

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

Pre-hospital Services Committee  
Agenda

October 10, 2024  
9:30 a.m.

**I. Introductions**

**II. Approve Agenda**

**III. Minutes**

**IV. Medical Director Report**

- A. Buprenorphine
- B. Whole Blood
- C. Safety Event Reports
- D. Cardiac Arrest Survival

**V. New Business or Policies for Review with Proposed Changes**

- A. 332 – EMS Personnel Background Check Requirement Process Karen Beatty

**VI. Old Business**

- A. Other

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

- A. MedTrans Ambulance Application Steve Carroll
- B. 0450 – ASC Designation Adriane Gil-Stefansen
- C. 0460 - IFT Emergency Department Stroke Patients Adriane Gil-Stefansen
- D. 705.27 – Sepsis Alert Andrew Casey
- E. 1404 – Guidelines for IFT of Patients to a Trauma Center Karen Beatty
- F. 1405 – EMS Anticoagulant/Antiplatelet Medications Karen Beatty

**VIII. Policies Due for Review (No proposed changes)**

- A. 705.24 – Symptomatic Bradycardia
- B. 705.25 - VTach Sustained
- C. 723 - CPAP/BiPAP
- D. 735 – Push Dose Epinephrine
- E. 1601 – PSFA and TCC Training Program Approval Checklist
- F. 1601 – PSFA and TCC Training Program Approval
- G. 1602 – PSFA Optional Skills Approval and Training

**IX. Agency Reports**

- A. Fire Departments
- B. Ambulance Providers
- C. Base Hospitals
- D. Receiving Hospitals
- E. Law Enforcement
- F. ALS Education Program-Ventura College
- G. ALS Education Program-Moorpark College
- H. EMS Agency
- I. Other

**X. Stryker LIFEPAK 35 Presentation (pending confirmation)**

**XI. Closing**

Topic	Discussion	Action	Approval
I. <b>Introductions</b>	New Santa Paula ED manager is Joy Reed	Welcome	
II. <b>Approve Agenda</b>		Approved	Motion: Tom Gallegos Seconded: Ira Tilles Passed: Unanimous
III. <b>Minutes</b>	Vanessa Gonzales is new at CMH (correction from last month)	Approved	Motion: Tom O'Connor Seconded: All town Passed: Unanimous
IV. <b>Medical Issues</b>	<b>Danny Shepherd</b> – EMDAC meeting is in September- Will discuss prehospital blood products. Buprenorphine training will be in process soon for the rollout sometime in the Fall.		
A. Other			
V. <b>New Business</b>			
A. 1105 – MICN dev Course Exam	Up for review: <ul style="list-style-type: none"> <li>• Take “E” off ELVO in Page 1, Section III, #12.</li> <li>• Change the word “behavioral” to “learning” on Page 2, Section III, letter E.</li> </ul>	Approved	Motion: Tom O'Connor Seconded: Kyle Passed: Unanimous
VI. <b>Old Business</b>			
A. 319 – Paramedic Preceptor	Tabled for future meeting		Motion: Seconded: Passed: Unanimous
B. 420 – Receiving and Standby Hospital Standards	Regarding AB40, we do not have an APOT specific policy, however we did add guidance on page 1-2. APOT standard is 20 minutes in the county. Our system is a smaller system compared to LA / San Bernadino / Riverside. We are discussing internally to revamp the specific elements of APOT and how it will be projected on the dashboard, separate from policy 420. It was agreed to remove the word “triage” from page 1, #8. Remove “Always” from page 2 #11. Discussion occurred whether it would serve us best collectively to have a separate APOT policy? It would not be meant as punitive but lay out the minimum standards to outline a minimum set of guidelines. This way we can maintain/improve a standard. Monthly meetings with hospital committee will continue to review APOT guidelines.	Approved with changes	Motion: Jaime Villa Seconded: Tom O'Connor Passed: Unanimous

C. 705.01 – Trauma Treatment Guidelines	The following three polices go together due to the TXA changes. Page 2, fluid administration changed systolic from 80 to 90, took out the age limit on fluid administration. Page 4, 6F1, the committee agreed to delete.	Approved with changes	Motion: Tom O'Connor Seconded: Kyle Blum Passed: Unanimous
D. 705.14 – Hypovolemic Shock	Brought back to make it easier to read, added pediatric dosage for TXA. Committee went over the correct wording for Handtevy SBP criteria to be more consistent with other policies.	Approved with changes	Motion: Tom O'Connor Seconded: Kyle Blum Passed: Unanimous
E. 734-Tranexamic Acid Administration	Removed contraindications for age 15 years and older on Page 1, Letter B. Page 2, letter g, added the dosing for pediatric patients.	Approved with changes	Motion: Tom O'Connor Seconded: Kyle Blum Passed: Unanimous
<b>VII. Informational</b>			
A. Cardiac Arrest Survival Update	<b>Andrew Casey</b> – Utstein survival rate with 31 patients which is about 50-60% of our patients left for the year is 42%. This is a significant improvement over last year at 27%. Our last 5 Utstein patients we were at 80%. Overall presumed cardiac patient survival rate is at 9%, 29/339 patients. We were at 9.2% for 2023.		
<b>VIII. Policies for review</b>			
A. 627 – Fireline Medic	No Changes	Approved	Motion: Aaron Tapking Seconded: Kyle Blum Passed: Unanimous
B. 715 – Needle Thoracostomy	Policy needs to be updated with current equipment that is being used such as the North American Rescue (NAR) and be more generic with the technique that is used. Adriane and Mark will update policy for more generic language on technique. Dr. Shepherd will put together a list of current approved devices. Proposal is they are in the chest cavity and have a one-way valve. In the future, please email Dr. Shepherd for approval for any “new” devices your agency would like to use that are not on the current list.	Approved with changes.	Motion: Ira Tilles Seconded: John Everlove Passed: Unanimous
C. 716 – Use of Preexisting Vascular Access	No changes.	Approved	Motion: Tom O'Connor Seconded: Ira Tilles Passed: Unanimous
<b>IX. Agency Reports</b>			
A. Fire departments	<b>VCFD</b> – Nothing to report.		

	<p><b>VFD</b> – Academy with new recruits finishing up, around 17<sup>th</sup> of August</p> <p><b>OFD</b> – EMS Corps project is moving forward. We are starting the recruiting process August 14<sup>th</sup> through October for the first cohort, which will begin on January 15, 2025. The program is 111 days, 3 days a week, 360 hours. Projecting to take 25 students in each class and 5 alternates. Currently we have 30 applicants and expect more after launch date. We will be using Charter School to meet the equivalency component of this program. For more information reach out to Jaime. We moved over to ClearVue Video Laryngoscope which includes the bougie port. We are starting with just the squads until we can order enough for all the apparatus agency wide. Received 4000 fentanyl testing kits from the State and are figuring out where to distribute and how to track.</p> <p><b>Fed. Fire</b> – N/A</p> <p><b>FFD</b> – Thankful to VCFD for doing a Lucas training. We will be deploying the devices after policies, education and training is complete. We will be holding a golf tournament on Sept. 20<sup>th</sup> at Sterling Hills.</p>		
B. Transport Providers	<p><b>AMR/GCA/LMT</b> – Staffing is good. Bringing in staff for annual training. We have some new products such as SAM, Thor site and pelvic binders. We are working with Conejo Health next month for our Buprenorphine training.</p> <p><b>All Town</b> – Some production delays on ambulances we were hoping to bring to Ventura. All hiring is great.</p>		
C. Base Hospitals	<p><b>AHSV</b> – Offering Basic MCI class for MICNs, 8 classes coming up. I will post dates and times for the other base hospitals.</p> <p><b>LRRMC</b> – Nothing to report.</p> <p><b>SJRMCC</b> – Nothing to report.</p> <p><b>VCMC</b> – Dr. Duncan asked to thank everyone with STOP THE BLEED, so far 600 with Jr. Lifeguards, 300 more on Tuesday. Hopefully finalizing rooftop helipad. Training coming up with MICNs.</p>		
D. Receiving Hospitals	<p><b>SJHC</b> – N/A</p> <p><b>SPH</b> – <b>Joy Reed</b> new SPH ED manger-We are restricting some of our care in October OBGYN/ICU moving to VCMC. Providing education for SPH nurses regarding this change.</p>		

	Working with EMS for needed changes to ED to match policy 420 as a Standby ED. <b>CMH / OVCH</b> – Nothing to report.		
E. Law Enforcement	<b>AIR RESCUE</b> – 9th annual Coppers and Choppers coming up next month on Sept. 21 from 11am-2pm <b>VCSO</b> – N/A <b>CSUCI PD</b> – N/A <b>Parks</b> – N/A		
F. ALS Education Programs	<b>Ventura College</b> – Paramedic class 28 has cleared the clinical sites and is on to field internships. Class 29 still making their way through the didactic portion. Looking for clinical placements for January 2025. Requests for preceptor commitments have been sent to the providers. Please respond ASAP. <b>Moorpark College</b> – Paramedic cohort of 12 going into didactic portion. New cohort of 80 EMT students coming in the fall.		
G. EMS Agency	<b>Steve Carroll:</b> MedTrans Ambulance finished submitting the rest of their application. Applying for a non-emergency permit. Once application is complete it will return to the committee, anticipating in September or October meeting, and then to the EMS Advisory Committee. If approved, then a permit would be issued by end of this year or first part of next year. <b>Adriane Gil-Stefansen</b> – Thank you to all the providers for participating in the National Prehospital Pediatric Readiness project. It was submitted on time by 7/31/24 and we had a 100% participation rate.		
H. Other			
<b>X. Closing</b>	<b>Meeting adjourned at 10:43am</b>		Motion: Chris Sikes Seconded: Tom O'Connor Passed: Unanimous
	Meeting audio recording and transcript available upon request.		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Personnel Background Check Requirement		Policy Number 332	
APPROVED: Administrator: Steven L. Carroll, Paramedic		Date: December 1, 20 <del>21</del> <sup>24</sup>	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: December 1, 20 <del>21</del> <sup>24</sup>	
Origination Date: July, 1990		Effective Date: December 1, 20 <del>21</del> <sup>24</sup>	
Date Revised: October 14, 2021			
Date Last Reviewed: October 1 <del>0</del> <sup>4</sup> , 20 <del>21</del> <sup>24</sup>			
Review Date: October 31, 20 <del>21</del> <sup>24</sup>			

- I. PURPOSE: To provide a method to ascertain the criminal background history of persons applying for EMT certification ~~/recertification or Paramedic accreditation~~ as EMS Prehospital care personnel in Ventura County.
  
- II. AUTHORITY: California Health and Safety Code, Section 1798.200, California Code of Regulations, Title 22, Section ~~100105.11400206~~, et seq. Title 13, California Code of Regulations, Section 1101.
  
- III. POLICY:
  - A. All applicants for Ventura County EMT certification ~~/recertification or paramedic accreditation~~ shall complete a California Bureau of Criminal Identification, Department of Justice background investigation and Federal Bureau of Identification background check via Live Scan Service as a condition of initial EMT certification or, EMT recertification in Ventura County, ~~or Ventura County Paramedic accreditation.~~
  - B. Ventura County EMS shall keep record of criminal background if certification ~~or accreditation~~ is active.
  - C. Ventura County EMS shall contract with the California Bureau of Criminal Identification for subsequent arrest notification.
  - D. Criteria in Health and Safety Code Section 1798.200 and 13CCR1101 et al shall be used to determine whether certification is given or denied based upon the results of the background check (Refer to VCEMS Policy 333 – Accreditation, Authorization or Certification Review Process).
  
- IV. PROCEDURE:
  - A. All applicants for certification/recertification ~~or accreditation~~ shall refer to VCEMS website at [vchca.org/ems](http://vchca.org/ems) for the DOJ Live Scan instructions.
  - B. This procedure applies to:

1. All persons applying for initial California EMT certification ~~/or paramedic accreditation~~ in Ventura County
2. EMT recertification in Ventura County for the first time
3. EMT recertification in Ventura County, after lapse in certification, and the Department of Justice has been notified that subsequent notices are no longer required.

~~C. EMTs who are currently certified in Ventura County and are now becoming Paramedics, do not need to repeat their background.~~

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: <u>December</u> <del>1 January 3, 2024</del>
APPROVED: Medical Director: Daniel Shepherd, MD	Date: <u>December</u> <del>1 January 3, 2024</del>
Origination Date: October 11, 2012 Date Revised: June 24, 2020 Last Review: <u>September 25,</u> <del>2024 June 22, 2022</del>	Effective Date: <u>December</u> <del>1 January 3, 2024</del>
Review Date: <u>September</u> 30, <del>2027 June 30, 2024</del>	

- 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 100079.03400470.
- 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 VC EMS.
  - b. ASCs shall respond in writing regarding program compliance.
  - c. On-site ASC visits for evaluative purposes may occur.
  - d. ASCs shall notify VC EMS 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: Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients		Policy Number 460	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <del>December 1</del> <u>January 3, 2024</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <del>December 1</del> <u>January 3, 2024</u>	
Origination Date: July 13, 2017			
Date Revised: <del>September 25, 2024</del> <u>June 22, 2022</u>		Effective Date: <del>December 1</del> <u>January 3, 2024</u>	
Last Reviewed: <del>September 25, 2024</del> <u>June 22, 2022</u>			
Review Date: <del>September 30, 2026</del> <u>June 30, 2024</u>			

- 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, ~~100079.034~~ 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 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.
- LEmergent 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.

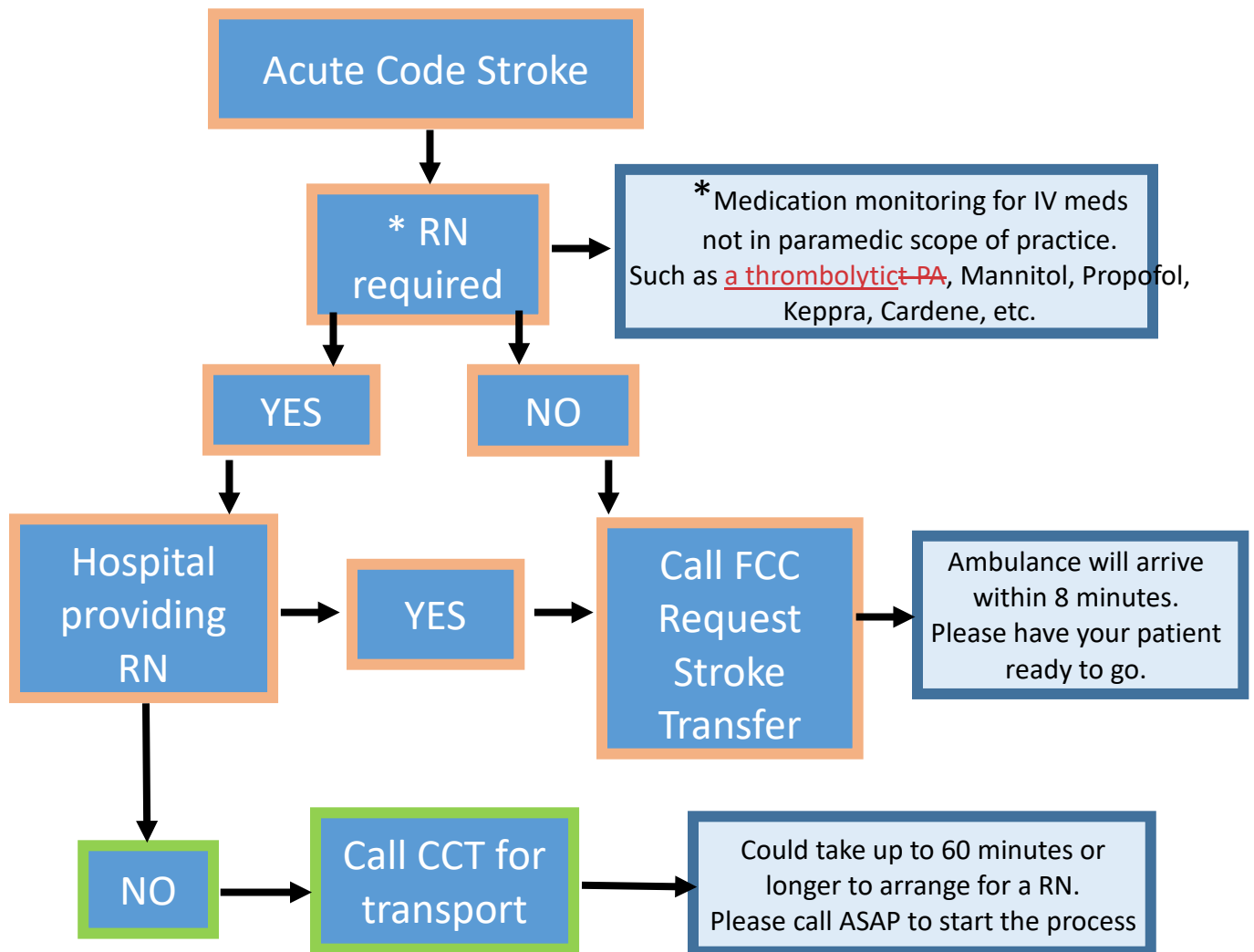
V. PROCEDURE:

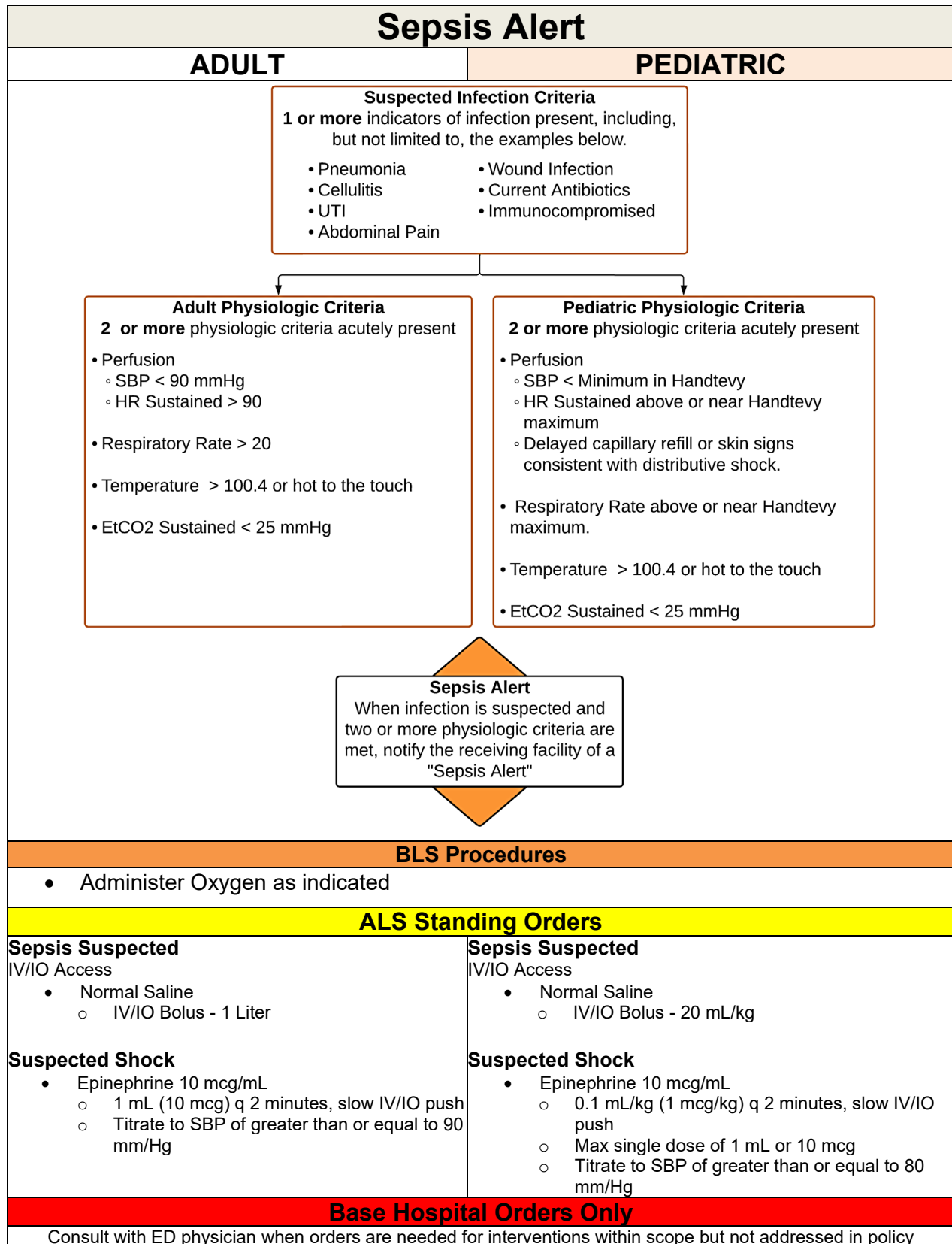
A. Upon diagnosis of an **E**LVO, or an acute stroke needing a higher level of care; and after discussion with the patient or patient’s family/caregiver, the hospital will:

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. Thrombolytic-PA Administration:
    - a. If a thrombolytic-PA will continue infusing during transfer, the patient must be accompanied by an RN or physician.
    - b. If a thrombolytic 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







Effective Date: July 1, 2022  
Next Review Date: June 30, 2024

Date Revised: June 9, 2022  
Last Reviewed: June 9, 2022



VCEMS Medical Director



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, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	July 1, 2010	Effective Date: December 1, 2024	
Date Revised:	September 5, 2024		
Date Last Reviewed:	September 5, 2024		
Review Date:	September 30, 2026		

- 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, §100136.03.
- 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)

- D. **NON-URGENT IFT TRAUMA** Transfer: A process by which a patient with non-life-threatening injuries and not a time-sensitive injury requires a transfer to a trauma center for further evaluation and care.

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.

B. **EMERGENT Trauma Transfer**

1. Indications for an immediate neurosurgical procedure
2. Penetrating injury to head or torso
3. Penetrating or blunt injury with shock
4. Torn thoracic aorta or great vessel
5. Solid organ injury **with** hemodynamic instability or as directed by treating physician in consultation with trauma center
6. Cardiac rupture
7. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes)
8. Pregnancy with indications for an immediate Cesarean section
9. Blood Product given
10. ABC Score-anticipated Mass Transfusion Protocol (MTP) meets 2 or more criteria below:
  1. SBP < 90
  2. HR > 120
  3. + Fast Exam
  4. Penetrating trauma to torso

C. **URGENT Trauma Transfers**

1. Carotid or vertebral arterial injury
2. Bilateral pulmonary contusion with PaO<sub>2</sub> to FiO<sub>2</sub> ratio less than 200
3. Major abdominal vascular injury
4. Solid organ injury **without** hemodynamic instability or as directed by treating physician in consultation with trauma center
5. Unstable pelvic fracture
6. Fracture or dislocation with neurovascular compromise
7. Glasgow Coma Scale score <14 or lateralizing neurologic signs
8. Unstable spinal fracture or spinal cord deficit

9. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
10. Open long bone fracture
11. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
12. Amputations or partial amputations of any portion of the hand
13. Injury to the globe at risk for vision loss

**D. *NON-URGENT IFT* Trauma Transfers**

For patients who are in the emergency department at a community hospital and do not meet the ***EMERGENT*** or ***URGENT*** trauma criteria above, if the referring physician requests transfer to a Trauma Center, the Trauma Center will immediately accept the patient.

**V. FACILITIES:**

**A. 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

**B. 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.

## VI. 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. **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.

#### 2. **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.
3. **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.

4. **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. **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
2. **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.
3. **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. **NON-URGENT IFT TRAUMA Transfers**

1. **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

2. **Transferring hospitals will:**

- a. Call the trauma hotline for the closest trauma center to request a **NON-URGENT IFT 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 a **NON-URGENT IFT 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 later, 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.

3. **Ambulance companies will:**

- a. Upon request for a **NON-URGENT IFT TRAUMA** transfer, the transport provider will provide the hospital with an ETA of an **IFT** ambulance. Trauma patients will be prioritized by the provider for a 60–90-minute response time whenever possible.

*As a reminder:*

**FAX forms are no longer required for documentation**

**Please use link below to submit all Trauma Transfers**

**E. 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:**







Scan QR Code for Trauma Transfer form

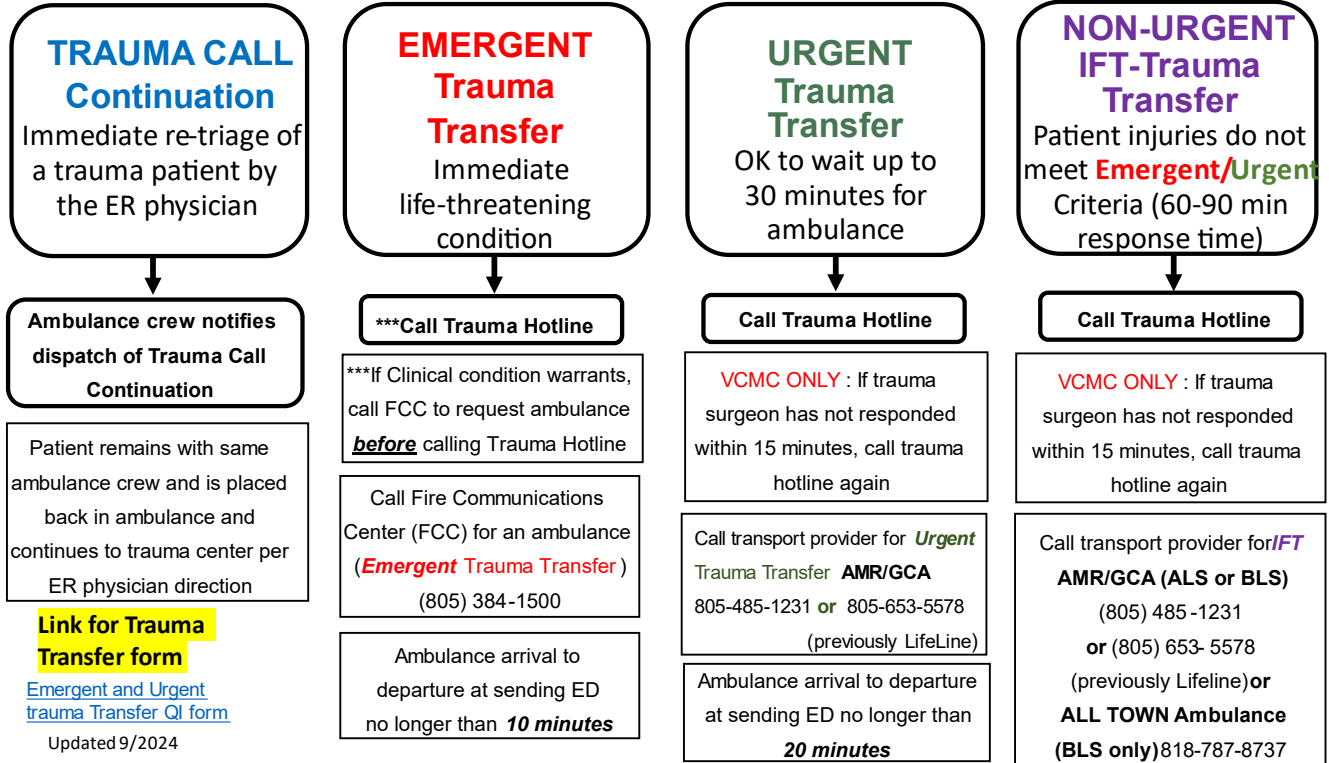
Ventura County Trauma Centers *Hotline*

LRHMC (805) 370-5901 If needed, call Trauma Surgeon (805) 665-0243

VCMC (805) 652-6777

**For In-County Transfers**

*If ETA is outside the expected response time window, ask to speak with EMS supervisor*



**URGENT  
Trauma Transfer**  
OK to wait up to  
30 minutes for ambulance  
*ALS transport only*

**Refer to Guidelines below:**

- Carotid or vertebral arterial injury
- Bilateral pulmonary contusion with PaO<sub>2</sub> to FiO<sub>2</sub> ratio less than 200
- Major abdominal vascular injury
- Solid organ injury **without** hemodynamic instability or as directed by treating physician in consultation with trauma center
- Unstable pelvic fracture
- Fracture or dislocation with neurovascular compromise
- Glasgow Coma Scale score <14 or lateralizing neurologic signs
- Unstable spinal fracture or spinal cord deficit
- >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
- Open long bone fracture
- Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
- Amputations or partial amputations of any portion of the hand
- Injury to the globe at risk for vision loss

**EMERGENCY  
Trauma Transfer**  
Immediate life-threatening  
condition  
*ALS transport only*

**Refer to Guidelines below:**

- Indications for an immediate neurosurgical procedure.
- Penetrating injury to head or torso.
- Penetrating or blunt injury with shock.
- Torn thoracic aorta or great vessel
- Solid organ injury **with** hemodynamic instability or as directed by treating physician in consultation with trauma center
- Cardiac rupture
- Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
- Pregnancy with indications for an immediate Cesarean section.
- Blood Product given
- ABC Score-anticipated Mass Transfusion Protocol (MTP) meets 2 or more criteria below:
  1. SBP < 90
  2. HR > 120
  3. + Fast exam
  4. Penetrating trauma to torso

**Out of County Trauma Transfers  
Refer to policy 605**



# EMS Trauma/Stroke

## List of Anticoagulant and Antiplatelet Medications

### Anticoagulant Medications

Brand Name	Generic Name
Arixtra	fondaparinux
Coumadin	warfarin
Eliquis	apixaban
Jantoven	warfarin
Lixiana	edoxaban
Lovenox	enoxaparin
Pradaxa	dabigatran
Savaysa	edoxaban
Xarelto	rivaroxaban

### Antiplatelet Medications

Brand Name	Generic Name
Aggrenox	aspirin & dipyridamole
Aspirin (325mg NOT 81mg)	acetylsalicylic acid
Brilinta	ticagrelor
Effient	prasugrel
Integrilin	eptifibatide
Persantine	dipyridamole
Plavix	clopidogrel
Pletal	cilostazole
Ticlid	ticlopidine

<b>Symptomatic Bradycardia</b>	
<b>ADULT (HR less than 40 bpm)</b>	<b>PEDIATRIC (HR less than 60 bpm)</b>
<b>BLS Procedures</b>	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
<b>ALS Standing Orders</b>	
<p><b>IV/IO access</b></p> <p><b>Obtain 12-lead ECG</b></p> <p><b>Atropine</b></p> <ul style="list-style-type: none"> <li>IV/IO – 0.5 mg (0.1 MG/mL)</li> </ul> <p>If initial Atropine is transiently effective, or patient remains bradycardic without hemodynamic compromise.</p> <ul style="list-style-type: none"> <li>May repeat Atropine 0.5 mg IV/IO q 5 min to a total max dose of 3 mg.</li> </ul> <p><b>Transcutaneous Pacing (TCP)</b></p> <ul style="list-style-type: none"> <li>Should be initiated only if patient has signs of hypoperfusion</li> <li>Should be started immediately for 3<sup>o</sup> heart blocks and 2<sup>o</sup> Type 2 (Mobitz II) heart blocks</li> <li>If pain is present during TCP <ul style="list-style-type: none"> <li><b>Pain Control</b>– per policy 705.19</li> </ul> </li> </ul> <p>If patient remains hypotensive (SBP less than 90mmHg)</p> <p><b>Epinephrine 10 mcg/mL</b></p> <ul style="list-style-type: none"> <li>1 mL (10 mcg) q 2 minutes, slow IV/IO push</li> <li>Titrate to SBP ≥ 90 mm/Hg</li> </ul> <p>When patient presents or becomes hypotensive without signs of heart failure.</p> <p><b>Normal Saline</b></p> <ul style="list-style-type: none"> <li>500 mL IV/IO bolus</li> <li>May repeat x 1 for total of 1,000 mL</li> </ul> <p>For suspected hyperkalemia</p> <ul style="list-style-type: none"> <li><b>Calcium Chloride</b> <ul style="list-style-type: none"> <li>IV/IO – 1 g <ul style="list-style-type: none"> <li>Withhold if suspected digitalis toxicity</li> </ul> </li> </ul> </li> <li><b>Sodium Bicarbonate</b> <ul style="list-style-type: none"> <li>IV/IO – 1 mEq/kg</li> <li>Repeat 0.5 mEq/kg x 2 q 5 min</li> </ul> </li> </ul>	<p><b>If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol</b></p> <p><b>IV/IO access</b></p> <ul style="list-style-type: none"> <li>IV/IO access only if patient in extremis</li> <li><b>Epinephrine 10 mcg/mL</b> <ul style="list-style-type: none"> <li>0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push</li> <li>Max single dose of 1 mL or 10 mcg</li> <li>Titrate to SBP of greater than or equal to 80 mm/Hg</li> </ul> </li> </ul>
<b>Base Hospital Orders Only</b>	
	<p><b>Atropine</b></p> <ul style="list-style-type: none"> <li>IV/IO – 0.02 mg/kg <ul style="list-style-type: none"> <li>Minimum dose – 0.1 mg</li> </ul> </li> </ul>
<b>Consult with ED Physician for further treatment measure</b>	
<p>Additional Information</p> <ul style="list-style-type: none"> <li>Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP)</li> <li>Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.</li> </ul>	

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VCEMS Medical Director

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Date Revised: October 8, 2020  
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VCEMS Medical Director

<b>Ventricular Tachycardia Sustained – Not in Arrest</b>	
<b>Adult</b>	<b>Pediatric</b>
<b>BLS Procedures</b>	
Administer oxygen as indicated	
<b>ALS Standing Orders</b>	
<p>IV/IO Access</p> <p><u>Stable</u> – Mild to moderate chest pain/SOB</p> <ul style="list-style-type: none"> <li>• <b>Amiodarone</b> <ul style="list-style-type: none"> <li>○ IV/IOPB - 150 mg in 50mL D<sub>5</sub>W infused over 10 minutes.</li> </ul> </li> </ul> <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> <li>• <b>Synchronized Cardioversion</b> <ul style="list-style-type: none"> <li>○ <b>Zoll</b> 100, 120, 150, 200 joules</li> <li>○ <b>Lifepak</b> 100, 200, 300, 360 joules</li> <li>○ Consider sedation prior to cardioversion for special circumstances*</li> </ul> </li> </ul> <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> <li>• <b>Defibrillate</b> <ul style="list-style-type: none"> <li>○ Defibrillate as indicated                             <ul style="list-style-type: none"> <li>○ Lifepak 360 Joules</li> <li>○ Zoll 200 Joules</li> </ul> </li> <li>○ Consider sedation prior to defibrillation as outlined below for special circumstances*</li> </ul> </li> </ul> <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> <li>• <b>Magnesium Sulfate</b> <ul style="list-style-type: none"> <li>○ IV/IOPB – 2 g in 50 mL D<sub>5</sub>W infused over 5 min                             <ul style="list-style-type: none"> <li>• May repeat x 1 if Torsades continues or recurs</li> </ul> </li> </ul> </li> </ul> <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> <li>• <b>Fentanyl</b> <ul style="list-style-type: none"> <li>○ 1 mcg/kg IV/ IO / IN prior to electrical therapy.</li> </ul> </li> </ul> <p>If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting.</p> <p>After successful cardioversion, obtain an ECG per Policy 726.</p>	<p>IV/IO Access</p> <p><u>Stable</u> – Mild to moderate chest pain/SOB</p> <ul style="list-style-type: none"> <li>• <b>Amiodarone</b> <ul style="list-style-type: none"> <li>○ IV/IOPB – 5 mg/kg (max 150 mg) in 50mL D<sub>5</sub>W infused over 10 minutes.</li> </ul> </li> </ul> <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> <li>• <b>Synchronized Cardioversion</b> <ul style="list-style-type: none"> <li>○ 0.5, 1, 2, 4, 6, 8 joules/kg</li> <li>○ Consider sedation prior to cardioversion for special circumstances*</li> </ul> </li> </ul> <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> <li>• <b>Defibrillate</b> <ul style="list-style-type: none"> <li>○ Defibrillate as indicated using escalating joules doses                             <ul style="list-style-type: none"> <li>○ 2, 4, 6, 8 joules/kg</li> </ul> </li> <li>○ Consider sedation prior to defibrillation as outlined below for special circumstances*</li> </ul> </li> </ul> <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> <li>• <b>Magnesium Sulfate</b> <ul style="list-style-type: none"> <li>○ IV/IOPB – 50 mg/kg (max 2 g) in 50 mL D<sub>5</sub>W infused over 5 min                             <ul style="list-style-type: none"> <li>• May repeat x 1 if Torsades continues or recurs</li> </ul> </li> </ul> </li> </ul> <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> <li>• <b>Fentanyl</b> <ul style="list-style-type: none"> <li>○ 1 mcg/kg IV / IO / IN prior to electrical therapy.</li> </ul> </li> </ul> <p>If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting.</p> <p>After successful cardioversion, obtain an ECG per Policy 726.</p>
<b>Base Hospital Orders only</b>	
<p><b>ED Physician Order Only:</b> After synchronized cardioversion or defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IV/IOPB in D<sub>5</sub>W infused over 10 minutes.</p>	
<p><b>Additional Information:</b></p> <ul style="list-style-type: none"> <li>• *Special circumstances for sedation prior to cardioversion include Fully awake and alert, patients with unstable vital signs.</li> <li>• Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.</li> <li>• Ventricular tachycardia (VT) is a rate greater than 150 bpm</li> </ul>	

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VCEMS Medical Director

Policy Title: Continuous Positive Airway Pressure & Bilevel Positive Airway Pressure (CPAP/BiPAP)		Policy Number: 723
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: <del>December 1, 2024</del> <u>January 3, 2023</u>	
APPROVED: Medical Director: Daniel Shepherd, MD	Date: <del>December 1, 2024</del> <u>January 3, 2023</u>	
Origination Date: December 2004 Date Revised: September 8, 2022 Last Reviewed: <del>October 10, 2024</del> <u>September 8, 2022</u> Review Date: <del>October 31, 2024</del> <u>September 8, 2022</u>	Effective Date: <u>December 1, 2024</u>	

- I. PURPOSE: To define the indications, procedure and documentation for the use of Continuous Positive Airway Pressure and Bilevel Positive Airway Pressure (CPAP/BiPAP) by EMS Personnel
  
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Division 9, Section ~~100066.02~~ 100066.02.  
 POLICY: EMS Personnel may utilize CPAP/BiPAP on patients in accordance with Ventura County Policy 705.
  
- III. PROCEDURE:
  - A. Training: Prior to using CPAP/BiPAP, 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/BiPAP is indicated for all causes of severe respiratory distress or respiratory failure when absolute contraindications are not present
  - C. Contraindications:
    1. Respiratory or cardiac arrest
    2. Agonal respirations
    3. Unconsciousness
    4. Pneumothorax
    5. Inability to maintain / protect airway patency



D. Relative Contraindications:

1. Vomiting

- a. CPAP may limit a patient's ability to protect their airway from aspiration in the event of vomiting. Consider Ondansetron administration and prepare suction for patients at risk of vomiting.

2. Altered level of consciousness

- a. Patients with altered level of consciousness may be less able to protect their own airway and may be at risk of a decreasing respiratory rate. Prepare to utilize suction, monitor capnography and responsiveness closely.

3. Systolic Blood Pressure < 90

- a. All forms of positive pressure ventilation, including CPAP and BiPAP, may exacerbate hypotension. Prepare to utilize Push-dose epinephrine per Policy 735 for patients who are hypotensive or at risk of hypotension.

D. PATIENT TREATMENT:

1. Place patient in an upright seated position to aid respiratory effort.
2. Apply nasal EtCO<sub>2</sub> measurement device.
3. Monitor ECG, Vital signs, SpO<sub>2</sub>, and continuous waveform capnography.
4. Set up CPAP/BiPAP system
5. Explain procedure to patient.
6. Apply mask while reassuring patient.
7. Frequently reevaluate patient. Improvement is indicated by less labored breathing, increased SpO<sub>2</sub>, and relative normalization of the EtCO<sub>2</sub> (normal range 35-45mmHg)
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/BiPAP and consider needle thoracostomy per policy 715
  - b. Inadequate Respiratory Rate – CPAP/BiPAP is likely to be utilized for patients at risk for respiratory failure and/or respiratory arrest. Efficacy of breathing 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/BiPAP and support ventilations with BVM.

E. DOCUMENTATION

1. VCePCR, including attached medical device data, will be completed per VCEMS policy 1000.
2. Vital signs, SpO<sub>2</sub>, and EtCO<sub>2</sub> must be documented every 5 minutes
3. Narrative documentation should include a description of the patient's response to CPAP/BiPAP treatment.

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: <u>December 1, 2024</u> <del>January 3, 2024</del>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>December 1, 2024</u> <del>January 3, 2023</del>	
Origination Date: January 10, 2019			
Date Revised: September 8, 2022			
Date Last Reviewed: <u>October 10, 2024</u> <del>September 8, 2022</del>		Effective Date: <u>December 1, 2024</u> <del>January 3, 2023</del>	
Review Date: <u>October 31, 2024</u> <del>September 30, 2024</del>			

- 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 100091.01~~100145~~ and 100096.02~~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)
    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		
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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.

# Ventura County Emergency Medical Services Agency PSFA/TCC Training Program

## Application Checklist

Training program complete sections 1-5 of this checklist

For additional information on requirements and approval process, please refer to VCEMS Policy 1601 – PSFA and CPR / TCC Training Program Approval

1. General Program Information		
Training Program Name:		
Program Address	Program City	Program Zip Code
Program Phone #	Program Fax #	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	Name of Program	
3. Program Educational Staff		
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s) <input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience. <input type="checkbox"/> Applicable licenses and/or certifications	Name(s) of Each Individual	
4. General Training Program Requirements		
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers <input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and</li> <li><input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and</li> <li><input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and</li> </ul> IF TCC: <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370</li> </ul> IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <li><input type="checkbox"/> All requirements outlined above</li> </ul> <input type="checkbox"/> A detailed course outline <input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing <input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards <input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of public safety first aid personnel, in accordance with Section IV.2.h of this policy <input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered <input type="checkbox"/> Sample attendance record and training roster <input type="checkbox"/> Sample of course completion certificate		

Revised date: May 13, 2021

Reviewed date: [October 10, 2024](#)

5. Training Program Representative Completing Application	
Name of person completing application:	
Signature	Date
Phone Number	Email Address

**\*\*\*VCEMS Office Use Only\*\*\***

1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Statewide PSFA/TCC course approved by CalEMSA <input type="checkbox"/> ARC equivalent first aid class of at least 21 hours AND an AHA equivalent CPR AED healthcare provider course <input type="checkbox"/> Tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370 – California Tactical Casualty Care Training Guidelines. <input type="checkbox"/> VCEMS approved EMT or Paramedic training program <input type="checkbox"/> -EMR course approved by CalEMSA and developed and authorized by CalFire, POST, CPR, CHP or other statewide public safety agency, as determined by CalEMSA	
<input type="checkbox"/> Primary Teaching Staff CV/Resume(s)	
<input type="checkbox"/> Statement verifying each instructor is proficient in skills taught and qualified to teach by education and/or experience.	
<input type="checkbox"/> Applicable licenses and/or certifications	
<input type="checkbox"/> Table of contents listing required information and corresponding page numbers	
<input type="checkbox"/> Written request for program approval IF PSFA: <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and</li> <li><input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and</li> <li><input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and</li> </ul> IF TCC: <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370</li> </ul> IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <li><input type="checkbox"/> All requirements outlined above</li> </ul>	
<input type="checkbox"/> A detailed course outline	
<input type="checkbox"/> Samples of cognitive (written) and psychomotor skills exams used for periodic testing	
<input type="checkbox"/> Final psychomotor skills competency testing criteria with pre-established scoring standards	
<input type="checkbox"/> Final cognitive (written) exam with pre-established scoring standards <input type="checkbox"/> Provisions for retaining of PSFA personnel, in accordance with Section IV.2.h of this policy	
<input type="checkbox"/> Location and proposed dates at which the course(s) is to be offered	
<input type="checkbox"/> Sample attendance record and training roster	
<input type="checkbox"/> Sample of course completion certificate	
2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration Date	Date

Revised date: May 13, 2021

Reviewed date: [October 10, 2024](#)

**3. EMS Agency Representative Information**

Name of EMS Agency Representative Processing Application

Signature

Date

Phone Number

Email Address



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety-First Aid (PSFA) and CPR / Tactical Casualty Care Training Program Approval		Policy Number 1601	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 202 <del>4</del>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 202 <del>4</del>	
Origination Date: April 13, 2017			
Date Revised: May 13, 2021			
Date Last Reviewed: <del>October 10, 2024</del> May <del>13, 2024</del>		Effective Date: December 1, 202 <del>4</del>	
Review Date: <del>October 31, 2027</del> May <del>31, 2023</del>			

- I. PURPOSE: The Ventura County EMS Agency shall establish minimum requirements for Public Safety First Aid and CPR and/or Tactical Casualty Care training programs.
- II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1997.210 and 1797.212; California Code of Regulations, Title 22, Division 9 Chapter 1.5; California EMS Authority #370 – California Tactical Casualty Care Training Guidelines
- III. POLICY: The approving authority for Public Safety First Aid and CPR (PSFA) and/or Tactical Casualty Care (TCC) training programs, not meeting the definition of a statewide public safety agency operating within the County of Ventura shall be the Ventura County EMS Agency (VCEMS). This does not apply to PSFA or TCC programs authorized by statewide public safety agencies such as the California Highway Patrol, California State Parks, etc. and approved by the California EMS Authority This also does not apply to PSFA or TCC programs authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority.
  - A. Programs eligible for program approval shall be limited to:
    1. A course in public safety first aid, including CPR and AED, developed and/or authorized by the California Department of Forestry and Fire Protection (Cal Fire); or
    2. A course in public safety and first aid, including CPR and AED, authorized by the Commission on Peace Officer Standards and Training (POST) and approved by the California EMS Authority. No later than twenty-four (24) months from the adoption of these regulations, POST, in consultation with the California EMS Authority, shall develop the course curriculum and testing competency standards for these regulations as they apply to peace officers; or

3. A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the California EMS Authority; or
4. A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the California EMS Authority; or
5. The U.S. Department of Transportation's emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by the VCEMS; or
6. A course of at least twenty-one (21) hours in first aid equivalent to the standards of the American Red Cross and healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Section 100017 of the California Code of Regulations, and approved by the VCEMS; or
7. A tactical training program course that meets or exceeds all mandatory minimum guidelines outlined in CalEMSA #370
8. An EMT or Paramedic training program approved pursuant to established VCEMS policies and procedures; or
9. An EMR course approved by the California EMS Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the California EMS Authority.

B. Approved training program course content shall meet or exceed all requirements outlined in Chapter 1.5, Section 100017 of the California Code of Regulations. If a Tactical Casualty Care Training program, all minimum requirements of CalEMSA #370 shall be met or exceeded.

#### IV. PROCEDURE:

##### A. Program Approval

1. Eligible training programs shall submit a written request for PSFA and/or TCC training program approval to VCEMS
2. VCEMS shall review the following prior to approving a PSFA/TCC training program:
  - a. Name of the sponsoring institution, organization, or agency.

- b. A statement verifying the initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours of first aid and CPR training (If PSFA).
- c. A statement verifying that the training course meets the appropriate minimum requirements outlined in CalEMSA #370 (If TCC)
- d. A statement verifying CPR training equivalent to the current Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (If PSFA).
- e. A detailed course outline
  - 1) If PSFA - Any and all optional skills, as outlined in VCEMS Policy 1602 – PSFA Optional Skills Approval and Training, the program chooses to apply to its curriculum shall have prior written authorization by VCEMS Medical Director.
- f. Final written examination with pre-established scoring standards; and
- g. Skill competency testing criteria, with pre-established scoring standards.
- h. Provisions for the retraining of public safety first aid personnel in accordance with Section 100022 of the California Code of Regulations (If PSFA). At a minimum, these standards shall include:
  - 1) An approved retaining course which includes a review of the topics and skills relevant to the PSFA scope of practice, which consists of not less than eight (8) hours of first aid and CPR including AED every two (2) years; or
  - 2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or
  - 3) Successful completion of a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:
    - a) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR

- b) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and
    - c) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.
  - 4) A PSFA retraining course or pretest may be offered yearly by any approved training course, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years.
- i. Educational Staff  
Validation of the instructor's qualifications shall be the responsibility of the agency or organization whose training program has been approved by VCEMS. Training in PSFA and/or TCC shall be conducted by an instructor who is:
  - 1) Proficient in the skills taught; and
  - 2) Qualified to teach by education and/or experience
- j. Testing Requirements
  - 1) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in sections 100017 and 100018 of Chapter 1.5 of the California Code of Regulations (If PSFA)
  - 2) A passing standard shall be established by the training program before administration of the examination and shall be in compliance with the standard submitted to and approved by VCEMS
  - 3) Training programs shall test the knowledge and skills specified in California Code of Regulations or CalEMSA #370 and have a passing standard for successful completion of the course and shall ensure competency of each skill.

- k. Course Completion Records
  - Training programs shall outline a process for validation of course completion, in accordance with Section 100029 of the California Code of Regulations or CalEMSA #370.
  - 1) A sample of the course completion certificate shall be submitted to VCEMS as part of the program approval application.
  - 2) The training program shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
  - 3) All training records shall be made available for inspection by VCEMS upon request.
- 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) 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.
- 3. Course approval is valid for four (4) years from the date of approval.
  - a. Requests for re-approval shall be submitted in the form of a formal training program approval packet and shall include all items outlined in Section IV.A.1-2
  - b. Requests for re-approval shall be submitted to VCEMS no later than sixty (60) days prior to the date of program approval expiration.
  - c. VCEMS may request additional materials or documentation as a condition of course approval and/or re-approval.
- 4. Training Program Notification
  - a. VCEMS shall notify the training program submitting its request for training program approval within twenty-one (21) working days of receiving the request that:
    - 1) The request for approval has been received,

- 2) The request for approval contains or does not contain the information outlined in this policy 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 as specified in this policy.
  - c. VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
  - d. VCEMS shall 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, and program approval/ expiration date of program approval.
5. Withdrawal of Program Approval
  - a. Noncompliance with any criterion required for training program approval, use of any unqualified teaching personnel, non-compliance with any provision of this policy, non-compliance with any applicable regulation outlined in the California Code of Regulations and/or CalEMSA #370 or non-compliance with any other applicable guidelines regulations or laws may result in the denial, probation, suspension or revocation of program approval by VCEMS.
  - b. Notification of non-compliance and action to place on probation, suspend, or revoke shall be done as follows:
    - 1) VCEMS shall notify the approved training program course director in writing, by registered mail, of the provisions of this Policy with which the training program is not in compliance.
    - 2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by registered mail, to VCEMS one of the following:
      - a) Evidence of compliance with the provisions of this policy,  
or

- b) A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
  - 3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program, VCEMS shall notify the approved 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 training program approval.
  - 4) If VCEMS decides to suspend, revoke, or place an training program on probation the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of VCEMS's letter of decision to the training program.
- 6. Program Review and Reporting
  - a. All course outlines, written exams, and competency testing criteria used in an approved training program shall be subject to periodic oversight and review as determined by VCEMS.
  - b. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions outlined in this policy, the California Code of Regulations, and/or in CalEMSA #370 and may be revoked by VCEMS in accordance with section IV.5 of this policy.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Public Safety First Aid Optional Skills Approval and Training		Policy Number 1602	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: <del>December</del> June 1, 2024 <del>41</del>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <del>December</del> June 1, 2024 <del>41</del>	
Origination Date: July 13, 2017			
Date Revised: February 11, 2021			
Date Last Reviewed: <del>October 10, 2024</del> February 11, 2021		Effective Date: <del>December</del> June 1, 2024 <del>41</del>	
Review Date: <del>October 31, 2027</del> February 28, 2023			

- I. PURPOSE: To establish the application and approval process for the utilization of optional skills by Public Safety First Aid (PSFA) agency personnel in Ventura County, and to establish the requirements and responsibilities of the Ventura County EMS Agency (VCEMS) approved PSFA optional skill providers
  - A. The PSFA program shall be operated by approved providers in accordance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulations and with all applicable VCEMS policies and procedures.
  - B. This program shall be implemented and maintained under the authority of the Ventura County EMS Medical Director.
- II. AUTHORITY: California Health and Safety Code Sections 1797.220 and 1798; California Code of Regulations, Title 22, Section ~~100027.03~~100019
- III. POLICY:
  - A. Any PSFA agency utilizing optional skills shall be approved by the VCEMS Medical Director, and continually meet all requirements outlined in the California Code of Regulations and VCEMS policies and procedures.
  - B. No entity may operate as a PSFA optional skills agency or provide optional skills unless authorized by the VCEMS Medical Director.
  - C. PSFA optional skills providers must be employed by a government public safety agency functioning within Ventura County as a part of the EMS system and may only provide optional skills while on duty.
  - D. Providers must meet the requirements and perform each optional skill as described in this policy.
  - E. The following optional skills are authorized for use by a PSFA agency:
    1. Administration of epinephrine by auto-injector for suspected anaphylaxis



2. Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation
3. Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care.
4. Administration of intranasal (IN) naloxone for suspected narcotic overdoses with respiratory depression.
5. Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs)

IV. PROCEDURE:

A. PSFA Optional Skills Application and Approval Process

1. Providers requesting to utilize PSFA optional skills shall submit an application to VCEMS for approval. A complete application shall include the following:
  - a. Identification of optional skill(s) being requested for authorization
  - b. A letter of intent to provide the PSFA optional skill(s) being applied for, signed by a chief officer of the agency, agreeing to adhere to all applicable VCEMS policies and procedures.
  - c. A description of the geographic area within which the PSFA Optional Skill(s) will be utilized (size, population, population distribution and any other unique characteristics associated with the area that may impact the program, such as; tourist impact, recreational activities, etc.).
  - d. A description of the need for use of the PSFA Optional Skill(s), including the number of patients that may have benefited from the use of PSFA optional skill(s) for the previous year.
  - e. A description of the plans for initial training and ongoing PSFA Optional Skills competency verification for authorized PSFA personnel.
  - f. Procedures for collection and retention of required medical records.
  - g. Written procedure for ongoing Quality Improvement activities specific to each skill utilized with a staff member assigned to complete this responsibility on a regular and on-going basis.
  - h. Identification of the individual at the agency responsible for program oversight and coordination of quality improvement.

B. Program Notification

1. VCEMS shall notify the PSFA agency within seven (7) working days of receipt of the request for PSFA optional skills approval and shall specify what information, if any, is missing.

2. PSFA optional skills approval or denial shall be made within thirty (30) calendar days of receipt of all required application materials.
  3. PSFA Optional Skill(s) providers shall notify VCEMS of any instructor change. Any new instructor shall be approved by VCEMS prior to providing course instruction.
- C. PSFA Optional Skill(s) Provider Requirements and Responsibilities
1. Training Requirements  
PSFA optional skills provider agencies shall:
    - a. Provide initial PSFA Optional Skills training and testing utilizing curriculum approved and provided by VCEMS
    - b. Provide all necessary training equipment (manikins, audiovisual aids, training auto-injectors, etc.).
    - c. Ensure that each authorized PSFA individual demonstrates competency in the utilization of all approved optional skills, a minimum of once every twelve (12) months.
    - d. Maintain on file a course completion record for all personnel successfully completing the approved training, for a minimum of four (4) years. This record shall be made available to VCEMS upon request
  2. Records and Data Collection Requirements:
    - a. A PSFA Optional Skills Utilization Patient Care Report (Appendix A) shall be completed for each patient on whom any of the PSFA Optional Skill(s) are utilized and submitted within 24 hours to the EMS Agency via secure email or fax as specified on the form.
    - b. The provider shall develop procedures for collection, disposition, and retention of all pertinent medical records
    - c. The PSFA provider agency shall submit an annual report, no later than January 31<sup>st</sup> of each year that summarizes program activities and performance for the previous calendar year. At a minimum, this report shall include:
      - i. Competency records for all PSFA optional skill providers working within the agency
      - ii. An update of any and all program changes or updates that occurred within the PSFA optional skills provider agency over the

previous twelve months, as it relates to the utilization of PSFA optional skills.

- D. Continuous Quality Improvement (CQI) Requirements
1. PSFA optional skills provider agencies shall maintain adequate program staff to ensure:
    - a. There is a timely and adequate review of each incident in which an optional skills has been utilized
    - b. There is adequate documentation of each incident in which an optional skill has been utilized
    - c. Each utilization of an optional skills has been in accordance with VCEMS policies and procedures.
  2. A monthly report outlining all utilizations of any PSFA optional skills over the previous calendar month shall be completed by the PSFA provider agency and submitted to VCEMS by the fifteenth (15<sup>th</sup>) day of each month.
- E. Denial, Revocation, or Suspension of Program Approval
1. Non-compliance with any criteria required for PSFA training program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provisions of the California Code of Regulations, may result in suspension, or revocation of PSFA program approval by VCEMS.
  2. VCEMS will notify PSFA program in writing of any deficiency and shall correct any identified problem within thirty (30) days.
  3. Failure to correct deficiencies and/or otherwise respond to directions will be cause for VCEMS to place the program on a probationary status with conditions for improvement, or deny, revoke, or suspend the program approval.