

In-person
2240 E. Gonzales Road #200
Oxnard, CA

Pre-hospital Services Committee
Agenda

April 11, 2024
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Issues

A. Buprenorphine Dr. Shepherd/Matthew Pall

V. New Business or Policies for Review with Proposed Changes

A. 420 – Receiving Hospitals Dr. Shepherd

B. 705.18 – Overdose Dr. Shepherd

C. 724 – Brief-Resolved-Unexplained-Event (BRUE) Adriane Gil-Stefansen

D. 731 – Tourniquet Use Chris Rosa

E. 736 – Title Change: Treatment of Opioid Use Dr. Shepherd

VI. Old Business

A. None

VII. Informational/Discussion Topics or Policies Approved at Specialty Care Committees

A. 727 -Transcutaneous Cardiac Pacing Adriane Gil-Stefansen

B. EMS Education Committee Chris Rosa

C. CE Calendar Update Adriane Gil-Stefansen

VIII. Policies Due for Review (No proposed changes)

A. 342- Notification of Personnel Changes

B. 601 – Medical Control at the Scene: EMS Prehospital Personnel

C. 629 – Hospice Patient Care

D. 701 – Medical Control – Paramedic Liaison Physician

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
I. Introductions	Missed because Beatty Nick Davy – taking over Ryan Whitebread position		
II. Approve Agenda		Approved	Motion: Ira Tillis Seconded: Jaime Villa Passed: Unanimous
III. Minutes	No changes	Approved	Motion: Ira Tillis Seconded: Jaime Villa Passed: Unanimous
IV. Medical Issues	None		
A. Other	None		
V. New Business			
A. 01XX – EMS Education Committee Operating Guidelines	Chris Rosa – EMS education committee met for the first time in January. Suggested by Jaime to develop some guidelines that outline basic voting, guidance, membership. Used PSC guidelines as starting point. Sent out to committee, one change recommended; voting page 1, 3a. voting committee shall be comprised of 1 representative from each organization instead of 2. The assigned Policy number will probably fall under the QI plan Policy number. Would like to go live ASAP.	Approved	Motion: Jamie Villa Seconded: Tom O’Connor Passed: Unanimous
B. 410 – ALS Base Hospital Standards	Steve Carroll – Caught an issue under the review, hospitals are reviewed every two years, not annually.	Approved	Motion: Kyle Blum Seconded: Kristen Shorts Passed: Unanimous
C. 420 – Receiving Hospital	Steve Carroll – Tabled - bring back for internal review then to PSC at a future date	Approved	Motion: Seconded: Passed:
D. 705.04 – Behavioral Emergencies	Adriane Gil-Stefansen – Historical perspective 10/23 CA first state to ban excitable delirium from death certificate. We removed the bullet point that references excitable delirium. Changed “chemical” restraint to “therapeutic”. We need to address “agitation” definition and how to properly assess patient. OFD uses American College of ER Physicians (ACEP) definition with OPD instead of excitable delirium. LAFD includes several definitions in their policies that Ventura could reference, such as de-escalation tools. Too many different	Voted to: Create sub-committee / Update protocols. <i>Adriane will be the point person.</i> Approve with changes temporarily to get live on the Website without the “excited delirium” language.	Motion: Seconded: Erika Gregson Passed: Unanimous Motion: Jaime Villa Seconded: Erika Gregson Passed: Unanimous

	<p>subjective interpretations, need better definition and guidance in the field. Develop a field approach guideline to accompany the policy. Reminder this is an integrated response with law enforcement. Suggestion to offer CE or mandatory class for training and update on assessing behavioral emergency patients. Does the words “most accessible” ED mean the “closest” ED – Does this need to be changed for clarification? Look at VERSED dosing for these patients. Maybe ½ dose for elderly. Need respiratory monitoring.</p> <p>A Sub-Committee will be formed to review this policy and the Restraint Policy 726.</p>		
E. 705.05 – Bites and Stings	Due for review. Removing reference to “snake bites”.	Approved	Motion: Kristen Shorts Seconded: Joey Williams Passed: Unanimous
F. 732 – Use of Restraints	<p>Table with 705.04</p> <p>Clarified that Velcro restraints are “soft restraints”. Is the intent of restraints medical or violent, there are legal implications for reevaluating patients, different times, rules. Age matters. Peds every 1 hour, adolescents every 2 hours, adults every 24 hours.</p> <p>ALL TOWN Ambulance has changed their policy to state “visual” assessments of the restraints. We can discuss in subcommittee to add that to our policy. Whether it is a BLS or ALS transport, the receiving hospital must be notified that a patient is in restraints. If patient is under therapeutic sedation, add the apnea alarm. We will have further discussion through a sub-committee for go-live release date June 1st.</p>	Motion to table with 705.04 Sub-committee	Motion: Erika Gregson Seconded: Jeff Winter Passed: Unanimous
VI. Old Business			
A. None	none		Motion: Seconded: Passed: Unanimous
VII. Informational			
A. NREMT Pass rates	<p>Chris Rosa – 3-yr average of the 3rd attempt pass rate. 80% is the standard. This a rolling target, looking at numbers is a challenge, and we need understand there may be a shift. Policy states the program needs to write a program improvement plan if continually below 80%.</p> <p>21-23 3/5 programs at 80% or above. Oxnard is working hard to improve. Became a national</p>		

	registry test site. Would like to build a layer to see where the students go next. Would it be worth it to create a simple survey on the EMT application.		
VIII. Policies for review			
A. 100 – Emergency Medical Services, Local Agency	No proposed changes.	Approved.	Motion: Tom O’Connor Seconded: Kristen Shorts Passed: Unanimous
B. 504 – BLS and ALS Unit Equipment and Supplies	No proposed changes. We will make an educational point for EMS Spring update regarding Duo Dotes and the quantity available.	Approved.	Motion: Todd Larsen Seconded: Joey Williams Passed: Unanimous
C. 603 – Refusal of EMS Services	No proposed changes.	Approved.	Motion: Ira Tilles Seconded: Todd Larsen Passed: Unanimous
D. 705.06 - Burns	No proposed changes.	Approved.	Motion: Todd Larsen Seconded: Tom O’Connor Passed: Unanimous
E. 705.11 – Crush Injury/Syndrome	No proposed changes.	Approved.	Motion: Todd Larsen Seconded: Tom O’Connor Passed: Unanimous
F. 736 – Leave at Home Naloxone	Table for Next PSC- Behavioral Health department would like to look at this policy.	Motion to Table.	Motion: Todd Larsen Seconded: Ira Tilles Passed: Unanimous
G. 1605 – Naloxone Administration by PSFA Personnel	No proposed changes Format change.	Approved.	Motion: Todd Larsen Seconded: Erik Eccles Passed: Unanimous
IX. Agency Reports			
A. Fire departments	VCFD – Academy currently going 19 – 1 was released. Accident with ambulance, no injuries, rig back in service in a month. VFD – Academy this spring, squads launched in last month and they busy. Launching campaign through public education putting the E back in EMS. OFD – Process of starting academy. Selected as EMS core site for county for at-risk youth. Just announced today. Will come with additional staffing. 3-6 month for development, deliverable is to get 40 students out a year. Angling to be an EMT program. Bring in instructors from across the county. Comes with a lot of wrap-around services for the students. More to follow. Fed. Fire – Promotions: Fred Martinez moved to A.C. of Operations. Captain Cardenas is Interim		

	<p>Training Captain. Russell Shoumake is Northern EMS Chief for VCCFF Region.</p> <p>FFD – none</p>		
B. Transport Providers	<p>AMR/GCA/LMT – Staffing is looking good. Issues getting pre-load epi. Hiring a new supervisor.</p> <p>All Town – Still trying to provide CE.</p>		
C. Base Hospitals	<p>AHSV – none</p> <p>LRRMC – Kelly will be point of contact. Continuing construction, 2/25 sidewalk CPR event.</p> <p>SJRMCC – Certified as a Comprehensive Stroke Center- Increasing staff</p> <p>VCMC – none</p>		
D. Receiving Hospitals	<p>SJHC – Re-certified as a Primary Stroke Center. Increasing staff</p> <p>SPH – none</p> <p>CMH / OVCH – Amy Querol will be retiring after 30 years of service. Will send out retirement party invite.</p>		
E. Law Enforcement	<p>AIR RESCUE – none</p> <p>VCSO – none</p> <p>CSUCI PD – none</p> <p>Parks – none</p>		
F. ALS Education Programs	<p>Ventura College – Full-time cohort are out in their clinical rotations. Changed document and tracking system. Class schedule will change next year. 25th grad ceremony in June.</p> <p>Moorpark College – First class of 9 is graduating. 2nd cohort is starting in April.</p> <p>All Town Ambulance– none</p>		
G. EMS Agency	<p>Chris Rosa - EMS Education Group meeting quarterly. Hope is to elect a chair via email so they will be in place next meeting. Quality improvement plan was put into place in December. Putting a group together from PSC to request membership volunteers to start working on EMT skill sheet revision for 2024.</p> <p>May 14th will be a functional Medical Response Surge Exercise (MRSE) with a chemical scenario. Agricultural incident occurs that would impact Rancho Campana and St. John’s Hospital Camarillo. Hoping to have a ChemPack component as well.</p> <p>Steve Carroll – EMSAAC conference, get your reservation in, good agenda already. Added investigations pre-conference. Information is available on EMSAAC website.</p> <p>Diane Gilman worked for County of Ventura for 21 years, EMS for 14. Passed away and she will be missed.</p> <p>Danny Shepherd – Approval to use Buprenorphine – More to follow</p>		
H. Other			
X. Closing	<p>Meeting adjourned at 11:22a</p>		<p>Motion: Todd Larsen Seconded: Tom O’Connor Passed: Unanimous</p>
	<p>Meeting audio recording and transcript available upon request.</p>		

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Receiving Hospital Standards		Policy Number 420	
APPROVED Administration: Steven L. Carroll, Paramedic		Date: July 1, 2022	
APPROVED Medical Director: Daniel Shepherd, MD		Date: July 1, 2022	
Origination Date: April 1, 1984		Effective Date: July 1, 2024	
Date Revised: February 10, 2022			
Date Last Reviewed: February 10, 2022 April 11, 2024			
Review Date: April 2026 February 28, 2025			

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. A RH, approved and designated by the Ventura County EMS Agency, shall:
 1. Be licensed by the State of California as an acute care hospital.
 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 3. Be accredited by a CMS accrediting agency.
 4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a "Comprehensive Emergency Department," "Basic Emergency Department" or a "Standby Emergency Department."
 5. Have an intensive care service with adequate monitoring and therapeutic equipment. Operate an Intensive Care Unit.
 6. Surgical services shall be immediately available for life-threatening situations.
 7. Radiology and laboratory services as defined in Title 22 70413
 6. ~~Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician and consultant Physician.) within 30 minutes:~~

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~~7. Have operating room services available within 30 minutes.~~

~~8. Have the following services available within 15 minutes.~~

~~X-ray Laboratory Respiratory Therapy~~

9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.

Commented [SD1]: How do we want to address APOT? What is the definition of "promptly."

10. Always have the capability to communicate with the ambulances and the Base Hospital (BH).

11. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.

a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations

Commented [SD2]: Is this necessary? Is it being done? I bet the HAM operators would be willing.

12. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:

- a. Be regularly assigned to the ED.
- b. Have knowledge of VCEMS policies and procedures.

- c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
 - d. Attend, or have designee attend, PSC meetings.
 - e. Provide ED staff education.
 - f. Schedule medical staffing for the ED on a 24-hour basis.
13. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
- a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
 - a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
 - b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.
 - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - b. RH EDs shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or
 - 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.
 - a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.
 - d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.

Commented [SD3]: Not in regs

- c. All RH RNs shall:
 - 1) Be regular hospital staff assigned solely to the ED for that shift.
 - 2) Maintain current ACLS certification.
- d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
- e. Sufficient licensed personnel shall be staffed to support the services offered.

Commented [SD4]: Not in regs

- 13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
- 14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
- 15. Participate with the BH in evaluation of paramedics for reaccreditation.
- 16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.

- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.
- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
 - 1. Application:
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
 - 2. Approval:

Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.

- G. ALS RHs shall be reviewed every two years.
 - 1. All RH shall receive notification of evaluation from the EMS.
 - 2. All RH shall respond in writing regarding program compliance.
 - 3. On-site visits for evaluative purposes may occur.
 - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

- H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
 - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
 - 2. Chest pain or discomfort of known or suspected cardiac origin
 - 3. Sustained respiratory distress not responsive to field treatment
 - 4. Suspected pulmonary edema not responsive to field treatment
 - 5. Potentially significant cardiac arrhythmias
 - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status
 - 7. Suspected spinal cord injury of new onset
 - 8. Burns greater than 10% body surface area
 - 9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
 - 10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital

- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care. Standby Emergency Departments shall be staffed and provide services in accordance with Title 22 section 70653.

1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
 - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
 - b. With bleeding that cannot be controlled
 - c. Without an effective airway
2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by a CMS accrediting agency		
4. Operate an Intensive Care Unit.		
5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
• Cardiology		
• Anesthesiology		
• Neurosurgery		
• Orthopedic Surgery		
• General Surgery		
• General Medicine		
• Thoracic Surgery		
• Pediatrics		
• Obstetrics		
6. Have operating room services available within 30 minutes.		
7. Have the following services available within 15 minutes.		
• X-Ray		
• Laboratory		
• Respiratory Therapy		
8. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician, or other qualified medical personnel designated by hospital policy.		
9. Have the capability at all times to communicate with the ambulances and the BH.		
10. Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of VC EMS policies and procedures.		

	YES	NO
c. Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
d. Attend or have designee attend PSC meetings.		
e. Provide Emergency Department staff education.		
f. Schedule medical staffing for the ED on a 24-hour basis.		
11. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:		
a. All Emergency Department physicians shall:		
1) Be immediately available to ED at all times.		
2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.		
c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
b. RH EDs shall be staffed by:		
1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
b) Physicians working in more than one hospital may total their hours		
c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

	YES	NO
d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.		
c. All RH RNs shall:		
1) Be regular hospital staff assigned solely to the ED for that shift.		
2) Maintain current ACLS certification.		
d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
e. Sufficient licensed personnel shall be utilized to support the services offered.		
12. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14. Participate with the BH in evaluation of paramedics for reaccreditation.		
15. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____

Date: _____

All Emergency Department physicians shall:	YES	NO
1. Be immediately available to the RH ED at all times.		
2. Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a. Have and maintain current ACLS certification.		
b. Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c. Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1) Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2) Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
STANDBY EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED: _____

Date: _____

The RH with standby ED has:	EMS REVIEW	
	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B. Ability of staff to care for the degree and severity of patient injuries or condition.		
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		

Overdose	
ADULT	PEDIATRIC
BLS Procedures	
Decontaminate if indicated and appropriate	
Administer oxygen and support ventilations as indicated	
Suspected opioid overdose with respirations less than 12/min and significant ALOC:	
<ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IN – 4 mg via pre-filled nasal spray, may repeat in 3 min x 1 to a total of 8 mg ○ IN – 2 mg (1 mg per nostril) via nasal atomizer, may repeat in 3 min x 1 to a total of 4 mg ○ IM – 2 mg, may repeat in 3 min x 1 to a total of 4 mg 	
ALS Standing Orders	
<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IV/IO – 0.5 mg <ul style="list-style-type: none"> • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Opioid Withdrawal with COWS ≥ 7</p> <ul style="list-style-type: none"> • Buprenorphine <ul style="list-style-type: none"> ○ PO (SL) – 16 mg <ul style="list-style-type: none"> • Reassess after 10 min • 8 mg PO x 1 if symptoms persist or worsen • Max dose 24 mg • See algorithm below <p>Dystonic Reaction</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg 	<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 2 mg • May repeat in 3 min x 1 ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Dystonic Reaction (For patients ≥ 6 months of age)</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 1 mg/kg <ul style="list-style-type: none"> • Max total dose 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg
Base Hospital Orders Only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
<p>Additional Information:</p> <ul style="list-style-type: none"> • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician) • Buprenorphine: instruct patient not to chew or swallow tablet, it must dissolve in their mouth. No food or drink for at least 5 min. • Naloxonegear <ul style="list-style-type: none"> ○ It is not necessary that the patient be awake and alert. Titrate to maintain respirations greater than 12/min. 	

Effective Date: December 11, 2023
Next Review Date: ~~XXX June 30, 2025~~

Date Revised: June 8, 2023
Last Reviewed: June 8, 2023

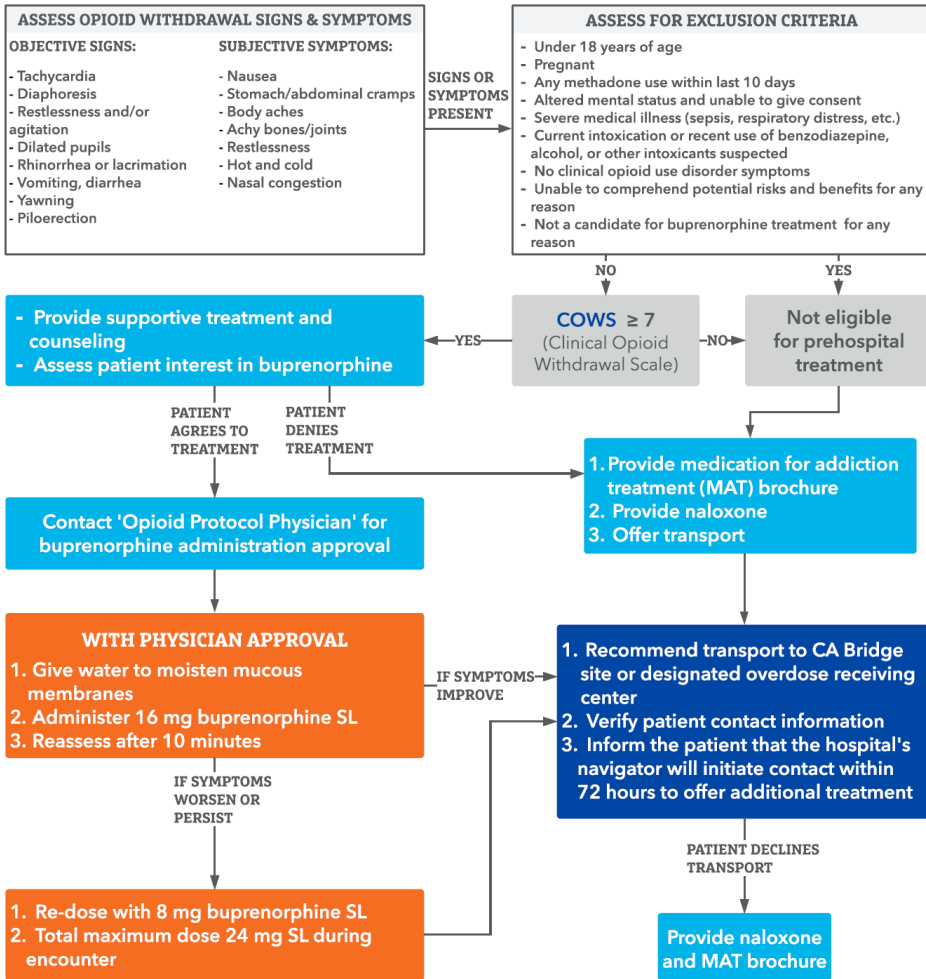
VCEMS Medical Director

◦ If the patient is taking high doses of opioid medication and has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg q 1 min titrated to maintain respirations greater than 12/min.

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Emergency Medical Services Opioid Withdrawal: Adult Medical Treatment Guidelines



This project was supported by the CARESTAR Foundation. CA Bridge is a program of the Public Health Institute. The Public Health Institute promotes health, well-being and quality of life for people throughout California, across the nation, and around the world. © 2022, California Department of Health Care Services.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director Daniel Shepherd, MD		Date: December 1, 2021	
Origination Date: March, 2005		Effective Date: December 1, 2021	
Date Revised: March 8, 2018			
Date Last Reviewed: September 9, 2021			
Review Date: September 30, 2023			

- I. PURPOSE: To define and provide guidelines for the identification, recognition, assessment and treatment and management of infant/pediatrics with a Brief Resolved Unexplained Event (BRUE).
~~patients with a Brief Resolved Unexplained Event (BRUE).~~
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.
- III. POLICY: All EMS personnel should be knowledgeable with BRUE and follow the guidelines listed below.
- IV. PROCEDURE:
 - A. Recognition:
 1. BRUE is used to describe an event occurring in an infant less than 1 year of age when the observer reports a sudden, brief, and now resolved episode of 1 or more of the following:
 - a. Cyanosis or pallor
 - b. Absent, decreased, or irregular breathing
 - c. Marked change in tone (hyper- or hypotonia)
 - d. Altered level of responsiveness
 2. These events are characterized as “brief” (less than 1 minute and usually less than 20 – 30 seconds) and “resolved” (meaning the patient returned to baseline state of health after the event).
 3. BRUEs are also “unexplained,” meaning that a clinician is unable to explain the cause of the event after an appropriate history and physical examination.
 4. High and Low-risk Infants
 - a. High-risk infants
 - i. Infants less than 2 months of age
 - ii. History of prematurity (higher in infants born at less than 32 weeks)
 - iii. More than one event
 - b. Low-risk infants

- i. Age greater than 60 days
- ii. Born greater than or equal to 32 weeks gestation
- iii. Corrected gestational age is greater than or equal to 45 weeks
- iv. First event (no previous BRUE ever and not occurring in clusters)
- v. Event lasted less than 1 minute
- vi. No CPR by trained medical provider
- vii. No concerning historical features
- viii. No concerning physical examination findings
- a.—Infants who have experienced a BRUE who do not qualify as lower-risk patients are, by definition, at higher risk.
- c.

B. Assessment and 1.Chief Complaint.

~~a.— BRUEs (or “ALTEs” as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered a BRUE.~~

~~b.— A Brief Resolved Unexplained Event (BRUE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:~~

~~Marked change or loss in muscle tone~~

~~Color change (cyanosis, pallor, erythrim, plethora)~~

~~Absent, decreased, or irregular breathing~~

~~Loss of consciousness or altered level responsiveness~~

~~2.— History:~~

~~a.— Hx of any of the following:~~

~~Absent, decreased, or irregular breathing~~

~~Loss of consciousness or other altered level of responsiveness~~

~~Color change~~

~~Loss in muscle tone~~

~~Episode of choking or gagging~~

~~b.— Determine the severity, nature and duration of the episode.~~

~~Was child awake or sleeping at time of episode?~~

~~What resuscitative measures were taken?~~

~~c.— Obtain a complete medical history to include:~~

~~Known chronic diseases?~~

~~Evidence of seizure activity?~~

~~Current or recent infections?~~

~~Recent trauma?~~

~~Medication history?~~

~~Known gastro-esophageal reflux or feeding difficulties?~~

~~Unusual sleeping or feeding patterns?~~

~~3.—Treatment~~

~~1. Assume the history given is accurate.~~

- ~~1. Perform a comprehensive physical exam assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma.~~

~~**Note: Exam May Be Normal.**~~

- ~~2. Obtain medical history, family history, and history of the event.~~

- ~~3. Treat any identifiable causes as indicated.~~

- ~~3.4. Base Hospital contact required.~~

~~Transport. **Note:** Base Hospital contact required.~~

~~C.4. Precautions and Comments~~

- ~~1. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel/healthcare providers. The parent/caregiver's perception that "something is or was wrong" must be taken seriously. Assume the history given is accurate.~~

- ~~2. Approximately 40-50% of BRUE cases can be attributed to an identifiable cause(s) such as child abuse, swallowing dysfunction, gastro-esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.~~

- ~~2. Keep in mind, especially if the parent/guardian declines transportation to the hospital, that child abuse is one cause of may be a cause of the BRUE symptoms listed above.~~

- ~~a. If child abuse is suspected, refer to the reporting guidelines in VCEMS Policy 210.~~
-

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Tourniquet Use		Policy Number: 731	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director Daniel Shepherd, MD		Date: <u>DRAFT</u>	
Origination Date: July 2010		Effective Date: <u>DRAFT</u>	
Date Revised: <u>April 11, 2024</u>			
Date Last Reviewed: <u>April 11, 2024</u>			
Review Date: <u>April 11, 2024</u>			

- I. Purpose: To define the indications, procedure and documentation for tourniquet use by EMTs and paramedics.
- II. Authority: Health and Safety Code, Sections 1797.220 and 1798.
- III. Policy: EMTs and Paramedics may utilize tourniquets on patients in accordance with this policy.
- IV. Procedure:
 - A. Indications
 1. Life threatening extremity hemorrhage that cannot be controlled by other means.
 - B. Contraindications
 1. Non-extremity hemorrhage.
 2. Proximal extremity location where tourniquet application is not practical.
 - C. Relative Contraindications
 1. AV fistulas: Bleeding fistulas are best managed with firm direct pressure. Applying a tourniquet can ruin a fistula and should be a last resort. Base contact prior to applying a tourniquet is encouraged but not required.
 - D. Tourniquet Placement:
 1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.
 2. Assess and document circulation, motor and sensation distal to injury site.
 3. Apply tourniquet proximal to wound (usually 2-4 inches). Apply the tourniquet "high and tight" (as proximal as possible) in the following situations:
 - a. There is an active threat that warrants the need for rapid application and extraction (direct threat / hot or warm zone operations).

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b. The injury site is not readily apparent, or there are multiple injuries to the same extremity

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a-b.

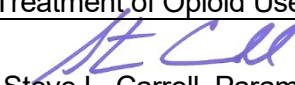

- 3-4. Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
- 4-5. Cover wound with appropriate sterile dressing and/or bandage.
- 5-6. Do not cover tourniquet- the device must be visible.
- 6-7. Re-assess and document absence of bleeding distal to tourniquet.
- 7-8. Remove any improvised tourniquet that may have been previously applied.
- 8-9. Tourniquet placement time must be documented on the tourniquet device.
- 9-10. Ensure receiving facility staff is aware of tourniquet placement and time tourniquet was placed.

D. Tourniquet removal, replacement, or repositioning

1. BLS providers may reposition an improperly placed tourniquet or replace malfunctioning device. Only ALS personnel may formally remove a tourniquet to assess if it is still necessary.
2. Indications
 - a. Improperly placed tourniquet
 - b. Poorly functioning device
 - c. Absence of bleeding distal to the tourniquet should be confirmed after manipulation, adjustment, or removal.
3. Procedure
 - a. Obtain IV/IO access
 - b. Maintain continuous ECG monitoring.
 - c. If repositioning or replacing a tourniquet, place a second tourniquet proximal to the first device in the appropriate location.
 - d. Hold firm direct pressure over wound for at least 5 minutes before releasing a tourniquet.
 - e. Gently release the initial tourniquet and monitor for reoccurrence of bleeding.
 - f. If appropriate, document the time the tourniquet was released.
 - g. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
 - h. If bleeding resumes, requiring a tourniquet, re-application will be in accordance with application procedures outlined in Section IV of this policy.

E. Documentation

1. All tourniquet uses must be documented in the Ventura County Electronic Patient Care Reporting System.
2. Documentation will include location of tourniquet, time of application, and person at the receiving hospital to whom the tourniquet is reported.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment of Opioid Use Disorder		Policy Number 736	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	March 12, 2020	Effective Date: December 1, 2021	
Date Revised:	March 12, 2024		
Date Last Reviewed:	May 13, 2021		
Review Date:	April 11, 2024		

- I. **PURPOSE:** To define the authorized treatment and harm reduction strategies Ventura County personnel may use when they encounter a patient with opioid use disorder. Specifically, to authorize the distribution of naloxone kits and administration of buprenorphine tablets as outlined below.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100146, 100169, 100170
- III. **POLICY:** The opioid crisis has had a profound impact on communities across the United States. This policy attempts to mitigate the impact of the crisis by increasing the availability of naloxone, as well as improving access to medication-assisted treatment and other addiction treatment services. All EMS personnel may distribute naloxone kits to patients with suspected opiate use disorder, or their friends/family. ALS personnel may administer buprenorphine to patients with suspected opiate withdrawal who have a COWS score \geq seven. All EMS personnel should refer any consenting patient with a suspected use disorder to a substance use disorder navigator as defined below. All relevant training will be offered to the recipient at the time of distribution.
 - A. Indications
 1. Buprenorphine:
 - a. Age \geq 17 and suspected opioid withdrawal with a COWS \geq 7
 2. Naloxone distribution
 - a. Suspected opioid use disorder
 3. Referral to substance use counselor
 - a. Suspected substance use disorder

B. Contraindications

1. Buprenorphine:

- a. Age < 17
- b. COWS < 7
- c. Any methadone use within the last ten days
- d. Altered and unable to give consent (unable to comprehend potential risks and benefits for any reason)
- e. Severe medical illness (sepsis, respiratory distress, etc)
- f. Known allergy to buprenorphine
- g. Suspected intoxication or recent use of benzodiazepines, alcohol, or other illicit drugs.

2. Naloxone distribution

- a. Known allergy to naloxone

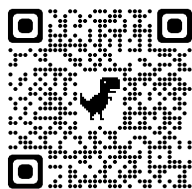
3. Referral to substance use counselor

- a. Patient does not consent to referral

IV. PROCEDURE:

A. Buprenorphine Administration.

1. Assessment and treatment shall be in accordance with VCEMS policies and procedures
2. Assess opioid withdrawal signs and symptoms and determine clinical opioid withdrawal scale (COWS) score



3. Assess for exclusion criteria
4. If no exclusion criteria, and COWS \geq 7, provide supportive care and counseling, and then assess patient interest in buprenorphine
5. If patient consents to treatment with buprenorphine:
 - a. Give water to moisten mucous membranes
 - b. Administer 16 mg of buprenorphine SL

- c. **Instruct patient not to chew or swallow the tablet. It must dissolve in their mouth. No food or drink for at least five minutes after administration**
 - d. Reassess after ten minutes
 - e. Re-dose with 8mg if symptoms are not improved or worsening
 - f. Max dose of buprenorphine is 24 mg
 - g. Refer to substance use disorder treatment navigator. Complete “consult template” in Pulsara and transmit to “Conejo Health”
 - h. Provide medication for addiction treatment brochure
6. If patient declines buprenorphine:
- a. Refer to substance use disorder treatment navigator. Complete “consult template” in Pulsara and transmit to “Conejo Health”
 - b. Provide medication for addiction treatment brochure
 - c. Treat and transport per VCEMS policies and procedures
7. Refusals/AMAs:
- a. Patients refusing transport are not eligible for buprenorphine administration but may be referred to a substance use disorder treatment navigator
 - b. Obtain consent for referral
 - c. Refer to substance use disorder treatment navigator. Complete “consult template” in Pulsara and transmit to “Conejo Health”

*** See treatment algorithm on final page ***

B. Naloxone distribution

1. Treat Patient in accordance with VCEMS policies and procedures
2. Once it has been determined that patient will refuse transport, AMA shall be processed and documented in accordance with VCEMS Policy 603 – Refusal of EMS Services.
3. Once AMA process has been completed, the patient, or the patient’s family/friends (must be present on scene) will be offered a leave-at-home naloxone kit, with clearly identified kit number and medication expiration date, and the relevant training

4. Friends/family can be offered a kit if the patient is determined to be dead. Kits and training should be offered if the individuals at the scene appear to be at risk for opioid misuse. For example, they were using drugs with the patient or there is paraphernalia on scene. Document as outlined below.
5. In limited circumstances where patient is treated with naloxone for a suspected overdose and transported to hospital, but patient and/or family/friends express concern that they will not be able to afford a prescription or demonstrate an inability to access naloxone, a leave at home kit may be left at the scene.
 - a. In these limited circumstances, efforts should be made to ensure patient and/or family/friends understand resources that are available to them related to overdose prevention. Resources include, but are not limited to:
 - I. OD rescue kit and training on how to administer nasal naloxone (Ventura County Behavioral Health) 805-667-6663
 - II. Treatment Services Access Line (Ventura County Behavioral Health) 844-385-9200
 - III. Refer to substance use disorder treatment navigator. Complete “consult template” in Pulsara and transmit to “Conejo Health”

C. Referral

1. All patients with a substance use disorder are eligible for referral to a Conejo Health substance use disorder navigator
 - a. Obtain consent for referral and then refer to substance use disorder treatment navigator by completing “consult template” in Pulsara and transmitting to “Conejo Health”

D. Recipient Training and Education

1. If considering buprenorphine, counsel patient accordingly

2. If the naloxone kit is accepted, the patient and/or family and friends will be trained on the recognition of opioid overdose and on the administration of nasal naloxone.
 - a. At a minimum, the training will consist of the following:
 - i. Signs and symptoms of an opioid overdose
 - ii. Administration of nasal naloxone
 - iii. Activating the 911 system
 - iv. Hands Only CPR. Instruct the recipient how to perform chest compressions: “place your hands between the nipples and push hard and fast.”
3. Printed training materials and resources related to ongoing drug treatment services, including the Behavioral Health Department’s 24/7 Access line will be left with patient or patient’s family/friends at the scene.

E. Documentation

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

F. Inventory

1. Distribution of leave at home naloxone will be tracked through the ePCR system, which means accurate documentation is very important.

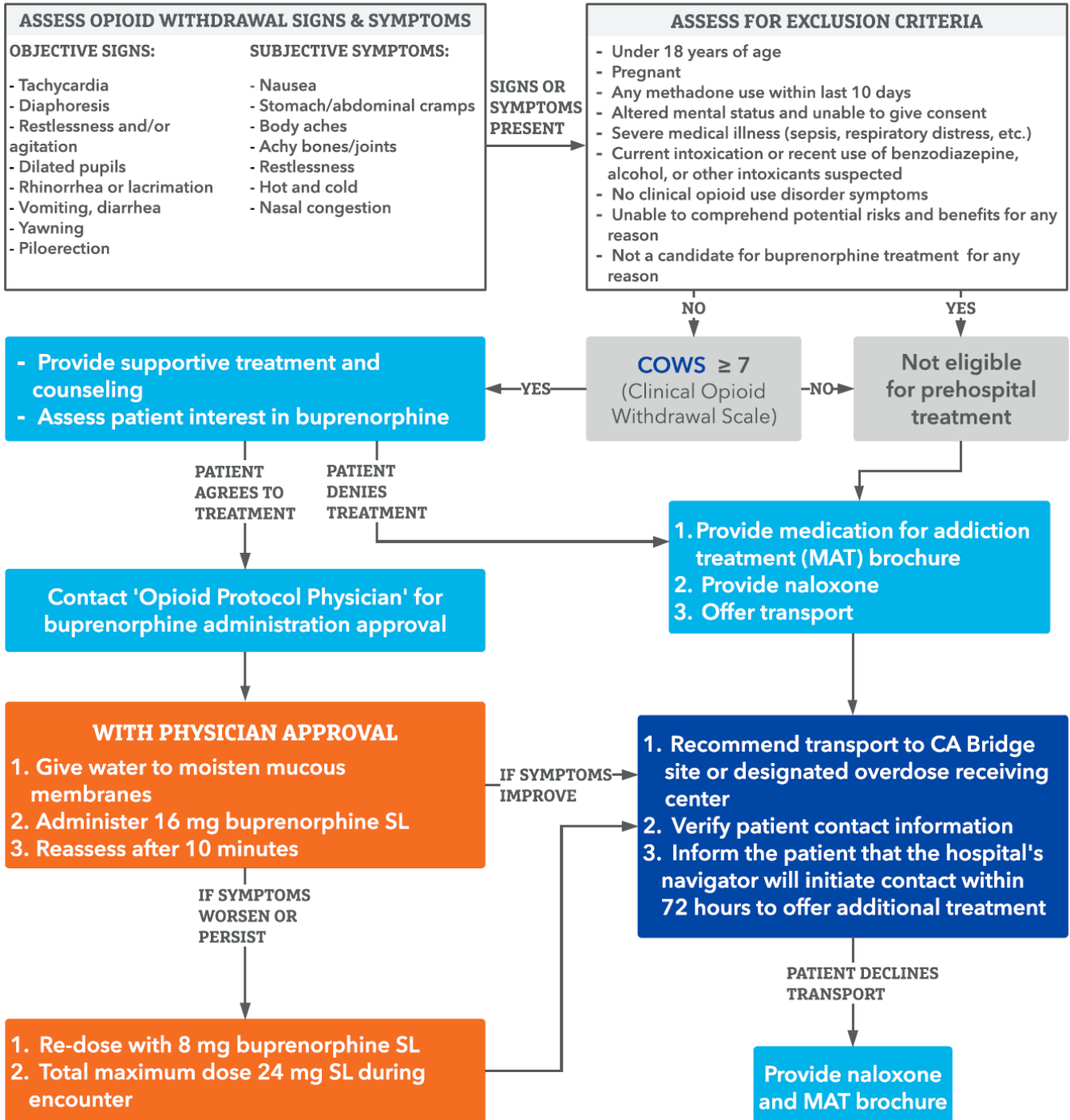
2. Nasal naloxone should not be distributed through standard inventory that is part of the day-to-day equipment (i.e. jump bags, supply cabinets, etc). These kits will be specially marked and tracked outside of the standard inventory process.
3. Conejo Health will monitor and distribute buprenorphine supply and leave at home naloxone kits



BUPRENORPHINE ADMINISTRATION ALGORITHM



Emergency Medical Services

Opioid Withdrawal: Adult Medical Treatment Guidelines



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transcutaneous Cardiac Pacing		Policy Number: 727	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2024	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: June 1, 2024	
Origination Date:	December 1, 2008	Effective Date: June 1, 2024	
Date Revised:	January 27, 2022		
Date Last Reviewed:	February 28, 2024		
Next Review Date:	February 28, 2026		

- I. **PURPOSE:** To define the indications, procedure and documentation for the use of transcutaneous cardiac pacing 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 utilize transcutaneous cardiac pacing (TCP) on adult patients (age 14 or greater) in accordance with Ventura County Policy 705 – Symptomatic Bradycardia, Adult.
- IV. **PROCEDURE:**
 - A. **Training:** Prior to using TCP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.
 - B. **Indications:** Symptomatic bradycardia (heart rate less than 40 bpm with one or more of the following signs or symptoms):
 1. Altered level of consciousness
 2. Chest pain
 3. Abnormal skin signs
 4. Profound weakness
 5. Shortness of breath
 6. Hypotensive (Systolic BP less than 90mm Hg)
 - C. **Contraindications:**
 1. Absolute
 - a. Asystole
 2. Relative:
 - a. Hypothermia – patient warming measures have precedence. (Base Hospital contact required).

D. Patient Treatment

1. Patient assessment and treatment per 705: Bradycardia treatment protocol. If IV/IO access not promptly available, proceed to pacing.
2. Explain procedure to the patient.
3. Place pacing electrodes and attach pacing cable to pacing device per manufacturer's recommendations.
4. Set pacing mode to demand mode, pacing rate to 70 BPM, and current at 40 milliamps (mA), or manufacturer recommendation.
5. If required, provide patient pain relief. Patients with profound shock and markedly altered level of consciousness may not require pain relief
6. Activate pacing device and increase the current in 10 mA increments until capture is achieved (i.e., pacemaker produces pulse with each paced QRS complex).
7. Assess patient for mechanical capture and clinical improvement (BP, pulses, skin signs, LOC).

NOTE: Patients with high grade AV block (second degree type II or third-degree block) who do not have symptoms do not require pacing. However, equipment should be immediately available if symptoms arise. Patients with symptoms who respond initially to atropine should have pacing equipment immediately available.

E. Documentation

1. The use of TCP must be documented.
2. Vital signs must be documented every 5 minutes.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Notification Of Personnel Changes-Provider		Policy Number 342	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 202 4 ¹	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: June 1, 202 4 ¹	
Origination Date: May 15, 1987			
Date Revised: April 8, 2021		Effective Date: June 1, 202 4 ¹	
Last Review: April 11, 2024 ^{8, 2021}			
Review Date: April 30, 202 7 ⁴			

I. PURPOSE

To define a procedure to assure that the Ventura County Emergency Services Agency is notified of hiring, leave of absence, or termination of employment of an EMT, Paramedic or MICN.

II. AUTHORITY:

Health and Safety Code, Chapter 1, Article 1.

III. POLICY

Each provider of prehospital EMS services shall notify, Emergency Medical Services Administrative Office, in writing or by e-mail, of hiring, leave of absence, or termination of employment of an EMT, Paramedic or MICN within 5 working days of taking action.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: MEDICAL CONTROL AT THE SCENE: EMS PREHOSPITAL PERSONNEL		Policy Number: 601	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2024 December 1, 2017	
APPROVED: Medical Director Daniel Shepherd, MD		Date: June 1, 2024 December 1, 2017	
Origination Date: October 1, 1993		Effective Date: June 1, 2024 December 1, 2017	
Date Revised: September 14, 2017			
Date Last Reviewed: April 11 8 , 2024 4			
Review Date: April 30, 2027 4			

- I. PURPOSE: To establish guidelines for medical control at the scene of a medical emergency.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220, and 1798.6
- II. POLICY: Authority for patient health care management in an emergency shall be vested in that licensed and/or certified health care professional, which may include any paramedic or other prehospital emergency medical personnel, at the scene of an emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency. (Health and Safety Code, Section 1796(a))
- III. PROCEDURE: The following shall be utilized to determine authority for medical control on scene:
 - A. Prehospital care personnel, certified and/or accredited in Ventura County, have authority for health care management in the following ascending order:
 1. EMT
 3. EMT-ALS Assist
 4. Paramedic, operating in accordance with established Ventura County EMS Agency policies and procedures, under medical control from a BH, or who is providing care under the direct order of a physician on scene.
 - a. This does not allow the paramedic to receive orders from medical personnel at the scene who are not MD's or DO's. This order is determined by training hours, scope of practice, and available supplies and equipment.

6. The first paramedic on scene assumes initial medical control of the patient. Medical Control of the patient and the best course of patient care will be determined by paramedics on scene, in conjunction with the base hospital MICN/base physician (when indicated). In all cases, transfer of medical control and/or patient care will be done in a coordinated fashion.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospice Patient Care		Policy Number: 629	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 202 4	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 202 4	
Origination Date: October 10, 2019		Effective Date: June 1, 2024	
Date Revised: April 8, 2021			
Date Last Reviewed: April 11 ⁸ , 202 4			
Next Review Date: April 30, 202 6 ³			

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- I. PURPOSE: To define the management of patients enrolled in hospice.
- II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170; California Code of Regulations, Title 22, §100145 and §100146
- III. POLICY:
 - A. EMS personnel shall evaluate and treat patients enrolled in hospice programs with the goal of enabling them to remain at home and continue their desired treatment plan according to the following procedures.
- IV. PROCEDURE:
 - A. Patient Management:
 - 1. The responding EMS personnel will evaluate the presenting complaint, confirm that the patient is on hospice and identify the current hospice provider.
 - 2. A phone call shall be established between EMS and the on-call hospice provider to communicate on scene findings.
 - 3. EMS and Hospice communication will be centered around the following goals;
 - a. Identifying a need for the hospice provider to respond to the scene

- b. Identifying EMS interventions or actions which may facilitate patient comfort and prevent transport.
 - c. Identifying hospice resources or interventions which may facilitate patient comfort and prevent transport.
 - d. Identifying the unique cases where transport is necessary for hospital treatment or diagnostics which are required in order to best continue in home treatment.
- B. Resources / response:
- 1. Most often transport can be avoided and comfort optimized utilizing only the initial paramedic response along with follow up from the hospice agency.
 - 2. EMS providers should consult with or request a response from one of the following:
 - a. Online medical direction from base hospital physician
 - b. Community paramedic response
 - c. EMS supervisor response

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control: Paramedic Liaison Physician		Policy Number 701	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 20 24 ¹⁴	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: June 1, 20 24 ¹⁴	
Origination Date: August 1, 1988		Effective Date: June 1, 20 24 ¹⁴	
Date Revised: January 9, 2014			
Date Last Reviewed: April ^{February} 11, 20 24 ¹⁴			
Review Date: April 30 ^{February 28} , 20 24 ¹⁴			

- I. PURPOSE: To define the role and responsibility of the Paramedic Liaison Physician (PLP) with respect to EMS medical control.
- II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162
- III. POLICY: The Base Hospital shall implement the policies and procedures of VCEMS for medical direction of prehospital advanced life support personnel. The PLP shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VCEMS. This includes:
 - A. Medical direction and supervision of field care by:
 1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
 2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.
 - B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).
 - C. Audit and evaluation by:
 1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
 - a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.
 - b. Compliance with current policies, procedures and protocols of the

- local EMS agency.
 - c. Base Hospital voice communication skills.
 - d. Monthly review of all ALS documentation when the patient is not transported.
- D. Investigations according to VC EMS Policy 150.
- E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
- 1. The activities of all Base Hospital physicians, MICNs and Paramedics.
 - 2. The education, audit, and evaluation of base hospital personnel
 - 3. Communications by base hospital personnel
- F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.
- G. Base Hospital liaison by ensuring:
- 1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
 - 2. Ongoing liaison with EMS provider agencies and the local medical community.
 - 3. On-going liaison with the local EMS agency.
- H. Ensuring compliance with Base Hospital Designation Agreement.