



Virtual	Pre-hospital Services Committee Agenda	September 08, 2022 9:30 a.m.
I. Introductions		
II. Approve Agenda		
III. Minutes		
IV. Medical Issues		
A. Coronavirus/Monkeypox Update		Dr. Shepherd/Steve Carroll
V. New Business		
A. 2023 PSC Meeting Schedule		Steve Carroll
B. 604 Transport Destination Guidelines		Adriane Gil-Stefansen
C. 705.17 Nerve Agent Organophosphate		Chris Rosa
D. 723 Continuous Positive Airway Pressure (CPAP)		Andrew Casey
E. 735 Push Dose Epinephrine		Andrew Casey
F. 1100 EMT Program Approval		Chris Rosa
G. 1100 EMT Program Approval Checklist		Chris Rosa
VI. Old Business		
A. Other		
VII. Informational/Discussion Topics		
A. 440 Code STEMI Interfacility Transfer	(Approved at STEMI)	Adriane Gil-Stefansen
B. 450 ASC Designation	(Approved at Stroke)	Adriane Gil-Stefansen
C. 451 Stroke Triage and Destination	(Approved at Stroke)	Adriane Gil-Stefansen
D. 460 IFT Emergency Dept. Stroke Patients	(Approved at Stroke)	Adriane Gil-Stefansen
E. 715 Needle Thoracostomy	(Approved at TORC)	Karen Beatty
F. 717 Intraosseous Infusion	(Approved at TORC)	Karen Beatty
G. 1400 Trauma Care System General Provisions	(Approved at TORC)	Karen Beatty
H. 1401 Trauma Center Designation	(Approved at TORC)	Karen Beatty
I. 1404 Guidelines for IFT of Patients to a Trauma Center	(Approved at TORC)	Karen Beatty
VIII. Policies for Review		
A. 500 VCEMS Provider Agencies		
B. 501 ALS Provider Criteria		
C. 502 Advanced Life Support Service Provider Approval Process		
D. 506 Paramedic Support Vehicle		
E. 508 FR ALS Units		
F. 703 Medical Control at Scene Private Physician – Physician on Scene		
G. 803 EMT AED Service Provider Program Standards		
H. 1102 EMR Program Approval Checklist		
I. 1102 EMR Program Approval		
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		Approved	Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
III. Minutes		Approved	Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous
IV. Medical Issues			
A. Coronavirus Update	Steve told the committee that VCPH is preparing for a surge this fall as well as a very busy flu season.		
V. New Business			
A. 504 – BLS and ALS Equipment and Supplies	This policy has been updated with the columns renamed for easier identification. There was a discussion among the committee to see if they are open to carrying I-gel for BLS. This is an optional scope of practice for EMTS that was approved by the State. Oxnard Fire said they would be interested. Dr. Shepherd will be gathering more information and will report back to the committee. There is a proposed change from Joey Williams to increase atropine to 3 doses instead of 2, which was approved (only on ALS Units). Thermometers have been added for both BLS and ALS to carry. The Air Unit asked for ET size #4 & #5 to be removed which was approved.	Approved with changes	Motion: Dr. Larson Seconded: Jaime Villa Passed: unanimous
B. 607 – Hazmat Incident Response	Page 4, E1, remove “in” before “accordingly”. Heather Ellis asked that we make the language more direct for example, “transport of patient who has not been decontaminated is prohibited”. Jaime Villa suggests “decontaminate to the extent	Approved with changes.	Motion: Tom O'Connor Seconded: Dr. Tillis Passed: unanimous

	<p>possible as circumstances allow on scene". Dr. Larson suggested, "minimum decontamination must be done before transport". After discussion, Chris Rosa will make changes.</p> <p>Change to "transport of patients that have not been "at least grossly" decontaminated is prohibited.</p> <p>This language will also be changed on Page 4, 3f.</p>		
C. 705.27 – Sepsis Alert	<p>Change policy to add push-dose epi, add pediatrics and end-tidal O2. Removed ALOC in physiologic criteria. Add next to temperature for adult and pediatric "temperature of 100.4 or hot to the touch".</p>	<p>Tom O'Connor asked if we are going to add low temperature guidelines? Dr. Larson stated he would like to see it left out of this policy as there is too small of a percentage of low temperature patients. He feels they would be captured by other indicators other than temperature, feels strongly to treat the patient condition, not the temperature.</p>	<p>Motion: Tom O'Connor Seconded: Dr. Larson Passed: unanimous</p>
VI. Old Business			
A. Other	None reported.		
VII. Informational			
A. Training Bulletin – Emergency Interfacility Transfer	<p>Karen Beatty presented the Training Bulletin and the issues that prompted rescinding this to all hospitals. Steve Carroll gave multiple examples of the misuse of Code 3 transfers.</p>	<p>Karen Beatty will send out the Training Bulletin to all facilities in the next few days.</p>	
VIII. Policies for review			
A. 0615 – Organ Donor	<p>Tom O'Connor pointed out several formatting changes that will be addressed. Andrew Casey asked the committee if we should add phones to "reasonable search" definitions. Chris Rosa agrees and will change to match the EPCR Terminology.</p>	<p>Approved with changes</p>	<p>Motion: Tom O'Connor Seconded: Dr. Tilles Passed: unanimous</p>
B. 0618 – Unaccompanied Minors	<p>Page 1, IV4a, after the change to, "parents and/or legal guardians of the patient". Page 1, IVC, add same language after parents.</p>	<p>Approved with changes.</p>	<p>Motion: Dr. Sikes Seconded: Tom O'Connor Passed unanimous</p>

C. 0619 – Safely Surrendered Baby	Tom O'Connor questioned if the paperwork is in the packet or is it electronic. Heather Ellis stated it is a paper packet	Approved.	Motion: Dr. Larson Seconded: Dr. Sikes Passed unanimous
D. 0624 – Patient Medications	No changes	Approved.	Motion: Tom O'Connor Seconded: Dr. Sikes Passed unanimous
E. 0716 - Use of Pre-existing Vascular Access Device	Minor format changes. Chris Rosa will update.	Approved.	Motion: Dr. Tillis Seconded: Tom O'Connor Passed unanimous
F. 0725 - TASER	Minor format changes. Chris Rosa will update.	Approved	Motion: Dr. Larson Seconded: Jaime Villa Passed unanimous
IX. Agency Reports			
A. Fire departments	VCFPD – Thank you Dr. Chase for all you have done for our department. You will be missed by all. Dr. Canby will be replacing Dr. Chase. VCFD – They are swearing in fire fighters tomorrow night. There will be new firefighter graduates in a few weeks. Dr. Larsen will be taking over for Dr. Chase. OFD – none Fed. Fire – none FFD – none		
B. Transport Providers	AMR/GCA/LMT – Thank you to all the PCCs for the excellent CE training you did on Monday. AIR RESCUE – none		
C. Base Hospitals	AHSV – Thank you to all PSC members for helping with this years' MICN class. The neuro intervention program has started. LRRMC – none SJRMIC – Staffing issues. VCMC – New residents start on July 1 st at VCMC and SPH. VCMC hired 10 ER nurses.		
D. Receiving Hospitals	PVH – They are increasing levels. SPH – none CMH / OVCH – none		

E. Law Enforcement	VCSO –none CSUCI PD – none Parks – none	
F. ALS Education Programs	Ventura College – Class #24 is doing their clinical rotations. Field internships will begin July and August. Orientation for Class #25 and Class #26 were completed. There will be 24 students in each class. Friday @ 3pm is graduation. Thank you to all the ER doctors for helping the paramedic students.	
G. EMS Agency	Chris – Policy packet went out for EMS update. Today’s policies will be added and be sent out to PSC. Andrew Casey and Dr. Shepherd are working out new ways on presenting EMS updates. I want to thank the Committee for your patience during this process. Dr. Shepherd – Thank you so much Dr. Chase for all your advice, consultation, and counseling. You will be missed. Steve – We appreciate Dr. Chase for the many things he has done to improve the EMS system and your retirement is well deserved. Traci Holt was promoted, and we have two additional positions we are trying to fill. Karen – Thank you Dr. Chase for all the support you gave to a young nurse just starting out.	
H. Other		
X. Closed Session		
A. All Town Ambulance	Steve Carroll presented information on the All Town Ambulance application. Jaime Villa motioned to move forward with BLS approval only at this time. If they go to ALS/CCT it should come back to PSC for approval. Heather Ellis agrees with motion and will sign her name on the approval letter. Steve anticipates this will go before the Board of Supervisors around August 2022.	Motion: Jaime Villa Seconded: Dr. Sikes Passed unanimous
XI. Closing	Meeting adjourned at 12:00	Motion: Dr. Larsen Seconded: Dr. Gillett Passed unanimous

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transport and Destination Guidelines		Policy Number 604	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	December 1, 2022 July 1, 2020
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date:	December 1, 2022 July 1, 2020
Origination Date:	June 3, 1986		
Date Revised:	September 8, 2022 March 12, 2020		
Date Last Reviewed:	September 8, 2022 March 12, 2020	Effective Date:	December 1, 2022 July 1, 2020
Review Date:	September 30, 2024 March 31, 2022		

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

The most accessible facility shall ordinarily be the nearest hospital emergency department, except for:

 1. Base Hospital Direction for ALS patients
 - a. Upon establishment of voice communication, the Base Hospital is responsible for patient management until the patient reaches a

hospital and medical care is assumed by the receiving hospital.

Paramedics will continue to follow their ALS Standing Orders

- b. The Base Hospital may direct that the patient be transported to a more distant hospital which in the judgment of the BH physician or MICN is more appropriate to the medical needs of the patient.
- c. Patients may be diverted in accordance with Policy 402.

- 2. Patients transported in BLS ambulances demonstrating conditions requiring urgent ALS care (e.g., unstable vital signs, chest pain, shortness of breath, airway obstruction, acute unconsciousness, OB patient with contractions), shall be transported to the nearest hospital emergency department prepared to receive emergency cases.

D. "Decisive Factors to the Contrary"

Decisive factors to the contrary for BLS or ALS patients include, but are not limited to, the following:

- 1. Prepaid Health Plans
 - a. EMS personnel shall not request information on insurance or delay transport or treatment while determining insurance status.
 - b. A member of a group practice prepayment health care service who volunteers such information and requests a specific facility may be transported according to that plan when the ambulance personnel or the Base Hospital determines that the condition of the member permits such transport. Therefore when the Base Hospital contact is made the Base Hospital must always be notified of the patient's request.
 - c. However, when the on duty supervisor determines that such transport would unreasonably remove the ambulance unit from the service area, the member may be transported to the nearest hospital capable of treating the member.
- 2. Patient Requests
 - a. When a person or his/her legally authorized representative requests emergency transportation to a hospital other than the most accessible emergency department, which may include out of the county, the request should be honored when ambulance personnel, BH physician or MICN determines that the condition of

the patient permits such transport. Therefore when the Base Hospital contact is made the Base Hospital must always be notified of the patient's request.

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

3. Private Physician's Requests

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

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

4. Physician on Scene per VC EMS Policy 703

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

5. Direct Admits

When a patient's physician has arranged direct admission to a hospital, the patient should be transported to that hospital regardless of Emergency Department diversion status unless the Base Hospital

determines that the patient's condition requires that s/he be transported to a more appropriate facility.



- E. "Medical facilities equipped, staffed and prepared to administer care appropriate to needs of the patients."
1. Paramedics treating patients that meet trauma criteria Steps 1-3 in VCEMS Policy 1405 will make Base Hospital contact with a designated Trauma Center. The Trauma Center MICN or ED physician will direct the patient to either the Trauma Center or a non-trauma hospital.
 2. Patients who meet STEMI criteria in VC EMS Policy 726 will be transported to a STEMI Receiving Center.
 - ~~3.~~ Patients who are treated for a *medical* cardiac arrest and achieve sustained return of spontaneous circulation (ROSC) will be transported to a STEMI Receiving Center.~~;~~
 - ~~3.~~
 - ~~4.~~ Patients who meet Stroke or ELVO criteria in VC EMS Policy 451 will be transported to an Acute Stroke Center or a TCASC.~~;~~

Nerve Agent / Organophosphate Poisoning	
The incident commander is in charge of the scene, and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.	
ADULT	PEDIATRIC
BLS Procedures	
<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of organophosphate exposure and/or nerve agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist • Severe Exposure: IM x 3 in rapid succession, rotating injection sites 	
ALS Standing Orders	
<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents</i></p> <p><i>If not already administered by BLS personnel:</i></p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist • Severe Exposure: IM x 3 in rapid succession, rotating injection sites <p>When Mark I or DuoDote Antidote kit is not available:</p> <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> • Mild or Severe Exposure: <ul style="list-style-type: none"> • IV/IO – 2 mg • May repeat q 5 minutes for persistent symptoms <p>For seizures:</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> • IV/IO – 2 mg <ul style="list-style-type: none"> • Repeat 1 mg q 2 min as needed • Max 5 mg • IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg 	<p><i>Patients that are exhibiting obvious signs of exposure (SLUDGEM) of Organophosphate exposure and/or Nerve Agents</i></p> <p><i>If not already administered by BLS personnel:</i></p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit (If Available) <ul style="list-style-type: none"> • Mild Exposure: IM x 1 <ul style="list-style-type: none"> • May repeat in 10 minutes if symptoms persist • Severe Exposure: IM x 3 in rapid succession, rotating injection sites <p>When Mark I or DuoDote Antidote kit is not available:</p> <ul style="list-style-type: none"> • Atropine <ul style="list-style-type: none"> • Mild or Severe Exposure: <ul style="list-style-type: none"> • IV/IO – 0.05 mg/kg • May repeat every 5 minutes for persistent symptoms <p>For seizures:</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Repeat q 2 min as needed • Max single dose 2 mg • Max total dose 5 mg • IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max 5 mg
Base Hospital Orders Only	
Consult with ED Physician for further treatment measures	
<ul style="list-style-type: none"> • DuoDote contains 2.1 mg Atropine Sulfate and 600 mg Pralidoxime Chloride. • Diazepam is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure. Paramedics may administer diazepam using the following dosages for the treatment of seizures: <ul style="list-style-type: none"> • Adult: 5 mg IM/IV/IO q 10 min titrated to effect (<i>max 30 mg</i>) • Pediatric: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect (<i>max total dose 10 mg</i>) • Mild Exposure symptoms: <ul style="list-style-type: none"> • Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, bradypnea or tachypnea, nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia, SOB, muscle weakness and fasciculations, GI effects. • Severe Exposure: <ul style="list-style-type: none"> • Strange, confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils, involuntary defecation, urination 	

Effective Date: December 1, 2022
Next Review Date: February 28, 2024

Date Revised: February 10, 2022
Last Reviewed: February 10, 2022


 VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuous Positive Airway Pressure (CPAP)		Policy Number: 723	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	June 1, 2018 <u>December 1, 2022</u>
APPROVED: Medical Director	 Daniel Shepherd, MD	Date:	June 1, 2018 <u>December 1, 2022</u>
Origination Date:	December 2004		
Date Revised:	April 12, 2018 <u>September 8, 2022</u>	Effective Date:	<u>December 1, 2022</u>
Last Reviewed:	April 12, 2018 <u>September 8, 2022</u>		June 1, 2018 <u>2022</u>
Review Date:	<u>September 8, 2024</u> April 30, 2021		

I. PURPOSE: To define the indications, procedure and documentation for the use of Continuous Positive Airway Pressure (CPAP) by EMS Personnel

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Division 9, Section 100063.

III. POLICY: —EMS Personnel may utilize CPAP on patients in accordance with Ventura County Policy 705.

IV. PROCEDURE:

A. Training: Prior to using CPAP EMS Personnel must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.

B. Indications:

1. CPAP is indicated for all causes of severe respiratory distress or respiratory failure when absolute contraindications are not present

~~Patients age 8 and above with one or more of the following:~~

- ~~1. Congestive Heart Failure with acute pulmonary edema~~
- ~~2. Near drowning~~
- ~~3. Any cause of respiratory failure.~~

B. Contraindications:

1. Absolute

- ~~a.~~ Respiratory or cardiac arrest
- ~~b.~~ Agonal respirations

3. ~~e.~~ Unconsciousness
4. ~~e.~~ Pneumothorax
5. Inability to maintain / protect airway patency
 - ~~a.~~ Continuous Positive Airway Pressure (CPAP)
 - ~~b.~~ ~~f.~~ Inability to maintain airway patency
 - ~~c.~~ ~~g.~~ Head injury with increased ICP

2. ~~Relative:~~

- ~~a.~~ Decreased LOC
- ~~b.~~ Unable to tolerate mask
- ~~c.~~ Systolic blood pressure < 90 mmHg
- ~~d.~~ Vomiting

E. Patient Treatment

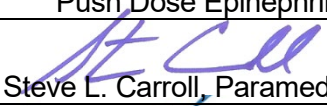
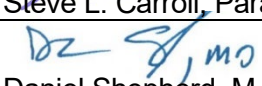
1. ~~1.~~ Place patient in an upright seated position to aid respiratory effort, with legs dependent
- 1.2. Apply nasal EtCO₂ measurement device. Assess and begin monitoring of continuous waveform capnography.
- 2.3. ~~2.~~ Monitor ECG, ~~(if available)~~, Vital signs, SpO₂, and continuous waveform capnography.
- 3.4. ~~3.~~ Set up CPAP system
- 4.5. ~~4.~~ Explain procedure to patient.
- 5.6. ~~5.~~ Apply mask while reassuring patient.
7. ~~6.~~ Frequently reevaluate patient. Normally, the patient ~~should will~~ improve in the first 5 minutes with CPAP. Improvement may be observed, as evidenced by a decreased heart rate, respiratory rate and/or blood pressure, and an increased SpO₂, and normalization of EtCO₂ towards the normal range (35-45 mmHg).
8. Should the patient's condition worsen, assess lung sounds, capnography, and clinical circumstances. Closely consider, the following
 - a. Pneumothorax – When present, a pneumothorax will worsen, and may evolve into a tension pneumothorax, as a result of positive pressure ventilation. When strong suspicion of pneumothorax is present discontinue CPAP.
 - b. Inadequate Respiratory Rate – CPAP is likely to be utilized for patients who are deteriorating towards respiratory failure and/or respiratory arrest. Respiratory rate must be evaluated closely via direct observation and continuous waveform capnography. When inadequate respiratory rate,

agonal respirations, or respiratory arrest are present, or impending,
discontinue CPAP and support ventilations with BVM.

- c. Patient Complexity – Patient's requiring CPAP are likely to be clinically complex in nature. Their acute condition(s) may impact, and require support of, numerous body systems simultaneously. Consider the broader clinical context, and any additional treatment indicated in conjunction with CPAP.
~~become worse with CPAP, remove the CPAP device and assist ventilations with BVM as needed.~~

D. DOCUMENTATION

1. ~~4.~~ VCePCR, including attached medical device data, will be completed per VCEMS policy 1000.~~The use of CPAP must be documented.~~
2. ~~2.~~ Vital signs, ~~and~~ SpO₂, and EtCO₂ must be documented every 5 minutes.
- ~~3.~~ ~~3.~~ Narrative documentation should include a description of the patient's response to CPAP.
- ~~4.~~ ~~3.~~ _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Push Dose Epinephrine		Policy Number 735	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date:	December 1, 2019 <u>December 1, 2022</u>
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date:	December 1, 2019 <u>December 1, 2022</u>
Origination Date:	January 10, 2019		
Date Revised:	<u>September 8, 2022</u>		
Date Last Reviewed:	<u>September 8, 2022</u>	Effective Date:	December 1, 2019 <u>December 1, 2022</u>
Review Date:	<u>September</u> January 30, 202 <u>40</u>		

- I. PURPOSE: To define the indications, contraindications, and procedure related to administration of push dose epinephrine
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169
- III. POLICY: Paramedics may administer push dose epinephrine to adult and pediatric patients as defined by VCEMSA treatment protocols.
- IV. Procedure:
 - A. Classification
 1. Sympathomimetic agent (catecholamine)
 - B. Indications
 1. Anaphylaxis with shock (ref: 705.02 – Allergic reaction / anaphylaxis)
 2. Hypotension secondary to presumed cardiogenic shock (ref: 705.09 – Chest Pain – Acute Coronary Syndrome, 705.21 – SOB – Pulmonary Edema)
 3. Hypotension secondary to Crush Injury (ref: 705.11 – Crush Injury)
 4. Symptomatic bradycardia (ref: 705.24 – Symptomatic Bradycardia)
 5. Sepsis Alert (ref: 705.27 – Suspect Shock)
 - 4-6. Deteriorating patient condition with unknown shock etiology
 - C. Contraindications
 1. None
 - D. Adverse Effects

Cardiovascular	Neurological	Gastrointestinal
Tachycardia	Anxiety	Nausea / Vomiting
Hypertension	Dizziness	
Chest Pain	Headache	
Palpitations	Tremors	
Arrhythmias		

E. Actions

Increases blood pressure and cardiac output via stimulation of alpha and beta adrenergic receptors.

F. Preparing the Concentration

1. Adults and Pediatrics

- Using a “cardiac preload”: 1 mg/10mL (0.1 mg/mL or 100 mcg/mL)
 - Supplies Needed
 - 1 – 0.1 mg/mL epinephrine preload syringe
 - 1 – 100 mL bag of 0.9% normal saline
 - 1 – 1 mL syringe
 - Mixing Instructions
 - Push 10 mL of 0.1 mg/mL epinephrine from preload into 100mL bag of normal saline
 - Final concentration is essentially 10 mcg/mL (0.01 mg)

2. Points to Remember

- Confirm your concentration prior to mixing
- Maintain sterile technique
- Label the bag with the drug name and final concentration
 - Example: “Epinephrine 10 mcg/mL”
- DO NOT administer epinephrine and sodium bicarbonate in the same vascular access line and/or location unless that line has been flushed with at least 10mL of normal saline.

G. Dosing

1. Adults

- 1mL (10mcg) every 2 minutes, slow IV/IO push
 - Titrate to SBP of greater than or equal to 90 mm/Hg

2. Pediatrics

- 0.1 mL/kg (1 mcg/kg) every 2 minutes, slow IV/IO push
 - Max single dose of 1 mL or 10 mcg
 - Titrate to SBP of greater than or equal to 80 mm/Hg

H. Communication and Documentation

1. Communicate the use of push dose epinephrine to base hospital
 - Include final concentration delivered
 - Report total amount of push dose epinephrine administered, total elapsed time of administration, and patient response
2. Administration of epinephrine and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)

I. Alternative Concentrations

1. In the event of a shortage that limits a provider agency from obtaining the necessary 100 mL bags of normal saline solution, please see below for acceptable alternatives:
 - Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 10 mcg per 1 mL.
 - Draw 5 mL of from epinephrine preload into 50 mL bag of normal saline. This essentially creates a solution of 10 mcg per 1 mL.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Training Program Approval		Policy Number 1100	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: February 2001		Effective Date: <u>DRAFT</u>	
Date Revised: July 13, 2017			
Date Reviewed: July 13, 2017			
Review Date: <u>July, 2020</u>			

- I. PURPOSE: To identify the procedure for approval of Emergency Medical Technician programs in Ventura County in accordance with the California Code of Regulations. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.

- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 2, Article 3, ~~Sections 100065—10078~~

- III. POLICY: EMT training may be offered only by approved training programs.
 - A. The ~~a~~Approving ~~a~~Authority for Emergency Medical Technician (EMT) training programs that will be managed or conducted by a qualified statewide public agency shall be the Director of the California EMS Authority. This shall apply to the California Highway Patrol, California Department of Forestry, etc.
 - ~~B.~~ The approving authority for Emergency Medical Technician training programs located within the County of Ventura shall be the ~~local emergency medical services agency~~ (Ventura County Emergency Medical Services Agency (VCEMS)).
 - ~~B-C.~~ The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.
 - ~~C-D.~~ Programs eligible for program approval shall be limited to: EMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, and private ~~post-secondary~~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 of the United States including the 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 Medical Service pursuant to the provisions of Title 22, Division 5 of the California Code of Regulations; and
 - b. Provide continuing education to other healthcare professionals.
4. Agencies of government, including public safety agencies.
5. Local EMS Agencies

IV. PROCEDURE for EMT Training Program Approval:

- A. The Ventura County EMS Agency shall review and approve the following prior to approving an EMT training program:
 1. A table of contents listing the required information detailed below, with corresponding page/section numbers
 2. A written request for training program approval, signed by the training program director.
 3. A statement verifying usage of the US Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
 4. A statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section 100075 of the California Code of Regulations
 5. Statement signed by training program director that all psychomotor skills outlined in Attachment A of this policy shall be taught, and that all students enrolled in course have been given multiple opportunities to practice required skills in person.
 6. A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course
 7. Session guides and lesson plans for course(s) taught by program
 8. Samples of cognitive (written) and psychomotor skills examinations used for periodic testing

9. Statement verifying that training program meets psychomotor skills testing requirements, and that all skills listed on the California EMS Authority's Skills Competency Verification Form (EMSA-SCV) are included in the testing.
 10. Copies of checklists and/or verification documents used for final psychomotor skills competency exam.
 11. A final cognitive (written) examination
 12. Statement signed by training program director that a comprehensive performance improvement plan will be required when program performance falls below 3-year average of 80% on 1st pass rate for NREMT cognitive (written) examination.
 13. The name and qualifications of the EMT training program director, program clinical coordinator, and principal instructor(s)
 14. Provisions for clinical experienced, as defined in Section IV.D of this policy
 15. Provisions for course completion by challenge, including a challenge examination (if different from the final examination)
 16. Provisions for a twenty-four (24) hour refresher course including items 1-6 detailed above, required for recertification
 - a. A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website, <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>.
 17. Statement signed by training program director that an annual report shall be submitted within 45 days of year end. Report shall contain minimum content as outlined in Section IV.L.6 of this policy.
 18. The location at which the courses are to be offered and their proposed dates and times for each class
- B. The Ventura County EMS Agency shall provide, upon request by the California EMS Authority, any or all materials submitted by an EMT training program pursuant to the requirements of this policy for the purposes of assuring all applicable sections of the California Health and Safety Code and/or California Code of Regulations are being met.

C. Didactic and Psychomotor Skills Laboratory

1. An approved EMT training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during psychomotor skills practice/laboratory sessions.

D. Clinical Experience for EMT

1. Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement (s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s).
 - a. Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.
 - b. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

E. Teaching Staff

1. Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this policy precludes the same individual from being responsible for more than one of the functions outlined below.
2. Program Director
 - a. Each EMT training program shall have an approved program director who shall 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. Examples of 40 hours of instruction in teaching methodology include, but are not limited to the following:
 - 1) Four (4) semester units of upper division credit in educational materials, methods, and curriculum development or equivalent; OR,
 - 2) California State Fire Marshall (CSFM) Instructor I and II; OR,
 - 3) National Fire Academy's (NFA) Fire Instructional Methodology Course; OR,
 - 4) National Association of EMS Educators (NAEMSE) Level I Instructor Course.
 - b. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to the following:

- 1) Administering the training program
- 2) Approving course content
- 3) Approving all written examinations and the final skills examination
- 4) Coordinating all clinical and field activities related to the course
- 5) Approving the principal instructor(s) and teaching assistants
- 6) Signing all course completion records
- 7) Assuring that all aspects of the EMT training program are in compliance with this chapter and other related laws
- 8) Serving as the primary point of contact between the training program and the Ventura County EMS Agency

3. Clinical Coordinator

- a. Each training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

- 1) Responsibility for the overall quality of medical content of the program
- 2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s)

4. Principal Instructor(s)

- a. Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall 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 and shall meet the following qualifications:

- 1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently licensed in California; or,
- 2) Be an Advanced EMT or EMT who is currently certified in California.
- 3) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
- 4) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is

assigned. All principal instructors from approved EMT training programs shall meet the minimum qualifications as specific above.

b. Examples of 40 hours of instruction in teaching methodology include, but are not limited to the following:

- 1) Four (4) semester units of upper division credit in educational materials, methods, and curriculum development or equivalent; OR,
- 2) California State Fire Marshall (CSFM) Instructor I and II; OR,
- 3) National Fire Academy's (NFA) Fire Instructional Methodology Course; OR,
- 4) National Association of EMS Educators (NAEMSE) Level I Instructor Course.

5. Teaching Assistant(s)

- a. Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

F. Components of an Approved Program

1. An approved EMT training program shall consist of the following:
 - a. The EMT course, including clinical experience;
 - b. Periodic and final written and psychomotor skills competency examinations to include all skills listed in section IV.H.3 of this policy;
 - c. A challenge examination;
 - d. A refresher course required for renewal or reinstatement.
2. Ventura County EMS Agency may approve a training program that only offers refresher course(s).

G. EMT Training Program Required Course Hours

1. The EMT course shall consist of not less than one hundred seventy (170) hours. These training hours shall be divided into:
 - a. A minimum of one hundred forty-six (146) hours of didactic instruction and psychomotor skills laboratory; and
 - b. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient

contacts wherein a patient assessment and other EMT skills are performed and evaluated.

1) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts

c. The minimum hours shall not include the NREMT cognitive and/or the psychomotor skills examinations for EMT certification.

H. Required Course Content

1. The content of an EMT course shall meet all of the objectives contained in the U.S. current Department of Transportation (DOT) National EMS Education Standards;

2. In addition to National EMS Education Standards, EMT course shall meet all requirements outlined in California Code of Regulations, Title 22, Chapter 2, Section 100075.

3. Students shall be given multiple opportunities to practice all skills included in the National EMS education standards, as well as any additional skills outlined in Sections 100063 and 100075 of the California Code of Regulations. These specific skills requirements are outlined in Attachment A of this policy.

a. Simulated or virtual experiences related to psychomotor skills practice will not be permitted, unless specifically granted under special provision or directives issued by the Ventura County EMS Agency and/or the California EMS Authority.

a.—As part of the provision of four (4) hours of tactical casualty care, students shall participate in a live exercise that allows the practical application of skills and concepts related to the content

4. All applicants shall complete Incident Command System (ICS) 100 and 700 training prior to completion of the course.

I. Required Testing

1. EMT training program shall include periodic and final competency-based examinations to test the knowledge and psychomotor skills specified in Section 100075 of the California Code of Regulations, and in the National EMS Education Standards.

2. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course.
3. Satisfactory performance shall be determined by preestablished standards, developed by the training program director and clinical coordinator, and approved by the Ventura County EMS Agency at the time of program approval / re-approval.
4. The final psychomotor skills exam shall include, at a minimum, all skills listed on the current version of the California EMS Authority's Skills Competency Verification form, EMSA-SCV.

J. EMT Training Program Course Completion Record

1. An approved EMT training program shall issue a tamper resistant course completion record to each person who has successfully completed the EMT course, refresher course, or challenge examination.
2. The course completion record shall contain the following information:
 - a. The name of the individual.
 - b. The date of the course completion.
 - c. Type of EMT course completed (i.e. EMT, refresher, or challenge), and the number of hours completed
 - d. The signature of the training program director
 - e. The name and location of the training program issuing the record
 - f. Statement: "This EMT training program has been approved by the Ventura County EMS Agency"
 - g. Statement in bold and capitalized print: "THIS IS NOT AN EMT CERTIFICATE"
 - h. Statement: This program includes required didactic and psychomotor skills training in Epinephrine, Glucometer, Naloxone, and four hours of Basic Tactical Casualty Care".
3. Within fifteen (15) days of course completion, each program shall submit the VCEMSA EMT Course Completion Roster that is attached to this policy. Students will not be processed for certification until the course completion roster is received by VCEMS.

K. EMT Training Program Course Completion Challenge Process

1. An approved EMT training program shall have a defined process for any EMT challenge request/application, and shall offer the EMT challenge psychomotor skills and cognitive examination in conjunction with regularly scheduled testing periods.
2. EMT course completion eligibility and challenge process shall be carried out in accordance with VCEMS Policy 304 – EMT Course Completion by Challenge Examination

L. EMT Training Program Review and Reporting

1. All program materials specified in this policy and in applicable Sections of the California Code of Regulations shall be subject to periodic review by the Ventura County EMS Agency.
2. All programs shall be subject to periodic on-site (announced and/or unannounced) evaluation by the Ventura County EMS Agency
3. EMT training program shall submit a schedule of psychomotor skills labs for each scheduled course (hybrid and/or traditional programs) that includes dates and list of psychomotor skills that are scheduled to be practiced on each date.
4. In the event that an approved EMT training program wishes to add a course to the schedule, notification shall be submitted in writing to the Ventura County EMS Agency no less than sixty (60) calendar days prior to the proposed start date.
5. The EMT training program shall notify the Ventura County EMS Agency in writing, in advance when possible, and in all cases within thirty (30) calendar days of any change in the following:
 - a. Program director
 - b. Clinical coordinator
 - c. Principal instructor(s)
 - d. Change of address, phone number or primary point of contact
 - e. Change in course content or course hours of instruction
6. The EMT training program shall submit an annual report to the Ventura County EMS Agency within 45 days of year end. At minimum, this report shall be comprised of the following:

- a. Any changes to course content for the coming year. This does not replace the requirement outlined in Section IV.L.5 of this policy
- b. Changes to any teaching staff and/or program leadership. This does not replace the requirement outlined in Section IV.L.5 of this policy
- c. A listing of course dates and locations for the coming year.
- d. The number of students that successfully completed the program (broken down by term) versus number of students originally enrolled for the same period of time.

M. Quality Assurance and Improvement

1. At the time of approval and subsequent application for program re-approval, each EMT training program shall submit a comprehensive quality assurance and improvement plan that, at a minimum, addresses the following:
 - a. Methods of student remediation
 - b. Methods of student evaluation in demonstrating competency in both cognitive concepts and practical application of psychomotor skills.
 - c. A plan for continuous review and update of examinations and student materials
 - d. Identifies the text and resource materials that will be utilized by the program
 - e. Samples of student course evaluations
2. Any program that fails to maintain a three-year average 1st-Pass rate of 80% on the NREMT cognitive examination shall submit a comprehensive improvement plan to the Ventura County EMS Agency that outlines necessary steps to achieve the desired benchmark.
 - a. Data from the National Registry of EMTs will be pulled by the Ventura County EMS Agency on a quarterly basis and shared with EMT programs

N. Withdrawal of EMT Training Program Approval

1. Failure to comply with the provisions of this policy may result in the denial, suspension, or revocation of EMT training program approval by the Ventura County EMS Agency

2. The requirements for training program noncompliance notification and actions are as follows:
 - a. The Ventura County EMS Agency shall provide notification of noncompliance with the requirements of this policy and/or the regulations outlined in applicable sections of the California Code of Regulations. The notification shall be in writing and will be sent by certified mail to the EMT training program director.
 - b. Within fifteen (15) working days from receipt of the noncompliance notification the approved EMT training program shall submit in writing, by certified mail, to the Ventura County EMS Agency on of the following:
 - 1) Evidence of compliance with the provisions of this policy and applicable sections of the California Code of Regulations
 - 2) A plan to comply with the provisions of this policy and applicable sections of the California Code of Regulations within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
 - c. Within fifteen (15) working days from receipt of the EMT training program's response, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the EMT training program, the Ventura County EMS Agency shall issue a decision letter by certified mail to the California EMS Authority and the EMT training program. The letter shall identify the Ventura County EMS Agency's decision to take one or more of the following actions:
 - 1) Accept the evidence of compliance provided.
 - 2) Accept the plan for meeting compliance.
 - 3) Place the program on probation.
 - 4) Suspend or revoke the EMT training program approval.
 - d. The decision letter shall also include, but not be limited to, the following:
 - 1) The date of the Ventura County EMS Agency's decision;
 - 2) Specific provisions found noncompliant by the training program approving 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; and
- 5) The revocation effective date, if applicable.
- e. If the EMT training program found noncompliant with the requirements of this policy, or with applicable sections of the California Code of Regulations does not comply with subsection b outlined above, the Ventura County EMS Agency may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described above.
- f. The Ventura County EMS Agency shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter, as described above.

~~A. Program Approval~~

- ~~1. Eligible training programs shall submit a written request for EMT program approval to the Ventura County EMS Agency (VCEMS).~~
- ~~2. The Ventura County EMS Agency shall review and approve the following prior to approving an EMT training program.~~
 - ~~a. A statement verifying usage of the United States Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).~~
 - ~~b. A statement verifying CPR training equivalent to the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT Basic course.~~
 - ~~c. Samples of lesson plans including:
 - ~~1) At least two lecture or didactic sessions, and~~
 - ~~2) At least two practical (skills or psychomotor) sessions.~~~~
 - ~~d. Samples of written and skills examinations used for periodic testing, including:
 - ~~1) At least two written examinations or quizzes.~~
 - ~~2) A final skills competency examination~~
 - ~~3) A final written examination~~~~

- ~~e. The certification written examination shall be the National Registry EMT Cognitive Examination. National Registry examinations will be administered by the approved National Registry testing site.~~
- ~~f. The final skills examination shall be administered by the approved EMT training program. Each training program shall adopt the National Registry EMT psychomotor skills examination.~~
- ~~g. Educational Staff:
Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.~~
 - ~~1) Program Director: Each EMT training program shall have an approved program director who shall 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. Following, are examples of courses that meet the required instruction in teaching methodology:
 - ~~a) California State Fire Marshal Fire Instructor 1A and 1B,~~
 - ~~b) National Fire Academy's Instructional Methodology,~~
 - ~~c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.~~~~
 - ~~2) Duties of the Program Director, in coordination with the Clinical Coordinator, shall include but not be limited to:
 - ~~a) Administering the training program~~
 - ~~b) Approving course content~~
 - ~~c) Approving all written examinations and the final skills examination.~~
 - ~~d) Coordinating all clinical field activities related to the course.~~
 - ~~e) Approving the principal instructor(s) and teaching assistants.~~~~

- ~~f) — Assuring that all aspects of the EMT training program are in compliance with all applicable VCEMS policies and other related laws.~~
- ~~g) — Signing all course completion records~~
- ~~3) — Clinical Coordinator: Must be either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five years. Duties of the program clinical coordinator shall include, but are not limited to:~~
 - ~~a) — Responsibility for the overall quality of medical content of the program;~~
 - ~~b) — Approval of the qualifications of the principal instructor(s) and teaching assistant(s).~~
- ~~4) — Principal Instructor:~~
 - ~~a) — Must be a physician, registered nurse, physician assistant or paramedic licensed in California; or,~~
 - ~~b) — Be an EMT or Advanced EMT who is currently certified in California~~
 - ~~c) — Have at least two years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five years.~~
 - ~~d) — Shall be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty (40) hours in teaching methodology. See IV.A.2.g.1)a-c for examples of courses that meet this requirement.~~
 - ~~e) — Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.~~
 - ~~f) — All principal instructors from approved EMT training programs shall meet the minimum qualifications outlined in this policy.~~
- ~~5) — Teaching Assistants~~

~~a) — Each training program may have teaching assistants who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.~~

~~h. — Provisions for Clinical Experience~~

~~1) — Each program shall have a written agreement with one or more general acute care hospital(s) and/or operational ambulance provider and/or rescue vehicle provider sufficient to ensure clinical rotations for every student. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s).~~

~~2) — Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.~~

~~3) — No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.~~

~~4) — Every student shall be aware of clinical expectations and exactly what skills and/or assessments they may utilize during the session.~~

~~5) — Students shall be clearly identified as an "EMT Student" by an easily identifiable means such as a nametag, smock, etc.~~

~~6) — The EMT Training Program shall develop a check sheet for verification of no less than five patient contacts during the session. Patient care simulations may be utilized to meet the contact requirements if less than five patients have been evaluated in the course of the clinical experience.~~

~~i. — Provisions for Course Completion by Challenge, including a challenge examination (if different from the program's final examination)~~

~~All applicants who wish to challenge course completion and certification shall be approved by the Ventura County EMS Agency, and shall meet~~

~~the requirements and provisions outlined in VCEMS Policy 304—EMT Course Completion by Challenge Examination. Each EMT Training Program shall provide a statement of understanding to the Ventura County EMS Agency at the time of initial program approval, and for subsequent re-approval applications.~~

~~j. Provisions for a twenty four (24) hour refresher course including subdivisions (1)–(6) above, required for recertification.~~

~~1) A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website, <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>
Refer to VCEMS policy 302, EMT Recertification~~

~~k. Course Location, Time, and Instructor Ratios~~

~~1) Each EMT Training Program shall submit an annual listing of course dates and locations.~~

~~2) In the event that an approved EMT Training Program wishes to add a course to the schedule, notification must be received in writing to VCEMS no less than sixty days prior to the proposed start date.~~

~~3) No greater than ten students shall be assigned to one instructor during the practical portion of course.~~

~~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) Must permit skills testing so that smaller break-out groups are isolated from one another.~~

~~4) 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.~~

~~n. Quality Assurance and Improvement~~

- ~~1) Each program shall submit a quality assurance and improvement plan that addresses the following:
 - ~~a) Methods of student remediation.~~
 - ~~b) A plan for continuous review and update of examinations and student materials.~~
 - ~~c) Identify the text and resource materials that will be utilized by the program.~~
 - ~~d) Samples of student course evaluations~~~~

~~e. Research Agreement Decree~~

- ~~1) Each approved program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services system in Ventura County.~~

~~3. Program Approval Time Frames~~

- ~~a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:
 - ~~1) The request for approval has been received,~~
 - ~~2) The request does or does not contain all required information, and~~
 - ~~3) What information, if any, is missing from the request for EMT program approval.~~~~
- ~~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, not to exceed three (3) months.~~
- ~~c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.~~
- ~~d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.~~
- ~~e. VCEMS will 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, frequency and cost for both basic and refresher courses, student eligibility, and program approval / expiration date of the program approval.~~

~~4. Withdrawal of Program Approval~~

~~a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by VCEMS.~~

~~b. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:~~

~~1) VCEMS shall notify the EMT training program director in writing, by registered mail, of the provisions of this policy with which the EMT training program is not in compliance.~~

~~2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMT training program shall submit in writing, by registered mail, to VCEMS one of the following:~~

~~a) Evidence of compliance with the provisions outlined in this policy, or~~

~~b) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.~~

~~c. Within fifteen (15) working days of the receipt of the response from the approved EMT training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMT training program, VCEMS shall notify the California EMS Authority and the approved EMT 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 EMT training program approval.~~

~~d. If VCEMS decides to suspend, revoke, or place an EMT training program on probation the notification specified in IV.A.4.c of this policy 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 EMT training program.~~

~~B. Program Review and Reporting~~

- ~~1. All program materials are subject to periodic review by VCEMS.~~
- ~~2. All programs are subject to periodic on-site evaluation by VCEMS representatives.~~
- ~~3. VCEMS shall be advised of any program changes in course content, hours of instruction, or instructional staff.~~
- ~~4. Approved programs shall issue a tamper-resistant course completion record to each student who successfully meets all requirements for certification. This course completion record shall include:
 - ~~a. Student full legal name.~~
 - ~~b. The date the course was completed~~
 - ~~c. The type of EMT course completed (i.e., EMT, refresher, or challenger).~~
 - ~~d. Number of hours of instruction completed.~~
 - ~~e. The name and signature of the program director.~~
 - ~~f. The name and location of the training program issuing the record.~~
 - ~~g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)~~
 - ~~h. The following statements in bold print:
 - ~~1) "THIS IS NOT AN EMT CERTIFICATE"~~
 - ~~2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and is recognized statewide.~~~~~~
- ~~5. Each program shall submit a course completion roster on the appropriate form provided by VCEMS. Students will not be processed for certification until the course completion roster is received by VCEMS.~~

~~C. Required Course Hours~~

- ~~1. The minimum course hours shall consist of not less than one hundred seventy (170) hours. These hours shall be divided as follows:
 - ~~a. A minimum of one hundred forty-six (146) hours of didactic instruction and skills laboratory; and~~
 - ~~b. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented~~~~

~~patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.~~

~~1) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.~~

~~i. High fidelity simulation means using computerized manikins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.~~

~~2. Training programs in operation prior to July 1, 2017 shall submit evidence of compliance with the provisions of this policy, including the updated required course content outlined in CCR Section 100075, no later than July 1, 2018.~~

~~3. The minimum hours shall not include the examinations for EMT certification~~

~~4. The minimum hours shall not include CPR~~

Ventura County Emergency Medical Services Agency Emergency Medical Technician Training Program

Application Checklist

Sections 1-4 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1100 – EMT Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Training Program Affiliation		
a. Training program is affiliated with a: <ul style="list-style-type: none"> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> Licensed Acute Care Hospital <i>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</i> <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency 		Name of Affiliated Agency, Institution, or Business
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1 for examples of qualifying education) 		Name of Program Director
b. Clinical Coordinator <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License Received <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received 		Name and Title of Clinical Coordinator (MD, RN, PA, Paramedic)
c. Principal Instructor(s) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License(s) Received <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3 for examples of qualifying education) <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received <input type="checkbox"/> Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. 		Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic, Advanced EMT, EMT)

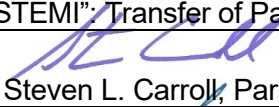

Checklist Continued on Next Page

<p>d. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) received (if applicable) <input type="checkbox"/> Qualified by training and experience to assists with teaching <input type="checkbox"/> Approval by program director in coordination with the clinical coordinator 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>4. Program Representative Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>

VCEMS Office Use Only

<p>1. Submission Checklist</p>	
<p style="text-align: center;">Required Item</p>	<p style="text-align: center;">Date Received</p>
<p><input type="checkbox"/> Written request for program approval, signed by training program director.</p>	
<p><input type="checkbox"/> Statement verifying use of the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009)</p> <p><input type="checkbox"/> Statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section 100075 of the California Code of Regulations</p>	
<p><input type="checkbox"/> Statement signed by training program director that all psychomotor skills outlined in Attachment A of this policy shall be taught, and that all students enrolled in course have been given multiple opportunities to practice required skills in person.</p>	
<p><input type="checkbox"/> Statement verifying implementation of current ECC / ILCOR guidelines</p>	
<p><input type="checkbox"/> Session guides and/or lesson plans</p>	
<p><input type="checkbox"/> Samples of psychomotor skills and cognitive (written) exams used for periodic testing</p>	
<p><input checked="" type="checkbox"/> Statement verifying that training program meets psychomotor skills testing requirements, and that all skills listed on the California EMS Authority's Skills Competency Verification Form (EMSA-SCV) are included in the testing.</p> <p><input type="checkbox"/> Copies of checklists and/or verification documents used for final psychomotor skills competency exam.</p>	
<p><input type="checkbox"/> Final cognitive (written) exam</p>	
<p><input type="checkbox"/> Statement signed by training program director that a comprehensive performance improvement plan will be required when program performance falls below 3 year average of 80% on 1st pass rate for NREMT cognitive (written) examination.</p>	
<p><input type="checkbox"/> Detail of provisions for course completion by challenge, including a challenge examination (if different from final course examination).</p>	
<p><input type="checkbox"/> Provisions for refresher course and/or continuing education</p>	
<p><input checked="" type="checkbox"/> Statement signed by training program director that an annual report shall be submitted within 45 days of year end. Report shall contain minimum content as outlined in Section IV.L.6 of this policy.</p>	
<p><input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered</p>	

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: "Code STEMI" Transfer of Patients with STEMI for PCI		Policy Number 440	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	December 1, 2022 July 1, 2020
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date:	December 1, 2022 July 1, 2020
Origination Date:	July 1, 2007		
Date Revised:	February 5, 2020	Effective Date:	December 1, 2022 July 1, 2020
Last Reviewed:	February 5, 2020 July 13, 2022		
Review Date:	July 31, 2024 February 28, 2022		

- I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100147, 100169, 100270.124 and 100270.125
- III. DEFINITIONS:
 - A. STEMI: ST Segment Elevation Myocardial Infarction.
 - B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.
 - C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and has been designated according to VC EMS Policy 430.
 - D. PCI: Percutaneous Coronary Intervention.
- IV. POLICY:
 - A. STEMI Referral Hospitals will:
 1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County SRCs.
 - b. Preprinted template order sheet with recommended prior-to-transfer treatments. Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
 - c. Patient Consent/Transfer Forms.
 - d. Treatment summary sheet.
 - e. Ventura County EMS Code STEMI data entry form.
 2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

3. Establish policies and procedures to make personnel available to accompany the patient during the transfer to the SRC. These policies will include patient criteria for requiring an RN to accompany patient.

B. Ambulance Dispatch Center will:

1. Respond to a "Code STEMI" transfer request by immediately dispatching the closest available ALS ambulance to the requesting SRH.

C. Ambulance Companies

1. Ambulance Companies will:

- a. Respond immediately upon request for "Code STEMI" transfer.
- b. Staff all ambulances with a minimum of one paramedic who has been trained in the use of intravenous heparin and nitroglycerin drips, and the pump being used, according to VC EMS Policy 722.

2. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.

D. STEMI Receiving Centers will:



1. Maintain accurate status information on ReddiNet regarding the availability of a cardiac catheterization lab.
2. Publish a single phone number, that is answered 24/7, to receive notification of a STEMI transfer.
3. Immediately upon initial notification by a transferring physician at an SRH, accept in transfer all patients who have been diagnosed with a STEMI and who, in the judgment of the transferring physician, require urgent PCI.
4. Authorize the emergency physician on duty to confirm the acceptance in transfer of any patient with a STEMI.
5. Establish an internal communications plan that assures the immediate notification of all necessary individuals, including the cardiac catheterization services staff and on-call interventional cardiologist, of the transfer.
6. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for post-PCI care.

V. PROCEDURE:

A. Upon diagnosis of STEMI, and after discussion with the patient, the SRH will:

1. Determine availability of the SRC by checking ReddiNet.
 2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
-

3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].
 4. After calling for ambulance, the SRH transferring physician will notify the SRC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and Code STEMI data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the SRC.
 - a. If, because of unusual and unanticipated circumstances, no healthcare staff is available for transfer, the SRH may contact the responding ambulance company to make a paramedic or EMT available.
 - b. If neither the SRH or ambulance company has available personnel, a CCT transfer may be requested.
 9. Contact SRC for nurse report at the time of, or immediately after, the ambulance departs.
- B. Upon request for “Code STEMI” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code STEMI from [SRH]”. The SRC 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 SRH will advise the responding ambulance personnel of the SRC.
- C. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the “Code STEMI” transfer.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test results may be relayed to the SRC at a later time.
 3. Intravenous drips may be discontinued or remain on the ED pump.
 4. Ambulance personnel will place defibrillation pads on the patient.
- F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.
- G. The SRH and SRC shall review all STEMI transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS STEMI CQI Committee.
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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Acute Stroke Center (ASC) Standards		Policy Number 450	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	December 1, 2022 August 1, 2020
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date:	December 1, 2022 August 1, 2020
Origination Date:	October 11, 2012		
Date Revised:	June 24, 2020	Effective Date:	December 1, 2022 August 1, 2020
Last Review:	June 22, 2022 , 2020		
Review Date:	June 30, 2024 2022		

- I. PURPOSE: To define the criteria for designation as an Acute Stroke Center in Ventura County.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100170.
- III. DEFINITIONS:
 - Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center by the Ventura County EMS Agency that maintains certification as an ASRH, PSC, or CSC.
 - Acute Stroke Ready Hospital: (ASRH)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as an Acute Stroke Ready Hospital.
 - Comprehensive Stroke Center: (CSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
 - Primary Stroke Center: (PSC)** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
 - Thrombectomy Capable Acute Stroke Center: (TCASC)** Acute Stroke Center (ACS) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.
- IV. POLICY:
 - A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VC EMS) shall meet the following requirements:
 1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
 2. Certification as an Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), Thrombectomy Stroke Center, or a Comprehensive Stroke

Center (CSC) by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.

3. Participate in the Ventura County Stroke Registry.
 - a. All data must be documented in the registry no later than 60 days after the end of the month of hospital admission.
4. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
5. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician.

B. Designation Process:

1. Application:

Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Approval:
 - a. Upon receiving a written request for ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy Stroke Center, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VC EMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the

regulation would not be in the best interests of the persons served within the affected area.

5. ASCs shall be reviewed on a biannual basis.
 - a. ASCs shall receive notification of evaluation from the VCEMS.
 - b. ASCs shall respond in writing regarding program compliance.
 - c. On-site ASC visits for evaluative purposes may occur.
 - d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Provisional Designation Process

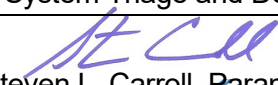
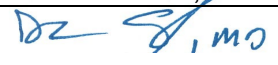
VC EMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification by an approving body. Only when the following requirements are satisfied will VC EMS grant a provisional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

1. Application:

Eligible hospitals shall submit a written request for provisional ASC designation to VC EMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Provisional Approval:
 - a. Upon receiving a written request for provisional ASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. Provisional ASC approval or denial shall be made in writing by VC EMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy Stroke Center, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VC EMS.
3. VC EMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations.

Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

4. The VC EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Stroke System Triage and Destination		Policy Number 451	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	December 1, 2022 August 1, 2020
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date:	December 1, 2022 August 1, 2020
Origination Date:	October 11, 2012	Effective Date:	December 1, 2022 August 1, 2020
Date Revised:	June 24, 2020		
Date Last Reviewed:	June 22, 2022 e-24, 2020		
Review Date:	June 30, 202 4 ₂		

- I. PURPOSE: To outline the process of pre-hospital triage and transport of suspected acute stroke patients to facilities designated as an Acute Stroke Center (ASC) or a Thrombectomy Capable Acute Stroke Center (TCASC).
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798, California Code of Regulations, Title 22, Division 9, Sections 100147, and 100169
- III. DEFINITIONS:

Acute Stroke Center (ASC): Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.

Comprehensive Stroke Center: (CSC) Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.

ELVO Alert: A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Emergent Large Vessel Occlusion (ELVO) ischemic stroke.

Emergent Large Vessel Occlusion (ELVO): An acute ischemic stroke caused by a large vessel occlusion.

Stroke Alert: A pre-arrival notification by pre-hospital personnel that a patient is suffering a possible acute stroke.

Thrombectomy Capable Acute Stroke Center: (TCASC) Acute Stroke Center (ASC) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.

Time Last Known Well (TLKW): The date/time at which the patient was last known to be without the current signs and symptoms or at his or her baseline state of health.

Ventura ELVO Score (VES): A tool designed for paramedics to screen for an ELVO in the prehospital setting.

IV. POLICY:

A. Stroke System Triage:

Patients meeting criteria in each of the following sections (1, 2, 3,) shall be triaged into the VC EMS stroke system.

1. Patient's TLKW is within 24 hours.
2. Blood Glucose is greater than sixty (60) OR patient continues to exhibit signs and symptoms of an acute stroke after pre-hospital treatment of abnormal blood glucose levels.
3. Identification of ANY abnormal finding of the Cincinnati Stroke Scale (CSS).

FACIAL DROOP

Normal: Both sides of face move equally

Abnormal: One side of face does not move normally

ARM DRIFT

Normal: Both arms move equally or not at all

Abnormal: One arm does not move, or one arm drifts down compared with the other side

SPEECH

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words or mute

B. Perform the Ventura ELVO Score (VES) below:

Forced Eye Deviation: (1 point)

Force full deviation of BOTH eyes to one side or the other

Eyes will not pass midline

Aphasia: Patient is awake, but: (1 point). ANY of the following present is a positive (1 Point) for Aphasia)

Repetition: Unable to repeat a sentence ("Near the chair in the dining room.")

Naming: Unable to name an object (show a watch and a pen, ask patient to name the objects)

Mute: Ask the patient 2 Questions (What is your name? How old are you?)

Talking gibberish and/or not following commands

Neglect: (1 point)

Touch the Patient's right arm and ask if they can feel it

Touch the Patient's left arm and ask if they feel it

Now touch both of the Patient's arms simultaneously and ask the patient which side you touched

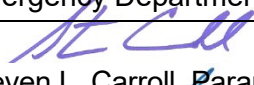

(If patient can feel both sides individually but only feels one side on simultaneous stimulation, this is neglect)

If Aphasic: Neglect can be evaluated by noticing that patient is not paying attention to you if you stand on one side, but pays attention to you if you stand on the other side.

Obtundation: (1 point)

Not staying awake in between conversation

- C. **Stroke Alert** = TLKW is within 24 hrs, & includes any combination of CSS and VES other than CSS +3 & VES \geq 1
1. For a **Stroke Alert**, Base Hospital Contact (BHC) will be established with regular catchment Base Hospital and a Stroke Alert will be activated.
 2. The Base Hospital will notify the appropriate ASC of the *Stroke Alert*
- D. **ELVO Alert** = TLKW is within 24 hours, & CSS +3, VES \geq 1
1. For an **ELVO Alert**, the nearest TCASC is the base hospital for that patient. (East of Lewis Rd is LRH and west of Lewis Rd. is SJR). Prehospital personnel will make base contact with the appropriate TCASC and an ELVO alert will be activated. The appropriate specialist on-call will be notified by the MICN.
 - a. The base hospital will determine the nearest ASC or TCASC using the following criteria:
 - i. Patients condition
 - ii. TCASC or ASC availability on ReddiNet
 - iii. Transport time
 - iv. Patient request
- E. Destination Decision: patients meeting stroke system criteria shall be transported to the nearest ASC, except in the following cases:
1. Stroke patients in cardiac arrest shall be transported to the nearest receiving hospital. Patients who have greater than thirty seconds of return of spontaneous circulation (ROSC) shall be transported to the nearest STEMI Receiving Center (SRC).
 2. The nearest ASC is incapable of accepting a stroke alert patient due to ED, CT or Internal Disaster diversion, transport to the next closest ASC.
 3. The patient requests transport to an alternate facility, not extending transport by more than twenty (20) minutes, and approved by the Base Hospital.
 4. Patient meeting ELVO Alert criteria will be transported to the nearest TCASC if **total** transport time does not exceed 45 minutes.
- F. Upon Arrival: You may be asked to take your patient directly to the CT scanner.
- a. Give report to the nurse, transfer the patient from your gurney onto the CT scanner platform, and then return to service.
 - b. If there is any delay, such as CT scanner not readily available, or a nurse not immediately available, you will not be expected to wait. You will take the patient to a monitored bed in the ED and give report as usual.
- G. Documentation
1. Care and findings related to an acute stroke patient shall be documented in the Ventura County electronic patient care reporting (VCePCR) system in accordance with VCEMS policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title:	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	Policy Number 460
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: <u>December 1, 2022</u> October 2, 2017
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: <u>December 1, 2022</u> October 2, 2017
Origination Date: July 13, 2017		
Date Revised:	<u>June 22, 2022</u>	Effective Date: <u>December 1, 2022</u> October 2, 2017
Last Reviewed:	<u>June 22, 2022</u> June 24, 2020	
Review Date:	<u>June 30, 2024</u> June 30, 2022	

- I. **PURPOSE:** To define the interfacility transfer process by which emergency department patients with an acute stroke are transferred to: 1) an Acute Stroke Center (ASC) or 2) a Thrombectomy Capable Acute Stroke Center (TCASC).
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, 100170.
- III. **DEFINITIONS:**
- Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VC EMS Policy 450.
- Primary Stroke Center (PSC):** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.
- Thrombectomy Capable Acute Stroke Center (TCASC):** ASC Hospital that has the capability to perform neuroendovascular procedures for acute stroke including mechanical thrombectomy and intra-arterial thrombolysis. (~~as~~As defined in VC EMS Policy 452)
- Comprehensive Stroke Center (CSC):** Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.
- Emergent large vessel occlusion (ELVO):** An acute ischemic stroke caused by a large vessel occlusion.
- Acute Stroke:** A stroke as it pertains to this policy, a cerebral vascular accident (CVA) which needs immediate neurointervention, a neurosurgical procedure, specialty consultation, or a higher level of care.
- IV. **POLICY:**
- A. Hospitals will:
1. Assemble and maintain a “Stroke Transfer Pack” in the emergency department to contain all of the following:
 - a. Phone numbers of all Ventura County ASCs and TCASCs.
 - b. Phone numbers of the closest PSC or CSC outside the County.
 - c. Preprinted template order sheet with recommended prior-to-transfer treatments.
Treatment guidelines will be developed with input from the ED, Neurologists and the ASCs/TCASCs.
 - d. Patient Consent/Transfer Forms.
 - e. Treatment summary sheet.

2. Have policies, procedures, and a quality improvement system in place to minimize door in-to-door out, door-to-brain imaging interpretation, door to thrombolytic initiation and ischemic stroke diagnosis-to-transfer times.
3. Establish policies and procedures to make the appropriate personnel available to accompany the patient during the transfer to the ASC or TCASC. These policies will include patient criteria for requiring appropriate personnel to accompany patient when medications or procedures outside of the paramedic scope of practice are being used.

B. Ventura County Fire Communications Center (FCC) will:

1. Respond to a stroke transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.

C. Ambulance Companies:

1. Will respond an ALS ambulance immediately upon request for a “stroke transfer”.
2. Transfers performed according to this policy are not considered an interfacility transport as it pertains to ambulance contract compliance.

D. ASC or TCASC will:

1. Maintain accurate status information on ReddiNet regarding the availability of neuroendovascular capability or status availability for ASC.
2. Publish a single phone number, that is answered 24/7, to receive notification of a stroke transfer.
3. Immediately upon initial notification by a transferring physician at the hospital, accept transfer of all patients who have been diagnosed with an acute stroke and who, in the judgment of the transferring physician, require either 1) an urgent endovascular procedure, or 2) a higher level of care.
4. Establish an internal communications plan that assures the immediate notification of all necessary individuals.
5. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for inpatient care.

V. PROCEDURE:

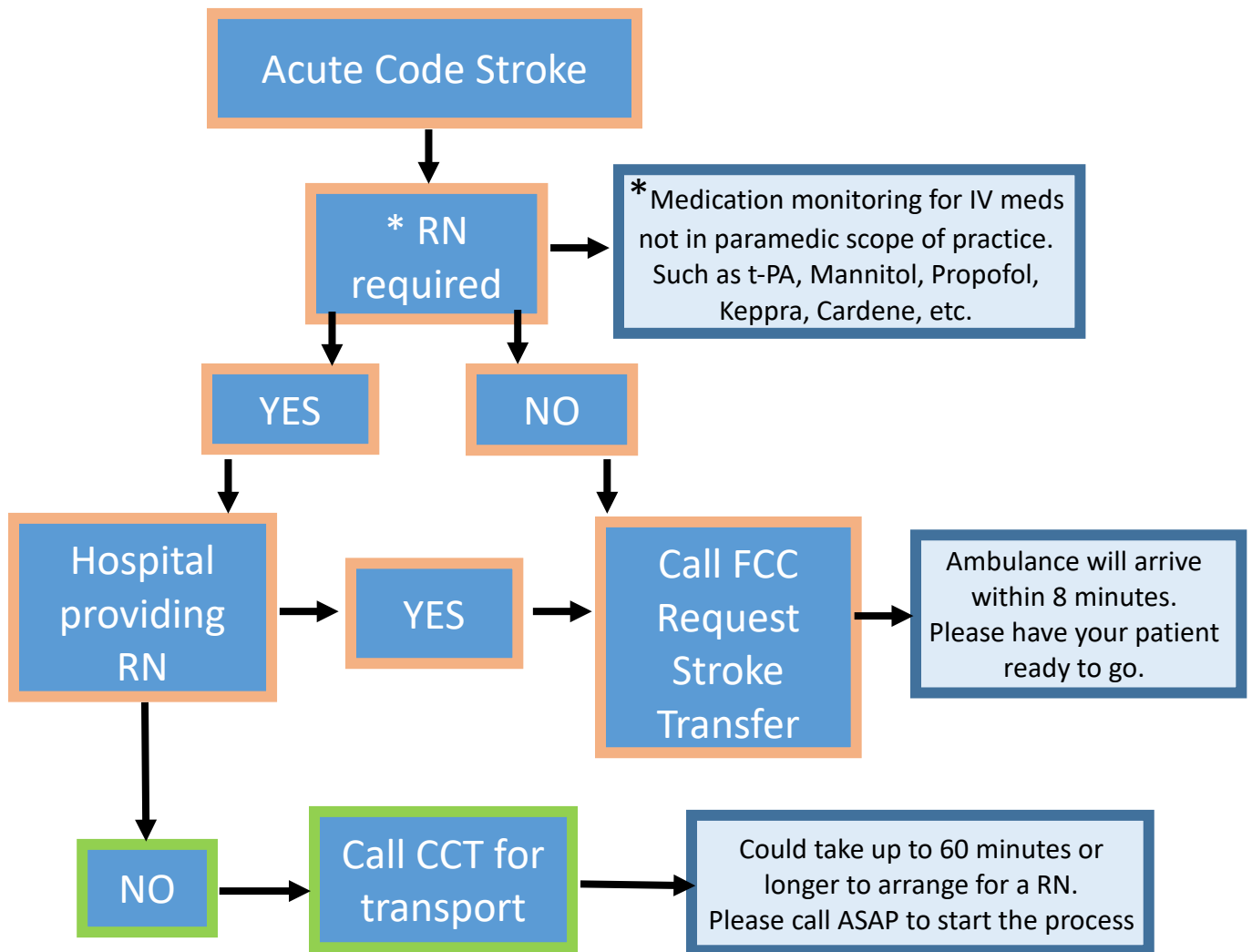
A. Upon diagnosis of an ELVO, or an acute stroke needing a higher level of care; and after discussion with the patient or patient’s family/caregiver, the hospital will:

1. Determine availability by checking ReddiNet, and transfer patient to the closest ASC or TCASC. The destination will depend on the clinical context.
 2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for a Stroke transfer.
-

3. Identify their facility to the dispatcher and advise they have a “stroke transfer”.
 4. After calling for ambulance, the ED transferring physician will notify the ASC or TCASC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and stroke data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Have available if needed, one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the ASC or TCASC
 - a. If, because of unusual and unanticipated circumstances, healthcare staff is unavailable for transfer, a Critical Care Transport (CCT) transfer may be requested by calling the CCT provider ambulance dispatch center. Please initiate the CCT transfer process ASAP to minimize delay.
- B. Upon request for “stroke transfer”, the FCC will dispatch the closest ALS ambulance and verbalize “MEDxxx “stroke transfer” from [hospital]”. The destination hospital 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 hospital.
- C. Upon notification, the ambulance will respond Code 3 (lights & sirens) to the transferring facility.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
 2. Diagnostic test results may be relayed to the ASC or TCASC at a later time.
 - ~~3. Intravenous drip t-PA will continue infusing on the ED pump, accompanied by an RN or physician, if t-PA has not been completed upon ambulance arrival.~~
 3. t-PA Administration:
 - a. If t-PA will continue infusing during transfer, the patient must be accompanied by an RN or physician.
 - b. If t-PA has been administered prior to transfer, the patient may be transported with a paramedic.
 4. Nurse report will be given to the receiving hospital at the time of, or immediately after, ambulance departure.
- F. Upon notification, the ASC or TCASC will notify appropriate staff to prepare for the patient.
-

- G. The hospital and the ASC or TCASC shall review all stroke transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Stroke CQI Committee.
- H. e-PCR documentation will be completed by ambulance personnel.

Emergency Department Only



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Needle Thoracostomy	Policy Number: 715	
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination Date: August 2010	Effective Date: July 1, 2022	
Date Revised: June 30, 2022		
Date Last Reviewed: June 30, 2022		
Review Date: June 30, 2024		

- I. Purpose: To define the indications, procedure and documentation for needle thoracostomy use by paramedics.
- II. Authority: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. Policy: Paramedics may perform needle thoracostomy on patients with a suspected tension pneumothorax in accordance with this policy.
- IV. Procedure:
 - A. Indications
 1. Patients with **ALL** of the following:
 - a. Clinical suspicion of pneumothorax (e.g., trauma, dyspnea, chest pain),
 - b. Signs of hypoperfusion **and/or** systolic blood pressure less than 90 mmHg (adults) or below minimum systolic for respective age in Handtevy (pediatrics).
 - c. Absent or significantly decreased breath sounds on the affected side.
 2. Patients in traumatic cardiac arrest:
 - a. Bilateral needle thoracostomy should be performed when patients meet criteria for resuscitation per policy 606 and have known or suspected torso trauma.
 - B. Contraindications: None in this setting
 - C. Equipment
 1. Antiseptic solution
 2. 10 ml syringe
 3. Adults and pediatric patients over 40kg: 3-3.75 inch (8.0-8.5 cm), 10 to 14 gauge over-the-needle catheter
Peds under 40kg: 1.25-inch (3cm), 14 to 16 gauge over-the-needle catheter
 4. Connection tubing
 5. Heimlich valve
 6. Tape

D. Placement

1. Attach the syringe to the needle/catheter.
2. Identify and prep the site with antiseptic solution:

Preferred Adult Site:

- The lateral placement is the preferred method which is the fourth intercostal space in the anterior-axillary line (lateral to nipple).

Preferred Adult *Alternative* Site and Preferred Pediatric Site:

- If unable to access lateral placement due to patient size, position, or failed attempt, locate the second intercostal space in the mid-clavicular line.

3. Insert the needle/catheter perpendicular to the skin over the rib and direct it just over the top of the rib into the intercostal space.
4. After inserting the needle under the skin, maintain negative pressure in the syringe.
5. Advance the needle/catheter through the parietal pleura until a “pop” is felt and/or air or blood enters the syringe, then advance **ONLY** the catheter (not the syringe/needle) until the catheter hub is against the skin.

CAUTION: Do not reinsert needle into cannula due to danger of shearing cannula.

6. Hold the catheter in place and remove and discard the syringe and needle.
7. Attach tubing and Heimlich valve.
8. Secure the catheter hub to the chest wall with dressings and tape.
9. Reevaluate the patient (VS, lung sounds).

E. Documentation

1. All needle thoracostomy attempts must be documented in the Ventura County Electronic Patient Care Reporting System (VCePCR).
2. Documentation will include location, size of equipment, number of attempts, success, complications, patient response and any applicable comments.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: INTRAOSSEOUS INFUSION		Policy Number: 717
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2022
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2022
Origination Date:	September 10, 1992	Effective Date: December 1, 2022
Date Revised:	June 30, 2022	
Date Last Reviewed:	June 30, 2022	
Review Date:	June 30, 2024	

- I. **PURPOSE:** To define the indications, procedure, and documentation for intraosseous insertion (IO) and infusion by paramedics.
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.178, 1797.214, 1797.220, 1798 and California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. **POLICY:** IO may be performed by paramedics who have successfully completed a training program approved by the EMS Medical Director.
 - A. **Training**
The EMS service provider will ensure their paramedics successfully complete an approved training program and will notify EMS when that is completed.
 - B. **Indications**
Patient with an altered level of consciousness (ALOC) or in extremis AND there is an urgent need to administer intravenous fluids or medications AND venous access is not readily available.
 1. **Manual IO:** For patients less than 8 years of age.
 2. **EZ-IO device:**
 - a. Proximal Tibia placement: All ages
 - b. Humeral head placement: 18 years and older
 - C. **Contraindications**
 1. Recent fracture (within 6 weeks) of selected bone.
 2. Congenital deformities of selected bone.
 3. Grossly contaminated skin, skin injury, or infection at the insertion site.
 4. Excessive adipose tissue at the insertion site with the absence of anatomical landmarks.
 5. IO in same bone within previous 48 hours.
 6. History of significant orthopedic procedures at insertion site (ex. prosthetic limb or joint).

IV. PROCEDURE:

A. **Manual IO insertion: (less than 8 years old)**

1. **Assemble the needed equipment**

- a. 16–18-gauge IO needle (1.5 inches long)
- b. Alcohol wipes
- c. Sterile gauze pads
- d. Two (2) 5 mL syringes and a primed IV line (with or without stopcock)
- e. IV fluids: 500 mL NS only
- f. Tape
- g. Splinting device

2. Prepare the site utilizing aseptic technique with alcohol wipe.

3. Fill one syringe with NS

4. **To insert the Manual IO needle at the proximal tibia:**

- a. Stabilize the site approximately 2 cm below the patella and 1 cm medial, on the anteromedial flat bony surface of the proximal tibia.
- b. Grasp the needle with obturator and insert through skin over the selected site at a 90° angle to the skin surface.
- c. Once the bone has been reached, continue to apply pressure rotating and gently pushing the needle forward.
- d. When the needle is felt to 'pop' into the bone marrow space, remove the obturator, attach the empty 5 mL syringe and attempt to aspirate bone marrow.
- e. For responsive patient infuse 2% cardiac lidocaine prior to fluid/medication administration for pain management:
0.5 mg/kg (max 40 mg) slow IVP over 60 seconds.
- f. Attach the 5 mL syringe containing NS and attempt to flush the IO needle. If successful, remove the syringe, connect the IV tubing and secure the needle.
- g. Infuse NS and/or medications.
- h. Splint and secure the IO needle.
- i. Document distal pulses and skin color to extremity utilized for IO insertion before and after procedure. Monitor for complications.

B. EZ-IO insertion

1. Assemble the needed equipment

- a. Choose appropriate size IO needle
 - 1) 15 mm needle sets (pink): 3-39 kg
 - 2) 25 mm needle sets (blue): 3kg and over
 - 3) 45 mm needle sets (yellow): For **humeral head** or patients with excessive adipose tissue at insertion site
- b. Alcohol wipes
- c. Sterile gauze pads
- d. 10 mL syringe
- e. EZ Connect tubing
- f. IV fluids
 - 1) 3-39 kg: 500 mL NS
 - 2) \geq 40 kg: 1 L NS
- g. Tape or approved manufacturer securing device

2. Prime EZ Connect tubing with 1 mL fluid

- a. If unresponsive use normal saline.
- b. If responsive prime with cardiac lidocaine as instructed below.

3. Prepare the site utilizing aseptic technique with alcohol wipes.

4. To insert the EZ-IO needle at the proximal tibia: (all ages)

- a. Connect appropriate size needle set to the EZ-IO driver.
- b. Stabilize the insertion site on the anteromedial flat surface of the proximal tibia.
- c. **Pediatric:** 2 cm below the patella, 1 cm medial
- d. **Adult:** 2 cm medial to the tibial tuberosity
- e. Position the EZ-IO needle at 90° to the underlying bone and insert it into the skin. Continue to insert the needle until contacting the bone. Ensure at least one black band is visible above the skin.
- f. Once contact with the bone is made, activate the driver and advance the needle with light steady pressure until the bone has been penetrated.
- g. Once properly placed, attach primed EZ Connect tubing and attempt to aspirate bone marrow.

- h. For responsive patients, slow infusion of 2% cardiac lidocaine **over 60 seconds** prior to fluid/medication administration for pain management.
 - 1) 3-39 kg: 0.5 mg/kg
 - 2) ≥ 40 kg: 40 mg
 - 3) Adjust for EZ-IO connector tubing
- i. Flush with 10 mL NS to assess patency. If successful, begin to infuse fluid.
- j. Splint the IO needle with tape or an approved manufacturer stabilization device.
- k. Document time of insertion on included arm band and place on patient's wrist.
- l. Document distal pulses and skin color before and after procedure and monitor for complications.
- m. Manual insertion can be attempted in the event of driver failure.

5. To insert the EZ-IO at the humeral head: (18 years or older)

- a. Connect the yellow (45mm) needle to the EZ-IO driver.
- b. Locate and stabilize the site on the most prominent portion of the greater tubicle, 1-2cm above the surgical neck.
- c. Point the needle set tip at a 45-degree angle to the anterior plane and posteromedial. Insert the needle into the skin until you contact bone. Ensure at least one black band (5mm) is visible above the skin.
- d. Activate the driver and advance the needle with light, steady pressure until the bone has been penetrated.
- e. Once properly placed, attach primed EZ Connect tubing and attempt to aspirate bone marrow.
- f. For responsive patients, slow infusion of 2% cardiac lidocaine over 60 seconds prior to fluid/medication administration for pain management.
 - 1) 3 – 39 kg: 0.5 mg/kg
 - 2) ≥ 40 kg: 40 mg
 - 3) Adjust for EZ-IO connector tubing

- g. Flush with 10 ml NS to assess patency. If successful, begin to infuse fluid.
- h. Splint the IO needle with tape or an approved manufacturer stabilization device. Maintain adduction of the arm and avoid extension of the shoulder.
- i. Document time of insertion on included arm band and place on patient's wrist.
- j. Document distal pulses and skin color before and after procedure and monitor for complications.

C. IO Fluid Administration

- 1. Active pushing of fluids may be more successful than gravity infusion. Use of a pressure to assist with fluid administration is recommended, and usually needed, but not required.
- 2. Fluid administration on smaller patients should be given via syringe boluses to control/monitor amount infused. Close observation of the flow rate and total amount of fluid infused is required.
- 3. If infiltration occurs or the IO needle is accidentally removed, stop the infusion, leave the connector tubing attached.

D. Documentation

- 1. Document any attempt(s) at establishing a peripheral IV prior to attempting/placing an IO infusion in the Ventura County Electronic Patient Care Report (VCePCR) system.
- 2. The site and number of attempts, success, complications, and any applicable comments related to attempting an IO infusion shall be documented on the VCePCR. Any medications administered shall also be documented in the appropriate manner on the VCePCR.

E. Quality Assurance

Each use of an IO infusion will be reviewed by EMS. Data related to IO attempts will be collected and analyzed directly from the VCePCR system.



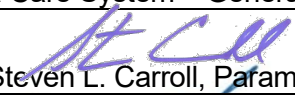

VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Skills Assessment

Name _____ Agency _____ Date _____

- Demonstrates, proper body substance isolation
- States indication for EZ-IO use
- States contraindication for EZ-IO use
- Correctly locates target site
- Cleans site according to protocol
- Considers 2% cardiac lidocaine for patients responsive to pain
- Correctly assembles EZ-IO Driver and Needle Set
- Stabilizes the insertion site, inserts EZ-IO Needle Set, removes stylet and confirms placement
- Demonstrates safe stylet disposal
- Connects primed extension set and flushes the catheter
- Connects appropriate fluid with pressure infuser and adjusts flow as instructed
- Demonstrates appropriate securing of the EZ-IO
- States requirements for VC EMS documentation

Instructor Signature: _____ Date _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Care System – General Provisions		Policy Number 1400	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date:	December 1, 202 0
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date:	December 1, 202 0
Origination Date:	July 1, 2010	Effective Date:	December 1, 202 0
Date Revised:	July 8, 2020		
Date Last Reviewed:	June 30, 2022 July 8, 2020		
Review Date:	June 30 July 31, 2024		

- I. PURPOSE: To provide standards and guidelines for the Ventura County Trauma Care System. To provide all injured patients the accessibility to an organized, multi-disciplinary and inclusive system of trauma care. To ensure that all injured patients are taken to the time-closest and most appropriate medical facility.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY:
 - A. Multi-disciplinary Nature of Systematized Trauma Care

The Ventura County EMS Agency (VCEMS) recognizes the multi-disciplinary nature of a systemized approach to trauma care. VCEMS has adopted policies, guidelines and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all injured patients.
 - B. Public Information and Education
 1. VCEMS is committed to the establishment of trauma system support and the promotion of injury prevention and safety education.
 2. VCEMS facilitates speakers to address public groups, and serves as a resource for trauma information/education.
 3. VCEMS assists community and professional groups in the development and dissemination of education to the public on such topics as injury prevention, safety education programs and access to the Trauma Care System.

4. Each designated facility must participate in the development of public awareness and education campaigns for their service area.
- C. Marketing and Advertising
1. In accordance with the Health and Safety Code, Division 2.5, no healthcare provider shall use the term "trauma facility," "trauma hospital," "trauma center," "trauma care provider," "trauma care vehicle," or similar terminology in its signs or advertisements or in printed materials and information it furnishes to the general public unless its use has been authorized by VCEMS.
 2. All marketing and promotional plans, with respect to trauma center designation shall be submitted to VCEMS for review and approval, prior to implementation. Such plans will be reviewed by VCEMS, with approval or denial issued within 10 days, based on the following guidelines:
 - a. Shall provide accurate information
 - b. Shall not include false claims
 - c. Shall not be critical of other providers
 - d. Shall not include financial inducements to any providers or third parties
- D. Service Areas for Hospitals
- Service areas for local trauma hospitals are determined by the VCEMS policy of transporting patients to the time-closest and appropriate facility.
- E. EMS Dispatching
- EMS dispatching for Ventura County is provided for and coordinated through the Ventura County Fire/EMS Communications Center. The closest ALS transporting unit to an incident is dispatched, as well as BLS, and in some cases ALS, first responders.
- F. Training of EMS Personnel
1. Designated facilities will provide training to hospital staff on trauma system policies and procedures.
 2. Base Hospitals conduct periodic classes to orient prehospital providers to the local EMS system. Representatives from a designated trauma center may present the orientation to the Ventura County trauma system.
- G. Coordination and Mutual Aid between neighboring jurisdictions

1. VCEMS will establish and maintain reciprocity agreements with neighboring EMS jurisdictions that provide for the coordination of mutual aid within those jurisdictions.
2. VCEMS works cooperatively and executes agreements, as necessary, in order to ensure that patients are transported to the time-closest and appropriate facility.
3. VCEMS maintains contact with neighboring EMS agencies in order to monitor the status of trauma care systems in surrounding jurisdictions.

H. Interfacility Transfers

1. As an inclusive trauma system, all hospitals have a role in providing trauma care to injured patients.
2. Designated trauma centers are required to establish and maintain a transfer agreement with other trauma center(s) of higher designation for the transfer of patients that require a higher level of care.
3. Transferring facilities, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of transportation when transferring trauma patients.

I. Pediatric Trauma Care.

Integration of pediatric hospital (s), when applicable, into the overall trauma care system to ensure that all trauma patients receive appropriate trauma care in the most expeditious manner possible

1. Designated trauma centers are required to maintain a transfer agreement with a pediatric trauma center.
2. As with all specialties, pediatric consultation should be promptly available
3. The transferring facility, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of care during transport.

J. Coordinating and Integration of Trauma Care with Non-Medical Emergency Services

1. VCEMS ensures that all non-medical emergency service providers are apprised of trauma system activities, as it relates to their agency/organization.
2. Non-medical emergency service providers are included in the VCEMS committee memberships, as appropriate.

3. VCEMS disseminates information to non-medical emergency service agencies through written communication, as necessary.

K. Trauma Center Fees

VCEMS has developed a fee structure that covers the direct cost of the designation process and to effectively monitor and evaluate the trauma care system. Fees are based on the direct VCEMS cost of administering the trauma care system.

L. Medical Control and Accountability

1. Each designated trauma center shall:
 - a. Provide base hospital medical control for field prehospital care providers.
 - b. Provide base hospital service in accordance with California Code of Regulations, Title 22, as outlined in the VCEMS Base Hospital Agreements.
 - c. Participate in the VCEMS data collection system as defined by VCEMS, CEMSIS-Trauma and the National Trauma Database.
 - d. Participate in the VCEMS continuous quality improvement program.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Center Designation		Policy Number 1401	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: December 1, 2022	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2022	
Origination Date: July 1, 2010		Effective Date: December 1, 2022	
Date Revised: March 14, 2019			
Date Last Reviewed: June 30, 2022			
Review Date: June 30, 2024			

- I. PURPOSE: To establish a procedure for the designation of trauma centers in Ventura County
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY:
 - A. Trauma Center Designation
 1. Ventura County Emergency Medical Services Agency will issue a request for proposal (RFP) for the designation of the trauma center(s). The RFP will include:
 - a. Introduction and background information about Ventura County's trauma system.
 - b. General information and instructions about trauma center designation including eligibility for application, primary service areas, fees and EMS's no guarantee policy of the minimum number of trauma patients
 - c. Level of designation desired
 - d. Reference to Title 22 and the American College of Surgeons "Resource for Optimal Care of the Injured Patient 2006" as the criteria for designation. Applicants will be required to describe their current compliance with these criteria or to indicate plans to achieve compliance within 6 months of the nomination for designation.
 - e. List of the minimal requirements for designation that



includes: hospital organization, medical staff support, the trauma program, the trauma medical director, the trauma resuscitation team, the trauma service, the trauma program manager, the trauma registrar and interventional radiology services on site. (Please see page 31- 35 of the “Resource for Optimal Care of the Injured Patient 2006” for full description of the above).

- f. A list of trauma center conditions and requirements commensurate with the level of designation desired, which the applicant will be required to accept.
 - g. A contract between the applicant hospital and Ventura County Emergency Medical Services Agency to be completed when the hospital’s application has been approved. Applicants will be required to indicate their acceptance of the contract or to submit alternative language for any clause which they are unwilling to accept.
 - h. A schedule of fees for trauma center applications and ongoing designation/contracts.
2. The RFP will be sent by registered, return-receipt-requested mail to those hospitals in Ventura County who submitted the required letter of interest. Any hospital wishing to respond to the RFP will be required to complete the RFP as outlined in the RFP and submit the application fee by a specified date and time. Thereafter, all communication regarding the process will be sent only to hospitals that have indicated their interest.
 3. EMS will host a mandatory pre-proposal conference
 4. Hospitals will have up to 60 days to submit an original and six copies of the proposal to ACS. Other submission requirements will be outlined in the RFP.
 5. The independent review panel (IRP) will include experts as appropriate for the level of designation such as a trauma surgeon(s), emergency physician(s), trauma program manager(s), hospital administrator(s), EMS Agency administrator(s) and/or individuals with similar qualifications. The IRP shall be composed of individuals who work outside of the County of Ventura and have no affiliation or allegiance to any hospital within the

County, and who are selected and approved by the Trauma Working Group.

6. The proposal review process will be contracted to American College of Surgeons which will include a site visit for the purpose of confirming the information submitted as well as an evaluation of the hospital's capability and commitment to serve as a trauma center at the level of designation defined in the RFP. The IRP will evaluate proposals according to but not limited to:
 - a. Compliance with minimum standards
 - b. Quality and scope of service
 - c. Applicant's demonstrated commitment to the care of major trauma patients
 - d. Comprehensiveness
 - e. Cost effectiveness of the proposed service
 - f. Actuality of the demonstrated ability to provide Level II trauma services versus a stated plan to provide the service
 7. The nominated designated hospital must agree to obtain verification by the American College of Surgeons as a trauma center at the level of designation desired within 3 years of designation at cost to the hospital.
- B. Designation
1. Following the site visits, the IRP will report on its findings and decision on designation of trauma hospitals. This will include any recommended corrective action plan that would be required to meet trauma center requirements.
 2. IRP recommendations will be forwarded to the Ventura County Board of Supervisors for final designation.
 3. Reports of the IRP will be made available upon request.
- C. Appeals
1. Notices of findings and copies of reports specific to each applicant will be sent to the appropriate applicant. Applicants will have 10 working days to appeal from the day of receipt of the preliminary recommendations of IRP. Grounds for appeals are limited to alleged failure to follow the RFP or proposal review process. Expert judgments or analyses of the survey team are not subject to appeal.

2. A three-member appeal panel whose members have expertise in proposal reviews, and have no allegiance or affiliation with any hospital within the County or to any member of the IRP, and who are selected and approved by the Trauma Working Group, will review the appeal and make a decision. All decisions are final and cannot be appealed further.
3. A fee of \$5,000 will be required to request an appeal. These funds shall be used by the County to recover costs of resources used to reply to the appeal.

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, Paramedic	Date: December 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2022	
Origination Date:	July 1, 2010	Effective Date: December 1, 2022	
Date Revised:	September 1, 2022		
Date Last Reviewed:	September 1, 2022		
Review Date:	September 30, 2024		

- 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. DEFINITIONS:
 - A. **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 is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, the **ALS ambulance is still on the premises**, and the treating physician **requests immediate transport** to a designated trauma center.
 - B. **EMERGENT** Transfer: A process by which a patient with potential life-or-limb threatening traumatic injuries is transferred to a trauma center. The patient requires an **immediate procedure** at a 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 trauma center.
(Ambulance will arrive within 10 minutes)
 - C. **URGENT** Transfer: A process by which a patient with time-critical traumatic injuries is transferred to a trauma center. The patient requires a **timely procedure** at a trauma center, and a lengthy delay will result in deterioration of the patient's condition, and the treating physician requests **prompt transport** to a trauma center. (Ambulance will arrive within 30 minutes)

- IV **POLICY:** The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.
- A. For patients who are in the emergency department at a community hospital and have one or more of the following injuries, if the referring physician requests transfer to a trauma center, the trauma center will immediately accept the patient.
1. Carotid or vertebral arterial injury
 2. Torn thoracic aorta or great vessel
 3. Cardiac rupture
 4. Bilateral pulmonary contusion with PaO₂ to FiO₂ 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. Amputations or partial amputations of any portion of the hand
 17. Injury to the globe at risk for vision loss
 18. Requiring Blood transfusion
 19. ABC Score-anticipated Mass Transfusion Protocol (MTP)
meets 2 or more criteria below:
 - a) SBP < 90
 - b) HR > 120
 - c) + Fast exam
 - d) Penetrating trauma to torso

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.
4. Immediately post on ReddiNet and notify EMS Administrator on-call when there is no capacity to accept trauma patients due to:
 - a. Diversion for internal disaster
 - b. CT scanner(s) non-operational
 - c. Primary and back-up trauma surgeons in operating rooms with trauma patients

C. Transferring 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.

V. PROCEDURES

A. Trauma Call Continuation

1. ***Transferring 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 en route to the trauma center.
 - c. Have policies, procedures, and a quality improvement system in place to track and review all Trauma Call Continuations.
2. ***Ambulance personnel will:***
 - a. 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 transferring hospital), at hospital (arrival at trauma center) and available times.

- b. When the transferring physician determines the patient is ready, the same ALS personnel and ambulance that originally transported the patient to the transferring hospital will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital en route and provide updated patient information.

B. EMERGENT Transfers

1. **EMERGENT** transfers are indicated for patients with life-or-limb threatening injuries in need of emergency procedures at a trauma center. Criteria **MUST** include at least one of the following:
 - a. Indications for an immediate neurosurgical procedure.
 - b. Penetrating injury to head or torso.
 - c. Penetrating or blunt injury with shock.
 - d. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
 - e. Pregnancy with indications for an immediate Cesarean section.
 - f. Blood Product given
2. **Trauma centers will:**
 - a. Publish a single phone number (“hotline”), that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section V.B.1 of this policy.
 - b. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section V.B.1 of this policy.
3. **Transferring hospitals will:**
 - a. Call the trauma hotline of the closest trauma center to notify of the transfer.
 - b. Call FCC, advise they have an **EMERGENT** transfer, and request an ambulance. If the patient’s clinical condition warrants, the transferring hospital will call FCC *before* calling the trauma center’s hotline.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form.

- e. Limit ambulance on-scene time in the transferring hospital ED to **ten minutes**.
 - 1. All forms should be completed prior to ambulance arrival.
 - 2. 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.
 - 3. Intravenous drips may be discontinued **or** remain on the ED pump if medication is within the paramedic scope of practice.
 - f. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center.
 - g. Assemble and maintain an “Emergency Transfer Pack” in the emergency department to contain all of the following:
 - 1. Checklist with phone numbers of Ventura County trauma centers.
 - 2. Patient consent/transfer forms.
 - 3. Treatment summary sheet.
 - 4. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.” (See page 7)
 - h. Have policies, procedures, and a quality improvement system in place to track and review all Emergent transfers.
4. **Ventura County Fire Communications Center (FCC) will:**
- a. Respond to an **EMERGENT** transfer request by immediately dispatching the closest ALS ambulance and verbalize “MEDxxx EMERGENCY Trauma Transfer 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.
 - b. FCC will track ambulance dispatch, en route, on scene, en route hospital, at hospital, and available times.
 - c. Will **not** be required to consider **EMERGENT** transports as an “interfacility transport” as it pertains to ambulance contract compliance. Transfers will be a follow-up to the original incident and will link the trauma transfer fire incident number to the original 911 fire incident number.

5. **Ambulance companies will:**
 - a. Upon notification, the ambulance will respond Code (lights and siren).
 - b. Will **not** be required to consider **EMERGENT** transports as an “interfacility transport” as it pertains to ambulance contract compliance.
- C. **URGENT Transfers**
 1. **URGENT** transfers are indicated for patients with time-critical injuries in need of timely procedures at a trauma center.
 2. **Trauma centers will:**
 - a. Publish a single phone number, that is answered 24/7, for a transferring hospital to request an urgent trauma transfer. Additionally, this line may be used to request additional consultation with a trauma surgeon if needed
 3. **Transferring hospitals will:**
 - a. Call the trauma hotline for the closest trauma center to request an urgent trauma transfer. This call may be used to request additional consultation with the trauma surgeon if needed.
 - b. Call the transport provider and advise they have an **URGENT** trauma transfer and request an ambulance.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form.
 - e. Limit ambulance on-scene time in the transferring hospital ED to **twenty minutes**.
 1. All forms should be completed prior to ambulance arrival.
 2. 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.
 3. Intravenous drips may be discontinued **or** remain on the ED pump if medication is within the paramedic scope of practice.
 4. **Ambulance companies will:**
 - a. Upon request for an **URGENT** trauma transfer, the transport provider will dispatch an ambulance to arrive **no later than thirty minutes** after the request.

D. Documentation:

For all **Trauma Call Continuation**, **EMERGENT** or **URGENT** transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form by using the link or QR Code found below, 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.

Trauma Transfer QI Form

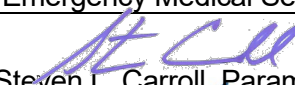

Use Link:

[Emergent and Urgent trauma Transfer QI form](#)

-OR-

Scan QR Code:



Policy Title: Ventura County Emergency Medical Services Provider Agencies		Policy Number 500
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: <u>December 1, 2022</u> June 1, 2018
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: <u>December 1, 2022</u> June 1, 2018
Origination Date:	July 1987	
Date Revised:	<u>September 8, 2022</u> January 11, 2018	
Date Last Reviewed:	<u>September 8, 2022</u> January 11, 2018	Effective Date: <u>December 1, 2022</u> June 1, 2018
Review Date:	<u>September 30, 2025</u> January 31, 2021	

Air Rescue

Ventura County Sheriff's Search and Rescue
375 Durley Avenue #A
Camarillo, CA 93010
805-388-4212

Law Enforcement

Cal State Channel Islands University Police Department
1 University Drive - Placer Hall
Camarillo, CA 93012
805-347-8444

First Responder Agencies

Channel Islands Harbor Patrol
3900 Pelican Way
Oxnard, CA 93035
805-382-3000

*Fillmore City Fire Department
250 Central
Fillmore, CA 93015
805-524-1500 X 226

Oxnard City Fire Department
360 W. Second St.
Oxnard, CA 93030
805-385-7722

Ventura County Federal Fire Dept.
Naval Air Station
Fire Division, Code 5140
Point Mugu, CA 93042-5000
805-989-7034

~~City of Santa Paula Fire Department
970 East Ventura Street
Santa Paula, CA 93060
805-933-4218~~

* Ventura City Fire Department
1425 Dowell Drive
Ventura, CA 93003
805-339-4319

* Ventura County Fire Protection District
165 Durley Drive
Camarillo, CA 93010
805-389-9702

Ventura Harbor Patrol
1603 Anchors Way
Ventura, CA 93003
805-642-8538



Transport Agencies

American Medical Response
616 Fitch Avenue
Moorpark, CA 93021
805-517-2000

Gold Coast Ambulance
P.O. Box 7065
200 Bernoulli Circle
Oxnard, CA 93030
805-485-1231

~~LifeLine Medical Transport
P.O. Box 4089
632 E. Thompson Blvd
Ventura, CA 93001
805-653-9111~~

* ALS First Responder

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support Transport Provider Criteria		Policy Number 501	
APPROVED		Date: December 1, 2022 June 1, 2018	
Administration:	Steve L. Carroll, Paramedic		
APPROVED		Date: December 1, 2022 June 1, 2018	
Medical Director:	Daniel Shepherd, M.D.		
Origination Date:	April 1984		
Date Revised:	January 11, 2018	Effective Date: December 1, 2022 June 1, 2018	
Last Reviewed:	September 8, 2022 January 11, 2018		
Review Date:	September 30, 2025 January 31, 2021		

- I. PURPOSE: To define the criteria for ALS transport providers.
- II. POLICY: A Ventura County ALS Transport Provider shall meet the following criteria.
- III. AUTHORITY: Health and Safety Code, Section 1797.218. California Code of Regulations, Section 100168.
- IV. PROCEDURE:
 - A. **ALS Transport Provider Requirements**
An Advanced Life Support Transport Provider, approved by Ventura County Emergency Medical Services (VC EMS), shall:
 1. **ALS Unit Response Capability**
Provide medical services response on a continuous twenty-four (24) hours per day, basis 7 days a week. Any change in response capability of the ALS transport provider must be reported to VC EMS immediately or during the first day of office hours after the change in response capability. All requests for pre-hospital emergency care shall be met by ALS capable staff and vehicles.
Interfacility transfers are not considered emergency medical service unless the transfer is for an urgent life or limb threatening condition that cannot be medically cared for at the transferring facility. (Refer to Policy 605: Interfacility Transfers)
 2. **ALS Unit Coverage and Staffing**
All requests for pre-hospital emergency medical care shall be responded to with the following:
 - a. An ambulance that meets the requirements of Policy 504 and
 - b. 2 paramedics or 1 paramedic and 1 EMT ALS Assist per VC EMS Policies 318 and 306. At least one paramedic must be employed by the contracted ambulance transport agency.
 3. **ALS Patient Transport**
Provide transportation for ALS patients in an ALS unit.

4. **ALS Communications**

Provide two-way communication capability between the paramedics and the Base Hospital. All radio equipment shall comply with VC EMS Policy 905.

5. **Satellite Phone**

Each ALS Transport Provider shall have a minimum of one fully equipped and operational satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The ALS Transport Provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

6. **ALS Drugs, Equipment and Supplies**

Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504.

a. Ensure that security mechanisms and procedures are established for controlled substances and that mechanisms for investigation and mitigation of suspected tampering or diversion are established, in accordance with section 100168 of the California Code of Regulations

7. **Contract with VC EMS**

Have a contract with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.

8. **Medical Direction**

Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under Prior to Base Hospital Contact and Communications Failure Policies.

9. **Personnel Records**

Keep a personnel file for each paramedic and EMT, which includes but not limited to licensure/certification, accreditation, employment status, and performance.

10. **Certifications**

Assure that each paramedic maintains current ACLS and either PALS, PEPP, or ENPC certification.

11. **Quality Assurance**

Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.

12. **Basic Life Support**

Provide Basic Life Support services if ALS services are not indicated.

13. **ALS Rates**

Charge ALS rates, as approved by the Board of Supervisors.

14. **Documentation**

Submit documentation according to VC EMS Policy 1000.

B. **Advertising**

1. **ALS Transport Provider**

No paramedic transport provider shall advertise itself as providing ALS services unless it does, in fact, routinely provide ALS services on a continuous twenty-four (24) hours per day and complies with the regulations of Ventura County Emergency Medical Services Agency.

2. **ALS Responding Unit**

No responding unit shall advertise itself as providing ALS services unless it does, in fact, provide ALS services twenty-four (24) hours per day and meets the requirements of VC EMS.

C. **ALS Policy Development**

Medical policies and procedures for the VC EMS system shall be developed by the Pre-hospital Services Committee for recommendation to and approval by the EMS Medical Director.

D. **Contract Review**



VC EMS shall review its contract with each ALS transport provider on an annual basis.

E. **Denial, Suspension, or Revocation of Transport Provider Approval**

VC EMS may deny, suspend, or revoke the approval of an ALS transport provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

F. **ALS Transport Provider Review Process, New Designation**

Newly designated ALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support Service Provider Approval Process		Policy Number 502	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2022	
Origination Date:	May 1984	Effective Date: December 1, 2022	
Date Revised:	January 10, 2008		
Date Last Reviewed:	September 8, 2022		
Review Date:	September 30, 2025		

- I. PURPOSE: To define criteria by which an agency may be designated as an Advanced Life Support (ALS) Service Provider (SP) in Ventura County.
- II. POLICY: An agency wishing to become an ALS SP in Ventura County must meet Ventura County ALS SP Criteria and agree to comply with Ventura County regulations. An initial six-month review of all ALS activity will take place and subsequent program review will occur per Ventura County Emergency Medical Services (VC EMS) policies and procedures.
- III. PROCEDURE:
 - A. **Request for ALS SP Program Approval**
The agency shall submit a written request for ALS SP approval to Ventura County Emergency Medical Services (VC EMS), documenting the compliance of the company/agency with the Ventura County EMS Policy 501 or 508.
 - B. **Program Approval or Disapproval:**
Program approval or disapproval shall be made in writing by VC EMS to the agency requesting ALS SP designation within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
VC EMS shall establish the effective date of program approval upon the satisfactory documentation of compliance with all the program requirements. All contracts or memorandum of understanding must be approved by the County Board of Supervisors prior to implementation.
 - C. **Initial Program Evaluation**
Review of all ALS activity for the initial 6 months of operation as an Advanced Life Support Ambulance Provider shall be done in accordance with VC EMS policies and procedures.

D. **Program Review**

Program review will take place at least every two years according to policies and procedures established by VC EMS.

E. **ALS SP Program Changes**

An approved ALS Service Provider shall notify VC EMS by telephone, followed by letter within 48 hours of program or performance level changes.

F. **Withdrawal, Suspension or Revocation of Program Approval**

Non-compliance with any criterion associated with program approval, use of non-licensed or accredited personnel, or non-compliance with any other Ventura County regulation or policy applicable to an ALS SP may result in withdrawal, suspension, or revocation of program approval by VC EMS.

G. **Appeal of Withdrawal, Suspension or Revocation of Program Approval**

An ALS SP whose program approval has been withdrawn, suspended, or revoked may appeal that decision in accordance with the process outlined in the Ventura County Ordinance Code,

**ADVANCED LIFE SUPPORT SERVICE PROVIDER APPROVAL PROCESS
CRITERIA COMPLIANCE STATEMENT**

APPLICANT: _____	DATE: _____
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The above named agency agrees to observe the following criteria as a condition of approval as an Advanced Life Support Provider in the Ventura County EMS system.

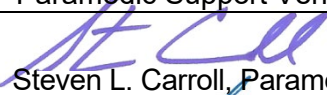

	YES	NO
1. Provide ALS service on a continuous 24-hour per day basis.		
2. Provide appropriate transportation for ALS patients.		
3. Provide for electronic communication between the EMT-Ps and the BH, complying with VC Communications Department requirements.		
4. Provide and maintain ALS drugs, solutions and supplies per VC EMS policies and procedures.		
5. Assure that all personnel meet certification/accreditation and or training standards in VC EMS policies.		
6. Cooperate with data collection, QA and CQI programs.		
7. Provide BLS service when ALS in not indicated.		
8. Charge for ALS services only when rendered.		
9. Submit patient care and other documentation per VC EMS policies and procedures.		
10. Comply with all VC EMS policies and procedures.		

If any statements are checked as "NO", supply information stating the rationale for each "NO" answer. The information will be considered, but submission does not assure approval of the program.



Signature: _____

Title: _____

Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Support Vehicles		Policy Number 506	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2022	
Origination Date:	October 1995	Effective Date: December 1, 2022	
Revised Date:	April 5, 2013		
Last Reviewed:	September 8, 2022		
Review Date:	September 30, 2025		

- I. PURPOSE: To provide an additional Advanced Life Support (ALS) option to a County approved service provider by allowing a single paramedic to provide ALS services without a second paramedic or an EMT-ALS Assist in attendance.
- II. POLICY: At those times when a Paramedic Support Vehicle (PSV) is either the closest ALS unit to an emergency, for a multi-patient incident, or when a BLS ambulance is being dispatched to a potential ALS call, the paramedic who is operating a PSV may respond and begin ALS care, and may continue to function as a paramedic during patient transport.
- III. PROCEDURE:
 - A. **Dispatch of a PSV is recommended in the following circumstances:**
 1. The PSV is the closest unit to a call.
 2. A BLS ambulance is responding to a call that may require ALS services, and the PSV can make a response which will not delay in trauma, and will not delay inappropriately in other patient conditions, patient transportation to the nearest appropriate medical facility. All delays in transport shall be documented and reviewed by the PLP or PCC.
 3. During Mass Casualty Incidents
 - B. **Personnel Requirements**
A PSV will be staffed by a paramedic who has been designated as a Level II paramedic in Ventura County.
 - C. **Equipment Requirements**
A PSV will carry supplies and equipment according to Policy 504.
 - D. **Documentation**
PSV care shall be documented per Policy 1000.

R4COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: First Responder Advanced Life Support Providers		Policy Number: 508	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: <u>December 1, 2022</u> June 1, 2018	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: <u>December 1, 2022</u> June 1, 2018	
Origination Date:	June 1, 1997		
Date Revised:	<u>September 8, 2022</u> January 11, 2018		
Date Last Reviewed:	<u>September 8, 2022</u> January 11, 2018	Effective Date: <u>December 1, 2022</u> June 1, 2018	
Review Date:	<u>September 30, 2025</u> January 31, 2021		

- I. Purpose: To define the criteria for First Responder Advanced Life Support (FRALS) providers.
- II. Authority: Health and Safety Code, Sections 1797.206, 1797.220, and 1798. California Code of Regulations, Section 100168
- III. Definition: First Responder Advanced Life Support (FRALS) means a non-transport ALS resource that is dispatched as part of the routine EMS response to a medical emergency.
- IV. Policy:
 - A. **FRALS Provider Requirements:**
A FRALS provider approved by Ventura County EMS (VC EMS) shall:
 1. Provide medical services response on a continuous twenty-four (24) hours per day basis 7 days a week. Any change in response capability of the provider must be reported to VC EMS immediately.
 2. **ALS Unit Coverage and Staffing:**
 - a. FRALS units shall meet the requirements of Policy 504 and
 1. Shall be staffed at a minimum with two (2) personnel, of which one shall be a paramedic who meets the applicable requirements of VC EMS Policy 318.
 2. Other personnel may be a paramedic who meets the requirements of VC EMS Policy 318 or an EMT-ALS Assist who meets the requirements of VC EMS Policy 306.
 3. **ALS Communications**

Provide two-way communication capability between the paramedics and the Base Hospital. All radio equipment shall comply with VC EMS Policy 905.

4. **Satellite Phone**

Each FRALS provider shall have access to a satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The FRALS provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

5. **Written Agreement with VC EMS**

Have a written agreement with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.

6. **Medical Direction**

Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under "Prior to Base Hospital Contact and per VC EMS Policy 705".

7. **Personnel records**

Keep a personnel file for each paramedic and EMT, which includes but not limited to licensure/certification, accreditation, employment status and performance.

8. **Certifications**

ACLS ~~and either PALS, PEPP or ENPC~~ certification and a Handtevy Pediatric

Provider Course.

Assure that each paramedic maintains current ACLS certification and current Handtevy Pediatric Provider Course. ~~PALS/PEPP course.~~

9. **Quality Assurance**

Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.

10. **Equipment:**

FRALS shall carry the following equipment:

- a. ALS Drugs, Equipment and Supplies

Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.

- b. BLS Equipment as described in VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.
- c. Manual or automatic defibrillator per VC EMS Policy 306.

11. **Security Mechanisms**

Ensure that security mechanisms and procedures are established for controlled substances and that mechanisms for investigation and mitigation of suspected tampering or diversion are established, in accordance with section 100168 of the California Code of Regulations

12. **Documentation**

Submit documentation according to VC EMS Policy 1000.

B. **ALS Policy Development**

Medical policies and procedures for the VC EMS system shall be developed by the Prehospital Services Committee for recommendation to and approval by the EMS Medical Director.

C. **Agreement Review**



VC EMS shall review its agreement with each FRALS provider on an annual basis.

D. **Denial, suspension, or Revocation of FRALS Provider Approval**

VC EMS may deny, suspend, or revoke the approval of an FRALS provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

E. **FRALS Provider Review Process, New Designation**

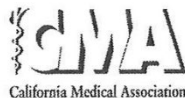
Newly designated FRALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control At Scene, Private Physician/Physician on Scene		Policy Number: 703	
APPROVED:  Administration: Steven L. Carroll, Paramedic		Date: December 1, 2018	
APPROVED:  Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2018	
Origination Date: January 1985		Effective Date: December 1, 2018	
Revised Date: June 14, 2018			
Date Last Reviewed: June 14, 2018			
Review Date: June 30, 2021			

- I. Purpose: To establish guidelines for medical control of patient care at the scene of a medical emergency. To assist the paramedic who, arrives on the scene of a patient who is being attended by a California licensed physician.
- II. Authority: Health and Safety Code, Division 2.5, Sections 1798 & 1798.6. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. Policy: paramedics shall use the following procedure to determine on-scene authority for patient care.
- IV. Procedure:
 - A. When a bystander at the scene of a medical emergency identifies himself/herself as a physician, the paramedic shall:
 - 1. Obtain proper identification from the individual (preferably California licensure as M.D., or D.O.) and document name on the PCR.
 - 2. Present the CMA card "Note to Physician on Involvement with AEMTs and EMT-Ps (Paramedic)" to him/her to read and choose level of involvement.



STATE OF CALIFORNIA



ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the state of California, and if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under the base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,
3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure. (Whenever possible, remain in contact with the base station physician.)

NOTE TO PHYSICIAN ON INVOLVEMENT WITH AEMTs AND EMT-Ps (PARAMEDIC)

A life support team AEMT or EMT-P (Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO, and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the "Good Samaritan Code" (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

(over)

(REV. 1/12) 12 49638 Provided by the Emergency Medical Services Authority

OSP 12 126336



3. Contact the Base Hospital and advise them that there is a physician on scene.
4. Determine the level of involvement the physician wishes to have and inform the Base Hospital.

- B. If the physician chooses not to assume patient care, the Base Hospital shall retain medical control and the paramedic's will utilize the physician as an "assistant" in patient care activities.
- C. If the physician chooses to take medical control, the paramedic's will instruct the physician in radio operation procedures and have the physician at the scene communicate with the Base Hospital physician. The Base Hospital physician may do either of the following:
1. Retain medical control, but consider and/or utilize suggestions offered by the physician at the scene.
 2. Request that the physician at the scene function in an observer capacity only.
 3. Delegate medical control to the physician at the scene.
 4. If the physician at the scene has been given medical control by the Base Hospital physician, the paramedic shall:
 - a. Make ALS equipment and supplies available to the physician and offer assistance.
 - b. Ensure that the physician accompany the patient in the ambulance to the hospital, and signs for all instructions and medical care given.
 - c. Keep the Base Hospital advised.
- D. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.
- E. The Base Hospital shall:
1. Speak to the physician on scene, unless a delay would be detrimental to patient care, or the physician is the patient's personal physician, to determine qualification regarding emergency treatment and level of involvement chosen by the physician.
 2. Document the physician's intent to assume patient care responsibility.
 3. Relinquish patient care to the patient's personal physician, if he/she has arrived after Base Contact has been made and wishes to assume control.

4. In cases where a dispute arises regarding medical care, the ultimate decision as to patient care shall be made by the Base Hospital, except when the personal physician is present.

F. Private Physician on Scene

1. If the private physician is present and assumes responsibility for the patient care, the paramedic shall advise the Base Hospital that the patient is under the care of his/her private medical doctor (PMD) and inform the Base Hospital of the PMD's instructions.
2. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.

Policy Title: Emergency Medical Technician (EMT) Automatic External Defibrillation (AED) Service Provider Program Standards		Policy Number: 803
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2022 June 1, 2018
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2022 June 1, 2018
Origination Date: November 1988 Date Revised: April 12, 2018 Date Last Reviewed: September 8, 2022 2018 Review Date: September 30, 2025 2021	Effective Date: December 1, 2022 June 1, 2018	

- I. PURPOSE: To establish criteria and procedure for approval and oversight of EMT AED Service Provider programs.
- II. AUTHORITY: Health and Safety Code 1797.107, 1797.170, 1798 and California Code of Regulations, Title 22, 100063.1.
- III. DEFINITION: An EMT AED service provider is an agency or organization that employs individuals as defined in Title 22, Division 9, Section 100060, and who obtain AEDs for the purpose of providing AED services to the general public.
- IV. POLICY:
 - A. An AED Service Provider shall be approved by Ventura County Emergency Medical Services (VC EMS) prior to beginning service. In order to receive and maintain EMT AED Service Provider approval, an EMT AED Services Provider shall comply with the requirements of this policy.
 - B. An EMT AED Service Provider shall:
 1. Provide orientation of AED authorized personnel to the AED
 2. Ensure maintenance of AED equipment.
 3. Ensure initial training and continued competency of AED authorized personnel
 - a. Demonstration of skills competence at least every six months to the EMT Program Director or his/her designee as identified to the EMS office.
 - b. Skills competency records shall be maintained for at least four years.
 4. Ensure that EMT personnel complete first responder BLS Prehospital Care Record (PCR) or electronic PCR (ePCR) for all patient contacts.
 5. Authorize personnel and maintain a current listing of all EMT AED Service Provider authorized personnel and provide a listing upon request by the VC EMS Agency. Authorized personnel means EMT personnel trained to operate an AED and authorized by an approved EMT AED Service Provider.
 6. Train all EMTs who have not already been trained in use of AED. Training shall include the following:
 - a. Perform emergency cardiac care in accordance with protocols developed and/or approved by the EMS Agency Medical Director.
 - b. Recognize that a patient is in cardiac arrest and that CPR and immediate application of the automated external defibrillator is required.
 - c. Set up the automated defibrillator correctly.
 - d. Correctly apply the defibrillator pads.
 - e. Ensure that rescuers or bystanders are not in contact with the patient while the AED is analyzing or delivering a shock.

-
- f. Deliver shocks for ventricular fibrillation in the shortest time possible following their arrival at the patient side, ideally within 90 seconds.
 - g. Recognize that a shock was delivered to the patient.
 - h. Provide supportive care to a patient who has been successfully defibrillated.
 - i. Immediately recognize and respond to patients when an arrest recurs either at the scene or during transport, in accordance with protocols.
 - j. Record the pertinent events of the emergency response on a PCR.
 - k. Maintain the AED and voice/ECG recorder or other documentation device in accordance with manufacturer's recommendations.
7. Develop and maintain a quality improvement program, approved by the VC EMS Medical Director that contains the following:
- a. Assure timely and competent review of EMT managed cardiac arrest cases, accurate logging of required data, and timely, accurate and informative statistical summaries of system performance over time, as well as recommendations, as indicated, for modifications of system design, performance protocols, or training standards designed to improve patient outcome.
 - b. Collect, store and analyze, at a minimum, the following data related to EMT management of cardiac arrest patients:
 - (1) Patient Data:
 - a) Age,
 - b) Sex,
 - c) Whether arrest was witnessed or unwitnessed,
 - d) Distance of collapse from EMT responding unit, and
 - e) Initial cardiac rhythm.
 - (2) EMS System Data:
 - a) Estimated time from collapse to call for help,
 - b) Estimated time from collapse to initiation of CPR,
 - c) EMT responding unit response time, and
 - d) Scene to hospital transport time.
 - (3) EMT Performance:
 - a) Time from arrival to actual defibrillation,
 - b) Time between defibrillation attempts,
 - c) General adherence to established protocol.
 - (4) Patient Outcome:
 - a) Rhythm after each shock.
 - b) Return of pulse and/or spontaneous respirations in the field.
8. EMT AED documentation submission
- a. If EMT AED Service Provider has Ventura County Electronic Patient Care Record (ePCR) capabilities, documentation shall be consistent with VCEMS Policy 1000.
 - b. If EMT AED Service Provider does not have ePCR capabilities, documentation submission shall be as follows:
 - (1) EMT documentation (incident printout and prehospital care record (PCR) shall be submitted to the receiving hospital as soon as

- possible (not more than two hours after patient arrival).
 - (2) EMT documentation for all arrests (incident printout and PCR including times) shall be submitted by the provider to the involved base hospital within 30 days of the end of the calendar month of the occurrence.
 - (3) EMT documentation (incident printout, PCR including times, and audio tape) shall be submitted to the EMT medical director or designee within 10 working days of the occurrence.
9. The EMT AED Service Provider shall submit an annual written report to the EMS Agency to include as a minimum the following information.
 - a. The total number of cases in which the AED was activated. The number of those cases where return of spontaneous circulation (ROSC) was achieved.
 - b. The number of cases that presented in Ventricular Fibrillation (VF). The number of those cases where ROSC was achieved.
 - c. The number of cases that presented in witnessed VF. The number of those cases where ROSC was achieved.
 - d. The 90% fractile times from first notification to on-scene, to with patient and to first analysis, in case of secondary PSAP, time received.
 - e. The number of cases of cardiac arrest responded to where the AED was not activated and the 90% fractile time from first notification to on-scene for those cases, in case of secondary PSAP, time received.

IV. PROCEDURE:

A. Program Approval

1. Eligible programs shall submit a written request for EMT AED Service Provider approval to the EMS Agency and agree to comply with the provisions of this policy.
2. Application Receipt Process
Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;
 - a. The request for approval has been received.
 - b. The request does or does not contain all required information.
 - c. What information, if any, is missing
5. Program Approval Time Frames
 - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
 - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
6. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision

of Title 22 may result in suspension or revocation of program approval by the Agency.

- b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.

B. Program Review and Reporting

1. All program materials are subject to periodic review by the Agency.
2. All programs are subject to periodic on-site evaluation by the Agency.
3. The Agency shall be advised of any change in Program staff.
4. Records shall be maintained by the EMT AED SERVICE PROVIDER for four years and shall contain the following:
 - a. Roster of Authorized Personnel
 - b. Documentation of skills competency

C. Application for Renewal

- . The EMT AED SERVICE PROVIDER shall submit an application for renewal at least sixty calendar days before the expiration date of their Program approval in order to maintain continuous approval.

Ventura County Emergency Medical Services Agency Emergency Medical Technician AED Service Provider

APPROVAL REQUEST

General Information

Program/Agency Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____

Requirements

(All items below refer to Ventura County EMS Policy 803 and Title 22 Regulations)

1. Program Eligibility

<p>Eligible Programs</p> <ul style="list-style-type: none"> Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc.) 	<p>Name of Program</p>
<p>Written request for EMT AED Service Provider Approval</p>	<p><input type="checkbox"/> Attached</p>

2. Records and Quality Improvement

<p>Agree to maintain all records for a minimum of four years.</p>	<p>Signature: _____</p>
<p>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</p>	<p>Signature: _____</p>

VCEMS Office Use Only

All Requirements Submitted:	Date:
EMT AED SERVICE PROVIDER Application Approved:	Date:
Approval Letter Sent:	Date:
Re-Approval Due:	Date:
Signature of person approving EMT AED SERVICE PROVIDER	Date
Typed or printed name:	

Ventura County Emergency Medical Services Agency Emergency Medical Technician AED Service Provider

ANNUAL REPORT

The Annual Report shall be submitted to EMSAgency@ventura.org, by January 31st. It shall be compiled from data obtained the prior calendar year, January 1st through December 31st.

Program/Agency Name: _____

Report submitted by (Name): _____

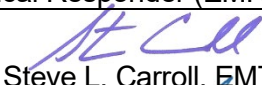

Phone: _____ Email: _____

Date Submitted: _____

Program Data

(All items below refer to Ventura County EMS Policy 803 and Title 22 Regulations)

The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.	
The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) and not witnessed;	Witnessed: _____ Unwitnessed: _____
The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation	
The total number of cases in which the AED was activated.	
The number of those cases where return of spontaneous circulation (ROSC) was achieved	
The number of cases that presented in Ventricular Fibrillation (VF).	
The number of those cases where ROSC was achieved.	
The number of cases that presented in witnessed VF.	
The number of those cases where ROSC was achieved.	
The 90% fractile times from first notification to on-scene, to with patient and to first analysis, in case of secondary PSAP, time received.	
The number of cases of cardiac arrest responded to where the AED was not activated and the 90% fractile time from first notification to on-scene for those cases, in case of secondary PSAP, time received.	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Responder (EMR) Training Program Approval		Policy Number 1102	
APPROVED: Administration:	 Steve L. Carroll, EMT-P	Date: June 1, 2017	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2017	
Origination Date:	April 13, 2017		
Date Revised:	May 11, 2017		
Date Last Reviewed:	May 11, 2017	Effective Date June 1, 2017	
Review Date:	May, 2018		

- I. PURPOSE: As the Ventura County EMS Agency has primary responsibility for approving and monitoring the performance of EMR training programs located with the County of Ventura, this policy has been established to outline the process for approval of Emergency Medical Responder training programs to ensure their compliance with local policy, as well as national standards and guidelines.
- II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1797.210, and 1797.212; California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100026
- III. POLICY: The approving authority for Emergency Medical Responder (EMR) training programs operating within the County of Ventura will be the Ventura County EMS Agency (VCEMSA). This does not apply to statewide public safety agencies such as California Highway Patrol, California State Parks, etc.
 - A. Programs eligible for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, or 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 of the United States including the Coast Guard.
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - b. Provide continuing education to other healthcare professionals.
 4. Agencies of government
 5. Public safety agencies

6. Local EMS Agencies

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for EMR program approval to VCEMSA.
2. VCEMSA shall review and approve the following prior to approving an EMR training program.
 - a. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at <http://www.ems.gov/pdf/811077b.pdf>).
 - b. A statement verifying CPR training equivalent to the current Emergency Cardiovascular Care guidelines.
 - c. Samples of lesson plans including:
 - 1) At least two lecture or didactic sessions, and
 - 2) At least two practical (skills or psychomotor) sessions.
 - d. Samples of periodic examinations or assessments including:
 - 1) At least two written examinations or quizzes.
 - 2) Statement of utilization of the National Registry EMR Skills Check-Off Sheets
 - e. A final psychomotor skills competency examination
 - f. A final cognitive (written) examination
 - g. Educational Staff:

Each EMR training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.

1) Program Director:

Each EMR training program shall have an approved program director who shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be

documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential. Duties of the Program Director shall include but not be limited to:

- a) Administering the training program
- b) Approving course content
- c) Approving all written examinations and the final skills examination.
- d) Approving the principal instructor(s) and teaching assistant(s).
- e) Signing all course completion records.
- f) Assuring that all aspects of the EMR training program are in compliance with applicable California Code of Regulations, local VCEMS policies and procedures and any other applicable regulations, guidelines, or laws.

2) Principal Instructor:

Each training program shall have principal instructor(s), who may also be the program director, who shall be qualified by education and experience with at least forty (40) hours of documented adult teaching methodology instruction or a k-12 teaching credential and shall meet the following qualifications:

- a) Be a Physician, Registered Nurse, Physician Assistant or Paramedic licensed in California; or,
- b) Be an EMT, Advanced EMT, who is currently certified in California.
- c) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
- d) Be approved by the program director as qualified to teach the topics to which s/he is assigned.
- e) All principal instructors from an approved EMR training programs shall meet the minimum qualifications outlined in this policy.

3) Teaching Assistants

Each training program may have teaching assistants who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor and the program director.

- k. Course Location, Time, and Instructor Ratios
 - 1) Each EMR Training Program shall submit an annual listing of course dates and locations.
 - 2) In the event that an approved EMR Training Program wishes to add a course to the schedule, notification must be received in writing by VCEMSA no less than sixty days prior to the proposed start date.
 - 3) No greater than ten students shall be assigned to one instructor during the practical portion of course.
 - 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) Must permit psychomotor skills testing so that smaller break-out groups are isolated from one another.
 - 4) 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.
 - n. Quality Assurance and Improvement
 - 1) Each program shall submit a Quality Assurance and Improvement Plan that addresses the following:
 - a) Methods of student remediation.
 - b) A plan for continuous update of examinations and student materials.
 - c) Identify the text and resource materials that will be utilized by the program.
-

- d) Student course evaluations
 - o. Research Agreement Decree
 - 1) Each approved training program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services systems in Ventura County.
3. Program Approval Time Frames
- a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:
 - 1) The request for approval has been received,
 - 2) The request does or does not contain all required information, 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, not to exceed three (3) months.
 - c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.
4. Withdrawal of Program Approval
- Noncompliance with any criterion required for EMR training program approval, use of any unqualified personnel, or noncompliance with any other applicable regulation, guidelines or laws may result in suspension or revocation of program approval by VCEMS. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:
- a. VCEMS shall notify the EMR training program director in writing, by registered mail, of the provisions of this policy with which the EMR training program is not in compliance.
-

- b. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by registered mail, to VCEMS one of the following:
 - 1) Evidence of compliance with the provisions outlined in this policy, or
 - 2) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
 - c. Within fifteen (15) working days of the receipt of the response from the approved EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, VCEMS shall notify the approved EMR 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 EMR training program approval.
 - d. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in this policy 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 EMR training program.
- B. Program Review and Reporting
- 1. All program materials are subject to periodic review by VCEMSA.
 - 2. All programs are subject to periodic on-site (scheduled or unscheduled) evaluation by VCEMSA.
 - 3. VCEMSA shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 - 4. Approved programs shall issue a tamper resistant Course Completion Record to each student who successfully meets all requirements for certification. This Course Completion Record shall include:
 - a. The name of the individual
 - b. The date the course was completed
-

- c. The name of the course completed "Emergency Medical Responder"
- d. Number of hours of instruction completed.
- e. The name and signature of the Program Director.
- f. The name and location of the training program issuing the course completion.
- g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)
- h. The following statements in bold print:
 - 1) **"THIS IS NOT AN EMR CERTIFICATE"**
 - 2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and shall be recognized statewide.

- V. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. This roster shall include the name and address of each person receiving a course completion record and the date of course completion.
-

Ventura County Emergency Medical Services Agency Emergency Medical Responder Training Program

Application Checklist

Sections 1-4 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1102 – EMR Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Training Program Affiliation		
a. Training program is affiliated with a: <ul style="list-style-type: none"> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School <i>(Submit Post-Secondary School Approval Document)</i> <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> Licensed Acute Care Hospital <i>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</i> <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency <input type="checkbox"/> Local EMS Agency 		Name of Affiliated Agency, Institution, or Business
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential. 		Name of Program Director
b. Principal Instructor(s) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License(s) Received <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3 for examples of qualifying education) <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received <input type="checkbox"/> Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. 		Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic, Advanced EMT, EMT)

Checklist Continued on Next Page

<p>c. Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current license(s) received (if applicable) <input type="checkbox"/> Qualified by training and experience to assists with teaching <input type="checkbox"/> Approval by program director in coordination with the clinical coordinator 	<p>Names(s) and Title(s) of Teaching Assistant(s)</p>
<p>4. Program Representative Completing Application</p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>

VCEMS Office Use Only

<p>1. Submission Checklist</p>	
<p style="text-align: center;">Required Item</p>	<p style="text-align: center;">Date Received</p>
<p><input type="checkbox"/> Written request for program approval</p>	
<p><input type="checkbox"/> A statement verifying usage of the US DOT National Highway Traffic Safety Administration (NHTSA) National EMS Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009</p>	
<p><input type="checkbox"/> Statement verifying implementation of current ECC / ILCOR guidelines</p>	
<p><input type="checkbox"/> Session guides and/or lesson plans</p>	
<p><input type="checkbox"/> Samples of skills and written exams used for periodic testing</p>	
<p><input type="checkbox"/> Final psychomotor skills competency exam</p>	
<p><input type="checkbox"/> Final cognitive (written) exam</p>	
<p><input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered</p>	
<p>2. Application Status</p>	
<p>Initial Application Received</p>	<p>Date</p>
<p>Additional Information Requested</p>	<p>Date</p>
<p>All Requirements Submitted</p>	<p>Date</p>
<p>Approval Letter Issued</p>	<p>Date</p>
<p>Approval Expiration</p>	<p>Date</p>
<p>3. EMS Agency Representative Information</p>	
<p>Name of EMS Agency Representative Reviewing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>