



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, EMT-P	Date: June 9, 2011	
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 9, 2011	
Origination Date:	October 20, 1993	Effective Date: June 9, 2011	
Date Revised:	June 9, 2011		
Date Last Reviewed:	June 9, 2011		
Next Review Date:	June, 2014		

- 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, Section 100147.
- III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support within an organized EMS system. The following procedure shall be followed when applying for approval for a paramedic training program approval.
- IV. DEFINITION(S): Paramedic Approving Authority means the local EMS agency. Title 22, California Code of Regulations (CCR), Section 100137.
- V. PROCEDURE:
  - 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 the EMS agency. A paramedic training program approving authority may deem a paramedic 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 the EMS agency unless CAAHEP accreditation and approved by the EMS Agency.
    - a. A statement verifying that the course content is equivalent to the U.S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum HS 808 862 March 1999..
    - b. An outline of course objectives
    - c. A detailed course outline. This outline must include all curricula outlined in 22 CCR 100159 as well as all mandatory training programs specified by the local EMS agency.
    - 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.
    - 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 the local EMS agency, 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 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 EMS Authority to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric and pediatric patients.

g. Provisions for supervised field internship

- 1) The training program shall enter into a written agreement with one or more Advanced Life Support providers, approved by the local EMS agency, for the purpose of providing supervised field internship experience as well as preceptors to instruct and evaluate the trainee. Preceptors shall meet criteria developed by the local EMS 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 developed and approved by the local EMS agency.
  - 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).
  - i. Student eligibility requirements and screening process for entrance into the program.
  - j. Samples of instructor schedule for skills practices/laboratories.
3. Following submission and approval of the above materials, the EMS agency 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 program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two 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 instructors.

- b. Course Director: Each program course director 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 year experience in an administrative or management level position and have a minimum of three years academic or clinical experience in prehospital care education within the last five 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 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) Have two years experience in advanced life support prehospital care and be knowledgeable in the course content of the U.S. Department of Transportation Paramedic National Standard Curriculum HS 808 862 March 1999  
and

- 3) Have six years experience in an allied health field or related technology and an associate degree or two years experience in an allied health field or related technology 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 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) "Fire Instructor 1A and 1B"
  - 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 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 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

C. Program Approval/Disapproval

1. The materials submitted for program approval will be reviewed and evaluated EMS agency 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.
2. Program approval or disapproval shall be made in writing by the EMS agency 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.



3. The EMS agency shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
4. Program approval shall be for four years following the effective date of approval and may be renewed every four years subject to the procedure for program approval specified in 22 CCR.
5. All approved programs shall be subject to periodic on-site evaluation by the EMS agency.
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 12 months of the start up of classes and receive and maintain Commission of Accreditation of Allied Health (CAAHEP) accreditation no later than two years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved paramedic training program.
  - a. Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their paramedic training program applicants prior to the applicant's enrollment in the paramedic 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 approving authority 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 the approving authority unless an approved plan for meeting compliance is provided.

- 5) Students graduating from a paramedic 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 their respective paramedic training program approving authority 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 the EMS Authority 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 emergency medical services system QIP.
- D. 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. A training program approving authority shall notify the approved paramedic training program course director in writing, by certified mail, of the provisions with which the training program is not in compliance.
    - b. Within fifteen 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 days from the day of receipt of the notification of noncompliance
      - 3) Within fifteen days of receipt of the response from the training program or within thirty days from the mailing date of

the non compliance notification if no response is received from the program, the approving authority shall notify the 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 the approving authority 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 days from the date of the paramedic training program approving authority's letter of decision to the EMS Authority and the training program.

E. Program Expansion

Approved paramedic 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**

<b>Materials to be Submitted (in the order listed)</b>	<b>Check One</b>		<b>For County Use Only</b>
	<b>Enclosed</b>	<b>To Follow</b>	
1. Checklist for Paramedic Training Program Approval			
2. Written request to Paramedic Approving Authority 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)			

<b>Materials to be Submitted (in the order listed)</b>	<b>Check One</b>		<b>For County Use Only</b>
	<b>Enclosed</b>	<b>To Follow</b>	
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)			
24. Statement verifying use of curriculum equivalent to US DOT Paramedic (HS808 862 March 1999) 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	

**COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES  
PARAMEDIC TEACHING STAFF**

Check one       Program Medical Director                       Teaching Assistant  
                      Course Director     Principal Clinical Preceptor  
                      Principal Instructor     Principal Field Evaluator

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

<b>Professional/Academic Degrees Held:</b>	<b>Professional License/Certification Number(s):</b>

**Expiration Date of Certificate/License:** \_\_\_\_\_

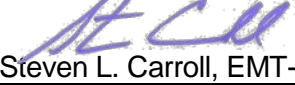

**California Teaching Credentials Held:**

Type:		Expiration Date:	
Type:		Expiration Date:	

<b>Emergency Care Related Education within the last 5 years:</b>			
<b>Course Title</b>	<b>School</b>	<b>Course Length</b>	<b>Date Completed</b>

<b>Approvals:</b>			
<b>Program Medical Director</b>	Date	<b>Course Director</b>	Date



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Committees		Policy Number 1402	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: July 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: July 1, 2011	
Origination Date:	June 9, 2011		
Date Revised:		Effective Date: July 1, 2011	
Date Last Reviewed:	June 9, 2011		
Review Date:	July, 2013		

- I. **PURPOSE:** To advise the EMS Medical Director on the establishment of trauma related policies, procedures, and treatment protocols. To advise the EMS Medical Director on trauma related education, training, quality improvement, and data collection issues. To review and improve trauma care in a collaborative manner among the trauma centers in Ventura County and possibly trauma centers in neighboring counties.
- II. **AUTHORITY:** Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. **POLICY:** The Ventura County Emergency Medical Services Agency (VC EMS) Medical Director shall appoint a Trauma Operational Review Committee (TORC) and Trauma Audit Committee (TAC). TORC is an advisory committee to VC EMS on issues related to trauma care. TAC is a peer review committee that conducts a process of interfacility case sharing, evaluation, and recommendations for improvement for trauma care administered to patients of the Ventura County Trauma System and possibly trauma systems in neighboring counties.
- IV. **TRAUMA OPERATIONAL REVIEW COMMITTEE (TORC):** TORC conducts systems and case review toward the goal of ensuring optimal and ongoing improvement of trauma care for patients in Ventura County. This committee strives to uphold and advance the values of an integrated, inclusive and mutually supportive trauma system.
  - A. **TORC TASKS**
    1. Reviews, analyzes and proposes corrective actions for operational issues that occur within Ventura County's inclusive trauma system. Identifies problems and problem resolutions (loop closure).

2. Based on trauma system maturation and needs, recommend development and/or revisions of policies that impact trauma care.
3. Reviews interfacility transport issues, particularly problematic or recurring themes, and occasionally, specific cases. Recommends improvement measures.
4. Reviews criteria for IFT for ongoing appropriateness and recommends policy revisions when needed.
5. Reviews prehospital trauma transport statistics for appropriateness of patient destinations, system trends and educational or other needs.
6. Reviews trauma registry reports.
7. Evaluates system needs and recommends trauma education or certification courses for emergency department personnel.
8. Recommends and collaborates with other Ventura County agencies and organizations on injury prevention projects.
9. Recommends and collaborates on research efforts.
10. Recommends and conducts educational programs toward the goal of enhancing an inclusive trauma system approach in Ventura County.

**B. TORC MEMBERSHIP**

The membership of TORC shall be broad based regionally and represent the participants in the Trauma Care System and the regional medical community. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TORC meeting. TORC shall be chaired by the Ventura County EMS Agency Trauma System Manager. The membership of TORC includes the following:

1. Ventura County EMS Agency
  - a. Medical Director
  - b. Administrator
  - c. Deputy Administrator
  - d. Trauma System Manager
  - e. Administrative Assistant
  - f. Regional Trauma Committee Representative
2. Ventura County Trauma Centers

- a. Hospital Administrator
  - b. Trauma Medical Director
  - c. Trauma Manager
  - d. Emergency Department Medical Director
  - e. Emergency Department Nurse Manager
  - d. Prehospital Liaison Physician
  - e. Prehospital Care Coordinator
3. Ventura County Non-Trauma Base Hospitals
- a. Hospital Administrator
  - b. Emergency Department Medical Director
  - c. Emergency Department Nurse Manager
  - d. Prehospital Liaison Physician
  - e. Prehospital Care Coordinator
4. Ventura County Receiving Hospitals
- a. Hospital Administrator
  - b. Emergency Department Medical Director
  - c. Emergency Department Nurse manager
5. Transport Providers
- One representative, to be selected by individual agency
6. First Responders
- One representative, to be selected by individual agency
7. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

V. TRAUMA AUDIT COMMITTEE (TAC)

TAC is a multi-trauma center, multi-disciplinary peer review committee designed to improve trauma care by reviewing selected cases that involve exceptional saves, deaths, complications, sentinel events and other issues, with the goal of identifying issues and ensuring appropriate loop closure.

A. TAC TASKS

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.
2. Conducts mortality and morbidity review of cases that meet one or more of the audit filter(s) as identified by the committee. Other cases may also

be reviewed that involve system issues or are regarded as having exceptional educational or scientific benefit.

3. Develops audit screens to guide case review. For every case reviewed, provides finding of appropriateness of care rendered, and when appropriate, makes recommendations regarding changes in the system to ensure appropriate care.
4. Presents and reviews individual trauma center-specific issues with the goal of awareness, education and collaboration.
5. Identifies county and intra-county problems, issues and trends. Identifies and implements, or recommends implementation, of resolutions (loop closure).

**B. TAC MEMBERSHIP**

The membership shall be limited to representatives of the Ventura County Trauma Centers and trauma centers located in neighboring counties, as determined by the EMS Medical Director. If an individual representing a hospital or agency in a membership position is replaced with another individual, the hospital or agency shall provide written notification to VC EMS no later than two weeks before the next scheduled TAC meeting. TAC shall be chaired by the EMS Medical Director. The membership of TAC includes the following:

1. Ventura County EMS Agency
  - a. Medical Director
  - b. Administrator
  - d. Trauma System Manager
  - e. Administrative Assistant
2. Neighboring County EMS Agency
  - a. Medical Director
  - b. Administrator
  - c. Trauma System Manager
2. Trauma Centers
  - a. Trauma Medical Director
  - b. Trauma Manager
  - c. Prehospital Care Coordinator
3. Medical examiner, pathologist or physician designee from each represented county

4. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

#### VI. TRAUMA COMMITTEES ATTENDANCE

Stated policy shall apply to both TORC and TAC.

- A. Members of a trauma committee will notify VC EMS staff in advance of any scheduled meeting they will be unable to attend.
- B. After two (2) absences in a calendar year, a member may be terminated from a trauma committee.
- C. Resignation from the committee must be submitted, in writing, to the VC EMS Agency, and is effective upon receipt, unless otherwise specified.
- D. The EMS Medical Director may grant special permission for other invitees to participate in the medical audit review of cases where their expertise or involvement in a specific case is essential to make appropriate determinations. Such invitees may only be present for the portions of meetings for which they have been requested to provide input.
- E. The EMS Medical Director may grant special permission for guests to attend a TAC meeting for educational purposes.
- F. Trauma committee meetings are closed to non-members without the pre-arranged permission of the EMS Medical Director.

#### VII. VOTING

Stated policy shall apply to both TORC and TAC. Due to the advisory nature of the trauma committees, most issues will require input rather than a vote process. Vote process issues will be identified as such by the TORC or TAC Chairperson. When voting is required, the majority of a committee's membership must be present.

#### VIII. MEETINGS

Stated policy shall apply to both TORC and TAC. The trauma committees shall be scheduled to meet every other month, on the even months. The usual date will be the first Thursday of the month.

#### IX. MINUTES

Stated policy shall apply to both TORC and TAC.

- A. Minutes regarding operational and systems issue discussions that do not include references to case presentations or protected health information shall be distributed to committees' memberships within ten business days following a meeting.

- B. Due to the confidential nature of case presentations, minutes referencing specific cases and/or confidential patient information shall be distributed at the beginning of the meeting and collected at the close of each meeting. No copies may be made or possessed by members of the committee outside of the meeting.

X AGENDA ACTION ITEMS

- A. Action items shall be assigned to one individual per hospital or agency. Each hospital or agency may determine, on a case-by-case basis, whom among their committee membership is the most appropriate to be assigned a particular action item.
- B. Individuals who have been assigned action items shall submit documentation of work performed relating to the action item no later than ten business days prior to the next scheduled meeting. Action item progress will be included in the next scheduled meeting's agenda packet.


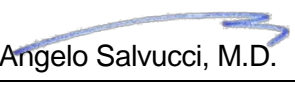
XI. CONFIDENTIALITY

Stated policy shall apply to both TORC and TAC.

- A. All proceedings, documents, and discussions of the Trauma Operational Review Committee and the Trauma Audit Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the trauma committees will be applicable to all proceedings and records of these committees, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.
- B. Trauma committee members agree to not divulge or discuss confidential patient information that would have been obtained solely through committee membership.
  - 1. All meeting attendees will sign a meeting roster that, in addition to documenting meeting attendance, serves to affirm their agreement to uphold the trauma committee's standard of confidentiality. Rosters for TORC and TAC meetings shall include the following heading: "With

certain exceptions, the proceedings and records of the Ventura County EMS Agency (Trauma Operational Review Committee) (Trauma Audit Committee) are privileged and not subject to discovery. Records of the Committee are not subject to disclosure under the California Public Records Act, and Committee meetings are not subject to the Ralph M. Brown Act. (Cal. Evidence Code, sec. 1157.7.) Rediscovery of confidential patient information discussed in Committee proceedings is prohibited by law. (Cal. Civil Code, sec. 56.13.)"

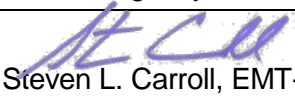

2. A visitor, guest, or invitee who has been granted permission to attend any part of a trauma committee meeting shall sign the meeting roster that documents his/her attendance and affirms his/her agreement to uphold the committee's standard of confidentiality. The committee chairperson is responsible for assuring compliance with this requirement.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Interfacility Transfer of Patients to a Trauma Center		Policy Number 1404	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: July 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: July 1, 2011	
Origination Date:	July 1, 2010	Effective Date: July 1, 2011	
Date Revised:	June 2, 2011		
Date Last Reviewed:	June 2, 2011		
Review Date:	July, 2013		

- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY: The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.
  - A. Life-threatening injuries to trauma center
    1. Carotid or vertebral arterial injury
    2. Torn thoracic aorta or great vessel
    3. Cardiac rupture
    4. Bilateral pulmonary contusion with PaO<sub>2</sub> to FiO<sub>2</sub> ratio less than 200
    5. Major abdominal vascular injury
    6. Grade IV, V or VI liver injuries
    7. Grade III, IV or V spleen injuries
    8. Unstable pelvic fracture
    9. Fracture or dislocation with neurovascular compromise
    10. Penetrating injury or open fracture of the skull
    11. Glasgow Coma Scale score <14 or lateralizing neurologic signs
    12. Unstable spinal fracture or spinal cord deficit
    13. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
    14. Open long bone fracture
    15. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)



16. Any traumatic injury that meets criteria as a life-or-limb threatening injury as listed in VCEMSA Policy 1407, "Emergency Trauma Transfers"
- B. Ventura County Level II Trauma Centers:
1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
  2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above, or to request consultation with a trauma surgeon.
  3. Will establish a written interfacility transfer agreement with every hospital in Ventura County.
- C. Community Hospitals:
1. Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
  2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.
- D. A transfer from a community hospital to a trauma center for a patient with a condition NOT included in the guidelines above shall be arranged per VCEMS Policy 605: "Interfacility Transfer of Patients."
- E. An emergent transfer will be arranged as a Code Trauma, per VCEMS Policy 1407: "Emergency Trauma Transfers."

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Trauma Transfers		Policy Number 1407	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: July 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: July 1, 2011	
Origination Date:	January 18, 2011	Effective Date: July 1, 2011	
Date Revised:	June 2, 2011		
Last Reviewed:	June 2, 2011		
Review Date:	July 1, 2013		

- I. PURPOSE: To define the “Code Trauma” and “Trauma Call Continuation” process by which patients at a community hospital that emergently require the specialty services of a designated trauma center are transferred.
- II. AUTHORITY: Health and Safety Code, §1797.220 and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
  - A. Code Trauma: A process by which a patient with potential life-or-limb threatening traumatic injuries who require an immediate procedure at a designated trauma center and a delay in transfer will result in deterioration of the patient’s condition, and the treating physician requests immediate transport to a designated trauma center.
  - B. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance requires an immediate procedure at a designated trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
  - C. Life-or-limb threatening injuries in need of emergency procedures are patients with at least one of the following:
    1. Indications for an immediate neurosurgical procedure.
    2. Penetrating gunshot wounds to head or torso.
    3. Penetrating or blunt injury with shock.
    4. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
    5. Pregnancy with indications for an immediate Cesarean section secondary to trauma.
- IV. POLICY: Responsibilities of each of the trauma system participants are listed below.
  - A. Community hospitals will:

1. Assemble and maintain a “Code Trauma Pack” in the emergency department to contain all of the following:
    - a. Checklist with phone numbers of Ventura County trauma centers.
    - b. Patient consent/transfer forms.
    - c. Treatment summary sheet.
    - d. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.”
  2. Have policies, procedures, and a quality improvement system in place to track and review all Code Trauma activations, Trauma Call Continuations, and minimize emergency department (ED)-arrival-to-departure time.
  3. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center. These policies will include patient criteria for requiring healthcare personnel beyond the paramedic scope of practice to accompany a trauma patient in transport.
- B. Ventura County Fire Communications Center (FCC) will:
1. Respond to a “Code Trauma” transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
  2. Consider “Trauma Call Continuation” transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
- C. Ambulance Companies
1. Ambulance companies will respond immediately upon request for “Code Trauma” transfer.
  2. For patients who are re-triaged on arrival at a community hospital and are determined by the referring physician to require “Trauma Call Continuation,” ambulance companies will immediately transport the patient to a designated trauma center, with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
  3. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.
- D. Trauma Centers will:
1. Publish a single phone number, that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section III.B of this policy.
  2. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section III.C of this policy.
  3. Immediately post on ReddiNet when there is no capacity to accept trauma patients.

V. PROCEDURE:

A. Code Trauma:

1. Upon determination of Code Trauma, and after discussion with the patient, the transferring hospital will:
  - a. Determine the most appropriate means for the patient transfer, either paramedic ambulance, critical care transport (CCT), or paramedic ambulance accompanied by healthcare staff from the transferring hospital.
    - (1) For patients appropriate for paramedic ambulance transport:
      - (a) Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
      - (b) Identify their facility to the dispatcher and advise they have a “Code Trauma” transfer and the destination trauma center.
    - (2) For patients appropriate for CCT transport (the patient requires accompaniment of healthcare staff beyond paramedic scope of practice):
      - (a) Immediately contact the appropriate CCT provider agency, advise they have a “Code Trauma” and are requesting emergency CCT response.
    - (3) For patients appropriate for CCT transport and CCT response is delayed:
      - (a) Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the trauma center.
      - (b) Immediately call Ventura County Fire Communications Center to request an ambulance as described in paragraph A.1.a.1. above.
  - b. After requesting the transport vehicle, the transferring physician will notify the trauma center emergency physician of the transfer.
  - c. Complete transfer consent and treatment summary.
  - d. Prepare copies of the ED triage assessment form and demographic information form.
  - e. Contact the trauma center for nurse report at the time of, or immediately after, the ambulance departs.
2. Upon request for “Code Trauma” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code Trauma from [transferring hospital]”. The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.

3. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the “Code Trauma” transfer.
  4. Ambulance units will remain attached to the incident and FCC will track their dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
  5. The patient shall be emergently transferred without delay. Every effort will be made to minimize ambulance on-scene time in the transferring hospital ED.
    - a. All forms should be completed prior to ambulance arrival.
    - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
    - c. Intravenous drips may be discontinued or remain on the ED pump.
- B. Trauma Call Continuation
1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital will:
    - a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
    - b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient’s apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
  2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking en-route hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
  3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.
- C. For all Code Trauma and Trauma Call Continuation transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.



**Emergency Trauma Transfer QI Form  
Form: Ventura County EMS Agency Policy 1407**

**Date:** \_\_\_\_\_

**Sending Hospital:**

- SVH     SJPVH     SJRMC     OVCH     CMH     SPH

**Treating Physician:** \_\_\_\_\_

**Patient Arrived ED:**

- Brought by EMS: Fire Incident Number \_\_\_\_\_  
 Brought by POV or Walk-In

**Destination Trauma Center:**

- LRHMC  
 VCMC  
 Other: \_\_\_\_\_

**Patient Transfer Process:**

- Code Trauma  
     Ambulance with paramedic ONLY  
     CCT  
     Ambulance with accompanying healthcare personnel  
 Trauma Call Continuation

**Describe the condition that required an immediate procedure at a trauma center:**

- Indications for an immediate neurosurgical procedure.  
 Penetrating gunshot wounds to head or torso.  
 Penetrating or blunt injury with shock.  
 Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).  
 Pregnancy with indications for an immediate Cesarean section secondary to trauma.

**Comments:**


**Within 72 hours of transfer, fax or scan/email to VCEMS: Fax--(805) 981-5300  
Email—katy.hadduck@ventura.org**