

To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: December 1, 2024

CHANGES MADE TO PROCEDURES AND/OR TREATMENTS

Policy #	Title/New Title	Notes
705	General Patient Guidelines	<ul style="list-style-type: none"> Removed policy exceptions to pediatric definition. Policies previously listed don't redefine a pediatric patient, but utilize age criteria specific to procedure/medication/assessment
705.01	Trauma Assessment/Treatment Guidelines	<ul style="list-style-type: none"> Target SBP in trauma has changed from SBP \geq 80 to SBP \geq 90 for fluid administration (this standardizes SBP parameters for NS and TXA)
705.14	Hypovolemic Shock	<ul style="list-style-type: none"> Target SBP in trauma has changed from SBP \geq 80 to SBP \geq 90 for fluid administration (this standardizes target SBP for NS and TXA) TXA now approved for pediatric ages Formatted to better define Hemorrhagic Shock (traumatic and atraumatic)
705.18	Overdose	<ul style="list-style-type: none"> Buprenorphine added to the Paramedic Scope Go live date TBD
705.24	Symptomatic Bradycardia	<ul style="list-style-type: none"> Adult Atropine dose changed from 0.5 mg to 1 mg, aligns with ACLS
705.27	Suspected Sepsis	<ul style="list-style-type: none"> Removed flash capillary refill term, replaced with distributive shock signs Expanded examples for indicators of infection
715	Needle Thoracostomy	<ul style="list-style-type: none"> Added approved devices Added language to follow manufacturer insertion technique for adult Reworded pediatric insertion technique
717	Intraosseous Infusion	<ul style="list-style-type: none"> Distal Femur added as a site for pediatrics (cannot be used unless training has been completed by providers) Removed Manual IO Removed skills check-off / Simplified overall layout of policy
734	Tranexamic Acid (TXA) Administration	<ul style="list-style-type: none"> TXA now approved for pediatric ages TXA now approved for use in atraumatic hypovolemic shock without BH Order Contraindication for isolated head injury was removed.
736	<u>Old Policy Title:</u> Leave at Home Naloxone Program <u>New Policy Title:</u> Substance Use Disorder	<ul style="list-style-type: none"> Buprenorphine added to the Paramedic Scope Go live date TBD
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	<ul style="list-style-type: none"> Additional transfer option of "Non-Urgent IFT Trauma Transfer." This is to help prioritize patient transfers who need higher level of care, but don't fit in the Emergent/Urgent categories. Updated transfer algorithm


MINOR CHANGES

Policy #	Title/New Title	Notes
332	EMS Personnel Background Check Requirement Process	<ul style="list-style-type: none"> Removed Livescan requirements for Paramedic Accreditation (the State monitors Paramedics)
460	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	<ul style="list-style-type: none"> Removed “E” from ELVO Change t-PA to Thrombolytic
705.09	Chest Pain – Acute Coronary Syndrome	<ul style="list-style-type: none"> Added reference to Pulsara
725	<u>Old Policy Title:</u> TASER <u>New Policy Title:</u> Patients After Conducted Electrical Weapon Use	<ul style="list-style-type: none"> Removed device specific “TASER” language and made it generic to “Conducted Electrical Weapon”
1105	Mobile Intensive Care Nurse Developmental Course and Examination Procedure	<ul style="list-style-type: none"> Minor language changes

NO CHANGES

Policy #	Title/New Title	Notes
323	Mobile Intensive Care Nurse Authorization Challenge	<ul style="list-style-type: none"> No changes
333	Accreditation/Authorization/Certification Review Process	<ul style="list-style-type: none"> No changes
450	Acute Stroke Center (ASC) Standards	<ul style="list-style-type: none"> No changes
615	Organ Donor Information Search	<ul style="list-style-type: none"> No changes
618	Unaccompanied Minors	<ul style="list-style-type: none"> No changes
619	Safely Surrendered Babies	<ul style="list-style-type: none"> No changes
624	Patient Medications	<ul style="list-style-type: none"> No changes
627	Fireline Medic	<ul style="list-style-type: none"> No changes
705.25	Ventricular Tachycardia Sustained – Not in Arrest	<ul style="list-style-type: none"> No changes
716	Use of Pre-existing Vascular Device (PVAD)	<ul style="list-style-type: none"> No changes
723	Continuous Positive Airway Pressure & Bilevel Positive Airway Pressure (CPAP/BiPAP)	<ul style="list-style-type: none"> No changes
735	Push Dose Epinephrine	<ul style="list-style-type: none"> No changes
1400	Trauma Care System – General Provisions	<ul style="list-style-type: none"> No changes
1405	EMS Trauma/Stroke List of Anticoagulant and Antiplatelet Medications	<ul style="list-style-type: none"> No changes
1601	Public Safety-First Aid (PSFA) and CPR / Tactical Casualty Care Training Program Approval	<ul style="list-style-type: none"> No changes
1602	Public Safety First Aid Optional Skills Approval and Training	<ul style="list-style-type: none"> No changes

CHANGES MADE TO PROCEDURES AND/OR TREATMENTS

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment Protocols		Policy Number 705	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	January 1988		
Date Revised:	See individual algorithms		
Date Last Revised:	See individual algorithms		
Review Date:	See individual algorithms		
	Effective Date:	As indicated on individual algorithms	

- I. PURPOSE: To provide uniform protocols for prehospital medical control in Ventura County.
- II. AUTHORITY: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Sections 100066.02, 100065.10, and 100091.02.
 - A. DEFINITIONS:
 1. Unless otherwise specified in an individual treatment protocol or policy, the following definitions shall apply:
 - a. Adult: Age 14 or greater (14th birthday and older)
 - b. Pediatric: Age less than 14 (up to 14th birthday)
 - B. Cardiac Monitor/12 Lead EKG
 1. When cardiac monitoring or a 12 Lead ECG is performed, copies of rhythms strips and 12 Lead ECGs shall be submitted to the ALS Provider(s), Base Hospital, and Receiving Hospital.
- IV. POLICY: Treatment protocols shall be used as a basis for medical direction and control for prehospital use.
 - A. BLS personnel are authorized to administer the following medications and/or perform the following procedures for certain conditions as outlined below.
 1. Epinephrine for anaphylaxis or severe respiratory distress because of asthma.
 2. Naloxone for suspected opioid overdose
 3. Nerve Agent Antidote Kit (Pralidoxime Chloride and Atropine Sulfate) for suspected nerve agent or organophosphate exposure
 4. Determination of blood glucose level for altered neurological function and/or for suspected stroke

5. Continuous Positive Airway Pressure (CPAP) for severe respiratory distress or respiratory failure when absolute contraindications are not present
 6. Bilevel Positive Airway Pressure (BiPAP) for severe respiratory distress or respiratory failure when absolute contraindications are not present
- B. In the event BLS personnel administer naloxone, epinephrine, a nerve agent antidote kit, or applies CPAP or BiPAP, ALS personnel will assume care of the patient as soon as possible and continue care at an ALS level, in accordance with all applicable VCEMS policies and procedures.
- C. Hypoglycemic patients with a history of diabetes, who are fully alert and oriented following determination of blood glucose level and a single administration of 15g of oral glucose may be transported at a BLS level of care.
- V. PROCEDURE: See the following pages for specific conditions.

Contents

- 00 - General Patient Assessment
- 01 - Trauma Assessment/Treatment Guidelines
- 02 – Allergic Reaction and Anaphylaxis
- 03 - Altered Neurological Function
- 04 - Behavioral Emergencies
- 05 - Bites and Stings
- 06 - Burns
- 07 - Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)
- 08 - Cardiac Arrest – VF/VT
- 09 - Chest Pain – Acute Coronary Syndrome
- 10 - Childbirth
- 11 - Crush Injury/Syndrome
- 12 - Heat Emergencies
- 13 – Cold Emergencies
- 14 – Hypovolemic Shock
- 15 - Nausea/Vomiting
- 16 - Neonatal Resuscitation
- 17 - Nerve Agent / Organophosphate Poisoning
- 18 - Overdose
- 19 - Pain Control
- 20 - Seizures
- 21 - Shortness of Breath – Pulmonary Edema
- 22 - Shortness of Breath – Wheezes/Other
- 23 - Supraventricular Tachycardia
- 24 - Symptomatic Bradycardia
- 25 - Ventricular Tachycardia – Not in Arrest
- 26 - Suspected Stroke
- 27 - Sepsis Alert
- 28 - Smoke Inhalation
- 29 - Traumatic Cardiac Arrest

Trauma Assessment/Treatment Guidelines 705.01

- I. Purpose: To establish a consistent approach to the care of the trauma patient
 - A. Rapid trauma survey
 1. Airway
 - a. Maintain inline cervical stabilization
 - 1) Follow spinal motion restriction guidelines per VCEMS Policy 614
 - b. Open airway as needed
 - 2) Utilize a trauma jaw thrust to maintain inline cervical stabilization if indicated
 - c. Suction airway if indicated
 - d. Insert appropriate airway adjunct if indicated
 2. Breathing
 - a. Assess rate, depth, and quality of respirations
 - b. If respiratory effort inadequate, assist ventilations with BVM
 - c. Assess lung sounds
 - d. Initiate airway management and oxygen therapy as indicated
 - 1) Maintain SpO₂ ≥ 94%
 3. Circulation
 - a. Assess skin color, temperature, and condition
 - b. Check distal/central pulses and capillary refill time
 - c. Control major bleeding
 - d. Initiate shock management as indicated
 4. Disability
 - a. Determine level of consciousness (Glasgow Coma Scale)
 - b. Assess pupils
 5. Exposure
 - a. If indicated, remove clothing for proper assessment/treatment of injury location, always maintaining patient dignity
 - b. Always maintain patient body temperature
 - B. Detailed physical examination
 1. Head
 - a. Inspect/palpate skull
 - b. Inspect eyes, ears, nose and throat
 2. Neck
 - a. Palpate cervical spine
 - b. Check position of trachea
 - c. Assess for jugular vein distention (JVD)

3. Chest
 - a. Visualize, palpate, and auscultate chest wall
 4. Abdomen/Pelvis
 - a. Inspect/palpate abdomen
 - b. Assess pelvis, including genitalia/perineum if pertinent
 5. Extremities
 - a. Visualize, inspect, and palpate
 - b. Assess Circulation, Sensory, Motor (CSM)
 6. Back
 - a. Visualize, inspect, and palpate thoracic, and lumbar spines
- C. Trauma care guidelines
1. Fluid Administration
 - a. Maintain SBP of ≥ 90 mmHg
 - 1) Patients 65 years and older, maintain SBP of ≥ 100 mmHg
 - 2) Isolated head injuries, maintain SBP of ≥ 100 mmHg
 - b. Pediatric patients, maintain minimum SBP for respective age in Handtevy
 2. Tranexamic Acid (TXA) Administration
 - a. As indicated in VCEMS Policy 734
 3. Head injuries
 - a. General treatments
 - 1) Evaluate head and face – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Elevate head 30° unless contraindicated
 - 3) Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
 - 4) Do not delay transport if significant airway compromise
 - b. Penetrating injuries
 - 1) DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
 - 2) Stabilize object manually or with bulky dressings
 - c. Facial injuries
 - 1) Assess airway and suction as needed
 - 2) Remove loose teeth or dentures if present
 - d. Eye injuries
 - 1) Remove contact lenses
 - 2) Irrigate eye thoroughly with suspected acid/alkali burns

- 3) Avoid direct pressure
 - 4) Place eye shield over injured eye only
 - 5) Ask patient to keep eyes closed
 - 6) Stabilize any impaled object manually or with bulky dressing
4. Spinal cord injuries
- a. General treatments
 - 1) Evaluate spinal column – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Place patient in supine position if hypotension is present
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - 3) In the presence of isolated penetrating injuries, spinal motion restriction is contraindicated
 - c. Neck injuries
 - 1) Monitor airway
 - 2) Control bleeding if present
5. Thoracic Trauma
- a. General treatments
 - 1) Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Keep patients sitting high-fowlers
 - i. In the presence of isolated penetrating injuries, spinal motion restriction is CONTRAINDICATED
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Remove object if CPR is interfered
 - 2) Stabilize object manually or with bulky dressings
 - 3) Control bleeding if present
 - c. Flail Chest/Rib injuries
 - 1) Assist ventilations if respiratory status deteriorates
 - d. Pneumothorax/Hemothorax
 - 1) Keep patient sitting high-fowlers
 - 2) Assist ventilations if respiratory status deteriorates
 - 3) Suspected tension pneumothorax should be managed per VCEMS Policy 715

- e. Open (Sucking) Chest Wound
 - 1) Place an occlusive dressing to wound site, secure on 3 sides only or place a vented chest seal.
 - 2) Assist ventilations if respiratory status deteriorates
 - f. Cardiac Tamponade – If suspected, expedite transport
 - 1) Beck's Triad
 - i. Muffled heart tones
 - ii. JVD
 - iii. Hypotension
 - g. Traumatic Aortic Disruption
 - 1) Assess for quality of radial and femoral pulses
 - 2) If suspected, expedite transport
6. Abdominal/Pelvic Trauma
- a. General Treatments
 - 1) Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - b. Blunt injuries
 - 1) Place patient in supine position if hypotension is present
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Eviscerations
 - 1) DO NOT REPLACE ABDOMINAL CONTENTS
 - 2) Cover wound with saline-soaked dressings
 - 3) Control bleeding if present
 - e. Pregnancy
 - 1) Place patient in left-lateral position to prevent supine hypotensive syndrome
 - f. Pelvic injuries
 - 1) Assessment of pelvis should be only performed **ONCE** to limit additional injury
 - 2) Control external bleeding if present
 - 3) Place a commercial binder or sheet if pelvic injury is suspected and patient is hemodynamically unstable (see step one for parameters)
 - 4) Empirically place a binder or sheet if patient is in cardiac arrest due to a blunt or blast injury


- 5) **Consider** applying a binder or sheet in patients with suspected pelvic injury **without** hemodynamic instability
7. Extremity Trauma
- a. General Treatments
 - 1) Evaluate CSM distal to injury
 - i. If decrease or absence in CSM is present:
 - a) Attempt to reposition extremity into anatomical position
 - b) Re-evaluate CSM
 - c) If no change in CSM after repositioning, splint and expedite transport
 - d) Cover open wounds with sterile dressings
 - e) Place ice pack on injury area (if closed wound)
 - f) Splint/elevate extremity with appropriate equipment
 - b. Dislocations
 - 1) Splint in position found with appropriate equipment
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECTS
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Femur fractures
 - 1) Utilize traction splint only if isolated mid-shaft femur fracture is suspected
 - 2) Assess CSM before and after traction splint application
 - e. Amputations
 - 1) Clean the amputated extremity with NS
 - 2) Wrap in moist sterile gauze
 - 3) Place in plastic bag
 - 4) Place bag with amputated extremity into a separate bag containing ice packs
 - 5) Prevent direct tissue contact with the ice pack

Hypovolemic Shock	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in supine position Administer oxygen as indicated	
ALS Standing Orders	
<p>IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Repeat x 1 for persistent signs of shock <p>Hemorrhagic Shock (Atraumatic or Traumatic)</p> <ul style="list-style-type: none"> • Do not delay transport for IV/IO attempts • Judicious use of NS is necessary for hemorrhagic shock of any cause. <ul style="list-style-type: none"> ○ Goal is to maintain SBP of ≥ 90 mmHg ○ Patients 65 years and older, maintain SBP of ≥ 100 mmHg. <p>Tranexamic Acid (SBP ≤ 90 mmHg)</p> <ul style="list-style-type: none"> • Refer to Policy 734 for indications and contraindications • IV/IOPB - 1g in 100mL NS over 10 minutes 	<p>IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> ○ Repeat x 1 for persistent signs of shock <p>Hemorrhagic Shock (Atraumatic or Traumatic)</p> <ul style="list-style-type: none"> • Do not delay transport for IV/IO attempts • Judicious use of NS is necessary for hemorrhagic shock of any cause. <ul style="list-style-type: none"> ○ Goal is to maintain minimum SBP for respective age in Handtevy. <p>Tranexamic Acid (SBP less than Handtevy minimum)</p> <ul style="list-style-type: none"> • Refer to Policy 734 for indications and contraindications • IV/IOPB – 15mg/kg to a max of 1g in 100mL NS over 10 minutes
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Overdose	
ADULT	PEDIATRIC
BLS Procedures	
<p>Decontaminate if indicated and appropriate</p> <p>Administer oxygen and support ventilations as indicated</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"> ○ 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 ○ May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Opioid Withdrawal with COWS ≥ 8 & Age ≥ 16</p> <ul style="list-style-type: none"> • Buprenorphine <ul style="list-style-type: none"> ○ SL – 16 mg <ul style="list-style-type: none"> • Reassess after 10 min • Repeat 8 mg SL 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. • Naloxone <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. 	

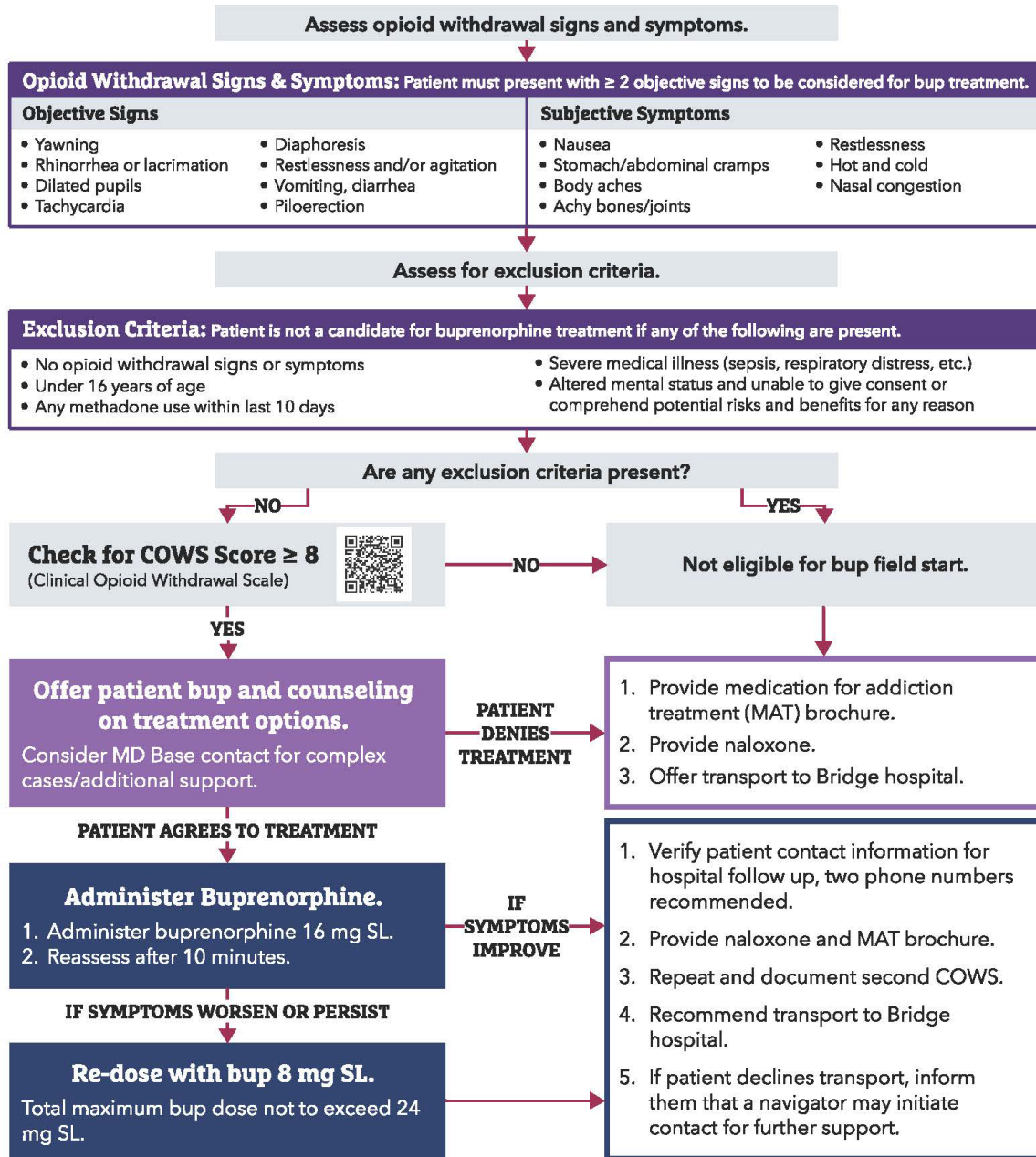
Effective Date: **TBD**
Next Review Date: March 12, 2025

Date Revised: March 12, 2024
Last Reviewed: March 12, 2024



VCEMS Medical Director

BUPRENORPHINE ADMINISTRATION ALGORITHM

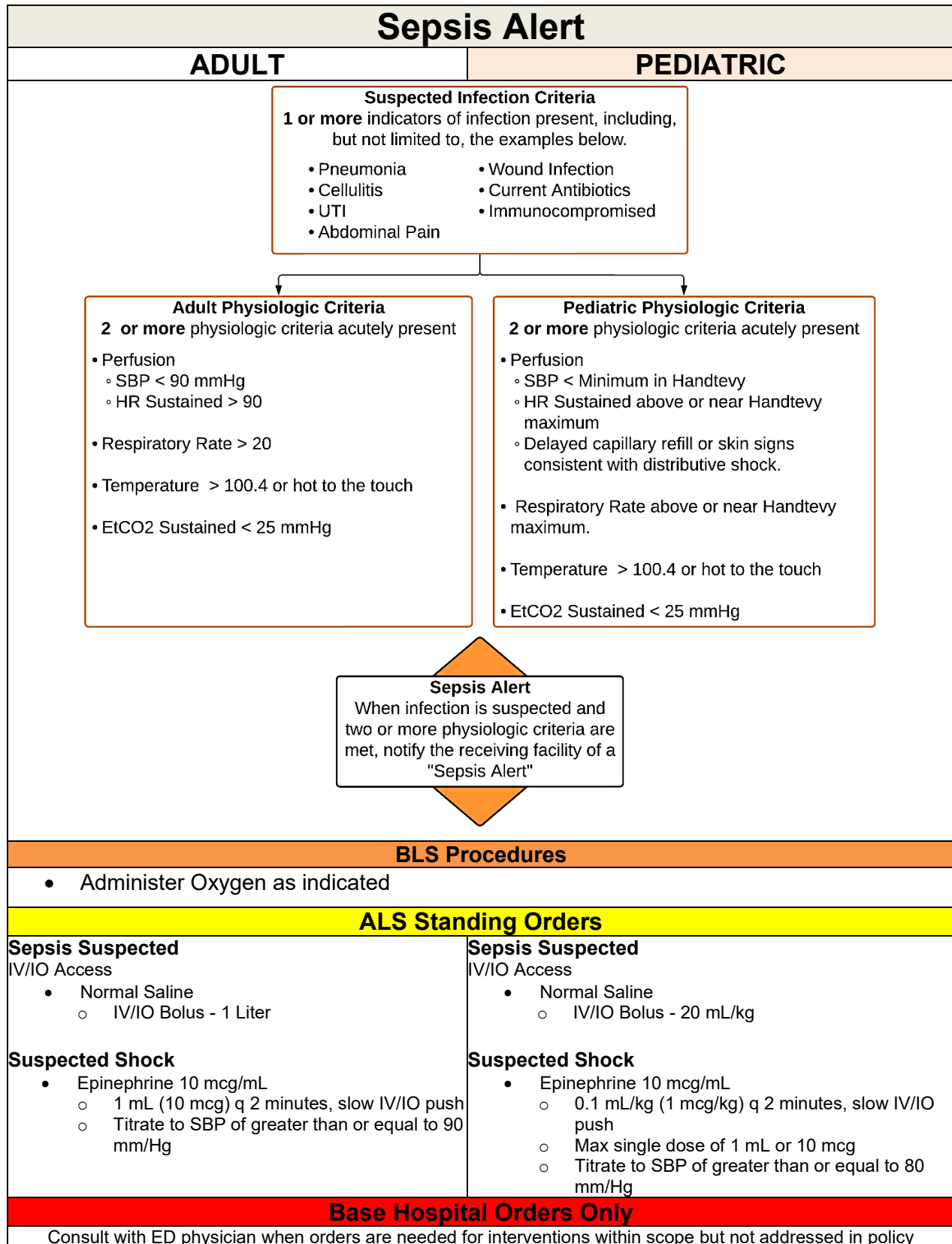


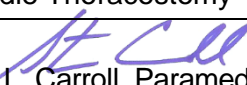

Symptomatic Bradycardia	
ADULT (HR less than 40 bpm)	PEDIATRIC (HR less than 60 bpm)
BLS Procedures	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
ALS Standing Orders	
<p>IV/IO access</p> <p>Obtain 12-lead ECG</p> <p>Atropine</p> <ul style="list-style-type: none"> IV/IO – 1 mg <p>If initial Atropine is transiently effective, or patient remains bradycardic without hemodynamic compromise.</p> <ul style="list-style-type: none"> May repeat Atropine 1 mg IV/IO q 5 min to a total max dose of 3 mg. <p>Transcutaneous Pacing (TCP)</p> <ul style="list-style-type: none"> Should be initiated only if patient has signs of hypoperfusion Should be started immediately for 3^o heart blocks and 2^o Type 2 (Mobitz II) heart blocks If pain is present during TCP <ul style="list-style-type: none"> Pain Control– per policy 705.19 <p>If patient remains hypotensive (SBP less than 90mmHg)</p> <p>Epinephrine 10 mcg/mL</p> <ul style="list-style-type: none"> 1 mL (10 mcg) q 2 minutes, slow IV/IO push Titrate to SBP ≥ 90 mm/Hg <p>When patient presents or becomes hypotensive without signs of heart failure.</p> <p>Normal Saline</p> <ul style="list-style-type: none"> 500 mL IV/IO bolus May repeat x 1 for total of 1,000 mL <p>For suspected hyperkalemia</p> <ul style="list-style-type: none"> Calcium Chloride <ul style="list-style-type: none"> IV/IO – 1 g <ul style="list-style-type: none"> Withhold if suspected digitalis toxicity Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min 	<p>If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol</p> <p>IV/IO access</p> <ul style="list-style-type: none"> IV/IO access only if patient in extremis Epinephrine 10 mcg/mL <ul style="list-style-type: none"> 0.1 mL/kg (1 mcg/kg) q 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
Base Hospital Orders Only	
	<p>Atropine</p> <ul style="list-style-type: none"> IV/IO – 0.02 mg/kg <ul style="list-style-type: none"> Minimum dose – 0.1 mg
Consult with ED Physician for further treatment measure	
<p>Additional Information</p> <ul style="list-style-type: none"> 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) Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution. 	

Effective Date: December 1, 2024
Next Review Date: October 31, 2026

Date Revised: October 10, 2024
Last Reviewed: October 10, 2024


VCEMS Medical Director



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Needle Thoracostomy		Policy Number: 715
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: December 1, 2024
Origination Date:	August 2010	Effective Date: December 1, 2024
Date Revised:	August 8, 2024	
Date Last Reviewed:	August 8, 2024	
Review Date:	August 30, 2026	

- I. Purpose: To define the indications, procedure and documentation for needle thoracostomy use by paramedics.
- II. Authority: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100091.01 and 100096.02.
- III. Policy: Paramedics may perform needle thoracostomy on patients with a suspected tension pneumothorax in accordance with this policy.
- IV. Procedure:
 - A. Indications
 1. Patients with **ALL** of the following:
 - a. Clinical suspicion of pneumothorax (e.g., trauma, dyspnea, chest pain).
 - b. Signs of hypoperfusion **and/or** systolic blood pressure less than 90 mmHg (adults) or below minimum systolic blood pressure for respective age in Handtevy (pediatrics).
 - c. Absent or significantly decreased breath sounds on the affected side.
 2. Patients in traumatic cardiac arrest:
 - a. Bilateral needle thoracostomy should be performed when patients meet criteria for resuscitation per Policy 606 and have known or suspected torso trauma.
 - B. Contraindications
 - a. None in this setting
 - C. Equipment
 1. VCEMS approved devices for adult and pediatric patients over 40kg: 3-3.75 inch (8.0-8.5 cm), 10 to 14 gauge over-the-needle catheter.
 - a. SPEAR – Simplified Pneumothorax Emergency Air Release
 - b. ARS – Air Release System
 2. VCEMS approved devices for pediatric patients under 40kg (under 11 years old per Handtevy): 1.25-inch (3cm), 14 to 16 gauge over-the-needle catheter.
 - a. No commercial kit is recommended

3. Syringe or commercial device to detect air return from pleural space during procedure.
4. One way valve to prevent air movement from the environment into the pleural space via catheter post placement.

D. Site

Preferred Adult Site:

- Lateral placement, fourth intercostal space in the anterior-axillary line (lateral to nipple).

Alternative Adult Site and Preferred Pediatric Site:

- Anterior placement, second intercostal space in the mid-clavicular line.



E. Placement

1. For SPEAR and ARS placement: Follow manufacturer recommended insertion techniques.
2. For pediatric patients under 40 kg (under 11 years old per Handtevy):
 - a. Attach syringe or commercial device to the over-the-needle catheter.
 - b. Insert the over-the-needle catheter perpendicular to the skin so that the needle is touching the rib below the desired intercostal space. Direct the needle just over the top of this rib into the desired intercostal space.
 - c. Advance the needle through the chest wall while maintaining negative pressure on the syringe or monitoring for indication of air return when using a commercial device. A “pop” felt while advancing the catheter, or indication of air or blood return, indicates the needle has punctured the parietal pleura and is in the pleural space.
 - d. Once in the pleural space do not advance the needle further. Advance the catheter over the needle until the hub rests against the chest wall or until resistance is felt.
 - e. Hold the catheter in place, remove and discard the syringe and needle.
 - f. Attach a one-way valve.
 - g. Secure the catheter hub.

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

F. Documentation

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Intraosseous Infusion		Policy Number: 717	
APPROVED: Administration:  Steven L. Carroll, Paramedic		Date: December 1, 2024	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: December 1, 2024	
Origination Date: September 10, 1992 Date Revised: October 10, 2024 Date Last Reviewed: October 10, 2024 Review Date: October 31, 2026		Effective Date: December 1, 2024	

- I. PURPOSE: To define the indications, procedure, and documentation for intraosseous insertion (IO) and infusion by paramedics.
- II. AUTHORITY: Health and Safety Code, Sections 1797.178, 1797.214, 1797.220, 1798 and California Code of Regulations, Title 22, Sections 100091.01 and 100096.02.
- III. POLICY: IO access may be performed by paramedics who have successfully completed a training program approved by the EMS Medical Director
 - A. Training
 1. The EMS service provider will ensure their paramedics successfully complete an approved training program and will notify EMS when that is completed.
 - B. Indications
 1. Patients with an altered level of consciousness (ALOC) or in extremis AND there is an urgent need to administer intravenous fluids or medications AND venous access is not readily available.
 - C. Contraindications
 1. Recent fracture (within 6 weeks) of selected bone.
 2. Congenital deformities of selected bone.
 3. Grossly contaminated skin, skin injury, or infection at the insertion site.
 4. Excessive adipose tissue at the insertion site with the absence of anatomical landmarks.
 5. IO in same bone within previous 48 hours.
History of significant orthopedic procedures at insertion site (ex. prosthetic limb or joint).

IV. PROCEDURE:

- A. For responsive patients, infuse 2% cardiac lidocaine prior to fluid/medication administration for pain management, slow IVP over 60 seconds.
 1. 3-39 kg: 0.5 mg/kg
 2. ≥ 40 kg: 40 mg
 3. Adjust for EZ-IO connector tubing
- B. EZ-IO insertion
 1. Assemble the needed equipment
 - a. Choose the appropriate size IO needle
 - 1) 15 mm needle sets (pink): 3-39 kg
 - 2) 25 mm needle sets (blue): ≥ 40 kg (minimum size for distal femur insertion on pediatric patients)
 - 3) 45 mm needle sets (yellow): Humeral head for Adults or patients with excessive adipose tissue at insertion site.
 - b. Alcohol wipes
 - c. Sterile gauze pads
 - d. 10 mL syringe
 - e. Primed EZ Connect tubing
 - 1) If unresponsive use normal saline
 - 2) If responsive use cardiac lidocaine.
 - f. Tape or stabilization device
 2. Identify appropriate insertion site
 - a. **Proximal Tibia**
 - 1) Pediatric: 2 cm below the patella, 1 cm medial
 - 2) Adult: 2 cm medial to the tibial tuberosity
 - 3) Needle should be positioned at a 90-degree angle to the insertion site.
 - b. **Distal Femur** (approved only for pediatrics)
 - 1) Keep leg out-stretched to ensure the knee does not bend.
 - 2) Palpate the patella, insertion site approximately 1-2 cm proximal to the superior border of the patella, just medial to midline.
 - 3) Needle should be positioned at a 90-degree angle to the insertion site.

c. **Humeral Head** (approved only for ≥ 18 years)

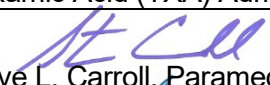

- 1) Rotate arm so that patient's thumb is posterior or place arm over the abdomen and bent 90 degrees at the elbow.
 - 2) Locate the most prominent portion of the greater tubercle, 1-2cm above the surgical neck.
 - 3) Needle should be positioned at a 45-degree angle to the insertion site.
3. Prepare the site utilizing aseptic technique with alcohol wipe.
 4. Insert per manufacturer recommendations.
 5. Attach primed EZ Connect tubing and attempt to aspirate bone marrow.
 6. For responsive patient infuse lidocaine.
 7. Flush with 10 mL NS to assess patency.
 8. Infuse NS and/or medications as indicated.
 9. Secure the IO needle with tape or stabilization device.
 10. Monitor for complications.
 11. Manual insertion of the EZ-IO needle can be attempted in the event of driver failure

C. Fluid Administration

1. Active pushing of fluids may be more successful than gravity infusion. Use of pressure to assist with fluid administration is recommended, and usually necessary to achieve adequate flow.
2. Fluid administration on smaller patients should be given via syringe boluses to control/monitor amount infused. Close observation of the flow rate and total amount of fluid infused is required.
3. If infiltration occurs or the IO needle is accidentally removed, stop the infusion, leave the connector tubing attached.

D. Documentation

1. The insertion site, needle size, number of attempts, success, complications, and any applicable comments related to attempting an IO infusion shall be documented on the VCePCR.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Tranexamic Acid (TXA) Administration		Policy Number 734	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: August 8, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: August 8, 2024	
Origination Date:	January 10, 2019		
Date Revised:	August 8, 2024	Effective Date: August 8, 2024	
Date Last Reviewed:	August 8, 2024		
Review Date:	August 31, 2026		

- I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100091.01 and 100096.02.
- III. POLICY: Paramedics may administer TXA to patients presenting with hemorrhagic shock in accordance with this policy and Policy 705.14. Base hospital physician may order TXA to be administered for indications other than those listed below.
- IV. PROCEDURE:
 - A. Indications
 1. Blunt or penetrating traumatic injury with SBP less than or equal to 90mmHg
 2. Any significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application **AND** SBP less than or equal to 90 mmHg
 3. Consider for other severe hemorrhage with SBP less than or equal to 90 mmHg (e.g., GI Bleed, postpartum hemorrhage)
 - B. Contraindications
 1. Greater than 3 hours post traumatic injury
 2. Isolated neurogenic shock
 3. Isolated extremity injury when bleeding has been controlled
 4. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism, or DVT
 5. History of hypersensitivity or anaphylactic reaction to TXA
 6. Traumatic arrest without ROSC
 7. Drowning or hanging victims

C. Precautions

1. Severe kidney disease
2. Pregnancy

D. Adverse Effects

1. Chest Tightness
2. Difficulty Breathing
3. Facial flushing
4. Swelling in hands and feet
5. Blurred vision
6. Hypotension with rapid IV infusion

E. Preparation

1. Supplies Needed:
 - a. 1g Tranexamic Acid (TXA) (1)
 - b. 100mL bag of 0.9% normal saline (1)
 - c. 10mL syringe (1)
2. Maintain sterile technique
3. Mixing Instructions
 - a. Inject 1g (10mL) of TXA into 100 mL NS bag
4. Label bag with the drug name and final concentration
 - a. Example: (TXA 1g in 100mL NS)

F. Adult Dosing

1. IV/IO - 1g in 100mL Normal Saline over 10 minutes

G. Pediatric Dosing

1. IV/IO – 15mg/kg to a max of 1g in 100 ml NS over 10 minutes

H. Communication and Documentation

1. Communicate the use of TXA to the base hospital
2. Administration of TXA and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment of Substance Use Disorder		Policy Number 736	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: TBD	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: TBD	
Origination Date: March 12, 2024		Effective Date: TBD	
Date Revised: March 12, 2024			
Date Last Reviewed: March 12, 2024			
Review Date: March 31, 2025			

- I. **PURPOSE:** To define the authorized treatment and harm reduction strategies Ventura County personnel may use when they encounter a patient with substance use disorder. Specifically, to authorize the distribution of naloxone kits, administration of buprenorphine tablets, and patient referral to a substance use counselor as outlined below.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100091.02, 100096.02, 100079.03
- 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 opioid use disorder, or their friends/family. ALS personnel may administer buprenorphine to patients with suspected opioid withdrawal who have a COWS score ≥ 8 . All EMS personnel should refer any consenting patient with a suspected substance 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 ≥ 16 and suspected opioid withdrawal with a COWS ≥ 8
 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 < 16

- b. COWS < 8
- 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. Use caution, and consider withholding buprenorphine, for patients at greater risk of respiratory depression:
 - i. Patients who remain sedated after naloxone administration
 - ii. Patients currently under the influence of benzodiazepines, alcohol, or other CNS depressants.
- 2. Naloxone distribution
 - a. None
- 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 8, 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. Repeat with 8 mg if symptoms are not improved or worsening
 - f. Max dose of buprenorphine is 24 mg
 - g. Refer to substance use disorder treatment navigator.
 - h. Provide medication for addiction treatment brochure

6. If patient declines buprenorphine:
 - a. Refer to substance use disorder treatment navigator.
 - b. Provide medication for addiction treatment brochure.
7. Refusals/AMAs:
 - a. Patients refusing transport **are** eligible for buprenorphine administration and should be referred to a substance use disorder treatment navigator.

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

B. Naloxone distribution

1. Treat patient in accordance with VCEMS policies and procedures
2. When a patient is treated for overdose or is suspected to be at risk of opioid misuse, the patient will be offered a leave-at-home naloxone kit.
3. A leave-at-home naloxone kit may also be provided to friends/family/bystanders who are at risk of opioid misuse or close to those who are.
4. Naloxone kit recipients will be provided training to aid in a lay person overdose response. At a minimum, the training will consist of the following:
 - a. Signs and symptoms of an opioid overdose
 - b. Administration of nasal naloxone
 - c. Activating the 911 system
 - d. Hands Only CPR. Instruct the recipient how to perform chest compressions: “place your hands between the nipples and push hard and fast.”

C. Referral

1. All patients who are given buprenorphine will be referred to Conejo Health Substance Use Navigator through Pulsara.
2. All patients with a substance use disorder are also eligible for referral to a Conejo Health substance use disorder navigator.
3. 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. Substance Use Navigator Contact Information

1. 24/7 Conejo Health Substance Use Navigator: 1-844-930-4434

E. Documentation

1. All Buprenorphine and/or leave-at-home naloxone kit distribution must be documented in the Ventura County Electronic Patient Care Report (VCePCR) system in accordance with VCEMS Policy 1000 – Documentation of Patient Care.

F. Inventory

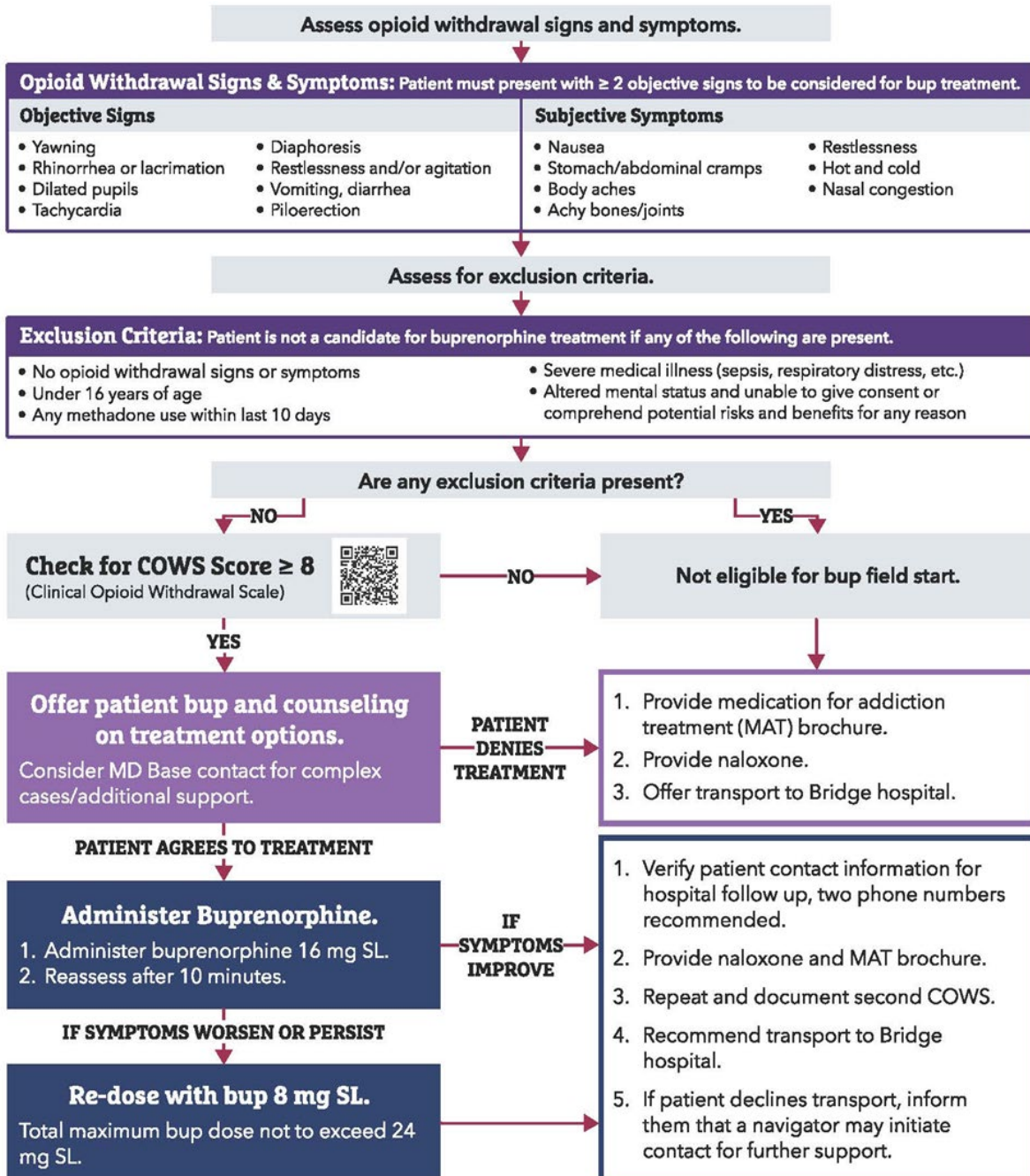
1. Conejo Health will supply buprenorphine, leave-at-home naloxone, and supplemental print materials to EMS System provider agencies.



Clinical Opioid Withdrawal Scale (COWS) Information

[EMS.wiki](https://www.ems.wiki) or <https://conejohealth.com/ems-cows>



BUPRENORPHINE ADMINISTRATION ALGORITHM



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 PaO₂ to FiO₂ 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

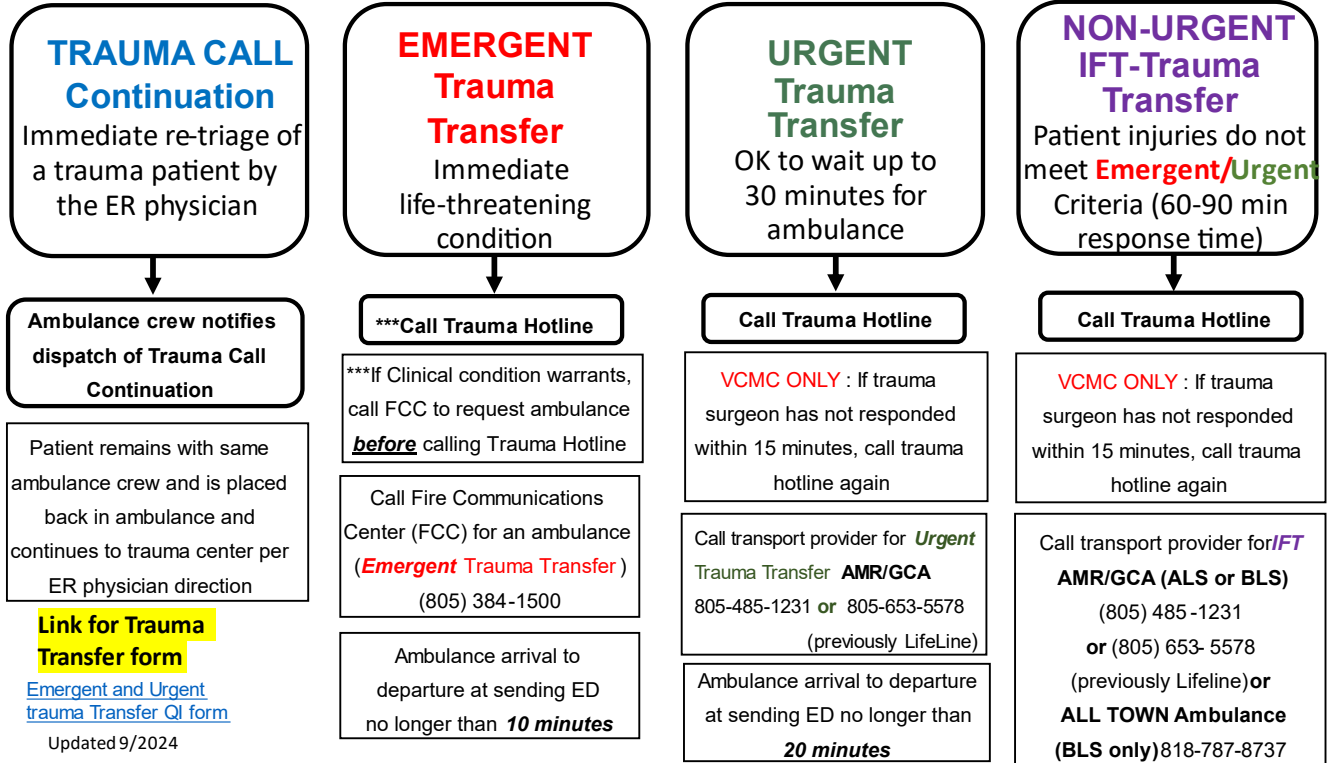
Ventura County Trauma Centers *Hotline*

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 PaO₂ to FiO₂ 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

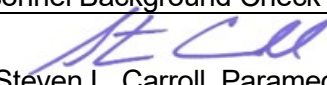

**EMERGENCY
Trauma Transfer**
Immediate life-threatening
condition
ALS transport only

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**

Minor Changes Only

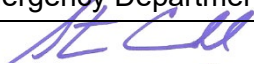

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Personnel Background Check Requirement		Policy Number 332	
APPROVED: Administrator:  Steven L. Carroll, Paramedic		Date: December 1, 2024	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: December 1, 2024	
Origination Date: July, 1990		Effective Date: December 1, 2024	
Date Revised: October 14, 2021			
Date Last Reviewed: October 10, 2024			
Review Date: October 31, 2027			

- I. PURPOSE: To provide a method to ascertain the criminal background history of persons applying for EMT certification/recertification 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 100105.11, et seq. Title 13, California Code of Regulations, Section 1101.

- III. POLICY:
 - A. All applicants for Ventura County EMT certification/recertification 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.
 - B. Ventura County EMS shall keep record of criminal background if certification 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 shall refer to VCEMS website at vchca.org/ems for the DOJ Live Scan instructions.
 - B. This procedure applies to:
 1. All persons applying for initial California EMT certification 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.

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: December 1, 2024
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024
Origination Date: July 13, 2017		Effective Date: December 1, 2024
Date Revised: September 25, 2024		
Last Reviewed: September 25, 2024		
Review Date: September 30, 2026		

- 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, 100079.03.
- III. **DEFINITIONS:**
- Acute Stroke Center (ASC):** Hospital designated as an Acute Stroke Center, as defined in VCEMS 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 VCEMS 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.
- Large vessel occlusion (LVO):** 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.

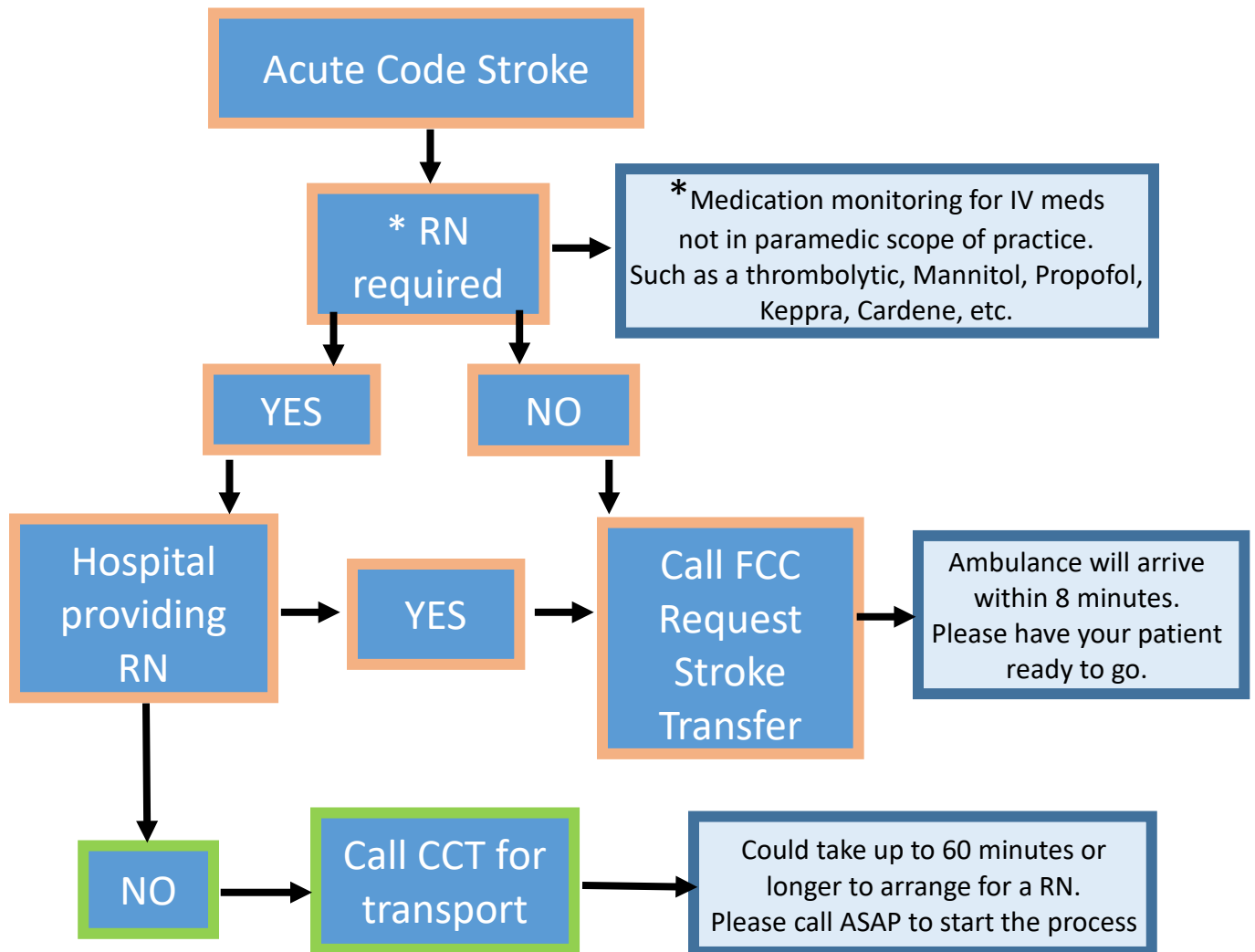
V. PROCEDURE:

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



Chest Pain – Acute Coronary Syndrome

BLS Procedures

Administer oxygen if dyspnea, signs of heart failure or shock, or SpO₂ < 94%
Assist patient with prescribed Nitroglycerin as needed for chest pain

- Hold if SBP less than 100 mmHg

ALS Standing Orders

Perform 12-lead ECG

- Expedite transport to closest STEMI Receiving Center if monitor interpretation meets the manufacturer guidelines for a positive STEMI ECG and/or physician states ECG is positive for STEMI
- Notify Base hospital within 10 minutes of monitor interpretation of a positive STEMI ECG
- Document all initial and ongoing rhythm strips and ECG changes
- When utilizing Pulsara, follow guidelines in Policy 726

For chest pain consistent with ischemic heart disease:

- **Aspirin**
 - PO – 324 mg
- **Nitroglycerin (DO NOT administer if ECG states inferior infarct)**
 - SL or lingual spray – 0.4 mg q 5 min for continued pain
 - No max dosage
 - Maintain SBP greater than 100 mmHg

IV/IO access

If pain persists and not relieved by NTG:

- **Pain Control**– per policy 705.19
 - Maintain SBP greater than 90 mmHg

If patient presents or becomes hypotensive:

- Lay Supine
- **Normal Saline**
 - IV/IO bolus – 500 mL -may repeat x1 for total 1000 mL.
 - Unless CHF is present

If hypotensive (SBP less than 90 mmHg) and signs of CHF are present or no response to fluid therapy*:

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

For ventricular irritability resulting in runs of ventricular tachycardia (>3 consecutive ventricular complexes):

- **Amiodarone IV/IOPB - 150 mg in 50 mL D5W infused over 10 minutes**

Base Hospital Orders Only

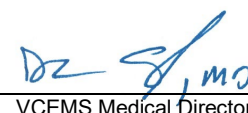
Consult with ED Physician when orders are needed for interventions within scope but not addressed in policy.

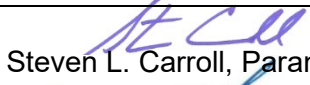

Additional Information:

- Nitroglycerin is contraindicated in inferior infarct or when phosphodiesterase inhibitor medications [Sildenafil (Viagra and Revatio), Vardenafil (Levitra), and Tadalafil (Cialis)] have been recently used (Viagra or Levitra within 24 hours; Cialis within 48 hours). These medications are most commonly used to treat erectile dysfunction or pulmonary hypertension. NTG then may only be given by ED Physician order
- Appropriate dose of Aspirin is 324mg. Aspirin may be withheld if able to confirm that patient has received appropriate dose prior to arrival. If unable to confirm appropriate dose, administer Aspirin, up to 324mg.

Effective Date: December 1, 2024
Next Review Date: December 31, 2026

Date Revised: June 13, 2024
Last Reviewed: June 13, 2024




VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patients After Conducted Electrical Weapon Use		Policy Number: 725	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	August 10, 2006	Effective Date: December 1, 2024	
Date Revised:	June 13, 2024		
Date Last Reviewed:	June 13, 2024		
Next Review Date:	June 30, 2026		

- I. PURPOSE: To provide a framework for the pre-hospital treatment and transport of patients after conducted electrical weapon deployment.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, California Code of Regulations, Title 22, Section 100096.02.
- III. POLICY: Law enforcement officers may remove the probes and may choose to transport individuals in custody to an emergency department. On occasion, EMS personnel may be called to evaluate, treat and/or transport patients with or without the probes in place.
 - A. When requested by law enforcement and absent any contraindications as outlined in policy, probes may be removed by EMS personnel.
 - B. If EMS transport is indicated or requested by law enforcement EMS personnel should transport to the closest receiving facility, appropriate specialty care facility, or the hospital requested by law enforcement.
- IV. PROCEDURE:
 - A. Be sure the scene has been deemed safe and secured by law enforcement before evaluating and treating the patient.
 - B. Before touching any patient where the conducted electrical weapon has been deployed, ensure law enforcement has disconnected cartridge from the handheld unit.
 - C. Any injuries or medical conditions will be treated according to the appropriate treatment protocol.
 - D. If the transporting paramedic determines that the patient is a risk to him/herself and/or the ambulance personnel, law enforcement officer(s) may be requested to accompany the patient.

- E. Conducted Electrical Weapon Probe Removal:
If one or both of the probes require removal for safe transportation or if removal requested by law enforcement:
1. Procedure must be witnessed by the arresting law enforcement officer. Identify the appropriate officer and confirm they are ready to witness the procedure.
 2. Verify the cartridge has been removed from the handle or has been cut.
 3. Used probes shall be considered a sharp biohazard, similar to used hypodermic needle. Standard safety precautions should be taken.
 4. Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site between two fingers. With your other hand, in one fluid motion pull the probe straight out from the puncture site.
 5. Reinsert probes, point down, into the discharged air cartridge and hand it to the law enforcement officer.
 6. Use appropriate antiseptic wipe to cleanse the skin surrounding the puncture site.
 7. Apply direct pressure for bleeding and apply a sterile dressing to the wound site.
 8. Assess for any injuries that may need medical attention and seek appropriate level of care.
- F. Contraindications:
1. If the conducted electrical weapon has penetrated a sensitive area (e.g. head, face, neck, hand bone, axilla, groin, female breast), Do NOT remove the probe as injury may occur to bone, nerves, blood vessels, or an eye. Transport the patient to the ED in an appropriate position.
- G. Documentation:
1. Any EMS incidents resulting from conducted electrical weapon deployment or probe removal will be documented in the Ventura County Electronic Patient Care Reporting System Refer to policy 1000: Documentation of Prehospital Care.
 2. Incidents that do not result in EMS transport will be documented as outlined in VCEMS policy 603: Refusal of EMS Services.

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3. If probes are removed by EMS personnel documentation will include that procedure as well as the requesting law enforcement officer and/or agency.



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Developmental Course and Examination Procedure		Policy Number 1105	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	July 2, 1984		
Date Revised:	August 8, 2024		
Date Last Reviewed:	August 8, 2024	Effective Date: December 1, 2024	
Next Review Date:	August 30, 2027		

- I. **PURPOSE:** To prepare nurses for their role in directing the prehospital care activities of paramedics. In order for the nurse to attain these necessary skills, practical as well as didactic (including field care audit) sessions shall be provided. Only nurses who fulfill the criteria in Policy 321 are eligible to take the course. The Ventura County EMS Agency shall approve all programs.
- II. **AUTHORITY:** Health and Safety Code 1797.56 and 1797.58
- III. **COURSE REQUIREMENTS:**
 - A. Minimum of 40 hours in length, only one class day may be missed.
 - B. Topics will include:
 1. VCEMS Overview
 2. MICN Role
 3. Communication Protocol/Terminology
 4. Legal Issues
 5. Documentation
 6. Paramedic Reporting
 7. Hazmat
 8. EMS Overview
 9. Pharmacology
 10. All VCEMS Policy 705 Treatment Guidelines, as well as policies referenced within 705 Policies
 11. STEMI
 12. Stroke including LVO

13. Ventura County Trauma System/Trauma Triage/Trauma Treatment Guidelines
 14. AED/Dispatch
 15. CISM
 16. Cardiac Arrest/Dysrhythmias
 17. CAM and Post ROSC
 18. MICN Practice
 19. MCI/Triage
 20. Diversion/ReddiNet
 21. Pediatrics (may be presented as its own topic or incorporated into each of the above)
 22. BRUE
 23. Weapons of Mass Destruction
- C. Course shall be coordinated by a Prehospital Care Coordinator (PCC) from a Ventura County Base Hospital, in consultation with an Emergency Department Physician involved in prehospital care.
 - D. Individual topics may be taught by allied health and/or medical/nursing personnel with recent Advanced Life Support prehospital care and teaching experience. The course coordinator must approve all instructors.
 - E. Each topic shall have predetermined learning objectives which clearly specify the relevancy of the material to the MICN's role.
 - F. The course shall be reviewed and revised annually to keep up with additions and/or changes to policies and protocol.
- IV. COUNTY EXAMINATION:
- A. Only those candidates who successfully pass the MICN Course will be eligible to sit for the County Examination for purposes of working as an MICN in a Base Hospital.
 - B. The exam shall consist of 100 questions covering all of the topics listed above in III.B.
 - C. Candidates shall pass the exam with an overall score of 80%.

- D. The exam shall be compiled and reviewed by the EMS Medical Director and the PCC's. The Course Coordinator or individual instructors may submit questions for the exam. Each question shall be correlated to the Objectives and be based on current standards of care in ALS services.
- E. The Exam shall be given as needed. Scheduling of the exam shall be the responsibility of the Course Coordinator. The EMS Agency will administer the test.

Reviewed – No Changes Made

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Challenge		Policy Number: 323	
APPROVED: Administration:  Steven L. Carroll, Paramedic		Date: December 1, 2024	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: December 1, 2024	
Origination Date: April 1983 Date Revised: January 27, 2022 Date Last Reviewed: June 13, 2024 Review Date: June 30, 2027		Effective Date: December 1, 2024	

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.
- II. AUTHORITY: Health and Safety Code 1797.56, 1797.213 and 1798.
- III. POLICY: Authorization as an MICN requires professional experience and appropriate training so that appropriate medical direction can be given to Paramedics at the scene of an emergency.
- IV. PROCEDURE:
 - A. VCEMS shall be notified by the Base Hospital of a MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
 - 1. Evidence of the candidate's current out-of-county authorization as an MICN
 - 2. Application (Appendix B)
 - 3. Record of Continuing Education from the previous authorizing agency, and
 - 4. Base Hospital recommendation letter (Appendix A)
 - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
 - 1. Professional experience
 The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - 2. Prehospital care exposure
 The candidate shall be employed in a Ventura County Base Hospital Emergency Department for a minimum of 520 hours (equivalent to three (3)

months full time employment) within the previous six calendar months, and have one or more of the following assignments:

- a. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six- (6) months' critical care experience. Base Hospital may recommend a MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
- b. Have responsibility for management, coordination, or training for prehospital care personnel, or
- c. Be employed as a staff member of Ventura County Emergency Medical Services.
- d. The internship requirement shall be completed within six (6) months of the initiation of the challenge process.

3. Field observation

Candidates shall ride with an approved Ventura County ALS unit for a minimum of eight (8) hours. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (See Appendix C).

4. Internship

The candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a Mobile Intensive Care Nurse, the Pre-Hospital Care Coordinator, and/or an Emergency Department physician experienced with VCEMS 705 treatment policies.

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)
- b. Upon successful completion of at least ten (10) responses, the responses shall be evaluated by the Pre-Hospital Care Coordinator. All Radio Communication Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS.

5. Employer recommendation
 - a. Mobile Intensive Care Nurse candidates shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician, Pre-Hospital Care Coordinator and Emergency Department Clinical Manager.
 - b. Candidates employed by Ventura County Emergency Medical Services shall be recommended by the Emergency Medical Services Medical Director.
6. All recommendations shall be submitted in writing to Ventura County Emergency Medical Services
7. Examination Process
 - a. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - i. The examination's overall minimum passing score shall be 80%.
 - ii. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - iii. Candidate will have only one opportunity to pass the examination
- C. After receipt and review of all challenge documents for satisfactory compliance with Ventura County requirements, authorization shall be granted.
- D. The expiration date of the authorization card shall be the same date of the out-of-county authorization card.

LETTER OF RECOMMENDATION
AUTHORIZATION CHALLENGE

_____ is recommended for Mobile Intensive Care Nurse
Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.
_____ Is currently authorized as an MICN in another California County or State in the United
_____ States.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ Has been employed by _____ in the Emergency Department for at
_____ least 520 hours gaining prehospital care exposure.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Clinical Manager

Prehospital Care Coordinator

Date: _____

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Field Observation Verification
4. Letter of Recommendation
5. Facsimile of out of county MICN Authorization
6. Documentation of completion of Internship
7. Record of Continuing Education during current authorization period from currently authorizing county.

MICN Candidate Signature

Prehospital Care Coordinator

Date: _____

RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.		

Date	Incident # <small>(and Pt # of Total as needed)</small>	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VERIFICATION OF INTERNSHIP COMPLETION

_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH RADIO COMMUNICATION PERFORMANCE EVALUATION FORM								
Signatures: _____ <div style="text-align: right; margin-top: 20px;"> _____ Base Hospital Medical Director/Paramedic Liaison Physician </div> <div style="text-align: right; margin-top: 20px;"> _____ Prehospital Care Coordinator </div>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Accreditation/Authorization/Certification Review Process		Policy Number: 333	
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director	Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	April 1993		
Date Revised:	October 14, 2010	Effective Date:	December 1, 2024
Date Last Reviewed:	June 13, 2024		
Review Date:	June 30, 2027		

- I. **PURPOSE:** This policy defines the Ventura County Emergency Medical Services (VCEMS) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.

- II. **AUTHORITY:** California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. CCR, Title 22, Division 9, Chapter 4.1.

- III. **DEFINITIONS:**
 - Certificate** - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.
 - Certifying Entity** - as used in this policy means VCEMS.
 - Certification Action** - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.
 - Certificate Holder** – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.
 - CCR** – means the California Code of Regulations, Title 22, Division 9.
 - Crime** - means any act in violation of the penal laws of California, any other state, or federal laws.
 - Conviction** – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.
 - Discipline** - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.

Disciplinary Cause - means an act that is substantially related to the qualifications, functions, and duties of an EMT and is evidence of a threat to the public health and safety, per Health and Safety Code Section 1798.200.

Disciplinary Plan - means a written plan of action that can be taken by a Relevant Employer as a consequence of any action listed in Section 1798.200 (c). The Disciplinary Plan shall be submitted to the VCEMS Medical Director and may include recommended Certification Action consistent with the Recommended Guidelines for Disciplinary Orders and Conditions of Model Disciplinary Orders.

Functioning outside of medical control - means any provision of prehospital emergency medical care which is not authorized by, or is in conflict with, any policies, procedures, or protocols established by VCEMS, or any treatment instructions issued by the base hospital providing immediate medical direction.

Model Disciplinary Orders (MDO) - means the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (State EMS Authority Document #134) which were developed to provide consistent and equitable discipline in cases dealing with Disciplinary Cause.

Relevant Employer(s) - means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the Certificate Holder works for or was working for at the time of the incident under review, as an EMT either as a paid employee or a volunteer.

- IV. POLICY: Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which purports a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the CCR, Chapter 6. For the purposes of a Crime, the record of Conviction or a certified copy of the record shall be conclusive evidence of such Conviction.
- V. PROCEDURE:
- A. An individual who indicates a criminal history on their certification, authorization or accreditation application or whose background check results in a criminal history will be subject to an investigation. Criminal history does not include an arrest only. The investigation shall consist of one or more of the following:
1. Documentation review
 2. Interview by staff
 3. An Interview by the VCEMS Medical Director and/or Administrator or designee

- B. VCEMS will use the most current version of the MDO's as a reference.
- C. Responsibilities of Relevant Employer
 - 1. Under the provisions of the CCR and this policy, Relevant Employers:
 - a. Shall notify VCEMS within three (3) working days after an allegation has been validated as potential for Disciplinary Cause.
 - b. Shall notify VCEMS within three (3) working days of the occurrence of any of following:
 - 1) The employee is terminated or suspended for a Disciplinary Cause,
 - 2) The employee resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a Disciplinary Cause,or
 - 3) The employee is removed from employment-related duties for a Disciplinary Cause after the completion of the employer's investigation.
 - c. May conduct investigations to determine Disciplinary Cause.
 - d. Upon determination of Disciplinary Cause, the Relevant Employer may develop and implement a Disciplinary Plan in accordance with the MDOs.
 - e. The Relevant Employer shall submit that Disciplinary Plan to VCEMS along with the relevant findings of the investigation related to Disciplinary Cause, within three (3) working days of adoption of the Disciplinary Plan.
 - f. The employer's Disciplinary Plan may include a recommendation that the VCEMS Medical Director consider taking action against the holder's certificate to include denial of certification, suspension of certification, revocation of certification, or placing a certificate on probation.
- D. Jurisdiction of VCEMS
 - 1. VCEMS shall conduct investigations to validate allegations for Disciplinary Cause when the EMT is not an employee of a Relevant Employer or the Relevant Employer does not conduct an investigation. Upon determination of Disciplinary Cause, the VCEMS Medical Director may take certification action as necessary against a Certificate Holder.

2. VCEMS may, upon determination of Disciplinary Cause and according to the provisions of this policy, take certification action against an EMT to deny, suspend, or revoke, or place a Certificate Holder on probation, upon the findings by the VCEMS of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:
 - a. The Relevant Employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the VCEMS Medical Director makes a determination that discipline imposed by the Relevant Employer was not in accordance with the MDOs and the conduct of the Certificate Holder constitutes grounds for Certification Action.
 - b. The VCEMS Medical Director determines, following an investigation conducted in accordance with this policy, that the conduct requires Certification Action.
 3. The VCEMS Medical Director, after consultation with the Relevant Employer or without consultation when no Relevant Employer exists, may temporarily suspend, prior to a hearing, a Certificate Holder upon a determination of the following:
 - a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and
 - b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.
 4. If the VCEMS Medical Director takes any certification action the VCEMS Medical Director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the State Central Registry.
- E. Evaluation of Information
1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).
 2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise

protected by the law to the Relevant Employer for investigation, if there is a Relevant Employer, within three (3) working days of receipt of the information. If there is no Relevant Employer or the Relevant Employer does not wish to investigate the complaint, VCEMS shall evaluate the information received from a credible source, including but not limited to, CORI information, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by VCEMS or pursuant to Division 2.5, of the Health and Safety Code.

3. The Relevant Employer or VCEMS shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

F. Investigations Involving Firefighters

1. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of official duties.
2. All investigations involving Certificate Holders who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

G. Due Process

The Certification Action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

H. Determination of Action

1. Upon determining the Disciplinary Plan or Certification Action to be taken, the Relevant Employer or VCEMS shall complete and place in the personnel file or any other file used for any personnel purposes by the Relevant Employer or VCEMS, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the Disciplinary Plan and the date the Disciplinary Plan shall take effect.
2. A temporary suspension order pursuant to Section 100209 (c) of the CCR shall take effect upon the date the notice required by Section 100213 of the CCR, is mailed to the Certificate Holder.
3. For all other Certification Actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a Certificate unless another time is specified or an appeal is made.

- I. Temporary Suspension Order
 1. The VCEMS Medical Director may temporarily suspend a certificate prior to hearing if the Certificate Holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of the CCR and if in the opinion of the VCEMS Medical Director permitting the Certificate Holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.
 2. Prior to, or concurrent with, initiation of a temporary suspension order of a Certificate pending hearing, the VCEMS Medical Director shall consult with the Relevant Employer of the Certificate Holder.
 3. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the Certificate Holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice shall include the allegations that allowing the Certificate Holder to continue to engage in certified activities would pose an imminent threat to the public health and safety.
 4. Within three (3) working days of the initiation of the temporary suspension, by VCEMS, Relevant Employer and VCEMS shall jointly investigate the allegation in order for the VCEMS Medical Director to make a determination of the continuation of the temporary suspension.
 - a. All investigatory information, not otherwise protected by the law, held by the VCEMS and the Relevant Employer shall be shared between the parties via facsimile transmission or overnight mail relative to the decision to temporarily suspend.
 - b. VCEMS shall serve within fifteen (15) calendar days, an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
 - c. If the Certificate Holder files a Notice of Defense, the administrative hearing shall be held as soon as possible based on Administrative Law Judge's (ALJ) availability.
 - d. The temporary suspension order shall be deemed vacated if VCEMS fails to serve an accusation within fifteen (15) calendar days or fails to make a final determination on the merits within fifteen (15) calendar days after the ALJ renders a proposed decision.

- J. Final Determination of Certification Action by the VCEMS Medical Director
1. Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the respondent so chooses, the VCEMS Medical Director may take the following final actions on a Certificate:
 - a. Place the Certificate Holder on probation
 - b. Suspension
 - c. Denial
- K. Placement of a Certificate Holder on Probation
- The VCEMS Medical Director may place a Certificate Holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the Certificate Holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. VCEMS may revoke the Certificate if the Certificate Holder fails to successfully complete the terms of probation.
- L. Suspension of a Certificate
1. The VCEMS Medical Director may suspend an individual's Certificate for a specified period of time for Disciplinary Cause in order to protect the public health and safety.
 2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
 3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The VCEMS Medical Director shall continue the suspension until all conditions for reinstatement have been met.
 4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.
- M. Denial or Revocation of a Certificate
1. The VCEMS Medical Director may deny or revoke any Certificate for Disciplinary Cause that has been investigated and verified by application of this policy.
 2. The VCEMS Medical Director shall deny or revoke an Certificate if any of the following apply to the applicant:

- a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
 - b. Has been convicted of murder, attempted murder, or murder for hire.
 - c. Has been convicted of two (2) or more felonies.
 - d. Is on parole or probation for any felony.
 - e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
 - f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
 - g. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
 - h. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.
 - i. Has been convicted within the preceding five (5) years of any theft related misdemeanor.
 - j. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
 - k. Is required to register pursuant to Section 11590 of the Health and Safety Code.
4. Subsection V.M.1 and 2 shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/Certificate Holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in V.M.1 and 2. As used in Section M, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.
 5. This Section shall not apply to EMTs who obtain their California Certificate prior to July 1, 2010; unless:

- a. The Certificate Holder is convicted of any misdemeanor or felony after July 1, 2010.
 - b. The Certificate Holder committed any sexually related offense specified under Section 290 of the Penal Code.
 - c. The Certificate Holder failed to disclose to the certifying entity any prior convictions when completing the application for initial EMT certification or certification renewal.
6. Nothing in this Section shall negate an individual's right to appeal a denial of a Certificate pursuant to this policy.
7. Certification action by the VCEMS Medical Director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT whose application was denied or an EMT whose certification was revoked by the VCEMS Medical Director shall not be eligible for EMT Certification by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action. EMT's whose certification is placed on probation must complete their probationary requirements with the Certifying Entity that imposed the probation.
- N. Notification of Final Decision of Certification Action
1. For the final decision of Certification Action, the VCEMS Medical Director shall notify the applicant/Certificate Holder and Relevant Employer(s) of the Certification Action within ten (10) working days after making the final determination.
 2. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
 - a. The specific allegations or evidence which resulted in the Certification Action;
 - b. The Certification Action(s) to be taken, and the effective date(s) of the Certification Action(s), including the duration of the action(s);
 - c. Which certificate(s) the Certification Action applies to in cases of holders of multiple certificates;
 - d. A statement that the Certificate Holder must report the Certification Action within ten (10) working days to any other EMS Agency and Relevant Employer in whose jurisdiction s/he uses the certificate.

- O. Certification/authorization or accreditation applicants who fail to reveal a criminal history, but for whom a criminal history of conviction is discovered, or for an applicant who fraudulently answered any question on their application or eligibility statement may have their certification/authorization or accreditation placed on probation, suspended or revoked.



Ventura County Emergency Medical Services
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036
Phone: 805-981-5301
Fax: 805-981-5300

APPENDIX A

Arrest Status Report Form

Today's Date: _____

After initial report, the form is due on the first of each month until the case has been settled

Personal Information

Name: _____

Street Address _____

City _____ State _____ Zip _____

Certification/License # (if applicable) _____

This report form is being submitted for the following reason: (Please check all that apply)

- Initial report (Please attach all court documents and arrest reports)
- Monthly report form
- Final Report (attach all court documentation)

Court Information



Case Number #: _____

Court Address: _____

When is your next court appearance scheduled? _____

If you are completed with your court hearings, please forward a copy of your court documents to the VCEMS Office immediately.

Signature: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Acute Stroke Center (ASC) Standards		Policy Number 450	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	October 11, 2012		
Date Revised:	June 24, 2020	Effective Date: December 1, 2024	
Last Review:	September 25, 2024		
Review Date:	September 30, 2027		

- 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 100079.03.
- 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 (VCEMS) 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, VCEMS 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 VCEMS 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 VCEMS.
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 VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the

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

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

C. Provisional Designation Process



VCEMS 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 VCEMS grant a provisional designation:

1. Application:

Eligible hospitals shall submit a written request for provisional ASC designation to VCEMS 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, VCEMS 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 VCEMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VCEMS 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 VCEMS.
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 VCEMS 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: Organ Donor Information Search		Policy Number 615	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	October 1, 1993		
Date Revised:	June 9, 2022	Effective Date: December 1, 2024	
Date Last Reviewed:	June 13, 2024		
Review Date:	June 30, 2026		

- I. **PURPOSE:** To establish guidelines for Emergency Medical Services (EMS) field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears to be imminent.

- II. **AUTHORITY:** Health and Safety Code Section 7152.5(b)

- III. **POLICY:** EMS field personnel shall make a brief reasonable search to determine the presence or absence of an organ donor card on adult patients for whom death appears to be imminent. This brief search shall not interfere with patient care and must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible.

- IV. **DEFINITIONS:**

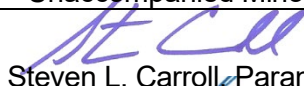

Reasonable Search: A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to an electronic health application located on the patient's smartphone. Other locations may include patient's wallet, purse or other personal belongings on or near the individual likely to contain a driver's license or other identification card with this information. A REASONABLE SEARCH SHALL NOT TAKE PRECEDENCE OVER PATIENT CARE/TREATMENT.

Imminent Death: A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at a hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

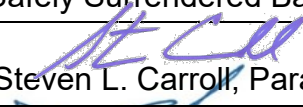

Receiving Hospital: The hospital to which the patient is being transported

V. PROCEDURE:

- A. When EMS field personnel encounter an unconscious adult patient for whom it appears that death is imminent (that is, death prior to arrival at a hospital), they shall attempt a "reasonable search" as defined in Section IV. This search must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible. If a family member or patient representative is the only witness available, EMS field personnel should clearly and carefully explain the intent of the brief search. The identity of the witness to the brief search will be documented on the Ventura County Electronic Patient Care Reporting System (VCePCR).
- B. Treatment and transport of the patient remains the highest priority for EMS field personnel. This search shall not interfere with patient care or transport.
- C. EMS field personnel shall notify the receiving hospital if organ donor information is discovered. Advanced Life Support (ALS) units shall notify the base hospital in addition to the receiving hospital.
- D. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless it is requested by the investigating law enforcement officer. If the investigating law enforcement officer retains the organ donor card, the presence of the card will be documented in the VCePCR. In the event that the patient is not transported, any document will remain with the patient.
- E. Field personnel should briefly note the results of the search, notification of hospital, and witness name(s) in the narrative section of the VCePCR.
- F. No search is to be made by EMS field personnel after patient death occurs.
- G. If a member of the patient's immediate family or other patient representative objects to the search for an organ donor document at the scene, no search shall be made, and their response to a question about the patient's organ donor wishes may be considered to satisfy the requirement of this policy. This information shall be documented in the VCePCR.

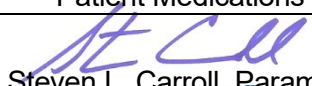
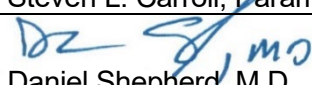
COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Unaccompanied Minors		Policy Number 618	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	May 1, 1995		
Date Revised:	June 9, 2022	Effective Date: December 1, 2024	
Date Last Reviewed:	June 13, 2024		
Review Date:	June 30, 2026		

- I. PURPOSE: To describe the process to be followed when EMS personnel determine that an unaccompanied minor does not need ambulance transport.
- II. AUTHORITY: Sections 1797.200 and 1798, California Health & Safety Code; Section 100076.05, Title 22, Division 9 California Code of Regulations.
- III. POLICY: The following procedure will be followed when field personnel assess a minor patient who is unaccompanied by a responsible adult and who is determined not to have an illness or injury requiring ambulance transport.
- IV. PROCEDURE:
 - A. The patient is assessed according to Policy 603. Field personnel should attempt to contact the parent(s)/guardian(s) of the patient.
 - B. Documentation of care provided and overall situation/circumstances in VCePCR in accordance with VCEMS Policies 1000 and 603.
 - C. The field personnel will document the name/badge# of an officer who will assume responsibility for the child until his/her parent(s)/guardian(s) arrive.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safely Surrendered Babies		Policy Number: 619	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	February 2003	Effective Date: December 1, 2024	
Revised Date:	May 9, 2019		
Last Reviewed:	June 13, 2024		
Review Date:	June 30, 2026		

- I. **PURPOSE:** This policy outlines the procedures whereby prehospital care providers accept a newborn under the California Safe Haven Law. This law as amended allows a person to surrender a minor child, less than 72 hours old to a person at any *designated* fire station, or emergency room without fear of arrest or prosecution, provided that the infant has not been abused or neglected. According to the law, “no person or entity that accepts a surrendered child shall be subject to civil, criminal, or administrative liability for accepting the child and caring for the child in the good faith belief that action is required or authorized by the bill, including but not limited to instances where the child is older than 72 hours or the person surrendering the child did not have lawful physical custody of the child”.
- II. **AUTHORITY:** 1797.220, 1798 Health & Safety Code; CCR Division 9 Chapter 3.3, 100106.02; Senate Bill 1368, Chapter 824, and Statutes of 2000; and Ventura County Board of Supervisor Resolution dated May 6, 2003.
- III. **POLICY:** Emergency Medical Services (EMS) personnel shall follow the procedures outlined in this document to ensure the surrendered infant is protected and medically cared for until delivered to the closest hospital emergency department.
- IV. **PROCEDURE:**
 - A. When an infant is surrendered to a fire station, the personnel shall notify their dispatch center of the situation.
 - B. The dispatch center will dispatch the closest paramedic transport unit.
 - C. Fire station personnel will assess the newborn and treat as needed.
 - D. Initiate first responder form.
 - E. Open the Newborn Safe Surrender Kit, (available at the fire station).
 - F. Place a confidential coded bracelet on the infant’s ankle and wrist. (Record this number on the first responder form)



- G. Provide the surrendering party the inner business reply mail envelope. This envelope contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet, and a matching coded, confidential bracelet. Advise the surrendering party, providing there has been no abuse or neglect, the parent may reclaim the infant within **14 days**, by taking the bracelet back to the hospital. Hospital personnel will provide information about the baby.
- H. Upon arrival of the transport paramedic unit, the fire station personnel will provide a copy of the written report and a verbal report of the infants' care and status.
- I. If the infant appears to be greater than 72 hours old, abused or neglected, accept the infant and provide medical treatment as necessary.
- J. The paramedic transport unit will initiate base station contact and begin transport to the closest appropriate hospital emergency department.
- K. The paramedic transport unit will initiate care and treat the infant as needed.
- L. The paramedic transport unit will complete a PCR via approved Ventura County Documentation System and will record the confidential coded bracelet number.
- M. Upon arrival at the receiving emergency department, the transporting paramedic will provide a verbal and written report.
- N. Receiving hospital personnel will make verbal and written notification to the Ventura County HSA Department of Children and Family Services (DCFS).

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patient Medications		Policy Number 624	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	December 6, 2006		
Date Revised:	October 10, 2019		
Date Last Reviewed:	June 13, 2024	Effective Date: December 1, 2024	
Next Review Date:	June 30, 2026		

- I. PURPOSE: To establish a procedure for locating, identifying, and transporting medications in order to assist in the prompt and accurate hospital evaluation and treatment of patients.
- II. AUTHORITY: Health and Safety Code, Section 1797.220, and 1798; California Code of Regulations, Title 22, Section 100106.02.
- III. POLICY:
 - A. Reasonable efforts are to be made to determine the essential information for all medications: name, strength, dose, route, frequency, and time of last dose.
 - B. For patients who do not know this information, either a detailed list or the medications in their original containers will be taken with the patient to the hospital whenever possible.
 - C. Medications include all prescriptions, nutritional and herbal supplements, over-the-counter preparations, pumps, patches, inhalers, drops, sprays, suppositories, creams or ointments.
- IV. PROCEDURE:
 - A. For patients who do not know all of the essential information on all of their medications, either a list of medications with essential information or the medications in the original containers should be taken to the hospital.
 - B. If unable to locate the original labeled medication containers, pills in unlabeled containers or pills not in containers will be taken.
 - C. If the patient or family objects to turning over the medication to EMS personnel, the family must be told of their importance and instructed to take them to the emergency department promptly.
 - D. For cases involving a deceased individual with no resuscitation attempted, leave medication bottles or other drugs where they are so that the medical examiner's

investigator and/or law enforcement personnel can effectively assess and document the scene.

- E. Medications taken to the hospital are to be turned over to an identified individual hospital staff person.
- F. Hospital staff is responsible for returning the medications to patient or family.
- G. EMS personnel must document all actions in the Ventura County Electronic Patient Care Reporting (VCePCR) system, including discussing medications, taking them to the hospital, the person to whom they were turned over, and explain if unable to obtain essential information or medications.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Fireline Medic		Policy Number 627	
APPROVED: Administration:	 Steven Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	October 5, 2011		
Date Revised:	April 14, 2022		
Date Last Reviewed:	August 8, 2024	Effective Date: December 1, 2024	
Review Date:	August 31, 2026		

- I. PURPOSE: To establish procedures for a fire line paramedic (FEMP) response from and to agencies within or outside local EMS agency (LEMSA) jurisdiction when requested through the statewide Fire and Rescue Mutual Aid System, to respond to and provide advanced life support (ALS) care on the fireline at wildland fires.
- II. AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220; California Code of Regulations, Title 22, Division 9, Sections 100094.01 and 100095
- III. POLICY:
 - A. County accredited paramedics shall carry the ALS/BLS inventory consistent with the FIRESCOPE FEMP position description. Reasonable variations may occur; however, any exceptions shall have prior approval of the VCEMSA. The equipment lists are a scaled down version of standard inventory in order to meet workable/packable weight limitations (45 lbs including wildland safety gear, divided between a two person team. Weight limit to include the Personal Pack Inventory as outlined in FireScope).
 1. It will not be possible to maintain standard ALS minimums on the fireline. The attached ALS inventory essentially prioritizes critical and probable fireline needs.
 2. VCEMS accredited paramedics may function within their scope of practice, when serving in an authorized capacity assignment, as an agent of their authorized ALS fire agency.

IV. PROCEDURE:

- A. Under the authority of State regulations, a paramedic may render ALS care during emergency operations as long as the following conditions are met:
1. The paramedic is currently licensed by the State of California and is accredited by the Ventura County EMS Agency.
 2. The paramedic is currently employed with a Ventura County ALS provider and possesses the requisite wildland fireline skills and equipment.
 3. The paramedic practices within the treatment guidelines set forth in VCEMSA ALS standing orders, policies and procedures.
 4. The FEMP is expected to check in and obtain a briefing from the Logistics Section Chief, or the Medical Unit Leader (MEDL) if established at the Wildfire Incident.
 5. Documentation of patient care will be completed as per VCEMSA policy 1000.
 - a. Documentation of patient care will be submitted to incident host agencies. A VCePCR shall be completed for all ALS patients contacted, and shall be completed by the FEMP upon return to camp, or as soon as practical.
 6. Continuous Quality Improvement activities shall be in accordance with VCEMSA standards.

APPENDIX A

**FIRELINE EMERGENCY MEDICAL TECHNICIAN
BASIC LIFE SUPPORT (BLS) PACK INVENTORY**

Airway, NPA Kit (1)	Mask, Face, Disposable w/eye shield (1)
Airway, OPA Kit (1)	Mylar Thermal Survival Blanket (2)
Bag Valve Mask (1)	Pad, Writing (1)
Bandage, Sterile 4 x 4 (6)	Pen and Pencil (1 ea.)
Bandage, Triangular (2)	Pen Light (1)
Biohazard Bag (2)	Petroleum Dressing (2)
Burn Sheet (2)	Shears (1)
Cervical Collar, Adjustable (1)	Sphygmomanometer (1)
Coban Wraps/Ace Bandage (2 ea.)	Splint, Moldable (1)
Cold Pack (3)	Splinter Kit (1)
Combat Gauze	
Dressing, Multi-Trauma (4)	Stethoscope (1)
Exam Gloves (1 box)	Suction, Manual Device (1)
Eye Wash (1 bottle)	Tape, 1 inch, Cloth (2 rolls)
Glucose, Oral (1 Tube)	Tourniquet (1)
Kerlix, Kling, 4.5, Sterile (2)	Triage Tags (6)
Digital Thermometer (1)	

APPENDIX B**FIRELINE EMERGENCY MEDICAL TECHNICIAN**

PARAMEDIC (ALS) PACK INVENTORY **IN ADDITION TO THE BASIC LIFE SUPPORT INVENTORY, THE FOLLOWING ADDITIONAL ITEMS OR EQUIVALENTS SHALL BE CARRIED BY THE FEMP

ALS AIRWAY EQUIPMENT:

Endotracheal Intubation Equipment (6.0, 7.5 ET – Mac 4, Miller 4, stylet and handle)	Needle Thoracostomy Kit (1)
End Tidal CO2 Detector	Pulse Oximeter (Optional)
ETT Restraint	iGel Airway (1 – Size 3 and 1 – Size 4)

IV/MEDICATION ADMIN SUPPLIES:

1 ml TB Syringe (2)	20 ga. IV Catheter (2)
10 ml Syringe (2)	IV Site Protector (2)
18 ga. Needle (4)	IV Administration Set-Macro-Drip (2)
25 ga. Needle (2)	Alcohol Preps (6)
Adult EZ-IO Kit (1)	Betadine Swabs (4)
	E-Z IO Stabilizer
EZ Connect Tubing (2)	Glucometer Test Strips (4)
25 mm EZ-IO Needle (1)	Lancet (4)
45 mm EZ-IO Needle (1)	Razor (1)
14 ga. IV Catheter (2)	Tape (1)
16 ga. IV Catheter (2)	Tourniquet (2)
18 ga. IV Catheter (2)	

MISCELLANEOUS:

AMA Paper Forms (3)	PCR Paper Forms (6)
FEMP Pack Inventory Sheet (1)	Sharps Container – Small(1)
Narcotic Storage (per agency policy)	

BIOMEDICAL EQUIPMENT:

Defibrillator Electrodes (2)	Glucometer (1)
Defibrillator with ECG Waveform Display (1)	

MEDICATIONS:

Amiodarone 50 mg/ml 3 ml (3)	Epinephrine 1mg/10ml (3)
Albuterol – 90mcg/puff (1 MDI) with Spacer Device	Glucagon 1 mg/unit (1)
Aspirin-Chewable (1 Bottle)	Midazolam 10 mg
Atropine Sulfate 1mg (2)	Fentanyl 50 mcg/ml (4)
	Naloxone – 2mg (2)
Dextrose 10% 10 G, 250ml. (1)	Nitroglycerin 1/150 gr (1)
Diphenhydramine 50 mg (4)	Saline 0.9% IV 1,000 ml – Can be configured into two 500 ml or four 250 ml
Epinephrine 1mg/mL (2)	5% Dextrose in Water, 50 ml (1)



Ventricular Tachycardia Sustained – Not in Arrest	
Adult	Pediatric
BLS Procedures	
Administer oxygen as indicated	
ALS Standing Orders	
<p>IV/IO Access</p> <p><u>Stable</u> – Mild to moderate chest pain/SOB</p> <ul style="list-style-type: none"> • Amiodarone <ul style="list-style-type: none"> ○ IV/IOPB - 150 mg in 50mL D₅W infused over 10 minutes. <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ Zoll 100, 120, 150, 200 joules ○ Lifepak 100, 200, 300, 360 joules ○ Consider sedation prior to cardioversion for special circumstances* <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> • Defibrillate <ul style="list-style-type: none"> ○ Defibrillate as indicated <ul style="list-style-type: none"> ○ Lifepak 360 Joules ○ Zoll 200 Joules ○ Consider sedation prior to defibrillation as outlined below for special circumstances* <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV/IOPB – 2 g in 50 mL D₅W infused over 5 min <ul style="list-style-type: none"> • May repeat x 1 if Torsades continues or recurs <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> • Fentanyl <ul style="list-style-type: none"> ○ 1 mcg/kg IV/ IO / IN prior to electrical therapy. <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"> • Amiodarone <ul style="list-style-type: none"> ○ IV/IOPB – 5 mg/kg (max 150 mg) in 50mL D₅W infused over 10 minutes. <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ 0.5, 1, 2, 4, 6, 8 joules/kg ○ Consider sedation prior to cardioversion for special circumstances* <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> • Defibrillate <ul style="list-style-type: none"> ○ Defibrillate as indicated using escalating joules doses <ul style="list-style-type: none"> ○ 2, 4, 6, 8 joules/kg ○ Consider sedation prior to defibrillation as outlined below for special circumstances* <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV/IOPB – 50 mg/kg (max 2 g) in 50 mL D₅W infused over 5 min <ul style="list-style-type: none"> • May repeat x 1 if Torsades continues or recurs <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> • Fentanyl <ul style="list-style-type: none"> ○ 1 mcg/kg IV / IO / IN prior to electrical therapy. <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>
Base Hospital Orders only	
<p>ED Physician Order Only: After synchronized cardioversion or defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IV/IOPB in D₅W infused over 10 minutes.</p>	
<p>Additional Information:</p> <ul style="list-style-type: none"> • *Special circumstances for sedation prior to cardioversion include Fully awake and alert, patients with unstable vital signs. • Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure. • Ventricular tachycardia (VT) is a rate greater than 150 bpm 	

Effective Date: December 1, 2024
Next Review Date: October 31, 2026



Date Revised: October 8, 2020
Last Reviewed: October 10, 2024



VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number: 716	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2024	
Origination Date:	March 2, 1992	Effective Date:	December 1, 2024
Date Revised:	June 9, 2022		
Last Reviewed:	August 8, 2024		
Review Date:	August 31, 2026		

- I. PURPOSE: To define the use of pre-existing vascular access devices (PVAD) by Paramedics in the prehospital setting.
- II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100091.01 and §100091.02.
- III. POLICY: PVADs may be used in the prehospital setting as set forth by this document.
- IV. Definition: A PVAD is a heparin/saline lock or an indwelling catheter/device placed into a vein, to provide vascular access for those patients requiring long term intravenous therapy or hemodialysis. Internal subcutaneous indwelling devices are not to be accessed by prehospital field personnel.
- V. Procedure: After successful completion of an approved Ventura County training module, a Paramedic may access a PVAD and administer normal saline and medications, for a patient with the following conditions:
 - A. Peripheral Vein Heparin/Saline Lock
 1. Any conditions requiring intravenous fluids and/or medications
 - B. Central line devices with externally visible access ports – PICC, tunneled catheters, or temporary dialysis catheters
 1. Urgent need to administer fluids and/or medications which can only be given by the IV route and a peripheral IV site is not readily/immediately available.
 - C. Hemodialysis Fistula (to be used only in the absence of IO, peripheral, or central IV access):
 1. Urgent need to administer fluids and/or medications which can only be given by the IV route and an alternate IV site is not readily/immediately available. Attempt to aspirate at least 5 ml of blood prior to administering any medications.

Policy Title: Continuous Positive Airway Pressure & Bilevel Positive Airway Pressure (CPAP/BiPAP)		Policy Number: 723
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2024
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2024
Origination Date:	December 2004	Effective Date: December 1, 2024
Date Revised:	September 8, 2022	
Last Reviewed:	October 10, 2024	
Review Date:	October 31, 2026	

- 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.
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

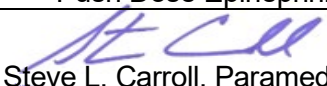

- a. All forms of positive pressure ventilation, including CPAP and BiPAP, may exacerbate hypotension. Prepare to utilize Push-dose epinephrine per Policy 735 for patients who are hypotensive or at risk of hypotension.

D. PATIENT TREATMENT:

1. Place patient in an upright seated position to aid respiratory effort.
2. Apply nasal EtCO₂ measurement device.
3. Monitor ECG, Vital signs, SpO₂, 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 SpO₂, and relative normalization of the EtCO₂ (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, SpO₂, and EtCO₂ 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: December 1, 2024	
APPROVED: Medical Director:  Daniel Shepherd, M.D.		Date: December 1, 2024	
Origination Date: January 10, 2019		Effective Date: December 1, 2024	
Date Revised: September 8, 2022			
Date Last Reviewed: October 10, 2024			
Review Date: October 31, 2026			

- 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 and 100096.02
- 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		

E. Actions

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

F. Preparing the Concentration

1. Adults and Pediatrics

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

2. Points to Remember

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

G. Dosing

1. Adults

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



2. Pediatrics

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

H. Communication and Documentation

1. Communicate the use of push dose epinephrine to base hospital
- Include final concentration delivered

- Report total amount of push dose epinephrine administered, total elapsed time of administration, and patient response
2. Administration of epinephrine and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)
- I. Alternative Concentrations
 1. In the event of a shortage that limits a provider agency from obtaining the necessary 100 mL bags of normal saline solution, please see below for acceptable alternatives:
 - Discard 1 mL from 10 mL saline flush syringe and draw 1 mL from epinephrine preload into flush syringe. This creates a solution of 10 mcg per 1 mL.
 - Draw 5 mL of from epinephrine preload into 50 mL bag of normal saline. This essentially creates a solution of 10 mcg per 1 mL.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Care System – General Provisions		Policy Number 1400	
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		
Date Revised:	July 8, 2020	Effective Date: December 1, 2024	
Date Last Reviewed:	June 6, 2024		
Review Date:	June 30, 2027		

- I. **PURPOSE:** To provide standards and guidelines for the Ventura County Trauma Care System. To provide all injured patients the accessibility to an organized, multi-disciplinary and inclusive system of trauma care. To ensure that all injured patients are taken to the time-closest and most appropriate medical facility.
- II. **AUTHORITY:** Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100136.03.
- III. **POLICY:**
 - A. **Multi-disciplinary Nature of Systematized Trauma Care**
The Ventura County EMS Agency (VCEMS) recognizes the multi-disciplinary nature of a systemized approach to trauma care. VCEMS has adopted policies, guidelines and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all injured patients.
 - B. **Public Information and Education**
 1. VCEMS is committed to the establishment of trauma system support and the promotion of injury prevention and safety education.
 2. VCEMS facilitates speakers to address public groups, and serves as a resource for trauma information/education.
 3. VCEMS assists community and professional groups in the development and dissemination of education to the public on such topics as injury prevention, safety education programs and access to the Trauma Care System.

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

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

H. Interfacility Transfers

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

I. Pediatric Trauma Care.

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

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

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

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

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

K. Trauma Center Fees

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

L. Medical Control and Accountability

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



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

Updated 12/01/2024

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, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	April 13, 2017		
Date Revised:	May 13, 2021	Effective Date: December 1, 2024	
Date Last Reviewed:	October 10, 2024		
Review Date:	October 31, 2027		

- 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 2.3; 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.
 - I. 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.

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"> <input type="checkbox"/> Statement verifying AHA equivalent CPR and AED Healthcare Provider, and <input type="checkbox"/> Statement verifying 21 hours of ARC equivalent initial training, and <input type="checkbox"/> Statement verifying a minimum 8-hour retraining course, and IF TCC: <ul style="list-style-type: none"> <input type="checkbox"/> Statement verifying training course meets the appropriate minimum requirements outlined in CalEMSA #370 IF BOTH PSFA and TCC: <ul style="list-style-type: none"> <input type="checkbox"/> All requirements outlined above <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	
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<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

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		
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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
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<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.	
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<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 Optional Skills Approval and Training		Policy Number 1602	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2024	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2024	
Origination Date:	July 13, 2017	Effective Date: December 1, 2024	
Date Revised:	February 11, 2021		
Date Last Reviewed:	October 10, 2024		
Review Date:	October 31, 2027		

- 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 2.3 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
- 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 31st 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 (15th) 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.