COUNTY OF VENTURA		EMERGENCY MEDICAL SERVICES	
HEALTH CARE AGENCY		POLICIES AND PROCEDURES	
	Policy Title:		Policy Number
	Treatment Protocols		705
APPROVED:	DZ 8/110		Date: December 1, 2020
Medical Director:	Daniel Shepherd, M.D.		Date. December 1, 2020
Origination Date:	January 1988		
Date Revised:	See individual algorithms	Effective Date: As in	dicated on individual algorithms
Date Last Revised:	See individual algorithms	Ellective Date. As i	
Review Date:	See individual algorithms		

- I. PURPOSE: To provide uniform protocols for prehospital medical control in Ventura County.
- II. AUTHORITY: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Sections 100063, 100064, and100146.
 - A. DEFINITIONS:
 - Unless otherwise specified in an individual treatment protocol or policy, the following definitions shall apply:
 - a. Adult: Age 14 or greater (14th birthday and older)
 - b. Pediatric: Age less than 14 (up to 14th birthday)
 - B. Exceptions to the pediatric definition rule are in the following policies:
 - 1. Policy 603: Refusal of EMS Services
 - 2. Policy 606: Withholding or Termination of Resuscitation and Determination of Death
 - 3. Policy 705.14: Hypovolemic Shock
 - 4. Policy 710: Airway Management
 - 5. Policy 717: Intraosseous Infusion
 - 6. Policy 734: Tranexamic Acid Administration
 - 7. Policy 1405: Trauma Triage and Destination Criteria
 - C. Cardiac Monitor/12 Lead EKG
 - When cardiac monitoring or a 12 Lead ECG is performed, copies of rhythms strips and 12 Lead ECGs shall be submitted to the ALS Provider(s), Base Hospital, and Receiving Hospital.
- IV. POLICY: Treatment protocols shall be used as a basis for medical direction and control for prehospital use.

- A. Effective July 1, 2018 BLS personnel are authorized to administer the following medications and/or perform the following procedures for certain conditions as outlined below. BLS personnel shall not administer these medications and/or perform these procedures until all required training has been completed, and all necessary equipment has been distributed. Training and equipment deployment shall be completed by all agencies no later than July 1, 2019.
 - 1. Epinephrine for anaphylaxis or severe respiratory distress as a result of asthma.
 - 2. Naloxone for suspected opioid overdose
 - 3. Nerve Agent Antidote Kit (Pralidoxime Chloride and Atropine Sulfate) for suspected nerve agent or organophosphate exposure.
 - 4. Determination of blood glucose level for altered neurological function and/or for suspected stroke
 - 5. Continuous Positive Airway Pressure (CPAP) for shortness of breath.
- B. In the event BLS personnel administer naloxone, epinephrine or a nerve agent antidote kit, ALS personnel will assume care of the patient as soon as possible and continue care at an ALS level, in accordance with all applicable VCEMS policies and procedures.
- C. Hypoglycemic patients with a history of diabetes, who are fully alert and oriented following determination of blood glucose level and a single administration of 15g of oral glucose may be transported at a BLS level of care.
- V. PROCEDURE: See the following pages for specific conditions.

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- 06 Burns
- 07 Cardiac Arrest Asystole/Pulseless Electrical Activity (PEA)
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- 17 Nerve Agent / Organophosphate Poisoning
- 18 Overdose
- 19 Pain Control
- 20 Seizures
- 21 Shortness of Breath Pulmonary Edema
- 22 Shortness of Breath Wheezes/Other
- 23 Supraventricular Tachycardia
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- 25 Ventricular Tachycardia Not in Arrest
- 26 Suspected Stroke
- 27 Sepsis Alert
- 28 Smoke Inhalation
- 29 Traumatic Cardiac Arrest