

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

Pre-hospital Services Committee
Agenda

November 14, 2024
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Recognition Awards

Dr. Shepherd

V. Medical Director Report

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

VI. New Business or Policies for Review with Proposed Changes

- A. 111 - Ambulance Company Licensing Procedure Steve Carroll
- B. 124 - Hospital Emergency Services Reduction Impact Assessment Karen Beatty

VII. Old Business

- A. 629 - Hospice Patient Care Heather Ellis

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

- A. Transcendental Meditation for first responders Traci Holt
- B. 430 - STEMI (SRC) & (SRH) Standards Adriane Gil-Stefansen

IX. Policies Due for Review (No proposed changes)

- A. 210 - Child Abuse, Dependent Adult Abuse, or Elder Abuse Reporting
- B. 604 - Transport and Destination Guidelines
- C. 720 - Guidelines for Limited Base Contact
- D. 722 - Interfacility Transport of Patients with IV Heparin & Nitroglycerin
- E. 1603 - Nerve Agent Antidote Administration by Public Safety-First Aid Personnel -
- F. 1604 - O2 Administration and Basic Airway Adjunct Use by Public Safety-First Aid Personnel
- G. 1606 - Epinephrine Administration by PSFA Personnel

X. Agency Reports

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

XI. Closing

In Person
2240 E. Gonzales rd. #200
Oxnard

Pre-hospital Services Committee
Minutes

October 10, 2024
9:30 a.m.

Topic	Discussion	Action	Approval
I. Introductions		Welcome	
II. Approve Agenda	Shepherd – Add 717 to old business-Copies provided to committee	Approved	Motion: Ira Tilles Seconded: Alejandro Villasenor Passed: Unanimous
III. Minutes		Approved	Motion: Todd Larsen Seconded: Ira Tilles Passed: Unanimous
IV. Medical Director Report			
A. Buprenorphine	Training by Conejo Health is moving ahead. All Base hospitals will be trained by the end of the month. When training is completed for all agencies, implementation will take place probably by the beginning of next year. Ventura College is requesting a pharmacology sheet on Buprenorphine for the paramedic class. Suggestion was made to make a pharmacology sheet through the EMS Education Committee. This will be discussed off-line.		
B. Whole Blood	Our LOSOP was approved by the State. Coalition meetings with stakeholders will begin later this month to work on logistics and challenges of procurement and the approach to administration. Currently there are on-going conversations with Vitalant and the legal framework of who has ownership of the blood transfusion from the field to the hospital. This will be a continued conversation to work out as well as a training plan and other concerns that need to be addressed. We will continue to update as more information becomes available.		
C. Safety Event Reports	118 safety events this year to date. There doesn't seem to be a theme evolving so far. There have been some medication errors with Versed dosing. We found in Handtevy many different set doses for Versed, so we removed some to decrease the options. Safety event reports are not just for safety risks but also for good things, Nick Lowery received an "excellent care provided" report. Hopefully in the future we can provide certificates for people who receive this report.		

D. Cardiac Arrest Survival	The 2023 Nationwide Utstein Survival Rate was 33%, our VC Utstein Survival rate for 2024 so far is 37.5% and VC's best historical calendar year Utstein Survival rate was 48% in 2018 & 2019.		
E. Dive Emergencies	We have seen a few dive emergencies lately and realize we do not have consistent direction of how to manage these patients. After much discussion, it was decided to currently have patients go to closest facility and the facility will arrange transfer of patient if hyperbaric chamber is needed. We had an old 705 policy called "Decompression Injuries" that was retired in 2010. Further discussion offline will take place to develop a 705 policy for Dive Emergencies, and a memo will be sent out this week for direction until policy is developed.	Develop 705 Policy	
V. New Business			
A. 332 – EMS Personnel Background Check Requirement Process	Keep "recertification" in for EMTs.	Approved with changes	Motion: Jeff Winter Seconded: Chris Sykes Passed: Unanimous
VI. Old Business			
A. 717 – I/O	Distal femur as a location has been added for pediatric only. The Committee agreed to remove the checklist from policy and remove language regarding manual I/O as no one any longer carries a manual I/O. Some duplicate language was removed as well.	Approved with changes	Motion: Todd Larsen Seconded: Ira Tilles Passed: Unanimous
B. 705.27- Sepsis Alert	This policy was brought back for review that includes changes to the criteria and removed the language of "flash" cap refill. A discussion occurred about why ALOC was removed; however, it was decided to leave ALOC out of policy	Approved with changes	Motion: Ira Tilles Seconded: Kyle Blum Passed: Unanimous
VII. Informational			
A. MedTrans Ambulance Application	Carrol – Ambulance providers left the meeting briefly so the MedTrans Ambulance application could be reviewed for approval. Steve covered the application and the requirement lined out in Policy 111. MedTrans is based in LA, applying for non-emergency permit. Applied in late spring, did initial staff review and sent corrections.	Approved to move forward to the EMS Advisory Committee.	Motion: Kristen Shorts Seconded: Chris Sykes Passed: Unanimous
B. 400 – Ventura County Emergency Departments	SPH is switching from ED to a standby ED with no ICU or OB services starting 10/15/24. Added SPH as a Standby hospital the same as Ojai Hospital. SPH has met the State requirements to be a Standby ED.	No Approval needed.	

C. 450 – ASC Designation	This policy was approved by the Stroke Committee with only changes to the Title 22 updated section numbers.	No Approval needed	
D. 460 – IFT Emergency Department Stroke Patients	This policy was approved by the Stroke Committee with the “E” in ELVO removed, and Title 22 updated section numbers. “TPA” was changed to “thrombolytic”.	No Approval needed	
E. 1404 Guidelines for IFT of Patients to a Trauma Center	This policy was approved by the Trauma Committee which includes a new algorithm that has a “Non-Urgent Trauma IFT” option added.	No Approval needed	
F. 1405 EMS Anticoagulant / Antiplatelet	This Anticoagulant list was reviewed and approved by the Trauma Committee with no changes.	No Approval needed	
VIII. Policies for review			
A. 705.24 – Symptomatic Bradycardia	Changed atropine dose to 1mg to align with ACLS guidelines.		Motion: Ira Tilles Seconded: Kyle Blum Passed: Unanimous
B. 705.25 – Vtach Sustained	Due for review. No changes	Approved	Motion: Chris Sykes Seconded: John Gillette Passed: Unanimous
C. 723 – CPAP/BiPAP	Due for review. No changes	Approved	Motion: Jeff Winters Seconded: Eccles Passed: Unanimous
D. 735 – Push Dose Epinephrine	Due for review, no changes.	Approved	Motion: Ira Tilles Seconded: Kyle Blum Passed: Unanimous
E. 1601 – PSFA and TCC Training Program Approval Checklist	Due for review, no changes.	Approved	Motion: Kyle Blum Seconded: Sykes Passed: Unanimous
F. 1601 – PSFA and TCC Training Program Approval	Due for review, no changes. Added updated Title 22 section numbers.	Approved	Motion: Kyle Blum Seconded: Sykes Passed: Unanimous
G. 1602 – PSFA Optional Skills Approval and Training	Due for review, no changes. Added updated Title 22 section numbers.	Approved	Motion: Kyle Blum Seconded: Sykes Passed: Unanimous
IX. Agency Reports			
A. Fire departments	VCFD – Middle of skills testing, 45-day process to get 500 people through. Academy scheduled for January with 42 left after background. VFD – Interviewing for entry level academy which will start beginning of next year, held our annual awards and Eric Bean was Paramedic of the year, and Etzel was Firefighter of the year. Expecting delivery of our LifePak 35s early in 2025. VIP Dog Teams, that gifted Hope and Asher, have a puppy		

	<p>available for adoption if any agency is interested in a therapy dog.</p> <p>OFD – We have received 154 applicants for EMS Corps. Interviews are scheduled over the next couple of months. 5 FF just passed National Registry. We have started a new accreditation process with this group and that is they will work as a Level 1 medic for 6 months with a Level 2 before starting independent practice. Melissa Corney starts Monday as our new administrative paramedic.</p> <p>Fed. Fire – Not present.</p> <p>FFD – Thank you for supporting the golf tournament for our Fire Foundation. We have a short-term vacancy for fire captain due to medical issues. We temporarily promoted Abner Puebla as Captain.</p>		
B. Transport Providers	<p>AMR/GCA/LMT – Happy ER nurses' week! We have 13 personnel deployed, and another 16 ambulances heading across the country to help in relief efforts with the Hurricanes. We have two brand new ambulances out in the system. We are staffing dual medics when possible. We are interviewing for a new CES specialist and looking to hire another supervisor due to Tom and Ricky leaving for LA County Fire. We spent an entire month training all personnel to get them on the same training cycle. Shout out to Joey Williams and his team for completing this.</p> <p>All Town – Busy with training/hiring. We have 12 new people for Ventura County by the end of the week.</p>		
C. Base Hospitals	<p>AHSV – Finished big round of MCI Refresher class that was open to the county. Nice to see everyone. Buprenorphine training coming up.</p> <p>LRRMC – Continuing with construction, lost 9 beds in the ED. Front entrance moved, construction should be completed end of January. MICN class starts October 22 with 16-17 students. Buprenorphine training should be completed today.</p> <p>SJRMCC – Sending 3 MICNs to the next class. Buprenorphine training next week, we hope to get everyone through the classes.</p> <p>VCMC – Sending 3 MICNs to the next class. Working on MICN education at VCMC and the ED nurses at SPH for the upcoming ED change at SPH.</p>		

D. Receiving Hospitals	<p>SJHC – We would like to invite everyone to Trunk or Treat on 10/28/24 at Sheriff’s Department next door. The hospital will have a booth. Bring your kids and grandchildren.</p> <p>SPH – N/A</p> <p>CMH / OVCH – N/A</p>		
E. Law Enforcement	<p>AIR RESCUE – N/A</p> <p>VCSO – N/A</p> <p>CSUCI PD – N/A</p> <p>Parks – N/A</p>		
F. ALS Education Programs	<p>Ventura College – Dr. Larsen provided report for Tom: Thank you for everyone helping with internship placement. First interns have completed internship, and the rest should finish in coming weeks. There have been challenges to reach a full cohort due to the limited availability of preceptors. We will be sending a Doodle poll to find a date for a virtual meeting to discuss internship placement and re-evaluate what a full cohort is. Graduation class 28 is 11/15/24 at 3pm. Invites will be sent out soon.</p> <p>Moorpark College – 11 coming out into field internships this week. Thank you to the hospitals for rotations and providers.</p>		
G. EMS Agency	<p>Chris Rosa – Baxter production of IV fluids was shut down due to Hurricane. ALS agencies are feeling the impact a little less than the hospitals. Baxter is trying to ramp up production at other location. We do not have Fed, State, or local cache of IV fluids. We will continue to monitor and take inventory of the IV fluids we have within the county.</p> <p>Steve Carroll – Stroke and STEMI hospital contracts have been signed and will be taken to the BOS in December for finalization. SWRTCC Grand Rounds was yesterday virtually, twice annual presentation. Dr. Duncan and Dr. Redman presented topics. Next one will be March 5, watch for registration information. EMSAAC conference is scheduled for Memorial Day Week next year at Lowe’s Coronado Bay Hotel. Working on RFP, December will be going to the board then to the state. The process could take a few months. The Great California Shake Out VTTX is 10/17/24- Information will be sent out to PSC Committee.</p> <p>Stryker Team – Representatives from Stryker presented education and information about their LifePak 35 monitor.</p>		
H. Other	<p>A discussion was brought up to remind everyone when using the Trauma Call Continuation, that you follow the regulations set by EMTALA of registering the patient at your hospital, documenting a medical screening exam, and document the accepting physician’s name you spoke with at the Trauma Center.</p>		
X. Closing	<p>Meeting adjourned at 11:43am</p> <p>Meeting audio recording and transcript available upon request.</p>		<p>Motion: Ira Tilles Seconded: Todd Larsen Passed: Unanimous</p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title AMBULANCE COMPANY LICENSING PROCEDURE		Policy Number 111	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2025	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2025	
Origination Date: June 1, 1997		Effective Date: June 1, 2025	
Date Revised: November 14, 2024			
Date Last Reviewed: November 14, 2024			
Next Review Date: November 30, 2027			

- I. Purpose: All ambulance companies conducting business within Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency (VCEMS) Policy 110, Ventura County Ordinance No. 4099.
- III. Policy:
 - A. License Application:

Every applicant for an ambulance company license shall submit the application fee, if any, along with an ambulance license application packet, containing the following elements:

 1. Letter of interest on company letterhead, labeled as "Attachment I", stating at minimum:
 - a. Company's interest in providing services in Ventura County.
 - b. Brief statement of your company's service history and background, including the trade or other fictitious name, if any, under which the applicant does business and/or proposes to do business.
 - c. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance(s).
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. The applicant shall contact VCEMS for the fingerprinting procedure. A copy of the completed Live Scan form(s) shall accompany the application labeled as "Attachment II".
 3. Documentation of the training and experience of the applicant and managers involved in the transportation and care of patients, labeled as "Attachment III". Evidence shall include applicant and manager resumes showing type and duration of transportation experience, including at least five (5) years of increasingly

responsible experience in the operation or management of a basic or advanced life support service. Each applicant and/or manager must complete, sign, and submit a written statement, (1) identifying all licenses and franchises held during the last ten (10) years, (2) disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, and (3) describing the applicant and/or manager's prior conviction of any misdemeanor or felony, and/or any pending criminal proceedings at the time of application.

4. The location and descriptions of the place or places from which ambulances are intended to operate, labeled as "Attachment IV". Prior to approval of an ambulance license, applicant must establish at least one ambulance station within Ventura County, with the capability of supporting ambulance operations on a continuous 24-hour-per-day basis.
 - a. All such locations will comply with all applicable zoning, building, and occupational health and safety regulations and shall be sufficient for all personnel in accordance with all local, state and federal regulations.
 - b. Each ambulance station will be adequate to house the ambulance crew(s) required for the ambulance(s) based at that location. Each ambulance based at that location must be available as a disaster resource within one hour of VCEMS request.
 - c. Ambulance stations are subject to announced or unannounced VCEMS inspection.

Upon approval and issuance of an ambulance license, applicant will provide a minimum of one on-duty ambulance on a continuous 24-hour-per-day basis within the County of Ventura. Additionally, applicant must have a supervisor on duty 24 hours per day who will be available in Ventura County within one hour of a request from VCEMS.

5. Description of each ambulance proposed to be operated by the applicant, labeled as "Attachment V". Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulances and a description of the total number of vehicles operated by applicant and the number of ambulance licenses that applicant is requesting. For each ambulance listed for licensure, provide the unit number, license number, vehicle identification number (VIN), make, model

year, model type, mileage, projected vehicle life, and patient capacity of each vehicle. Attach copies of the current vehicle registration issued by the Department of Motor Vehicles (DMV), the California Highway Patrol (CHP) emergency vehicle license and the results of the most recent CHP inspection for each vehicle to be licensed. Prior to approval of an ambulance license, all ambulances proposed to operate in Ventura County will be inspected and shall meet the following:

- a. Primary ambulances assigned to Ventura County must be less than six (6) years old and have less than 250,000 miles at time of initial licensure. Ambulances exceeding these maximums may be authorized for use in a reserve capacity following an annual inspection.
- b. BLS transport unit equipment and supply requirements as established in VCEMS Policy 504.
- c. Radio communication capabilities as provided in VCEMS Policy 905.
- d. Radio identification number shall be clearly marked on all four sides of ambulances assigned to Ventura County.
- e. All ambulances authorized to operate within Ventura County will be required to install and continuously operate automatic vehicle location (AVL) equipment compatible with the Ventura County Fire Department's regional communications system. Applicant shall contact VCEMS for AVL requirements and procurement procedure.

Any costs for procurement, installation and the continuous operation of the equipment/supplies, radio and AVL requirements are the sole responsibility of the ambulance provider. Only ambulances equipped as described above will be permitted to operate in Ventura County. Ambulances will be subject to announced and unannounced inspection by VCEMS.

6. A statement listing any facts which the applicant believes tend to prove that public convenience, safety and necessity require the granting of a license, labeled as "Attachment VI". Facts shall include written statements or other evidence of either inadequate response times or inadequate care from existing providers. To establish public convenience, safety, or necessity, the applicant shall demonstrate to the satisfaction of the VCEMS Administrator that it has complied with each of the following requirements:

- a. The applicant has complied with all provisions of this policy.
 - b. The applicant is, under normal conditions, serving or likely to serve the public adequately.
 - c. The applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
 - d. The applicant meets the minimum requirements to have an ambulance license.
7. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm, labeled as “Attachment VII”. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to documentation provided in response to Section III.A.3 above. The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations. All applicants must also submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even formulas), and describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed. If approved, applicant will submit annual financial statements to VCEMS within three (3) months of the end of the applicant’s fiscal year.
8. Applicant shall establish a VCEMS approved EMT AED Service Provider program which, at a minimum, meets all requirements of VCEMS [Policies 802 and Policy 803](#). Documentation of EMT AED Service Provider program and VCEMS approval shall be labeled as “Attachment VIII”.
9. Applicant shall provide verification of a VCEMS approved Continuous Quality Improvement Program (CQIP), labeled as “Attachment IX”. Applicant’s CQIP must meet the requirements of VCEMS Policy 120 and applicant must agree to fully participate in VCEMS CQI projects and committees.

10. Applicant shall provide copies of its medical dispatch policies and procedures, labeled as "Attachment X". Applicant must submit copies of dispatch logs for the thirty (30) day period immediately prior to the date of the application and a description of the qualifications for dispatchers. Applicant must also submit a letter of agreement to use the VCEMS approved "Dispatch Call Entry Form" for any Ventura County based ambulance requests.
11. Applicant shall provide a description of the company's accounts receivable management system, labeled as "Attachment XI". Documentation should include the location of the closest physical billing office to Ventura County and the training and experience of billing staff and billing management. If the location is not in Ventura County, applicant must provide staff specifically trained and available to address billing inquiries from Ventura County patients.
12. A list of insurance and liability coverage, including certificates of insurance or other evidence of coverage, labeled as "Attachment XII". The minimum insurance coverage types and limit requirements for ambulance companies include general liability insurance with limits of not less than \$1 million each occurrence and \$2 million aggregate; automobile liability insurance with limits of not less than \$1 million each accident covering all vehicles used by the applicant; worker's compensation and employers' liability insurance, or an equivalent program of self-insurance coverage which complies with California Labor Code requirements; and professional liability insurance covering applicant's errors and omissions with limits of not less than \$1 million per each claim and \$2 million aggregate. Such insurance shall be provided by insurer(s) satisfactory to VCEMS and upon licensure approval, the general and auto liability insurance policies shall name the County of Ventura as an additional insured.
13. Applicant shall provide a written statement, labeled as "Attachment XIII", of intent to comply with the Multi-Casualty Incident Response plan as addressed in VCEMS Policy 131. During multi-casualty incidents (MCIs), the capability of the 911 ambulance providers to provide necessary prehospital emergency care and transportation may be insufficient for the number of casualties. Therefore, it is necessary that all non-911 ambulances operating in Ventura County be available to assist during an MCI. For this reason, each ambulance provider will make available, and place into service, all available licensed units upon VCEMS request. All ambulance providers, in the event of an MCI, will:

- a. Provide immediate ambulance resource availability within Ventura County when requested by VCEMS.
- b. Have an emergency response plan which includes a personnel call-back plan.
- c. Have all management and field personnel trained for compliance with VCEMS Policy 131 within 6 months of licensure.
- d. Provide, within reason, immediate response to any polls or surveys from VCEMS.
- e. Provide, within reason, equipment, facilities, and personnel as requested by VCEMS.
- f. When funding is available, the County of Ventura may assist the participating providers in seeking reimbursement for its costs from any disaster relief funding. The County of Ventura will have no financial responsibility for these costs or charges.

When requested by VCEMS, the licensed ambulance provider will participate in a Ventura County organized disaster exercise by assigning a minimum of one (1) fully staffed ambulance and one (1) supervisor. VCEMS will request participation from licensed providers with a minimum of thirty (30) days written notice. All costs associated with participation in the disaster exercise will be the sole responsibility of the licensed provider.

14. The applicant shall provide a written statement, labeled as "Attachment XIV", of intent to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.
15. Attach evidence of support for applicant and label as "Attachment XV". Applicant must provide a minimum of three (3) written statements of support, on letterhead, from responsibly positioned, Ventura County-based, residents, institutions, or users of the service.
16. Submit the completed application packet and payment, if any, and five (5) copies of the entire application (including all attachments) to:
EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd. #~~430200~~
Oxnard, CA 93036

The original and all copies of the application packet must be submitted in a 3-ring loose leaf binder, with labeled dividers for each attachment identified above. Do

not place documents or pages of the application in page protectors or covers. Two sided copies are encouraged, whenever possible. Applications determined to be incomplete will be returned to the applicant and will not be processed.

B. Procedure for Processing Application for Ambulance Company License:

1. VCEMS shall commence processing an application within fifteen (15) calendar days from the date the application is filed and determined to be complete. Application packets will initially be reviewed by VCEMS staff for compliance with the application requirements in Section III.A of this policy. Once all sections of the application have been reviewed for compliance, the VCEMS Administrator will determine if the application is complete or if the application is deficient in any area. If the application is determined to be deficient, the application will be denied and the applicant will be notified in writing. The applicant will have thirty (30) calendar days in which to respond. Failure to provide the requested information within thirty (30) days will result in the abandonment of the application and the complete application process, including fees, must be restarted in order to be considered for licensure. If the application is determined to be complete, the review process will continue as follows:
 - a. VCEMS Administrator will notify all ambulance companies licensed by the County, members of the Prehospital Services Committee (PSC), and EMS Advisory Committee of the receipt of the application and the name and address of the applicant.
 - b. VCEMS staff will thoroughly investigate the conditions and requirements listed in Section III.A (except for Sections III.A.7, III.A.11 and III.A.12) of the application packet to verify the information submitted as they relate to the applicant's ability to provide ambulance service in compliance with the standards of this policy.
2. Specific Ventura County departments will review sections of the application that are pertinent to their area of responsibility as follows:
 - a. The Ventura County Auditor/Controller's Office shall be requested to review and comment on the financial statement and accounts receivable documents provided in response to Sections III.A.7 and III.A.11, as they relate to the applicant's ability to meet the financial obligations of the business.

- b. The Ventura County Risk Management Division shall be requested to review the insurance and liability documents provided in response to Section III.A.12, as they relate to the minimum coverage requirements.
3. The VCEMS Administrator shall conclude evaluation of the application and prepare an administrative report that summarizes each of the application sections and verifies the applicant's compliance with all of the required elements of this policy.
4. VCEMS will present the administrative report and all information received regarding the application to the PSC within one hundred twenty (120) days of the date the application was determined to be complete. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials. PSC members from current Ventura County licensed ambulance providers will be excused during the review process.
 - a. PSC shall review the application and develop a written report of its findings to submit to the EMS Advisory Committee.
 - b. The findings shall include:
 - (1) Whether the applicant has substantially met all elements of the ambulance licensing procedure described in this policy.
 - (2) Whether or not public convenience, safety and necessity requires the issuance of an ambulance license.
 - (3) Whether the applicant's experience and past performance meets the standards in the VCEMS Policies and Procedures Manual.
 - (4) Any other pertinent information.
5. The EMS Advisory Committee shall convene; within ninety (90) days from the date PSC completes its review, to evaluate the application packet, the VCEMS administrative report and the PSC report. The EMS Advisory Committee will develop a written report recommending approval or denial of the application and shall include:
 - a. Whether the applicant has complied with all provisions of this policy.
 - b. Whether the applicant is, under normal conditions, serving or likely to serve the public adequately.

- c. Whether the applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
- d. Whether the applicant meets the minimum requirements to have an ambulance license.
- e. Whether additional information is needed.

An approval recommendation by the EMS Advisory Committee is required before proceeding with the application process. Failure to receive an approval recommendation from the EMS Advisory Committee will result in an administrative denial of the application.

- 6. A denial recommendation from the EMS Advisory Committee may be appealed to the Ventura County Board of Supervisors by following the appeal provisions in Ventura County Ordinance No. 4099.
- 7. The VCEMS Administrator shall notify the Ventura County Auditor/Controller of approved applications and shall indicate the service area for which the license is valid.
- 8. Upon payment of the established license fee by the applicant, VCEMS shall issue the license.
- 9. The license shall be valid for two (2) years from the date of issue or until surrendered by the licensee, until sale of the company, or until revoked or suspended in accordance with the provisions of the VCEMS Policies and Procedures Manual.
- 10. The Director of the Health Care Agency or designee(s) shall deny, suspend or revoke an ambulance license in accordance with Sections 2424-1 and 2424-2 of Ventura County Ambulance Ordinance No. 4099.
- ~~11. Application for ambulance license renewal, and license renewal fee, if any, shall be received by VCEMS at least sixty (60) days prior to the expiration of the current ambulance license.~~
- 4211. Ambulance providers that contract with the County to provide emergency ambulance service and which are required by contract to meet all the required conditions for license applicants, may be deemed by the VCEMS Administrator to meet the qualifications for a license and for ongoing license renewals. In such cases, the providers will not be required to comply with the application and re-application procedure described in Section III.A.

C. Application Renewal

1. Application for ambulance license renewal shall be received by VCEMS at least sixty (60) days prior to the expiration of the current ambulance license.
2. Renewal Applications shall include:
 - a. Letter from licensed ambulance company requesting renewal and committing to continue meeting all requirements of Policy 111.
 - b. Any changes to documentation submitted as Attachments II-XV.
 - c. Current fleet info for Ventura County based units.
 - d. A financial statement of assets, liabilities, and net worth for the most recent full calendar year prepared by a recognized accounting or bookkeeping firm.
 - e. Most recent thirty (30) day dispatch log for Ventura County responses.
 - f. Current insurance documents with County of Ventura listed as additionally insured.
3. Renewal applications shall be reviewed by VCEMS staff and if determined to be complete and compliant, VCEMS shall issue the license upon payment of the established license fee by the licensee.
4. The license shall be valid for two (2) years from the date of issue or until surrendered by the licensee, until sale of the company, or until revoked or suspended in accordance with the provisions of the VCEMS Policies and Procedures Manual.
5. Applications not recommended for renewal by VCEMS staff will be reviewed by the EMS Advisory Committee in accordance with Section III.B.5 above. An approval recommendation by the EMS Advisory Committee is required before proceeding with the application renewal process. Failure to receive an approval recommendation from the EMS Advisory Committee will result in an administrative denial of the application.
6. A denial recommendation from the EMS Advisory Committee may be appealed to the Ventura County Board of Supervisors by following the appeal provisions in Ventura County Ordinance No. 4099.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospital Emergency Services Reduction Impact Assessment		Policy Number 124	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2025 July 1, 2023	
APPROVED: Medical Director Daniel Shepherd, M.D.		Date: June 1, 2025 July 1, 2023	
Origination Date: June 1999		Effective Date: June 1, 2025 July 1, 2023	
Date Revised: November 14, 2024 May 13, 2004			
Date Last Reviewed: November 14, 2024 January 12, 2023			
Review Date: November 30, 2027 January 31, 2025			

- I. PURPOSE: To provide a mechanism for Ventura County to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system of the reduction or closure of emergency services in hospitals.
- II. AUTHORITY: Health and Safety Code Section 1300 (c).
- III. POLICY: Acute care hospitals intending to implement either a reduction or closure of emergency services must advise the EMS agency as soon as possible, but at least 90 days prior to the proposed change.
 - A. The notification of change proposal must include:
 1. Reason for the proposed change(s).
 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 3. Description of the local geography, surrounding services, the average volume of calls.
 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Evaluation Process
 1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.

2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a minimum, the Impact Evaluation report shall include:
 - a. Assessment of community access to emergency medical care.
 - b. Effect on emergency services provided by other entities.
 - c. Impact on the local EMS system.
 - d. System strategies for accommodating the reduction or loss of emergency services.
 - e. Potential options, if known.
 - f. Public and emergency services provider comments.
 - g. Suggested/recommended actions.
3. Within fifty (50) days of notification, the EMS Agency will release the draft impact evaluation report to prehospital and hospital emergency services personnel, with a 10 working day comment period; and conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearings may be incorporated with other public meetings held by the Public Health Department, Board of Supervisors and/or other government agencies, commissions, or committees.
4. Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation, and submit those findings to the California Department of Health Services, State EMS Authority, Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, planning/zoning authorities, local EMS participants and other interested parties.
5. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the affected county.
6. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
7. The hospital proposing a reduction or closure of service(s) will be charged a \$750.00 fee by Ventura County Emergency Medical Services for the impact evaluation.

Time Line (in calendar days) for Development of Report of Impact on the EMS System in the Event of Closure or Reduction of Emergency Department Services in Local Hospitals					
Day 0	By Day 7	By Day 35	By Day 50	By Day 60	By Day 90
VC EMS is notified of pending closure or reduction in emergency services	Hospital has formally received necessary information relating to impact study	1. Draft EMS Impact Evaluation Report completed and distributed. to prehospital and hospital emergency medical services personnel with a 10 working day comment period 2. Public Hearing Date set.	1. At least one public hearing has been conducted 2. Results of comments and hearing(s) are incorporated into the final Impact Evaluation.	VC EMS will prepare Final Impact Evaluation VC EMS will submit the report to agencies listed in Section III.4	The hospital will serve notice of the public hearings regarding closure / reduction of services and hold such hearings.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospice Patient Care		Policy Number: 629	
APPROVED: Administration: <u> </u> Steven L. Carroll, Paramedic		Date: June 1, 202 5 <u>4</u>	
APPROVED: Medical Director: <u> </u> Daniel Shepherd, M.D.		Date: June 1, 202 5 <u>4</u>	
Origination Date: <u> </u> October 10, 2019 Date Revised: <u> </u> November 14, <u> </u> 2024 <u>April 8, 2021</u> Date Last Reviewed: <u> </u> November 14, Effective Date: <u> </u> June 1, 202 5 <u>4</u> <u> </u> 2024 <u>April 8, 2021</u> Next Review Date: <u> </u> November 30 <u> </u> April <u> </u> 30, 2026 <u> </u> 3			

- I. PURPOSE: To define the management of patients enrolled in hospice.

- II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170; California Code of Regulations, Title 22, §100091.01445 and §100091.02446

- III. POLICY:
 - A. EMS personnel shall evaluate and treat patients enrolled in hospice programs with the goal of enabling them to remain at their place of residence~~home~~ and continue their desired treatment plan according to the following procedures.



- IV. PROCEDURE:
 - A. Patient Management:
 - 1. The responding EMS personnel will evaluate the presenting complaint, confirm that the patient is on hospice and identify the current hospice provider.
 - 2. A phone call shall be established between EMS and the on-call hospice provider to communicate on scene findings.

~~a. Repeat phone call in 10 minutes to the on-call hospice provider if there has been no response. Wait up to another 10 minutes, and if still no response, you may then transport the patient or seek recommendations from base hospital.~~

3. EMS and Hospice communication will be centered around the following goals;
 - a. Identifying a need for the hospice provider to respond to the scene
 - b. Identifying EMS interventions or actions which may facilitate patient comfort and prevent transport, such as assisting with family education.
 - c. Identifying hospice resources or interventions which may facilitate patient comfort and prevent transport.
 - d. Identifying the unique cases where transport is necessary for hospital treatment or diagnostics which are required ~~in order to~~ best continue in home treatment.

B. Resources / response:

1. Most often transport can be avoided and comfort optimized utilizing only the initial paramedic response along with follow up from the hospice agency.
2. EMS providers should consult with or request a response from one of the following:
 - ~~a.~~ Online medical direction from base hospital physician
 - ~~b.a.~~ Community paramedic response
 - ~~e.b.~~ EMS supervisor response

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: STEMI Receiving Center (SRC) Standards and STEMI Referral Hospital (SRH) Standards		Policy Number 430	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2025	
Origination Date: July 28, 2006			
Date Revised: February 5, 2020		Effective Date: June 1, 2025	
Last Review: October 23, 2024			
Review Date: October 31, 2027			

- I. PURPOSE: To define the criteria for designation as a STEMI Receiving Center in Ventura County.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100106.02, 100149.01 and 100149.02.
- III. DEFINITIONS: Refer to California Code of Regulations, Title 22, Chapter 6.2, Article 4.
- III. POLICY:
 - A. A STEMI Receiving Center (SRC), approved and designated by Ventura County EMS shall meet the following requirements:
 1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
 2. All the requirements of an SRC in VCEMS Policy 440.
 3. The hospital shall have established protocols for triage, diagnosis, and Cath lab activation following field notification.
 4. The hospital shall have a single call activation system to activate the Cardiac Catheterization Team directly.
 5. Written protocols shall be in place for the identification of STEMI patients.
 - a. At a minimum, these written protocols shall be applicable in the ICU/Coronary Unit, Cath lab, and the Emergency Department.
 6. The hospital shall be available for treatment of STEMI patients 24 hours per day, 7 days a week, 365 days per year.
 7. The hospital shall have a process in place for the treatment and triage of simultaneous arriving STEMI patients.

8. SRCs shall comply with the requirements for an annual minimum volume of procedures (25) required for designation by VCEMS.
 9. The hospital shall have a STEMI program manager and a STEMI medical director.
 10. The hospital shall have job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI team.
 11. Operate a cardiac catheterization lab licensed by the Department of Health Services and approved for emergency percutaneous coronary interventions.
 12. A STEMI receiving center without cardiac surgery capability on-site shall have a written transfer plan and agreements for transfer to a facility with cardiovascular surgery capability.
 13. The hospital shall maintain daily STEMI team and Cardiac Catheterization team call rosters
 14. Have policies for patients to receive emergent angiography or emergent fibrinolysis, based on physician decisions for individual patients.
 15. The hospital shall participate in the local EMS agency quality improvement processes related to a STEMI critical care system.
 16. The hospital shall submit their data to the STEMI Registry System by the 15th of each month for the previous month patients.
 17. Will accept all ambulance-transported patients if the interpretation on the monitor meets the manufacturer guidelines for a POS STEMI ECG, except when on internal disaster or no cardiac catheterization lab is available, regardless of ICU/CCU or ED saturation status.
 18. Have policies and procedures that allow the automatic acceptance of any STEMI patient from a Ventura County Hospital upon notification by the transferring physician.
 19. The Cardiac Catheterization Team, including appropriate staff, shall be immediately available.
 20. Have policies in place for the transfer of STEMI patients.
- B. A STEMI Referral Hospital (SRH), approved and designated by Ventura County EMS shall meet the following requirements:
1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
 2. All the requirements of an SRH in VCEMS Policy 440.

3. The hospital shall be available for treatment of STEMI patients 24 hours per day, 7 days a week, 365 days per year.
4. Written protocols shall be in place to identify STEMI patients and provide an optimal reperfusion strategy using fibrinolytic therapy.
5. The Emergency Department shall maintain a standardized procedure for the treatment of STEMI patients.
6. The hospital shall have a transfer process through interfacility transfer agreements and have pre-arranged agreements with EMS ambulance providers for rapid transport of STEMI patients to an SRC.
7. The hospital shall have a program to track and improve treatment of STEMI patients.
8. The hospital must have a plan to work with an SRC and VCEMS on quality improvement processes.

B. Designation

1. Application:
Eligible hospitals shall submit a written request for SRC or SRH approval to the VC EMS, documenting the compliance of the hospital with Ventura County SRC or SRH Standards.
2. Approval:
SRC or SRH 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.
3. VC EMS may deny, suspend, or revoke the approval of a SRC or SRH 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 PSC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. SRCs and SRHs shall be reviewed every three years.
 - a. SRCs or SRHs shall receive notification of evaluation from VCEMS.
 - b. SRCs or SRHs shall respond in writing regarding program compliance.

- c. On-site SRC or SRH visits for evaluative purposes may occur.
- d. SRCs or SRHs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Child Abuse, Dependent Adult Abuse, or Elder Abuse Reporting		Policy Number 210	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>June 1,</u> 2025 January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd M.D.		Date: <u>June 1,</u> 2025 January 3, 2023	
Origination Date: June 14, 1984		Effective Date: <u>June 1,</u>	
Date Revised: November 10, 2022		2025 January 3, 2023	
Last Review: November <u>14, 2024</u> 10, 2022			
Review Date: November 30, 202 <u>6</u> 4			

- I. PURPOSE: To define child abuse or neglect, abuse of an elder or a dependent adult and outline the required reporting procedure for prehospital personnel in these cases.
- II. AUTHORITY: Welfare and Institutions Code: [ARTICLE 3 Mandatory and Nonmandatory Reports of Abuse \[15630-15632\]](#). Child Abuse and Neglect Reporting Act (CANRA): [ARTICLE 2.5 Child Abuse and Neglect Reporting Act \[11164-11174.3\]](#).
- III. POLICY: EMS Providers are mandated reporters and will report all suspected cases of child abuse or neglect, and abuse of an elder or a dependent adult.
- IV. DEFINITIONS:
 - A. "Abuse of an elder or a dependent adult" means physical abuse, neglect, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering, or financial abuse.
 - B. "Child" means any person under the age of 18 years.
 - C. "Child abuse or neglect" means physical injury or death by other than accidental means upon a child by another person, sexual abuse, neglect, the willful harming or injuring of a child or the endangering of the person or health of a child, and unlawful corporal punishment or injury.
 - D. "Dependent adult" means a person, regardless of whether the person lives independently, between the ages of 18 and 59 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age. Dependent adult also includes any person between the ages of 18 and 59 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

- E. "Elder" means any person residing in this state, 60 years of age or older.
 - F. "Mandated Reporter" includes an emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
 - G. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect, or abuse of an elder or a dependent adult.
- V. PROCEDURE:
- A. Suspected abuse of an elder or a dependent adult
 1. Report online at ReporttoAPS.org or call 805-654-3200 within 48 hours of receiving information concerning the incident.
 - a. Reporting online satisfies the State requirement for mandated reporters to call in and mail/fax a report.
 - b. If online reporting cannot be done, reports may be emailed to HSA-APS-Referrals@ventura.org or faxed to 805-650-1521.
 2. Failure to report suspected abuse of an elder or a dependent adult
 - a. Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. A mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals their failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of

Section 15630 discovers the offense.

- B. Suspected child abuse or neglect
 - 1. Make an initial report by telephone immediately or as soon as practically possible to the 24-hour hotline 805-654-3200.
 - 2. Submit a written report within 36 hours of receiving the information concerning the incident: ([Form BCIA 8572](#)) to HSA-CFS-SCAR@ventura.org.
 - 3. Failure to report suspected child abuse or neglect
 - a. A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals the mandated reporter's failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.
- C. When two (2) or more persons, who are required to report, are present and jointly have knowledge of a suspected instance of child abuse or neglect, or abuse of an elder or a dependent adult, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make such report.
- D. The reporting duties are individual, and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

Reporting Suspected Abuse


Suspected abuse of an elder or dependent adult



Report online or call within 48 hours

Link to online report: ReporttoAPS.org

24-hour hotline: 805-654-3200



If unable to submit online report, submit through email or fax

Link to email:
HSA-APS-Referrals@ventura.org

-OR-


FAX: 805-650-1521

Suspected child abuse or neglect



Initial report by telephone immediately or as soon as
practically possible

24-hour hotline: 805-654-3200



Submit written report within 36 hours

Link to form: [Form BCIA 8572](#)

Email form to:
HSA-CFS-SCAR@ventura.org

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transport and Destination Guidelines		Policy Number 604	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2025 January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2025 January 3, 2023	
Origination Date: June 3, 1986			
Date Revised: September 8, 2022			
Date Last Reviewed: November 14, 2024 September 8, 2022		Effective Date: June 1, 2025 January 3, 2023	
Review Date: November 30, 2026 September 30, 2024			

- I. PURPOSE: To establish guidelines for determining appropriate patient destination, so that to the fullest extent possible, individual patients receive appropriate medical care while protecting the interests of the community at large by optimizing use and availability of emergency medical care resources.
- II. AUTHORITY: Health and Safety Code, Section 1317, 1797.106(b), 1797.220, and 1798 California Code of Regulations, Title 13, Section 1105(c) and Title 22, ~~Section 1105(c)~~ ~~100091.03.147.~~
- III. POLICY: In the absence of decisive factors to the contrary, patients shall be transported to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patients.
- IV. PROCEDURE:
 - A. Hospitals unable to accept patients due to an internal disaster shall be considered NOT "prepared to receive emergency cases".
 - B. In determining the most accessible facility, transport personnel shall take into consideration traffic obstruction, weather conditions or other factors which might affect transport time.
 - C. Most Accessible Facility
The most accessible facility shall ordinarily be the nearest hospital emergency department, except for:
 1. Base Hospital Direction for ALS patients
 - a. Upon establishment of voice communication, the Base Hospital is responsible for patient management until the patient reaches a

hospital and medical care is assumed by the receiving hospital.

Paramedics will continue to follow their ALS Standing Orders

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

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

D. "Decisive Factors to the Contrary"

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

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

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

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

3. Private Physician's Requests

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

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

4. Physician on Scene per VC EMS Policy 703

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

5. Direct Admits

When a patient's physician has arranged direct admission to a hospital, the patient should be transported to that hospital regardless of Emergency Department diversion status unless the Base Hospital determines that the patient's condition requires that s/he be transported to a more appropriate facility.

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Limited Base Contact		Policy Number 720	
APPROVED Administrator: Steven L. Carroll, Paramedic		Date: June 1, 2025 January 3, 2023	
APPROVED Medical Director: Daniel Shepherd, MD		Date: June 1, 2025 January 3, 2023	
Origination Date: June 15, 1998		Effective Date: June 1, 2025 January 3, 2023	
Date Revised: November 10, 2022			
Date Last Reviewed: November 14, 2024 10, 2022			
Review Date: November 30, 2026 2024			

- I. PURPOSE: To define patient conditions for which Paramedics shall make limited base contact (LBC).
- II. AUTHORITY: Health and Safety Code 1797.220.
- III. POLICY: Paramedics shall make LBC for uncomplicated cases, utilizing the patient criteria listed below, which respond positively to initial treatment and require no ongoing treatment or further intervention or where symptoms have resolved. Patients who meet Stroke/ELVO, STEMI, or Trauma Triage Criteria are not eligible for LBC.
- A. Patient criteria:
1. **Hypoglycemia:** Blood Glucose level less than 60 mg/dl.
 2. **Narcotic Overdose**
 3. **Chest Pain – Acute Coronary Syndrome:** No dysrhythmia, no shortness of breath.
 4. **Shortness of Breath - Wheezes/Other**
 5. **Seizure:** No drug ingestion, no dysrhythmia, not pregnant.
 6. **Syncope or near-syncope:** Vital signs stable, no dysrhythmia.
 7. **Pain:** Excluding head/neck/chest/abdominal and/or pelvic pain due to trauma.
 8. **Nausea/Vomiting**
 9. **BRUE**

B. Treatment may include BLS Procedures and/or ALS Standing Orders as listed below:

PATIENT CRITERIA	TREATMENT
1. Hypoglycemia	<ul style="list-style-type: none"> • treatment has resulted in blood glucose greater than 60 mg/dl
2. Narcotic Overdose	<ul style="list-style-type: none"> • naloxone
3. Chest Pain – Acute Coronary Syndrome	<ul style="list-style-type: none"> • aspirin • nitroglycerin
4. Shortness of Breath – Wheezes/Other	<ul style="list-style-type: none"> • albuterol nebulizer -OR- • MDI with spacer
5. Seizure	<ul style="list-style-type: none"> • midazolam
6. Syncope or near-syncope	<ul style="list-style-type: none"> • determine Blood Glucose Level
7. Pain	<ul style="list-style-type: none"> • fentanyl or morphine/ondansetron
8. Nausea/Vomiting	<ul style="list-style-type: none"> • ondansetron
9. BRUE	<ul style="list-style-type: none"> • determine Blood Glucose Level

C. Communication

1. The LBC contact call-in shall include the following information:
 - a. ALS unit number
 - b. "We have a LBC"
 - c. Age/Gender
 - d. Brief nature of call
 - e. ETA and destination

D. Documentation

1. ALS Unit
 - a. Complete a VCePCR with "ALS (Base Hospital Contact)" selected in the "Level of Service Provided."
2. MICN
 - a. Complete log entry with "LBC" noted in the treatment section.
 - b. Call will be documented on digital audio recording.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Interfacility Transport of Patients with IV Heparin & Nitroglycerin		Policy Number 722	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June December 1, 202 5 4	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June December 1, 202 5 4	
Origination Date: June 15, 1998			
Date Revised: October 14, 2021			
Date Last Reviewed: November 14, 2024 October 14, 2021		Effective Date: June 11, 2025 December 1, 2024	
Review Date: November 30, 2026 October 31, 2023			

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

- A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.
- B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports
- C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

- A. Medication Administration
 - 1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
 - 2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
 - 3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.

4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.
- B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:
1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250 mL or 50 mg/250mL.
 2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
 3. In cases of severe hypotension, defined as a systolic blood pressure < 90 mmHg, the medication drip will be discontinued and the receiving hospital notified.
 4. Drip rates will not exceed 50 mcg/minute.
 5. Vital signs will be monitored and documented every 10 minutes.
- C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:
1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/mL of IV fluid (25,000 units/250 mL, 25,000 units/500 mL or 50,000 units/500 mL).
 2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
 3. The medication drip will be discontinued and the base hospital notified if the patient develops new, rapidly worsening, or uncontrolled bleeding.
 4. Drip rates will not exceed 1600 units/hour.
 5. Vital signs will be monitored and documented every 10 minutes.
- D. All cases of IV Heparin and IV Nitroglycerin administration will be documented in the VCePCR, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.
- E. All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.
1. Access to the audit form here (Link or QR code):

[VCEMS Policy 722: Audit Form](#)



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Nerve Agent Antidote Administration by Public Safety First Aid Personnel		Policy Number 1603	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: <u>June 1,</u> 2025 January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>June 1,</u> 2025 January 3, 2023	
Origination Date: May 13, 2021			
Date Revised: May 13, 2021			
Date Last Reviewed: November 14, 2024 10, 2022		Effective Date: <u>June 1, 2025</u> January 3, 2023	
Review Date: November 30, <u>2026</u> 2024			

- I. PURPOSE:
- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of nerve agent antidote for self/peer rescue in the event of confirmed or suspected exposure to a nerve agent / organophosphate pesticide.
 - B. To provide medical direction and nerve agent antidote administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter ~~2.34.5~~, Section 1000~~27.0349~~
- III. POLICY:
- A. PSFA personnel shall only be permitted to use the Nerve Agent Antidote Kit on self or other public safety personnel.
 - B. In Ventura County, the DuoDote® auto-injector and the Mark I auto injector (CHEMPACK only) are the only nerve agent antidote kits approved for use by PSFA. Atropine auto injectors are not permitted per regulations.
 - C. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
 - D. PSFA agency training director shall be responsible for the following:
 1. Ensuring the agency’s supply of nerve agent antidote remains current and not expired at all times.
 2. Ensuring proper and efficient deployment of nerve agent antidote kits for use within the agency.
 3. Prompt replacement of any nerve agent antidote kit that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.

4. Ensuring all personnel that will be using the nerve agent antidote kit have received appropriate training
5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable nerve agent antidote kit(s).

IV. PROCEDURE:

A. Indications

1. Confirmed or suspected exposure to nerve agent or organophosphate
2. Obvious signs and symptoms of nerve agent / organophosphate exposure (*SLUDGEM* - Salivation, Lacrimation, Urinary incontinence, Defecation, Gastrointestinal distress, Emesis, Miosis)

B. Contraindications

1. No contraindications in the presence of poisoning by nerve agents / organophosphate insecticides.

C. Nerve Agent Antidote Kit Administration

1. If Treating Self:
 - a. Avoid continued exposure by exiting from area of exposure; remove contaminated clothing; follow decontamination procedures when available.
 - b. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
 - c. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
 - d. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
 - e. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.
2. If treating other public safety personnel:
 - a. Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield, gown), avoid cross contamination.
 - b. Remove patient from area of continued exposure, remove contaminated clothing, and follow appropriate decontamination procedures.
 - c. Assess patient's respiratory, mental and pupillary status.

- d. Open the airway using appropriate BLS techniques and perform rescue breathing, as indicated. Provide oxygen per VCEMS Policy 1604 – Oxygen Administration by Public Safety First Aid Personnel
- e. Following exposure and in the presence of symptoms, administer nerve agent antidote kit (DuoDote® or Mark I) into outer thigh. Auto injector may be administered through clothing.
- f. If symptoms persist, may repeat nerve agent antidote kit administration every 10 to 15 minutes up to two (2) additional times (for a total of three (3) administrations)
- g. Report administration of nerve agent antidote kit to prehospital personnel for additional assessment and follow-up care, as needed.
- h. Document administration of nerve agent antidote kit as indicated per PSFA agency policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Oxygen Administration and Basic Airway Adjunct Use by Public Safety First Aid Personnel		Policy Number 1604	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: June 1, 2025 January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2025 January 3, 2023	
Origination Date: May 13, 2021		Effective Date: June 1, 2025 January 3, 2023	
Date Revised: May 13, 2021			
Date Last Reviewed: November 14, 2024 10, 2022			
Review Date: November 30, 202 6 4			

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of oxygen through a nasal cannula (NC), non-rebreather mask (NRB), or bag-valve mask (BVM), and for the use of basic airway adjuncts – specifically oropharyngeal airways (OPA) and nasopharyngeal airways (NPA).
- B. To provide medical direction and oxygen administration and basic airway adjunct parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter ~~2.34.5~~, Section 1000~~27.03.19~~

III. POLICY:

- A. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
- B. PSFA agency training director shall be responsible for the following:
 1. Ensuring the agency’s supply of oxygen, oxygen delivery devices, and basic airway adjuncts remain current and not expired at all times
 2. Ensuring proper and efficient deployment of oxygen and associated equipment for use within the agency
 3. Prompt replacement of any equipment that is used during care, or that is expired, damaged, or otherwise deemed unusable
 4. Ensuring all personnel that will be administering oxygen and/or utilizing any associated equipment have received appropriate training
 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable oxygen and/or associated equipment

IV. PROCEDURE:

A. Indications

1. Difficulty breathing or shortness of breath with signs and symptoms of poor oxygenation
2. Unresponsive and not breathing

B. Contraindications

1. No contraindications

C. Oxygen Administration

1. Difficulty Breathing or Shortness of Breath
 - a. Ensure EMS has been activated through use of the 911 system
 - b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
 - c. Assess patient's level of responsiveness
 - d. Ensure patient's airway is patent and assess patient's respiratory rate and effort
 - e. Administer oxygen using nasal cannula or non-rebreather mask as indicated
 - f. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed
 - g. Document administration of oxygen as indicated per PSFA agency policies and procedures
2. Unresponsive and Not Breathing
 - a. Ensure EMS has been activated through use of the 911 system
 - b. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
 - c. Begin chest compressions
 - d. Obtain an AED
 - e. Ensure patient's airway is patent utilize appropriate basic airway adjunct(s) such as an OPA or NPA as indicated
 - f. Perform ventilations via BVM with oxygen as indicated
 - g. Consider causes for current condition, such as opioid overdose anaphylaxis or exposure to nerve agent and treat those conditions per appropriate VCEMS PSFA policies
 - h. Report administration of oxygen to prehospital personnel for additional assessment and follow-up care, as needed

- i. Document administration of oxygen as indicated per PSFA agency policies and procedures

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Epinephrine Administration by Public Safety First Aid Personnel		Policy Number 1606	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: June 1, 2025 January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2025 January 3, 2023	
Origination Date: May 13, 2021		Effective Date: June 1, 2025 January 3, 2023	
Date Revised: May 13, 2021			
Date Last Reviewed: November 1 0 , 202 4 2			
Review Date: November 30, 202 6 4			

- I. PURPOSE:
 - A. To outline criteria for approved Public Safety First Aid (PSFA) for the administration of epinephrine by auto injector for treatment of anaphylaxis.
 - B. To provide medical direction and epinephrine administration for approved PSFA optional skills provider agencies and personnel in the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter ~~2.34-5~~, Section 1000~~27.03.19~~
- III. POLICY:
 - A. PSFA personnel shall only be authorized to administer epinephrine via auto-injector for the treatment of anaphylaxis in patients aged 14 and older.
 - B. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
 - C. PSFA agency training director shall be responsible for the following:
 1. Ensuring the agency’s supply of epinephrine auto injectors remain current and not expired at all times
 2. Ensuring proper and efficient deployment of epinephrine auto injectors and associated equipment for use within the agency
 3. Prompt replacement of any equipment/medication that is used during care, or that is expired, damaged, or otherwise deemed unusable
 4. Ensuring all personnel that will be administering epinephrine and/or utilizing any associated equipment have received appropriate training
 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable epinephrine auto injectors and/or associated equipment

IV. PROCEDURE:

A. Indications

1. Exposure to a known or suspected allergen and any combination of two or more of the following signs and symptoms:
 - a. Hives, itchy, swollen tongue/lips
 - b. Respiratory compromise (wheezing, shortness of breath, stridor, hypoxia)
 - c. Persistent GI distress (vomiting, diarrhea, abdominal pain)
 - d. Hypotension (syncopal episode, decreased muscle tone, signs of shock, altered level of consciousness)

B. Contraindications

1. Patient is less than 14 years of age
2. No other contraindications for patients in the above situation

C. Epinephrine Administration

1. Ensure EMS has been activated through use of the 911 system
2. Use appropriate personal protective equipment (PPE) and maintain body substance isolation precautions
3. Provide supplemental oxygen and assist ventilations, if authorized, per VCEMS Policy 1604 – Oxygen Administration and Basic Airway Adjunct Use by PSFA Personnel
4. Administer Epinephrine via auto-injector into outer thigh (may be administered through clothing)
 - a. If symptoms persist, may administer one (1) additional auto-injector dose in five (5) minutes for a total of two (2) doses
5. After Epinephrine administration, observe for improved breathing and level of consciousness. If breathing or level of consciousness do not improve, assist breathing with bag-valve-mask if available as authorized
6. Begin CPR if patient is not breathing
7. Report administration of epinephrine to prehospital personnel for additional assessment and follow-up care, as needed
8. Document administration of epinephrine as indicated per PSFA agency policies and procedures