antidote Administration by PSFA Personnel		Chris Rosa
F. 1604 – Oxygen Admin. and Basic Airway Adjunct Use by PSFA Personnel		Chris Rosa
G. 1605 – Naloxone Administration by PSFA Personnel		Chris Rosa
H. 1606 – Epinephrine Administration by PSFA Personnel		Chris Rosa
VI. Old Business		
A. PSC - Chairman Vote		
VII. Informational/Discussion Topics		
A. Other		
VIII. Policies for Review		
A. 323 – Mobile Intensive Care Nurse Authorization Challenge		
B. 333 – Denial of Prehospital Care Certification or Accreditation		
IX. Agency Reports		
A. Fire Departments		
B. Ambulance Providers		
C. Base Hospitals		
D. Receiving Hospitals		
E. Law Enforcement		
F. ALS Education Program		
G. EMS Agency		
H. Other		
X. Closing		

Topic	Discussion	Action	Approval
II. Approve Agenda	Dr. Drehsen announced that he will be retiring after a 90 transition. Please welcome Dr. Tilles as the new medical director for AMR. Thank you for all your contributions to the EMS system Charlie, you will be missed!	Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
III. Minutes		Approved	Motion: Kathy McShea Seconded: Tom O'Connor Passed unanimous
IV. Medical Issues			
A. Coronavirus Update			
V. New Business			
A. 334 – Prehospital Personnel Mandatory Training Requirements		Approved	Motion: Kathy McShea Seconded: Jaime Villa Passed unanimous
B. New Policy – Prehospital Capnography			
C. 504 – BLS and ALS Unit Equipment and Supplies			
VI. Old Business			Motion: Ira Tilles Seconded: John Gillett Passed unanimous
A. PSC – Chair Nomination			
VII. Informational			
A. Intraosseous Devices			
VIII. Policies for review			
A.		Approved	
A.			
B.			Motion: Chris Sikes Seconded: Tom O'Connor

COUNTY OF VENTURA
HEALTH CARE AGENCY

EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

Policy Title: Paramedic Preceptor /FTO	Policy Number: 319
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: <u>DRAFT</u>
APPROVED: Medical Director Daniel Shepherd, MD	Date: <u>DRAFT</u>
Origination Date: June 1, 1997 Date Revised: <u>May 13, 2021</u> Last Date Reviewed: <u>May 13, 2021</u> Next Review Date: <u>May 31, 2024</u>	Effective Date: <u>DRAFT</u>

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

Training shall include a curriculum that will result in preceptor competency in the evaluation of paramedic students during the internship phase of the training program and the completion of the following:

- a. Conduct a daily field evaluation of students
- b. Conduct cumulative and final field evaluations of all students
- c. Rate students for evaluation using written field criteria
- d. Identify ALS contacts and requirements for graduation
- e. Identify the importance of documenting student performance
- f. Review the field preceptor requirements outlined by the State of California and in local VCEMS Policy
- g. Assess student behaviors using cognitive, psychomotor, and affective domains.
- h. Create a positive and supportive learning environment
- i. Measure students against the standards of entry level paramedics
- j. Identify appropriate student progress
- k. Counsel the student who is not progressing
- l. Identify training program support services available to the student and the preceptor
- m. Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.-

3. 6 months, (minimum 1440 hours) practice in Ventura County as a level II paramedic.
4. Written approval submitted to VCEMS by employer.
5. Written approval submitted to VCEMS by the prehospital care coordinator at the base hospital of the area where the paramedic practiced the majority of the time.

~~6. Successful completion of a Ventura County Emergency Medical Services Agency (VCEMS) paramedic preceptor training course.~~

7. Written notification of intent to practice as a paramedic preceptor shall be submitted to VCEMS prior to preceptor working in this capacity.

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

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

1. Critical Procedures:
 - a. Endotracheal Intubation
 - 1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding).
The intern will not make a second attempt.
 - b. Needle Thoracostomy
 - c. Intraosseous needle insertion
 - d. Childbirth
 - e. Medication Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- F. ~~Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.~~
- G. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

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

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

Please initial the appropriate box

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

Please sign and date below for approval. _____

Employer Date:

PCC, BH Date:

COUNTY OF VENTURA HEALTH CARE AGENCY <u>DRAFT</u>		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Leave at Home Naloxone Program		Policy Number 736	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: July 1, 2020 <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: July 1, 2020 <u>DRAFT</u>	
Origination Date: March 12, 2020			
Date Revised: <u>May 13, 2021</u>		Effective Date: July 1, 2020 <u>DRAFT</u>	
Date Last Reviewed: <u>May 13, 2021</u>			
Review Date: March <u>May</u> 31, 2023 <u>2</u>			

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

C. Once AMA process has been completed, the patient, or the patient's family/friends (must be present on scene) will be offered a leave-at-home naloxone kit, with clearly identified kit number and medication expiration date, and the relevant training

D. Friends/family can be offered a kit if the patient is determined to be dead. Kits and training should be offered if the individuals at the scene appear to be at risk for opioid misuse. For example, they were using drugs with the patient or there is paraphernalia on scene. Document as outlined below.

E. In limited circumstances where patient is treated with naloxone for a suspected overdose and transported to hospital, but patient and/or family/friends express concern that they will not be able to afford a prescription or demonstrate an inability to access naloxone, a leave at home kit may be left at the scene.

1. In these limited circumstances, efforts should be made to ensure patient and/or family/friends understand resources that are available to them related to overdose prevention. Resources include, but are not limited to:
 - a. OD rescue kit and training on how to administer nasal naloxone (Ventura County Behavioral Health) 805-667-6663
 - b. Treatment Services Access Line (Ventura County Behavioral Health) 844-385-9200

D.F. Recipient Training and Education

1. If the naloxone kit is accepted, the patient and/or family and friends will be trained on the recognition of opioid overdose and on the administration of nasal naloxone.
2. At a minimum, the training will consist of the following:
 - a. Signs and symptoms of an opioid overdose
 - b. Administration of nasal naloxone
 - c. Activating the 911 system
 - d. Basic Hands Only CPR. Instruct the recipient how to perform chest compressions: "place your hands between the nipples and push hard and fast."

3. Printed training materials and resources related to ongoing drug treatment services, including the Behavioral Health Department's 24/7 Access line will be left with patient or patient's family/friends at the scene.

E.G. Documentation

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

F.H. Inventory

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Training Program Approval		Policy Number 1135	
APPROVED: Administration: Steven L. Carroll, <u>Paramedic</u>		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: October 20, 1993		Effective Date: <u>DRAFT</u>	
Date Revised: <u>May 13, 2021</u>			
Date Last Reviewed: <u>May 13, 2021</u>			
Next Review Date: <u>May 31, 2025</u>			

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

Department of Consumer Affairs, Bureau for Private Postsecondary Education

b. Medical training units of the United States Armed Forces or Coast Guard

c. Licensed general acute care hospitals which meet the following criteria:

1) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5;

2) Provide continuing education (CE) to other health care professionals; and

3) Are accredited by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association

d. Agencies of government

2. All approved paramedic training programs shall be accredited and shall maintain current accreditation or be in the process of receiving accreditation approval by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) in order to operate as an approved paramedic training program.

3. All approved paramedic training programs shall:

a. Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes; and

b. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation; and

c. Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation

4. Paramedic training programs approved according to the provisions outlined in this policy shall provide the following information in writing to all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:

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

B. Student Eligibility

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

C. Teaching Staff

1. Each paramedic training program shall have a medical director who is a physician currently licensed in the State of California, has experience in

emergency medicine, and has education experience or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following:

- a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
- b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
- c. Approval of hospital clinical and field internship experience provisions.
- d. Approval of principal instructor(s).

2. Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include, but not be limited to the following:

- a. Administration, organization, and supervision of the educational program.
- b. In coordination with the training program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
- c. Ensure training program compliance with all aspects of this policy, applicable sections of the California Code of Regulations, and other related laws.
- d. Sign all course completion records.
- e. Ensure the preceptors are trained according to VCEMS Policy 319 – Paramedic Preceptor.

3. Each training program shall have a principal instructor(s), who is responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria:

 - a. Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.
 - b. Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E; and
 - c. Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
 - d. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
4. A principal instructor may also be the training program medical director or training program director.
5. Each training program may have a clinical coordinator(s) who is either a physician, registered nurse, physician assistant or paramedic currently licensed in the State of California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the clinical coordinator shall include, but not be limited to, the following:

 - a. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section V.C.8 of this policy
 - b. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contracts established by the paramedic training program as required for continued CAAHEP accreditation.
 - c. The tracking of student internship evaluation and terminal competency documents.
6. Each training program may have teaching assistant(s) who has training and experience to assist with teaching the course. The teaching assistant(s) shall be supervised by a principal instructor, the program director and/or the program medical director.

7. Each paramedic training program shall have a field preceptor(s) who meet all criteria outlined in VCEMS Policy 319 – Paramedic Preceptor.
8. Each paramedic training program shall have a hospital clinical preceptor(s) who shall meet the following criteria:
 - a. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 - b. Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
 - c. Be under the supervision of a principal instructor, the program director, and/or the program medical director.
 - d. Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to:
 - 1) Evaluate a student’s ability to safely administer medications and perform assessments.
 - 2) Document a student’s performance.
 - 3) Review clinical preceptor requirements outlined in this policy
 - 4) Assess student behaviors using cognitive, psychomotor, and affective domains.
 - 5) Create a positive and supportive learning environment.
 - 6) Identify appropriate student progress.
 - 7) Counsel the student who is not progressing.
 - 8) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous materials.

D. Education and Training for Paramedic Students

1. Paramedic training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory
2. Hospital Clinical Education and Training
 - a. An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills

experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the VCEMS Medical Director. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section V.E of this policy

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

3. Field Internship

- a. A field internship shall provide emergency medical care training and experience to paramedic students under continuous supervision, instruction, and evaluation by an authorized preceptor and shall promote student competency in medical procedures, techniques, and

- the administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice, in the prehospital emergency setting within an organized EMS system.
- b. An approved paramedic training program shall enter into a written agreement with Advanced Life Support (ALS) service provider(s) that provide field internship services to students. This agreement shall include provisions to ensure compliance with this policy.
- c. The VCEMS Medical Director shall have medical control over the paramedic intern
- d. The assignment of a student to a field preceptor shall be a collaborative effort between the paramedic training program and the provider agency
- 1) The assignment of a student to a field preceptor shall be limited to duties associated with the student's training or the student training program
- e. In the event the ALS service provider is located outside the jurisdiction of the County of Ventura, the paramedic training program shall do the following:
- 1) Ensure the student receives orientation in collaboration with the LEMSA where the field internship will occur. The orientation shall include that LEMSA's local policies, procedures, and treatment protocols,
- 2) Report to the LEMSA, where the field internship will occur, the name of the paramedic intern, the name of the field internship provider, and the name of the preceptor.
- 3) Ensure the field preceptor has the experience and training as required in VCEMS Policy 319 – Paramedic Preceptor.
- 4) The LEMSA Medical Director where the internship is located shall have medical control over the paramedic intern
- f. The paramedic training program shall enroll only the number of students it is able to place in field internships within ninety (90) days of completion of their hospital clinical education and training phase of the training program. The paramedic training program director and a student may agree to start the field internship at a later date in the

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

E. Required Course Hours

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

- a. When available, up to ten (10) of the required ALS patient contacts may be satisfied through the use of high fidelity adult simulation patient contacts.
 - 1) High Fidelity Simulation means using computerized manikins, monitors, and similar devices or augmented virtual reality environments that are operated by a technologist from another location to produce audible sounds and to alter and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest sounds, and saturation of oxygen.
- b. Under the supervision of the preceptor, students shall document patient contacts utilizing the Ventura County electronic Patient Care Reporting system (VCePCR) in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care.
 - 1) The ALS Service provider hosting the paramedic student will provide access to VCePCR through a username and password that is unique to that student.
- c. For at least half of the ALS patient contacts the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.
3. The student shall have a minimum of twenty (20) documented experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operation in the field including, at least, the following:
 - a. Lead coordination of field personnel,
 - b. Formulation of field impression,
 - c. Comprehensively assessing patient conditions and acuity,
 - d. Directing and implementing patient treatment,
 - e. Determining patient disposition, and
 - f. Leading the packaging and movement of the patient.
4. The minimum hours outlined in this subsection shall not include the following:

- a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
- b. Examination for student eligibility.
- c. The teaching of any material not prescribed in Section V.E of this policy.
- d. Examination for paramedic licensure.

F. Required Course Content

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

G. Required Testing

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

H. Course Completion Record

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

1) "The individual named on this record has successfully completed an approved paramedic training program."

d. The signature of the training program director

e. The name and location of the training program issuing the card

f. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.

I. Procedure for Paramedic Training Program Approval

1. Eligible training programs, as outlined in Section V.A of this policy shall pay the established paramedic training program application fee and submit a written request, in addition to the completed application checklist attached to this policy, to VCEMS for program approval. The following documentation shall be submitted along with written request for approval and application checklist:

a. A statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.

b. An outline of course objectives.

c. Performance objectives for each skill.

d. The names and qualifications of the training program director, program medical director, and principal instructors.

e. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

f. Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

g. The location at which the courses are to be offered and their proposed dates.

h. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.

i. Written contracts or agreements between the paramedic training program and a provider agency (ies) for student placement for field internship training.

- j. A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.
- k. Samples of written and skills examinations administered by the training program.
- l. Samples of a final written examination(s) administered by the training program.
- m. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

J. Program Approval / Disapproval

- 2.1. VCEMS shall, within thirty (30) working days of receiving a request for training program approval, notify the applicant that the request has been received, and shall specify if any additional information is needed to satisfy the requirements outlined in Section V.I
- 3.2. The materials submitted will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background who is not associated with the applicant, and an MD who is not associated with the submitting applicant
- 4.3. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed ninety (90) days.
- 5.4. VCEMS shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.
- 5. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval outlined in this policy.

K. Withdrawal of Training Program Approval

- 1. Failure to comply with the requirements of this policy may result in denial, probation, suspension or revocation of program approval by VCEMS.
- 2. The requirements for training program noncompliance notification and actions are as follows:
 - a. VCEMS shall provide written notification of noncompliance with this policy to the paramedic training program provider found in violation.

The notification shall be in writing and sent by certified mail to the paramedic training program director.

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

L. Program Review and Reporting

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

M. Training Program Expansion

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

Ventura County Emergency Medical Services Agency Paramedic Training Program

Application Checklist

Sections 1-10 to be completed by training program

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

1. General Information		
<u>Training Program Name:</u>		
<u>Program Address</u>	<u>Program City</u>	<u>Program Zip</u>
<u>Program Phone Number</u>	<u>Program Fax Number</u>	<u>Program Email Address</u>
2. Type of Institution		
<input type="checkbox"/> <u>Accredited University or College</u> <input type="checkbox"/> <u>Junior College or Community College</u> <input type="checkbox"/> <u>School District</u> <input type="checkbox"/> <u>Private Post-Secondary School</u> <u>(Submit Post-Secondary School Approval Document)</u> <input type="checkbox"/> <u>Medical training unit of the United States Armed Forces or Coast Guard</u> <input type="checkbox"/> <u>Licensed general acute care hospital, with proof that facility meets the following criteria:</u> <input type="checkbox"/> <u>Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5;</u> <input type="checkbox"/> <u>Provide continuing education (CE) to other health care professionals; and</u> <input type="checkbox"/> <u>Current accreditation by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association</u> <input type="checkbox"/> <u>Agency of Government</u>	<u>Name of Institution or Agency</u>	
3. Program Accreditation		
<input type="checkbox"/> <u>Copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.</u> <input type="checkbox"/> <u>Sample of letter to training program applicants containing the following:</u> <input type="checkbox"/> <u>The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP.</u> <input type="checkbox"/> <u>The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.</u> <input type="checkbox"/> <u>Copies of all documents submitted to, and received from CoAEMSP and/or CAAHEP including but not limited to the RAS form, ISSR, and any/all documents required for maintaining accreditation.</u>		
4. Teaching Staff		
a. <u>Program Medical Director</u> <input type="checkbox"/> <u>Copy of current license and certifications received</u> <input type="checkbox"/> <u>Evidence of experience in emergency medicine</u> <input type="checkbox"/> <u>Evidence of experience in education and/or methods of instruction</u>	<u>Name of Program Medical Director</u>	
b. <u>Program Director</u>	<u>Name of Program Director</u>	

<ul style="list-style-type: none"> <input type="checkbox"/> <u>Copy of current license and certifications received</u> <input type="checkbox"/> <u>Evidence of baccalaureate degree</u> <input type="checkbox"/> <u>Evidence of education and experience in methods, materials, and evaluation of instruction</u> <input type="checkbox"/> <u>Evidence of one (1) year experience in an administrative or management level position</u> <input type="checkbox"/> <u>Evidence of three (3) years academic or clinical experience in prehospital care education</u> 	
<p>c. Principal Instructor(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Copy of current license(s) and certifications received</u> <input type="checkbox"/> <u>Evidence that individual(s) is knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E</u> <input type="checkbox"/> <u>Evidence of six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.</u> <input type="checkbox"/> <u>Evidence of education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.</u> 	<p><u>Name(s) and Title(s) of Principal Instructor(s)</u> <u>(MD, RN, PA, Paramedic)</u></p>
<p>d. Clinical Coordinator(s) (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Copy of current license and certifications received</u> <input type="checkbox"/> <u>Documentation of at least two (2) years of academic and/or clinical experience in emergency medicine or prehospital care</u> 	<p><u>Name(s) and Title(s) of Clinical Coordinator(s) (MD, RN, PA, Paramedic)</u></p>
<p>e. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Copy of current license and certifications received</u> <input type="checkbox"/> <u>Evidence of qualification by training and experience to assist with teaching</u> <input type="checkbox"/> <u>Approval by program director in coordination with the program medical director</u> 	<p><u>Names(s) and Title(s) of Teaching Assistant(s)</u></p>
<p>5. Hospital Clinical Education and Training</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.</u> <input type="checkbox"/> <u>Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.</u> 	
<p>6. Field Internship</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.</u> <input type="checkbox"/> <u>Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.</u> 	
<p>7. Required Course Hours and Content</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.</u> <input type="checkbox"/> <u>Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.</u> <input type="checkbox"/> <u>Outline of course objectives.</u> <input type="checkbox"/> <u>Performance objectives for each skill.</u> <input type="checkbox"/> <u>Samples of written and skills examinations administered by the training program.</u> <input type="checkbox"/> <u>Samples of a final written examination(s) administered by the training program.</u> 	
<p>8. Training Program Facilities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> <u>The location at which the courses are to be offered and their proposed dates.</u> <input type="checkbox"/> <u>Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.</u> 	
<p>9. Administrative Requirements</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Provide copy of course completion record</u> <input type="checkbox"/> <u>Provide copy of fee schedule</u> <input type="checkbox"/> <u>Provide copy of liability insurance for students</u> 	

10. Program Representative Completing Application	
<u>Name of Program Representative Completing Application</u>	
<u>Signature</u>	<u>Date</u>
<u>Phone Number</u>	<u>Email Address</u>

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

1. Submission Checklist	
<u>Required Item</u>	<u>Date Received</u>
<input type="checkbox"/> <u>Written request for program approval</u>	
<input type="checkbox"/> <u>Training program application checklist</u>	
<input type="checkbox"/> <u>Payment of established fee</u>	
<input type="checkbox"/> <u>Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.</u>	
<input type="checkbox"/> <u>Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.</u>	
<input type="checkbox"/> <u>An outline of course objectives.</u>	
<input type="checkbox"/> <u>Performance objectives for each skill.</u>	
<input type="checkbox"/> <u>Names, CV/Resume, and copies of license(s)/cert(s) for each of the following:</u> <input type="checkbox"/> <u>Training program director</u> <input type="checkbox"/> <u>Program medical director</u> <input type="checkbox"/> <u>Principal instructor(s)</u> <input type="checkbox"/> <u>Clinical Coordinator(s)</u> <input type="checkbox"/> <u>Teaching Assistant(s)</u>	
<input type="checkbox"/> <u>Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.</u>	
<input type="checkbox"/> <u>Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.</u>	
<input type="checkbox"/> <u>The location at which the courses are to be offered and their proposed dates.</u>	
<input type="checkbox"/> <u>Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.</u>	
<input type="checkbox"/> <u>Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.</u>	
<input type="checkbox"/> <u>A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.</u>	
<input type="checkbox"/> <u>Samples of written and skills examinations administered by the training program.</u>	
<input type="checkbox"/> <u>Samples of a final written examination(s) administered by the training program.</u>	
<input type="checkbox"/> <u>Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.</u>	
<input type="checkbox"/> <u>Copy of Course Completion Record</u>	
<input type="checkbox"/> <u>Copy of Liability Insurance for Students</u>	
<input type="checkbox"/> <u>Copy of Fee Schedule</u>	

2. Application Status	
<u>Initial Application Received</u>	<u>Date</u>
<u>Additional Information Requested</u>	<u>Date</u>
<u>All Requirements Submitted</u>	<u>Date</u>
<u>Approval Letter Issued</u>	<u>Date</u>
<u>Approval Expiration</u>	<u>Date</u>
3. EMS Agency Representative Information	
<u>Name of EMS Agency Representative Reviewing Application</u>	
<u>Signature</u>	<u>Date</u>
<u>Phone Number</u>	<u>Email Address</u>

- ~~6. A. Paramedic training shall be offered only by approved training programs. Eligibility for program approval shall be limited to the following institutions:~~
 - ~~1. Accredited universities and colleges, including junior and community colleges and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.~~
 - ~~2. Medical training units of a branch of the Armed Forces or Coast Guard of the United States.~~
 - ~~3. Licensed general acute care hospitals which meet the following criteria:
 - ~~a. Hold a special permit to operate a basic or comprehensive emergency service pursuant to the provisions of Division 5;~~
 - ~~b. Provide continuing education to other health care professionals, and care accredited by the Joint Commission on the Accreditation of Healthcare Organizations or the Healthcare Facilities Accreditation Program of the American Osteopathic Association.~~~~
 - ~~4. Agencies of government.~~
- ~~B. Application for Paramedic Training Program Approval~~
 - ~~1. Eligible training institutions shall submit a written request for paramedic training program approval to VCEMS. VCEMS may deem a training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation.~~
 - ~~2. The following materials must be submitted to VCEMS unless CAAHEP accredited and approved by VCEMS.
 - ~~a. A statement verifying that the course content meets the requirements contained in the U.S. Department of Transportation (DOT) National Education Standards DOT HS 811 077A January 2009.~~
 - ~~b. An outline of course objectives~~
 - ~~c. A detailed course outline. This outline must include all curricula outlined in 22 CCR 100160 as well as all mandatory training programs specified by VCEMS.~~
 - ~~d. Performance objectives for each skill.~~~~

- e. ~~The name and qualifications and duty statement of the training program course director, program medical director, and principal instructor(s).~~
- f. ~~Provisions for supervised hospital clinical training.~~
 - 1) ~~Training programs in non-hospital institutions shall enter into a written agreement with one or more licensed general acute care hospital(s), approved by VCEMS, which hold a permit to operate a basic or comprehensive emergency medical service for the purpose of providing supervised clinical experience as well as clinical preceptors to instruct and evaluate the trainee. Final program approval will be withheld until such agreements are in place.~~
 - 2) ~~The training program must not enroll any more students than the program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g. student or preceptor illness or injury, student's military duty, etc.).~~
 - 3) ~~The training program shall submit a sample of the clinical evaluation to be used by clinical preceptors to evaluate trainees.~~
 - 4) ~~The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the VCEMS medical director and the director and the director of the California EMS Authority to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric and pediatric patients. The clinical setting~~

~~may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by VCEMS. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours.~~

~~g. Provisions for supervised field internship~~

~~1) The training program shall enter into a written agreement with one or more ALS provider agencies to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the provider agency. Final program approval will be withheld until such agreements are in place.~~

~~2) The training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than ninety days after a student's completion of the hospital clinical education and training portion~~

~~3) The training program shall utilize the performance standards and internship evaluations approved by VCEMS.~~

~~h. The location at which the training program is to be offered and the proposed dates as well as the number of trainees to be accepted per class.~~

~~i. A time analysis and sample schedule of each training phase (didactic, clinical, and internship).~~

~~j. Student eligibility requirements and screening process for entrance into the program.~~

~~k. Samples of instructor schedule for skills practices/laboratories.~~

~~3. Following submission and approval of the above materials, VCEMS will review the following:~~

~~a. Samples of written and skills examinations used for periodic testing.~~

~~b. Final skills competency examination.~~

~~c. Final written examination.~~

~~d. Facilities, equipment, examination security, and student recordkeeping.~~

~~4. Training Program Staff Requirements~~

~~a. Medical Director: Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years' experience in prehospital care in the last five years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:~~

~~1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.~~

~~2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.~~

~~3) Approval of provision for hospital clinical and field internship experiences.~~

~~4) Approval of principal instructor(s).~~

~~b. Course Director: Each training shall have an approved course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:~~

~~1) Administration, organization and supervision of the educational program.~~

~~2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital~~

- ~~clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum including instructional objectives, and approve all methods of evaluation~~
- ~~3) — Ensure training program compliance with this chapter and other related laws.~~
 - ~~4) — Ensure that the preceptor(s) are trained according to the curriculum in VCEMS Policy 319.~~
- ~~c. — Principal Instructor: Each training program shall have a principal instructor(s) who may also be the program medical director or course director if the qualifications in VB.2.d.1) 2) have been met who shall:~~
- ~~1) — Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California~~
 - ~~2) — Be knowledgeable in the course content of the United States Department of Transportation (U.S. DOT) National EMS Education Standards DOT HS 811 077A, January 2009, herein incorporated by reference; and~~
 - ~~3) — Have six (6) years' experience in an allied health field and an associate degree or two (2) years' experience in an allied health field and a baccalaureate degree.~~
 - ~~4) — Be responsible for areas including but not limited to curriculum development, course coordination and instruction.~~
 - ~~5) — Be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:~~
 - ~~a) — California State Fire Marshall (CSFM) "Training Instructor 1A, 1B, and 1C"~~
 - ~~b) — National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and~~
 - ~~c) — A course that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for~~

~~Educating EMS Instructors, such as the National Association of EMS Educators' EMS Education Course.~~

- ~~d. Teaching Assistants: Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.~~
- ~~e. Field Preceptors: Each training program shall have preceptor(s) who shall:~~
- ~~1) Be a licensed paramedic; and~~
 - ~~2) Be working in the field as a licensed paramedic for the last two (2) years, and~~
 - ~~3) Be under the supervision of a principal instructor, the course director and/or the program medical director.~~
 - ~~4) Have completed the field preceptor training approved by VCEMS (VCEMS Policy 319).~~
- ~~f. Hospital Clinical Preceptor(s): Each program shall have preceptor(s) who shall:~~
- ~~1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.~~
 - ~~2) Have worked in emergency medical care for the last two years.~~
 - ~~3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.~~
 - ~~4) Receive instruction in evaluating paramedic students in the clinical setting and shall include how to do the following in cooperation with the paramedic training program.~~
 - ~~(a) Evaluate a student's ability to safely administer medications and perform assessment.~~
 - ~~(b) Document a student's performance.~~
 - ~~(c) Assess student behaviors using cognitive, psychomotor, and affective domains.~~
 - ~~(d) Create a positive and supportive learning environment.~~
 - ~~(e) Identify appropriate student progress.~~

- ~~(f) — Counsel the student who is not progressing~~
- ~~(g) — Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material.~~

~~5. Required Course Hours~~

- ~~a. The total paramedic training program shall consist of not less than one thousand and ninety (1090) hours. These training hours shall be divided into:
 - ~~1) A minimum of four hundred and fifty (450) hours of didactic instruction and skills laboratories.~~
 - ~~2) The hospital clinical training shall consist of no less than one hundred and sixty (160) hours and the field internship shall consist of no less than four hundred and eighty (480) hours.~~~~
 - ~~b. The student shall have a minimum of forty (40) ALS patient contacts during the field internship. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient.~~
 - ~~c. The minimum hours shall not include the following:
 - ~~1) Course material designed to teach or test exclusively EMT knowledge or skills including CPR.~~
 - ~~2) Examination for student eligibility.~~
 - ~~3) The teaching of any material not prescribed in the U.S. DOT National EMS Education Standards, HS 811-077A, January 2009~~
 - ~~4) Examination for paramedic licensure.~~~~
- ~~6. Course Completion Record: An approved paramedic training program shall issue a tamper resistant course completion record to each person who has successfully completed the paramedic training program. The course completion record shall be issued no later than ten (10) working days from the date of the student's successful completion of the paramedic training program. The course completion record shall contain the following:~~
- ~~a. The full legal name of the student~~
 - ~~b. The date of course completion~~

- ~~c. The following statement:~~
- ~~1) "The individual named on this record has successfully completed an approved paramedic training program."~~
- ~~d. The signature of the course director.~~
- ~~e. The name and location of the training program issuing the record.~~
- ~~f. The following statement in bold print: "**This is not a paramedic license.**"~~
- ~~g. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.~~

~~C. Program Approval/Disapproval~~

- ~~1. VCEMS shall, within thirty (30) working days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing.~~
- ~~2. The materials submitted for program approval will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background and who is not associated with the submitting agency, an RN who is not associated with the submitting agency, and an MD who is not associated with the submitting agency.~~
- ~~3. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.~~
- ~~4. VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.~~
- ~~4. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in 22-CCR.~~
- ~~6. Paramedic training programs approved after January 1, 2000 shall submit their application, fee and self-study to the Commission of Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for accreditation within twelve (12) months of the startup of~~

~~classes and receive and maintain Commission of Accreditation of Allied Health (CAAHEP) accreditation no later than two (2) years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved training program.~~

~~a. Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their training program applicants prior to the applicant's enrollment in the training program:~~

~~1) Date by which the program must submit their application and self-study for initial accreditation or their application for accreditation renewal to CoAEMSP.~~

~~2) Date by which the program must be initially accredited or have their accreditation renewal by CAAHEP.~~

~~3) Failure of the paramedic training program to submit their application and self-study or their accreditation renewal to CoAEMSP by the date specified will result in closure of the paramedic training program by VCEMS unless an approved plan for meeting compliance is provided.~~

~~4) Failure of the program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the program by VCEMS unless an approved plan for meeting compliance is provided.~~

~~5) Students graduating from a training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.~~

~~b. Paramedic training programs shall submit to VCEMS all documents submitted to, and received from CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self-study for accreditation and the documents required for maintaining accreditation.~~

~~c. Paramedic training programs shall submit to VCEMS the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.~~

~~d. Approved programs shall participate in the VCEMS Quality Improvement Program.~~

~~D. Program Review and Reporting~~

- ~~1. All program materials specified in this policy shall be subject to periodic review by VCEMS and may also be reviewed upon request by the California EMS Authority.~~
- ~~2. All programs shall be subject to periodic on-site evaluation by VCEMS and may also be evaluated by the California EMS Authority.~~
- ~~3. The paramedic training program shall notify VCEMS in writing, in advance when possible, and in all cases within thirty (30) days of any change in course objectives, hours of instruction, course director, program medical director, principal instructor(s), provisions for clinical experience, or field internship.~~

~~E. Denial or Withdrawal of Program Approval~~

- ~~1. Noncompliance with any criteria required for program approval, use of any unqualified teaching personnel or non-compliance with any other applicable provision may result in denial, probation, suspension or revocation of program approval by the approving authority.
 - ~~a. VCEMS shall notify the approved training program course director in writing, by certified mail, of the provisions with which the training program is not in compliance.~~
 - ~~b. Within fifteen (15) days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by certified mail to the approving authority the following:
 - ~~1) Evidence of compliance or~~
 - ~~2) A plan for meeting compliance with the provision within sixty (60) days from the day of receipt of the notification of noncompliance~~
 - ~~3) Within fifteen (15) days of receipt of the response from the training program or within thirty (30) days from the mailing date of the non-compliance notification if no response is received from the program, VCEMS shall notify the California EMS Authority and the training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place~~~~~~

~~on probation, suspend or revoke the paramedic training program approval.~~

- ~~4) If VCEMS decides to suspend or revoke the training program approval, the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of VCEMS' letter of decision to the California EMS Authority and the training program.~~

~~F. Program Expansion~~

~~Approved training programs must request approval to add additional training classes or to enlarge class size. The training program must provide written confirmation guaranteeing clinical and internship placement as outlined in sections IV.B.2.e-f of this policy.~~

**Paramedic Training Program
Application Checklist**

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
1. Checklist for Paramedic Training Program Approval			
2. Written request to the Ventura County EMS Agency requesting approval (100153)			
3. CoAEMSP/CAAHEP Accreditation (100148)			
4. Documentation of Eligibility for Program Approval (100148)			
5. Completed Application form for Program Approval (attached)			
6. Program Medical Director qualification form, and job description (10014 9(a))			
7. Program Course Director qualification form, and job description (10014 9(b))			
8. Program Principal Instructor(s) qualification form, and job description (10014 9(c))			
9. Teaching Assistant(s) (10014 9(d)) Submit Names and subjects assigned to each Teaching Assistant, qualifications, and job description. There shall be at least one teaching assistant for each six students in skills practice/laboratory settings.			
10. Field Preceptor(s) (10014 9(e)) Submit Name(s) of each field Preceptor, qualifications, and job description.			
11. Hospital Clinical Preceptor(s) (100151) Submit Name(s) of each Hospital Clinical Preceptor(s), qualifications, and job description.			
12. Copy of written agreements with (one or more) Base Hospital(s) to provide Clinical Experience (100151)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating paramedic students			

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
and monitoring of preceptors by the training program. (100151)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152			
15. Provisions for supervised field internship including student evaluation criteria, and copy of standardized forms for evaluating paramedic students and monitoring of preceptors by the training program.			
16. Course Curriculum, including:			
a. Course Outline			
b. Statement of Course Objectives			
c. At least 6 sample lesson plans			
d. Performance objectives for each skill			
e. 3 samples of written and skills exams used in periodic testing			
f. Final Skills Exam			
g. Final Written Exam			
17. Copy of Course Outline, if different than course content outlined in 100159			
18. Class Schedules, places and dates. Estimate if necessary (100153)			
19. Copy of Course Completion Record (100161)			
20. Copy of Liability Insurance on students.			
21. Copy of Fee Schedule.			
22. Description of how program provides adequate facilities, equipment, examination security, and student recordkeeping. (100153)			
23. If the course curriculum is not developed by the agency applying for program approval, submit written permission from the developer of the curriculum.			
24. Copy of Student Eligibility Document (100157)			

~~_____~~ Check One

~~For County Use
Only~~

Materials to be Submitted (in the order listed)	Enclosed	To Follow	
24. Statement verifying use of curriculum equivalent to US DOT Paramedic (811-077A January 2009) National Standard curriculum (100153).			

**COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TRAINING PROGRAM APPROVAL APPLICATION FORM**

Training Institution/Agency	
Name	
Address	
City/ZIP	
Contact Person	
Telephone Number	
Course Hours	
Total	
Didactic and Skills Lab	
Hospital Clinical Training	
Field Internship	
Personnel: Submit form for each person named.	
Course Director	
Program Medical Director	
Principal Clinical Preceptor	
Principal Field Evaluator	
Principal Instructors	
Teaching Assistants	

Ventura County Emergency Medical Services Agency PSFA/TCC Training Program

Application Checklist

Training program complete sections 1-5 of this checklist

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

1. General Program Information		
Training Program Name:		
Program Address	Program City	Program Zip Code
Program Phone #	Program Fax #	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	Name of Program	
3. Program Educational Staff		
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	Name(s) of Each Individual	
4. General Training Program Requirements		
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers <input type="checkbox"/> Written request for program approval IF PSFA: <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <input type="checkbox"/> All requirements outlined above <input type="checkbox"/> A detailed course outline <input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing <input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards <input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of public safety first aid personnel, in accordance with Section IV.2.h of this policy <input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered <input type="checkbox"/> Sample attendance record and training roster <input type="checkbox"/> Sample of course completion certificate		

PSFA CPR (PSFA) and Tactical Casualty Care (TCC) TRAINING PROGRAM APPROVAL CHECKLIST

5. Training Program Representative Completing Application	
Name of person completing application:	
Signature	Date
Phone Number	Email Address
VCEMS Office Use Only	
1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA	
<input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course	
<input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines.	
<input type="checkbox"/> VCEMS approved EMT or Paramedic training program	
<input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s)	
<input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience.	
<input type="checkbox"/> Applicable licenses and/or certifications	
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers	
<input type="checkbox"/> Written request for program approval IF PSFA: <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <input type="checkbox"/> All requirements outlined above	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards	
<input type="checkbox"/> Provisions for retaining of PSFA personnel, in accordance with Section IV.2.h of this policy	
<input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration Date	Date

PSFA CPR (PSFA) and Tactical Casualty Care (TCC) TRAINING PROGRAM APPROVAL CHECKLIST

3. EMS Agency Representative Information	
Name of EMS Agency Representative Processing Application	
Signature	Date
Phone Number	Email Address
PROGRAM APPROVAL APPLICATION PROCEDURE	
TRAINING PROGRAM AFFILIATION:	
The Training Program is affiliated with a: <input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370— California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire POST DPR CHP or other statewide public safety agency as determined by CalEMSA	Name of Agency of Affiliation
EDUCATIONAL STAFF	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	
Submission of the following:	Date Received
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers <input type="checkbox"/> Written request for program approval IF PSFA: <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8 hour retraining course, and IF TCC: <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <input type="checkbox"/> All requirements outlined above	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of skills and written exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive exam with pre-established scoring standards	
<input type="checkbox"/> Provisions for retraining of public safety first aid personnel in accordance with CCR Section 100022	
<input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered.	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
As program director for the applicant training program or curriculum, I certify that I will adhere to the State of California EMS Regulations, Guidelines and all applicable VCEMS policies and procedures. Furthermore, I certify that all information submitted with this application is true and correct.	

PSFA CPR (PSFA) and Tactical Casualty Care (TCC) TRAINING PROGRAM APPROVAL CHECKLIST

Signature of PSFA/TCC program representative completing checklist (above)	Date (above)
Typed or printed name (above)	

~~VCEMS Use Only~~

All Requirements submitted	Date:
Approval letter sent	Date:
Re-approval date	Date

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety-First Aid (PSFA) and CPR / Tactical Casualty Care Training Program Approval		Policy Number 1601	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: April 13, 2017			
Date Revised: April 12, 2018 <u>May 13, 2021</u>			
Date Last Reviewed: April 12, 2018 <u>May 13, 2021</u>		Effective Date: <u>DRAFT</u>	
Review Date: April 30, 2024 <u>May 30, 2021</u>			

I. PURPOSE: The Ventura County EMS Agency shall establish minimum requirements for Public Safety First Aid and CPR and/or Tactical Casualty Care training programs.

II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1997.210 and 1797.212; California Code of Regulations, Title 22, Division 9 Chapter 1.5; California EMS Authority #370 – California Tactical Casualty Care Training Guidelines

III. POLICY: The approving authority for Public Safety First Aid and CPR (PSFA) and/or Tactical Casualty Care (TCC) training programs, not meeting the definition of a statewide public safety agency operating within the County of Ventura shall be the Ventura County EMS Agency (VCEMS). This does not apply to PSFA or TCC programs authorized by statewide public safety agencies such as the California Highway Patrol, California State Parks, etc. and approved by the California EMS Authority This also does not apply to PSFA or TCC programs authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority.

- A. Programs eligible for program approval shall be limited to:
 1. A course in public safety first aid, including CPR and AED, developed and/or authorized by the California Department of Forestry and Fire Protection (Cal Fire); or
 2. A course in public safety and first aid, including CPR and AED, authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority. No later than ~~twenty-four (24)~~-

months from the adoption of these regulations, POST, in consultation with the California EMS Authority, shall develop the course curriculum and testing competency standards for these regulations as they apply to peace officers; or

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

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

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for PSFA and/or TCC training program approval to VCEMS

2. VCEMS shall review the following prior to approving a PSFA/TCC training program:
 - a. Name of the sponsoring institution, organization, or agency.
 - b. A statement verifying the initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours of first aid and CPR training (If PSFA).
 - c. A statement verifying that the training course meets the appropriate minimum requirements outlined in CalEMSA #370 (If TCC)
 - d. A statement verifying CPR training equivalent to the current Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (If PSFA).
 - e. A detailed course outline
 - 1) If PSFA - Any and all optional skills, as outlined in ~~Section 100019 of the California Code of Regulations~~VCEMS Policy 1602 – PSFA Optional Skills Approval and Training, the program chooses to apply to its curriculum shall have prior written authorization by VCEMS Medical Director.
 - f. Final written examination with pre-established scoring standards; and
 - g. Skill competency testing criteria, with pre-established scoring standards.
 - h. Provisions for the retraining of public safety first aid personnel in accordance with Section 100022 of the California Code of Regulations (If PSFA). At a minimum, these standards shall include:
 - 1) An approved retaining course which includes a review of the topics and skills relevant to the PSFA scope of practice, which consists of not less than eight (8) hours of first aid and CPR including AED every two (2) years; or
 - 2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or
 - 3) Successful completion of a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:

- a) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR
- b) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and
- c) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

h-4) A PSFA retraining course or pretest may be offered yearly by any approved training course, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years.

Formatted

i. Educational Staff

Validation of the instructor's qualifications shall be the responsibility of the agency or organization whose training program has been approved by VCEMS. Training in PSFA and/or TCC shall be conducted by an instructor who is:

- 1) Proficient in the skills taught; and
- 2) Qualified to teach by education and/or experience

j. Testing Requirements

- 1) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in sections 100017 and 100018 of Chapter 1.5 of the California Code of Regulations (If PSFA)
- 2) A passing standard shall be established by the training program before administration of the examination and shall be in compliance with the standard submitted to and approved by VCEMS
- 3) Training programs shall test the knowledge and skills specified in California Code of Regulations or CalEMSA #370 and have a passing standard for successful completion of the course and shall ensure competency of each skill.

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

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

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

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

I. PURPOSE:

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

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

III. POLICY:

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

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

IV. PROCEDURE:

A. Indications

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

B. Contraindications

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

C. Nerve Agent Antidote Kit Administration

1. If Treating Self:

- a. Avoid continued exposure by exiting from area of exposure; remove contaminated clothing; follow decontamination procedures when available.
- b. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
- c. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
- d. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
- e. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.

2. If treating other public safety personnel:

- a. Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield, gown), avoid cross contamination.
- b. Remove patient from area of continued exposure, remove contaminated clothing, and follow appropriate decontamination procedures.
- c. Assess patient's respiratory, mental and pupillary status.

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

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

I. PURPOSE:

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

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

III. POLICY:

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

IV. PROCEDURE:

A. Indications

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

B. Contraindications

1. No contraindications

A.C. Oxygen Administration

1. Difficulty Breathing or Shortness of Breath

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

2. Unresponsive and Not Breathing

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

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

a-j.

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

- I. PURPOSE:
 - A. To outline criteria for approved Public Safety First Aid (PSFA) administration of naloxone hydrochloride in cases of suspected acute opioid overdose.
 - B. To provide medical direction and naloxone administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Section 100019.
- III. POLICY:
 - A. Training shall be completed as outlined in California Code of Regulations, section 100019 and VCEMS Policy 1602 – PSFA Optional Skills Approval and Training
 - B. The PSFA agency training program director shall be responsible for the following:
 1. Ensuring the agency’s supply of nasal naloxone remains current and not expired at all times.
 2. Ensuring proper and efficient deployment of nasal naloxone for use within the agency.
 3. Prompt replacement of any nasal naloxone that is used in the course of care, expired, damaged, or otherwise deemed unusable.
 4. Ensuring all personnel that will be using nasal naloxone has received appropriate training.
 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable naloxone.
- IV. PROCEDURE:
 - A. Indications
 1. Suspected or confirmed opiate overdose

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

~~4.5.~~ Perform CPR as indicated.

~~5.6.~~ Administer intranasal naloxone

- a. Naloxone 4mg IN
- b. May repeat dose, if no improvement in patient condition, x 1 (total of 2 doses)

~~6.7.~~ If response to naloxone and patient is a suspected chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms (agitation and vomiting)

8. Report administration of nasal naloxone to prehospital personnel for additional assessment and follow-up care, as needed.

9. Document administration of epinephrine as indicated per PSFA agency policies and procedures.

- a. On a monthly basis, law enforcement agencies that administer naloxone shall report all cases to the Ventura County EMS Agency using the established reporting form (Attachment A)

COUNTY OF VENTURA HEALTH CARE AGENCY	DRAFT	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse Authorization Challenge		Policy Number: 323
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2008
APPROVED: Medical Director Angelo Salvucci, MD		Date: June 1, 2008
Origination Date: April 1983		Effective Date: June 1, 2008
Date Revised: November 8, 2007		
Date Last Reviewed: June 9, 2016		
Review Date: June, 2019		

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.
- II. AUTHORITY: Health and Safety Code 1797.56, 1797.213 and 1798.
- III. POLICY: Authorization as an MICN requires professional experience and appropriate training so that appropriate medical direction can be given to Paramedics at the scene of an emergency.
- IV. PROCEDURE:
 - A. VC EMS shall be notified by the Base Hospital of an MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
 1. Evidence of the candidate's current out-of-county authorization as an MICN
 2. Application (Appendix B)
 3. Record of Continuing Education from the previous authorizing agency, and
 4. BH recommendation (Appendix A)
 - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
 1. Professional experience
The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.

2. Prehospital care exposure

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

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

3. Field observation

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

4. Internship

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

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)
- b. Upon successful completion of at least ten (10) responses, the responses shall be evaluated by the ~~Emergency Department~~

~~Director or Paramedic Liaison Physician, the Emergency Department Nursing Supervisor, and the~~ **Pre-Hospital** Paramedic Care Coordinator. All Radio

Communication Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS.

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

LETTER OF RECOMMENDATION
AUTHORIZATION CHALLENGE

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

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

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

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

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

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

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

MICN Candidate Signature

Prehospital Care Coordinator

Date: _____

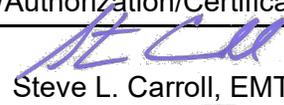
RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

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

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

VERIFICATION OF INTERNSHIP COMPLETION

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: 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:	April 1993	Effective Date:	December 1, 2010
Date Revised:	October 14, 2010		
Date Last Reviewed:	June 11, 2015		
Review Date:	June, 2018		

- I. **PURPOSE:** This policy defines the Ventura County Emergency Medical Services (VCEMS) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.
- II. **AUTHORITY:** California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. CCR, Title 22, Division 9, Chapter 6.
- III. **DEFINITIONS:**

Certificate - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.

Certifying Entity - as used in this policy means VCEMS.

Certification Action - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.

Certificate Holder – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.

CCR – means the California Code of Regulations, Title 22, Division 9.

Crime - means any act in violation of the penal laws of California, any other state, or federal laws.

Conviction – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.

Discipline - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.

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

and Safety Code Section 1798.200.

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

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

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

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

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

V. PROCEDURE:

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

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

B. VCEMS will use the most current version of the MDO's as a reference.

C. Responsibilities of Relevant Employer

1. Under the provisions of the CCR and this policy, Relevant Employers:

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

and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:

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

E. Evaluation of Information

1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).
2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise protected by the law to the Relevant Employer for investigation, if there is a Relevant Employer, within three (3) working days of receipt of the information. If there is no Relevant Employer or the Relevant Employer does not wish to investigate the complaint, VCEMS shall evaluate the information received from

a credible source, including but not limited to, CORI information, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by VCEMS or pursuant to Division 2.5, of the Health and Safety Code.

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

F. Investigations Involving Firefighters

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

G. Due Process

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

H. Determination of Action

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

I. Temporary Suspension Order

1. The VCEMS Medical Director may temporarily suspend a certificate prior to hearing if the Certificate Holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of

the CCR and if in the opinion of the VCEMS Medical Director permitting the Certificate Holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.

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

J. Final Determination of Certification Action by the VCEMS Medical Director

1. Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the

respondent so chooses, the VCEMS Medical Director may take the following final actions on a Certificate:

- a. Place the Certificate Holder on probation
- b. Suspension
- c. Denial

K. Placement of a Certificate Holder on Probation

The VCEMS Medical Director may place a Certificate Holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the Certificate Holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. VCEMS may revoke the Certificate if the Certificate Holder fails to successfully complete the terms of probation.

L. Suspension of a Certificate

1. The VCEMS Medical Director may suspend an individual's Certificate for a specified period of time for Disciplinary Cause in order to protect the public health and safety.
2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The VCEMS Medical Director shall continue the suspension until all conditions for reinstatement have been met.
4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.

M. Denial or Revocation of a Certificate

1. The VCEMS Medical Director may deny or revoke any Certificate for Disciplinary Cause that has been investigated and verified by application of this policy.
2. The VCEMS Medical Director shall deny or revoke an Certificate if any of the following apply to the applicant:
 - a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
 - b. Has been convicted of murder, attempted murder, or murder for hire.
 - c. Has been convicted of two (2) or more felonies.

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

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



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

APPENDIX A

Arrest Status Report Form

Today's Date: _____

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

Personal Information

Name: _____

Street Address _____

City _____ State _____ Zip _____

Certification/License # (if applicable) _____

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

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

Court Information

Case Number #: _____

Court Address: _____

When is your next court appearance scheduled? _____

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

Signature: _____