

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106	
APPROVED: Administration	Steven L Carroll, Paramedic	Date: December 1, 2018	
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018	
Origination Date:	March 7, 1990	Effective Date: December 1, 2018	
Date Revised:	September 13, 2018		
Last Reviewed:	September 13, 2018		
Review Date:	September 30, 2021		

- I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies
- II. AUTHORITY: Health and Safety Code Section 1797.220
- III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below
- IV. PROCEDURE:
 - A. New Policies and/or Procedures
 1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS using the attached form. Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
 2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
 3. A first draft will be developed from the proposal by VC EMS staff for presentation at the PSC meeting.
 4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/procedure to be assessed.
 5. If special committees are assigned:
 - a. The evaluation will take place as quickly as possible. Representatives of the special committees will confer as needed.

- b. The consensus evaluation and consensus recommendations will be presented to the PSC for further action.
 6. The EMS Medical Director and EMS Administrator will receive copies of all comments to proposals and draft policies for review and comment.
 7. Proposals and policies may be distributed to potentially affected provider agencies and/or organizations, as appropriate for review and comment.
- C. Amendments/Revisions to Existing Policies
 1. Suggestions for amendment/revision to an existing policy will be submitted to VC EMS for review by the EMS Medical Director and EMS Administrator using the attached form.
 2. The item will be placed on the agenda of the next meeting of the PSC.
 3. Information regarding discussion and recommendations will be submitted to the EMS Medical Director for appropriate action.
- D. Individuals submitting a proposed policy/procedure, or an amendment to an existing policy must be present at PSC to discuss.



Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by: _____ Date: _____

Representing: _____

A. Description

Title of Agenda Item: _____

Description of Item

B. Analysis

How will this enhance the Ventura County EMS System?

Advantages

Disadvantages

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

C. EMS Agency Review

Received by VC EMS Agency: _____

Reviewed by EMS Administrator: _____

Assigned to:

_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____

EMS Staff Review Summary

D. Disposition

- Add as PSC Agenda item on: _____
- Inadequate or incomplete information - return submission
- Not to be addressed at this time, resubmit in _____.
- Adopt item
- Refer to: (for review and comment)
 - CQI Subcommittee
 - EMD Subcommittee
 - Prehospital Educators
 - MCI Subcommittee
 - Other: _____

EMS Administrator Signature: _____ Date: _____