

**COUNTY OF VENTURA
PUBLIC HEALTH SERVICES**

**EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES**

NOTICE OF CHANGES TO POLICY MANUAL

TO: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

Date: November 1, 2009

CHANGE NO. 2

Policy Status	POLICY#	Title
Replace	106	Development Of Proposed Policies/Procedures; Amendments To Existing Policies
Review Only/Replace	110	County Ordinance No. 4099 Ambulance Business License Code
Replace	112	Ambulance Rates
Review Only/Replace	210	Child, Dependent Adult, Or Elder Abuse Reporting
Review Only/Replace	323	MICN Authorization Challenge
Review Only/Replace	342	Notification Of Personnel Changes-Provider
Replace	351	EMS Update Procedure
Review Only/Replace	430	STEMI Receiving Center Standards
Replace	440	"Code STEMI": Transfer of Patients with STEMI for PCI
Replace	504	BLS And ALS Unit Equipment And Supplies
Review Only/Replace	506	ALS Support Vehicle
Review Only/Replace	619	Safely Surrendered Baby
Replace	705	Cardiac Arrest Adult - changes <ul style="list-style-type: none"> • Removal of ET administration of Lidocaine. This change should have been made during last update. • Footnote 7 was added
Review Only/Replace	715	Needle Thoracostomy
Review Only/Replace	716	Use of Pre-existing Vascular Device (PVAD)
Review Only/Replace	723	CPAP
Review Only/Replace	1001	Paramedic/MICN BH Communication Record
Delete	1002	Inability To Make Or Maintain BH Contact
Review Only/Replace	1204	EMS Aircraft Classification
Review Only/Replace	1205	Air Unit Specifications, Equipment and Supplies
Replace		Table of Contents

Policy Status Description

Add	New policy. Please add to your policy manual.
Delete	Policy has been deleted from the VCEMS policy manual. Please delete from you policy manual.
Review Only/Replace	Policy had no changes. Review Date was reached and policy was reviewed for update only. Please replace in your policy manual.
Replace	Policy had changes. Please replace in your policy manual.

EMS website for policies address is <http://www.vchca.org/ph/ems/policies/index.htm>

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
I.	Administrative Policies					
100	Emergency Medical Service, Local Agency (9/13/84)	6/15/1998	7/1/1980			1/31/2010
105	Prehospital Services Committee Operating Guidelines	6/1/2009	3/1/1999	4/9/2009	4/9/2009	4/30/2012
106	Development of Proposed Policies/Procedures; Amendments to Existing Policies	12/1/2009	3/7/1990	6/11/2009	6/11/2009	6/30/2012
110	County Ord. No. 4099 Ambulance Business License Code	12/1/2007	7/10/1984	9/13/2007	8/13/2009	9/30/2011
111	Ambulance Company Licensing Procedure	12/1/2006	9/26/1986	6/8/2006		8/31/2011
112	Ambulance Rates	7/1/2009	1984	7/1/2009	7/1/2009	7/1/2010
120	Prehospital Emergency Medical Care Quality Assurance Program	6/1/2009	1/1/1996	12/11/2009	12/11/2008	12/31/2012
124	Hospital Emergency Services Reduction Impact Assessment	12/1/2004	6/1/1999			4/30/2010
131	Multi-Casualty Incident Response	3/13/2008	9/1/1991	3/13/2008		3/31/2010
150	Unusual Occurrence Reportable Event/Sentinel Event	6/1/2004	6/1/1999			6/30/2006
151	Medication Error Reporting	11/1/2003	11/1/2003	4/10/2008		4/30/2010
II.	Legislation/Regulations					
210	Child, Dependent Adult, or Elder Abuse Reporting	11/1/2003	6/14/1984	9/11/2003	8/13/2009	11/1/2011
III.	Personnel Policies					
300	Scope of Practice Emergency Medical Technician - I	10/14/2004	8/1/1988	10/14/2004		10/31/2006
301	Emergency Medical Technician I Certification - Ventura County (EMT-I)	2/12/2009	6/1/1984	2/6/2009	2/6/2009	3/31/2012
302	Emergency Medical Technician I Recertification - Ventura County (EMT-I)	2/12/2009	6/1/1984	2/6/2009	2/6/2009	2/28/2012
304	Emergency Medical Technician I	10/14/2004	6/1/1984	10/14/2004		10/31/2006
306	EMT-I Requirements to Staff and ALS Unit	12/1/2006	6/1/1997	8/10/2006		10/31/2011
310	EMT-P Scope of Practice	6/1/2009	5/1/1984	3/12/2009	3/12/2009	3/31/2012
315	Emergency Medical Technician-Paramedic Accreditation To Practice	12/1/2007	1/1/1990	9/13/2007		9/30/2009
318	Paramedic Training and Continuing Education Standards to Staff an ALS Response Unit	6/1/2008	6/1/1997	1/10/2008		1/31/2010
319	Paramedic Preceptor	12/1/2008	6/1/1997	7/10/2008		7/31/2011
321	Mobile Intensive Care Nurse: Authorization Criteria	12/1/2008	4/1/1983	8/14/2008		8/31/2011
322	Mobile Intensive Care Nurse: Reauthorization Requirements	12/1/2008	4/1/1983	8/14/2008		8/31/2011
323	Mobile Intensive Care Nurse: Authorization Challenge	6/1/2008	4/1/1983	11/8/2007	6/11/2009	11/30/2012
324	Mobile Intensive Care Nurse: Authorization Reactivation	12/1/2008	12/1/1991	8/14/2008		8/31/2011
330	EMT-I/EMT-P/MICN Decertification and Discipline	6/1/2009	4/9/1985	12/12/2008	12/12/2008	12/31/2011
332	EMS Personnel Background Check Requirements	12/1/2004	7/31/1990	5/13/2004	12/11/2008	5/31/2011
333	Denial of Prehospital Care Certification or Accreditation	6/1/2008	4/1/1993	4/10/2008		4/30/2010
334	Prehospital Personnel Mandatory Training Requirements	6/1/2009	9/14/2000	12/11/2008	12/11/2008	12/31/2012
335	Out of County Paramedic Internship Approval Process	12/1/2008	10/13/2005	10/9/2008		4/30/2011
342	Notification of Personnel Changes - Provider	12/1/2007	5/15/1987	9/13/2007	6/11/2009	9/30/2012
350	Prehospital Care Coordinator Job Duties	6/1/2009	1/0/1900	2/12/2009	2/12/2009	2/28/2012

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
351	EMS Update Procedure	12/1/2009	2/9/2005	9/10/2009	9/10/2009	9/30/2012
IV.	Emergency Medical Services - Facilities					
400	Ventura County Emergency Departments	12/1/2006	10/1/1984	8/10/2006		10/31/2011
402	Patient Diversion/Emergency Department Closures	10/1/2003	12/1/1990	3/31/2003	12/11/2008	11/30/2012
410	ALS Base Hospital Approval Process	6/1/2009	8/22/1986	2/12/2009	2/12/2009	2/28/2012
420	Receiving Hospital Standards	12/1/2007	4/1/1984	9/13/2007		9/30/2009
430	STEMI Receiving Center (SRC) Standards	12/1/2007	7/28/2006	6/14/2007	6/11/2009	6/30/2011
440	Code STEMI Interfacility Transfer	6/11/2009	7/1/2007	6/11/2009	6/11/2009	9/30/2012
V.	Emergency Medical Services - Field Providers					
500	Basic/Advanced Life Support Ventura County Ambulance Providers	6/1/2007	7/1/1987	2/8/2007		2/28/2009
501	Advanced Life Support Service Provider Criteria	12/1/2005	4/1/1984	9/8/2005		4/30/2010
502	Advanced Life Support Service Provider Approval Process	6/1/2008	5/1/1984	1/10/2008		1/31/2010
504	BLS And ALS Unit Equipment and Supplies	12/1/2009	5/24/1987	6/11/2009	6/11/2009	6/30/2011
506	Advanced Life Support (ALS) Support Vehicles	6/1/2008	10/1/1995	11/8/2007	8/13/2009	11/30/2012
507	Critical Care Transports	11/30/2002	10/31/1995	9/12/2002		11/30/2004
508	First Responder Advanced Life Support Units	12/1/2005	6/1/1997	10/13/2005		4/30/2010
VI.	General Emergency Medical Services - Policies					
600	Control At The Scene of An Emergency	10/31/1999	1/31/1995	9/30/1999		9/30/2001
601	Medical Control At The Scene: EMS Prehospital Personnel	6/1/2000	10/1/1993	10/31/1999		6/1/2002
603	Against Medical Advice/Release From Liability Form	10/31/1995	6/3/1986			10/31/1997
604	Transport and Destination Guidelines	6/1/2008	6/3/1986	1/9/2008		1/31/2010
605	Interfacility Transfer of Patients	6/1/2006	7/26/1991	4/13/2006		10/31/2011
606	Withholding or Termination of Resuscitation and Determination of Death	6/1/2006	6/1/1984	5/11/2006		10/31/2011
607	Hazardous Material Exposure: Prehospital Protocol	6/1/2008	2/12/1987	3/13/2008		3/31/2010
612	Notification of Exposure to a Communicable Disease	4/27/1990				4/27/1992
613	Do Not Resuscitate (DNR)	1/12/2009	10/1/1993	1/12/2009	1/12/2009	1/31/2011
614	Spinal Immobilization	6/1/2009	10/31/1992	12/11/2008	12/11/2008	6/30/2011
615	Organ Donor Information Search	6/1/2004	10/1/1993	3/11/2004		1/31/2010
618	Unaccompanied Minors	10/31/1995	5/1/1995			10/31/1997
619	Safely Surrendered Babies	6/1/2008	2/13/2003	11/8/2007	8/13/2009	11/30/2012
620	EMT-I Administration of Oral Glucose	6/1/2006	11/18/1982	3/9/2006		10/31/2011
622	ICE - In Case of Emergency for Cell Phones	12/1/2008	5/11/2006	7/10/2008		7/31/2011
624	Patient Medications	12/12/2006	12/6/2006			10/31/2011
625	POLST	1/8/2009	1/7/2009			1/31/2011
VII.	Advanced Life Support Medical Control and Treatment Policies					

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
701	Medical Control: Base Hospital Medical Director	6/1/2008	8/1/1988	1/10/2008		1/31/2010
703	Medical Control At Scene, Private Physician	6/1/2008	1/31/1985	3/13/2008		3/31/2010
704	Guidelines For Base Hospital Contact	6/1/2008	10/1/1984	3/13/2008		3/31/2010
705	Airway Obstruction	12/1/2007		9/13/2007		12/31/2009
705	Altered Level of Consciousness/Coma	12/1/2008		10/9/2008		12/31/2010
705	Anaphylaxis	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Apnea or Agonal Respirations	12/11/2008		12/11/2008	5/4/2009	12/31/2010
705	Behavioral Emergencies	12/1/2007		5/1/2007	1/8/2009	6/30/2011
705	Bradycardia: Adult, Symptomatic*, Not In Arrest	12/1/2008		10/9/2008	5/4/2009	12/31/2010
705	Burns	6/1/2008		4/1/2008	1/8/2009	6/30/2011
705	Cardiac Arrest, Adult	11/1/2009		11/1/2009	11/1/2009	11/30/2011
705	Cardiac Arrest, Pediatric	6/1/2009		4/9/2009	5/4/2009	6/30/2011
705	Chest Pain	12/1/2008		10/9/2008		12/31/2010
705	Childbirth	6/1/2009		4/9/2009	4/9/2009	6/30/2011
705	Crush Injury/Syndrome	6/1/2009		4/9/2009		6/30/2011
705	Decompression Injuries	6/1/2008		4/10/2008		4/30/2009
705	Heat Exhaustion/Heat Stroke	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Hypothermia	6/1/2008		4/10/2008		6/30/2011
705	Hypovolemic Shock - Trauma	12/1/2008		8/14/2008		12/31/2010
705	Hypovolemic Shock Non Trauma	12/1/2008		8/14/2008		8/31/2010
705	Insect and Spider Bites	6/1/2008		4/1/2008	1/8/2009	6/30/2011
705	Marine Animals	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Nerve Agent Poisoning	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Newborn Resuscitation	6/1/2008		12/31/2006	1/8/2009	12/31/2010
705	Non-Traumatic Focal Neurological Changes	12/11/2008		12/11/2008	12/11/2008	12/31/2010
705	Overdose/Poisoning	6/1/2009		1/8/2009	1/8/2009	6/30/2011
705	Pain Control	1/10/2008		1/1/2008	12/12/2008	1/31/2011
705	Seizures	12/11/2008		12/11/2008	12/11/2008	12/31/2010
705	Shortness of Breath	12/1/2007		10/15/2007		12/1/2009
705	Snake Bite	12/1/2007		9/13/2007		12/31/2009
705	Supraventricular Tachycardia - Rate > 150 (Adult)	12/1/2008		8/14/2008		8/31/2010
705	Symptomatic* Bradycardia, Pediatric, Not In Arrest	12/1/2005		12/1/2004	12-11-008	12/31/2010
705	Ventricular Tachycardia, Sustained Not In Arrest	6/1/2009		1/8/2009	5/4/2009	6/30/2011
708	Patient Transfer From One Prehospital Team To Another	6/1/2009	10/31/1992	12/11/2008	12/11/2008	6/30/2011
710	Endotracheal Intubation Indications For Use	6/1/2008	6/1/1986	4/13/2008		4/30/2010
713	Intralingual Injection	6/1/2004	8/30/1990	1/8/2004		7/31/2011

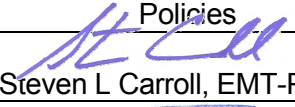

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
715	Needle Thoracostomy	12/1/2007	11/1/1990	6/12/2007	8/13/2009	6/30/2011
716	Use of Pre-existing Vascular Access Devices	12/1/2007	3/2/1992	9/13/2007	6/11/2009	6/30/2011
717	Pediatric Intraosseous Infusion	6/1/2008	9/10/1992	4/13/2008		3/31/2010
720	Guidelines For Limited Base Hospital Contact	12/11/2008	6/15/1998	12/11/2008	12/11/2008	12/31/2010
722	Interfacility Transport of Patient with Patient with IV Heparin	1/10/2008	6/15/1998	1/10/2008		1/31/2010
723	Continuous Positive Airway Pressure (CPAP)	12/1/2007	12/1/2004	9/13/2007	6/11/2009	9/30/2011
724	Apparent Life-Threatening Event (ALTE)	6/1/2005	3/1/2005			4/30/2010
725	Patients After TASER Use	8/29/2006	8/10/2006			10/31/2011
726	12-Lead ECG	6/1/2009	8/10/2006	3/31/2009	3/12/2009	3/31/2011
727	Transcutaneous Cardiac Pacing	12/1/2008	12/1/2008	12/11/2008	12/11/2008	12/31/2010
728	King Airway	8/14/2008	4/10/2008			6/30/2010
729	Trauma Treatment Protocol		6/5/2008			
730	Narcotic Control					
VIII.	Emergency Medical Technician - Defibrillation Policies					
802	Emergency Medical Technician-I Defibrillation (EMT-ID) Medical Director	11/30/2002	11/1/1988	6/30/2002		11/30/2004
805	Emergency Medical Technician Defibrillation (EMT-ID) Medical Cardiac Arrest	6/1/2006	10/1/1993	4/24/2006		6/30/2008
808	Emergency Medical Technician Defibrillation Integration with Public AED Operation	11/30/2002	5/9/2002	8/31/2002		11/30/2004
IX.	Emergency Medical Services Communications					
905	Ambulance Provider Response Units: Required Frequencies	12/1/2006	7/1/1999	6/8/2006		8/31/2011
910	Emergency Medical Dispatch System Guidelines	12/1/2005	10/31/1994	9/8/2005		5/31/2007
920	ReddiNet Policy	3/13/2008	4/26/2007	3/13/2008		3/31/2010
X.	Documentation					
1000	Documentation of Prehospital Care	12/1/2004	6/15/1998	10/14/2004		10/31/2006
1001	EMT-P/BH Communication Record	12/1/2007	7/6/2007	7/9/2007	6/11/2009	7/31/2011
XI.	Education					
1100	Emergency Medical Technician-1 Program Approval	6/1/2008	2/28/2001	3/13/2008		3/31/2010
1105	MICN Developmental Course and Exam	12/1/2006	7/2/1984	6/8/2006		8/31/2011
1130	Advanced Life Support Continuing Educations Lectures	6/1/2006	2/28/2001	3/10/2006		7/31/2011
1131	Field Care Audit	6/1/2006	8/1/1984	2/9/2006		8/31/2011
1132	Continuing Education: Attendance Roster	6/1/2006	6/1/1993	3/9/2006		8/31/2011
1135	Paramedic Training Program Approval	6/1/2006	10/20/1993	12/8/2005		10/31/2011
1140	Emergency Medical Dispatcher Training Guidelines	5/1/2003	10/1/1991	1/31/2003		1/31/2005
XII.	Search and Rescue					
1200	Air Unit Program	6/1/2008	5/1/1999	4/13/2008		6/30/2010
1201	Air Unit Staffing Requirements	12/1/2006	5/30/1988	6/8/2006		10/31/2011

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Date Last Reviewed	Review Date
1202	Air Unit Dispatch for Emergency Medical Responses	12/1/2008	10/31/1998	10/9/2008		12/31/2011
1203	Criteria for Patient Emergency Transport	12/1/2007	10/31/1994	7/9/2007		7/31/2009
1204	EMS Aircraft Classification	12/1/2007	5/31/1999	9/13/2007	6/11/2009	7/31/2011
1205	Air Unit Specifications Equipment and Supplies	12/1/2007	5/1/1999	9/13/2007	6/11/2009	7/31/2011
XIII.	Public Access Defibrillation					
1301	Public Access Defibrillation (PAD) Provider Standards	6/1/2008	9/14/2000	3/13/2008		3/31/2010
XIV.	Trauma System Protocols					

Policy No.	Title	Effect. Date	Origin. Date	Deleted
I.	Administrative Policies			
102	Coordination of Ambulance Program (New policy #102)	6/15/1998	10/1/1984	6/1/2004
104	EMCC (old policy #106)	6/1/1984	6/1/1984	2/1/1996
118	Coordination of Ambulance Program (New policy #102)	10/1/1984	10/1/1984	See 102
119	Ambulance Business License (New policy # 110)	7/10/1984	7/10/1984	See 110
122	Trial Study – Additional ALS Procedure (old policy #105)	2/28/1985	2/28/1985	11/1/2003
130	Medical Disaster Response Procedure (old policy #108)	6/1/1984	6/1/1984	?
140	Special Events Medical (Old policy #109)	6/1/1984	6/1/1984	12/1/2004
II.	Legislation/Regulations			
200	Health and Safety Code	2/21/2003		11/1/2003
201	CCR - EMT-I Regulations	1/11/2000	6/17/1994	11/1/2003
202	CCR - Paramedic Regulations	2/20/2003	6/1/1997	11/1/2003
203	CCR - First Aid Standards for Public Safety Personnel	6/30/2000		11/1/2003
204	CCR - EMS Personnel Certification Review Process	3/25/2000		11/1/2003
205	CCR -Prehospital EMS Aircraft Regulations	1/10/1997	3/29/1988	11/1/2003
206	CCR – Process for Applicant Verification	8/4/1998		11/1/2003
207	EMT-I Certification Disciplinary Action Guidelines	3/2/2000		6/1/2001
III.	Personnel Policies			
303	Procedure for EMT-NA to become EMT-IA	6/1/1984		6/1/2002
305	EMT-I Ambulance Challenge Exam (New policy # 304)	4/25/1985		See 304
311	EMT-P Certification	4/30/1994	6/16/1980	10/31/1999
312	EMT-P Recertification	4/30/1994	1/6/1986	10/31/1999
313	EMT-P Reactivation of Certification	7/1/1992	6/16/1980	11/1/2003
314	EMT-P Out of State Challenge	1/1/1990	4/25/1985	11/1/2003
316	EMT-P Reactivation of Inactive Accreditation to Practice	10/31/1996	10/1/1990	11/1/2003
317	EMT-P Continuous Accreditation Requirements	5/1/1996	1/1/1990	6/1/2002
331	Certification Review: Base Hospital and Provider Responsibilities	10/1/1987	10/1/1987	4/9/1996
340	Ventura County Ambulance Personnel Listing	6/1/1984		5/1/2003
341	Basic and Advanced Life Support Notification of Personnel Changes – Base Hospital	5/15/1987		5/1/2003
IV.	Emergency Medical Services - Facilities			
401	Approved Burn Centers	8/8/1988		6/1/2002
406	Basic and Advanced Life Support Notification of Personnel Changes – EMS	5/15/1987		See 342
411	Advanced Life Support Base Hospital Approval Process)			12/1/2002
412	ALS New Hospital six month evaluation of provision of ALS service	6/1/2002	4/1/1984	12/1/2002
413	ALS Base Hospital Program Review	5/22/1984		12/1/2002
421	Receiving Hospital Approval Process	6/1/2002	5/22/1984	12/1/2002
422	ALS New Receiving Hospital – six month evaluation of provision of ALS services	7/22/1984		12/1/2002
423	ALS Receiving Hospital Program Review	5/22/1984		12/1/2002

Policy No.	Title	Effect. Date	Origin. Date	Deleted
V.	Emergency Medical Services - Field Providers			
503	Provider Program Review	5/22/1984		11/1/2003
505	ALS Unit Staffing Exception	7/1/1995	12/12/1988	6/1/2002
VI.	General Emergency Medical Services - Policies			
608	Staffing on Helicopter for Patient Transport (New Policy # 1201)	5/20/1988		See 1201
609	Non-Breather Masks	3/31/1990	1/1/1988	6/1/2002
611	EMT-I Monitoring of IV Fluids	6/1/2004	6/1/1984	6/12/2007
616	Comfort Measures Only	6/1/1990	10/1/1993	5/1/2003
621	EMT-IA-Monitoring IV Fluid Administration (Old policy number 904) (New policy #	6/1/1984		See 611
VII.	Advanced Life Support Medical Control and Treatment Policies			
700	Medical Control – Emergency Medical Services Medical Director	8/1/1988		1/1/2004
702	Medical Control- Physician At the Scene	10/31/1995	1/31/1985	12/1/2005
706	Prior to BH Contact - Airway Obstruction	5/16/1991		10/31/1994
706	Prior to BH Contact -Anaphylaxis	11/12/1995		10/31/1994
706	Prior to BH Contact -Apnea or Agonal Respiration	9/30/1993		10/31/1994
706	Prior to BH Contact -Bradycardia, Adult, Symptomatic, not in arrest	1/5/1993		10/31/1994
706	Prior to BH Contact -Cardiac Arrest	5/13/1993		10/31/1994
706	Prior to BH Contact -Chest Pain	11/12/1992		5/1/1995
706	Prior to BH Contact -Hypovolemic Shock	5/13/1993		4/30/1994
706	Prior to BH Contact -Shortness of Breath	3/31/1994		10/31/1994
706	Prior to BH Contact -Venous Access	12/31/1992	3/30/1983	10/31/1995
707	Communication Failure Protocols	2/24/1993	3/1/1983	10/31/1995
707	Communication Failure Protocols – Airway Obstruction			10/31/1994
707	Communication Failure Protocols – ALOC	9/30/1993	11/1/1990	10/31/1994
707	Communication Failure Protocols - Anaphylaxis	11/1/1990	4/1/1990	10/31/1994
707	Communication Failure Protocols – Apnea	9/30/1993		10/31/1994
707	Communication Failure Protocols - Cardiac Arrest, Asystole, Bradycardic EMD, Non	5/13/1993		5/1/1995
707	Communication Failure Protocols – Chest Pain	5/13/1993		5/1/1995
707	Communication Failure Protocols – Hypovolemia	3/31/1994		10/1/1994
707	Communication Failure Protocols – Needle Thoracostomy			10/1/1995
707	Communication Failure Protocols – Shortness of Breath	9/30/1993		10/1/1994
707	Communication Failure Protocols – Status Epilepticus	4/22/1992		10/1/1994
709	Alternative ALS Airway Management Devices Indications For Use	12/1/2005	9/10/1985	10/1/2008
711	ALS Verapamil Hydrochloride	6/3/1986		12/1/2005
712	Administration of Nebulized Metaproterenol	2/1/1989	2/1/1989	6/1/2002
714	Glucose Testing	10/1/1990	8/1/1990	11/1/2003
719	Saline Locks		5/15/1993	12/1/2005
721	Pulse Oximetry Monitoring	6/1/2004	6/1/2004	6/12/2007
VIII.	Emergency Medical Technician - Defibrillation Policies			

Policy No.	Title	Effect. Date	Origin. Date	Deleted
800	EMT-I Defibrillation Plan, Equipment Requirements, Program Parameters	6/1/2000	11/1/1988	12/1/2002
801	EMT-I Defibrillation Base Hospital	10/31/1996	11/1/1988	12/1/2002
804	EMT-I Defibrillation Performance Standards	5/1/1996	11/1/1988	12/1/2002
806	EMT-I Defibrillation Initial and Continuing Accreditation Requirements	7/1/1995	11/1/1988	12/1/2002
807	EMT-I Defibrillation Criteria for Hospitals Receiving patients	5/1/1996	11/1/1988	12/1/2002
IX.	Emergency Medical Services Communications			
901	Paramedic Communication Plan	10/11/1984	10/11/1984	6/12/2007
902	Frequencies (New policy #905) Contents moved to 905			12/1/2006
906	Verapamil Hydrochloride	1/30/1985	?	?
X.	Documentation			
1002	Inability to Make or Maintain Base Hospital Contact Report Form	6/1/2008	10/31/2001	11/30/2009
1004	Paramedic/MICN Lecture Approval Form (form only)			6/12/2007
1005	EMT-P/MICN Attendance Roster (form coversheet)	7/6/2007	7/6/2007	
1009	EMT-P/MICN Continuing Education Record (New policy #1132) Contents moved to	11/9/1984		10/20/1993
1011	ALS MICN Continuing Education Requirements (New policy 322) Contents moved to			See 322
XI.	Education			
1101	EMT-I Curriculum for IV Monitoring (New policy 611) Contents moved to 611		6/1/1984	1/8/2004
1102	EMT-I Training Programs Approval in California			6/1/2002
1106	ALS Personnel Written Examination Process	1/1/1990		6/1/2002
1107	EMT-ID Training Module	6/1/2000	10/31/1998	6/1/2002
1110	MICN Developmental Course	6/14/1984		11/1/2003
1115	MICN Continuing Education Requirements	12/1/1989	6/14/1984	11/1/2003
1116	MICN Continuing Education Field Observation	11/9/1984	11/9/1984	11/1/2003
1120	Endotracheal Intubation Training, Accreditation and Skills Maintenance	4/30/1994	11/5/1985	1/8/2004
1121	EMT-P Training: Verapamil Hydrochloride	6/3/1986		10/31/1995
1122	Needle Thoracostomy Training	10/31/1996	11/1/1990	12/1/2005
1123	Pre Existing Vascular Access Devices	6/1/2005	7/31/1992	6/1/2002
1124	EMT-P Training: Adenosine			1/8/2004
1125	EMT-P Continuing Education Requirements	1/1/1990	6/16/1980	6/1/2002
1126	EMT-P Clinical Hours			1/8/2004
1127	Esophageal Tracheal Double Lumen Airway Training	10/11/2001	4/30/1994	?
1128	Training for IV Heparin for Use in a Transfer Setting	6/15/1998	4/23/1998	?
1129	Cervical Spine Immobilization Training	6/1/1999	3/25/1999	?
1133	Continuing Education Record	9/1/1989	11/9/1984	6/1/2002
1134	Training and Testing Criteria		7/21/1989	1/8/2004
XII.	Search and Rescue			
1210	Criteria for Patient Transport Via Helicopter	10/31/1994	10/31/1994	11/1/1998
XIII.	Public Access Defibrillation			

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106	
APPROVED: Administration	 Steven L Carroll, EMT-P	Date: 12/01/09	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 12/01/09	
Origination Date:	March 7, 1990	Effective Date: December 1, 2009	
Date Revised:	June 11, 2009		
Last Reviewed:	June 11, 2009		
Review Date:	June 30, 2012		

- I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies
- II. AUTHORITY: Health and Safety Code Section 1797.220
- III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below
- IV. PROCEDURE:
 - A. New Policies and/or Procedures
 1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS using the attached form. Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
 2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
 3. A first draft will be developed from the proposal by VC EMS staff for presentation at the PSC meeting.
 4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/procedure to be assessed.
 5. If special committees are assigned:
 - a. The evaluation will take place as quickly as possible.
Representatives of the special committees will confer as needed.



Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by: _____ Date: _____

Representing: _____

A. Description

Title of Agenda Item: _____

Description of Item

B. Analysis

How will this enhance the Ventura County EMS System?

Advantages

Disadvantages

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

C. EMS Agency Review

Received by VC EMS Agency: _____

Reviewed by EMS Administrator: _____

Assigned to:

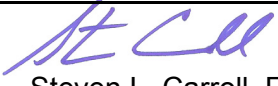

_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____
_____	Purpose:	_____

EMS Staff Review Summary

D. Disposition

- Add as PSC Agenda item on: _____
- Inadequate or incomplete information - return submission
- Not to be addressed at this time, resubmit in _____.
- Adopt item
- Refer to: (for review and comment)
 - CQI Subcommittee
 - EMD Subcommittee
 - Prehospital Educators
 - MCI Subcommittee
 - Other: _____

EMS Administrator Signature: _____ Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: County Ordinance No. 4099: Ambulance Business License Code		Policy Number 110	
APPROVED: Administration	 Steven L. Carroll, EMT-P	Date: 12/01/07	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 12/01/07	
Origination Date:	July 10, 1994	Effective Date:	December 1, 2007
Revised Date:	September 13, 2007		
Last Reviewed:	August 13, 2009		
Review Date:	September, 2011		

See following pages.

ORDINANCE NO. 4099

AN ORDINANCE AMENDING SPECIFIED PROVISIONS OF THE VENTURA COUNTY ORDINANCE CODE RELATING TO REGULATION OF EMERGENCY MEDICAL SERVICES.

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 2421 - DEFINITIONS - Unless otherwise specified, the term:

- (a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.
- (b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.
- (c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.
- (d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.
- (e) "COUNTY" or "VC" shall mean County of Ventura.
- (f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.
- (g) "EMERGENCY CALL" shall mean any of the following:
 - 1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.
 - 2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.
 - 3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.
- (h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.
- (i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.
- (j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.
- (k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.
- (l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

- (m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.
- (n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.
- (o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

Section 2423 - GENERAL PROVISIONS

Section 2423-I - Ambulance Company License Required - No person, either as owner, agent, or otherwise, shall operate an ambulance or conduct, advertise, or otherwise be engaged in or profess to be engaged in the provision of emergency or non-emergency ambulance service upon the streets or any public way or place of the County, unless he holds a current valid license for an ambulance issued pursuant to this ordinance. An ambulance operated by or contracted for by an agency of the United States or the State of California shall not be required to be licensed hereunder.

Section 2423-1.1 - Application for Ambulance Company License -An application for an ambulance company license shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.

Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

Section 2423-1.3 - Exception - Licensing requirements of this article - Licensing requirements of this article shall not apply to an ambulance company or to the EMT-IAs or EMT-Ps who are:

- (a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.
- (b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.
- (c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura, or with the approval of the County of Ventura.
- (d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

Section 2423-2 - Ambulance Operators and Personnel

Section 2423-2.1 - Ambulance EMT-IA and EMT-P Certification - Ventura County Requirements - Ambulance personnel in Ventura County shall be certified as EMT-IA or EMT-P pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.2 - Ambulance Operations Requirements - No vehicle shall be operated for ambulance purposes and no person shall drive, attend or permit to be operated for such purpose on the streets, or any public way or place of County unless it shall be under the immediate supervision and direction of two (2) people who are at least EMT-IA certified and authorized by the Ventura County, except under conditions cited in Section 2423-1.3. Applications shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.3 - EMT-IA AND EMT-P Certification and California State Ambulance Driving Certificate requirements - No person shall drive an ambulance vehicle unless he or she is holding a currently valid California State Ambulance Driver's Certificate and is also at least EMT-IA certified.

Section 2423-2.4 - Certification Fees - The VCEMSA may charge a certification fee, the rate for which is to be established by the Board of Supervisors.

Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a license, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

Section 2424 - SUSPENSION AND REVOCATION - Any license or permit issued pursuant to the provisions of this Article may be suspended or revoked by the Director of the Health Care Agency upon grounds and after following the procedures outlined in the VC EMSD P/P Manual.

Section 2424-1 - Mandatory License Denial, Suspension or Revocation - The DIR-HCA shall deny, suspend or revoke the license of an ambulance company if the operator:

- (a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or
- (b) Habitually or excessively uses or is addicted to the use of narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or
- (c) Has falsified or failed to disclose a material fact in his application; or

- (d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or
- (e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

Section 2424-2 - Discretionary License Denial, Suspension or Revocation - The DIR-HCA may deny, revoke or suspend the license of an ambulance company if the operator has violated the standards and regulations set out in the VCEMSA P/P Manual.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions

Section 2120-1 - Hearing - A license issued pursuant to the provisions of this division may be suspended or revoked only after complying with the following procedures.

Section 2120-1.1 - Statement of Charges - Upon an alleged violation of any of the regulations set forth in the VCEMSA P/P Manual, the VCEMSA Admin/MedDir shall file with the Clerk of the Board a statement of charges.

Section 2120-1.2 - Acts or Omissions Charged - It shall specify the ordinance code sections, policies or regulations allegedly violated.

Section 2120-1.3 - Notice and Request for Hearing - Upon the filing of a statement of charges, the Clerk of the Board shall serve a copy thereof upon the respondent named therein in a manner provided by Ordinance Code Section 14. It shall be accompanied by a statement that respondent may request a hearing by filing a written request with the Clerk of the Board within ten (10) days after service.

Section 2120-1.4 - Waiver of Hearing - If no request for a hearing is received, the hearing is deemed waived and the VC EMSD may proceed with suspension or revocation. Notice shall be sent respondent of suspension or revocation.

Section 2120-1.5 - Hearing Officer - The Tax Collector or his deputy is hereby designated as hearing officer for any hearing conducted pursuant to this article. The hearing officer shall hear all evidence presented and at the conclusion of the hearing, rule on the charges presented.

Section 2120-1.6 - Time, Place and Notice of Hearing - Upon receipt of request for hearing, the Clerk of the Board shall contact the hearing officer and arrange a date, time and place for the hearing. Notice thereof shall be given all parties at least ten (10) days prior to the hearing.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions
Section 2133 - Appeals

Any person whose application for a license is disapproved or whose license is suspended or revoked after a hearing, may appeal to the Board of Supervisors within thirty (30) days after the date of such denial, suspension or revocation by filing with the Clerk of the Board of Supervisors a request that the Board review denial, suspension or revocation. The appeal shall be in the form of a written notice filed with the Clerk of the Board of Supervisors and signed by the appellant. The notice shall have attached a copy of the written application, suspension or revocation, and shall state clearly and concisely the reasons upon which the appellant relies for his appeal. The Clerk of the Board of Supervisors shall set the matter for hearing within fifteen (15) days after the notice is filed, and shall notify the appellant and VC EMSD of the setting. At the hearing, the appellant shall have the burden of establishing to the satisfaction of the Board that he is entitled to relief, or otherwise the denial of the application, the suspension, or revocation of the license or permit shall stand.

Ord. 4033/215/227.1 April 27, 1993

AN ORDINANCE OF THE COUNTY OF VENTURA
AMENDING VENTURA COUNTY ORDINANCE CODE
SECTION 2423-3 RELATING TO SETTINGS OF AMBULANCE RATES

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 1. Section 2423-3 of the Ventura County Ordinance Code is hereby amended to read as follows:

"Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a licensee, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except for consumer price index or other changes as provided for in ambulance provider agreements or as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA except that consumer price index or other changes provided for in ambulance provider agreements shall be in accordance with such agreements. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the informational Agenda of any changes made pursuant to this subsection (c). the Board of Supervisors, after public hearing, may overrule any changes made by the VCEMS pursuant to this subsection (c).

Section 2. This Ordinance shall take effect thirty (30) days following final passage and adoption.
PASSED AND ADOPTED this day of , 1996, by the following vote:

AYES: Supervisors

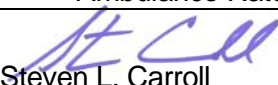
NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

ATTEST:
RICHARD D. DEAN, County Clerk
County of Ventura, State of
California, and ex officio
Clerk of the Board of Supervisors
thereof:

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Ambulance Rates		Policy Number 112	
APPROVED: Administration:  Steven L. Carroll		Date: July 1, 2009	
Origination Date: 1984		Effective Date: July 1, 2009	
Date Revised: July 1, 2009			
Last Review: July 1, 2009			
Review Date: July 1, 2010			

- I. PURPOSE: To define the allowable ambulance rates for the County of Ventura.
- II. AUTHORITY: Ventura County Ambulance Ordinance.
- III. POLICY: The rates described in this policy shall be the maximum charged by the ambulance companies in Ventura County.
- IV. PROCEDURE: Ambulance rates are approved by the Board of Supervisors and are established based upon the cost to the ambulance operators to provide emergency ambulance service to the citizens of Ventura County. The rates listed are revised annually as needed, and are the maximum to be charged by all licensed ambulance companies to all users of the service. No rates shall be set, established, changed, modified or amended, unless according to the Ventura County Ambulance Ordinance.

COUNTY OF VENTURA
2009/10 Maximum Allowable Ambulance Rates

Pursuant to Ventura County Ordinance Code Section 2423-3, the following constitutes the schedule of maximum rates that may be charged, effective July 1, 2009

BASIC & ADVANCED LIFE SUPPORT (BLS & ALS) RATES

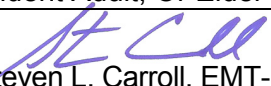

Charge	2009-10	Definition
BLS Base Rate (also known as Non-Emergency Rate)	\$685.25	Transport from site of illness or injury to hospital or from hospital to home or other facility. This type of transport is arranged in advance of the transport.
Total BLS Emergency Response	\$908.50	Response to 9-1-1 medical request.
Mileage	\$28.00	Rate per mile from point of pickup to hospital. This charge is pro rated among the patients if more than one (1) patient is transported.

ADVANCED LIFE SUPPORT (ALS) RATES

Basic ALS Charge	\$1,344.75	Charge made to patient for provision of Advanced Life Support measures using VC EMS prior to contact protocols or when ordered by the Base Hospital.
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HELICOPTER TRANSPORT CHARGES

Helicopter Base Fee	Charge made when Air Ambulance is dispatched via 9-1-1 system and a patient is transported by air ambulance to a destination that is less than 44 miles from scene. The base fee also includes provision of oxygen, compressed air, and/or IV solutions without additional charge. If more than one (1) patient is transported, this fee is pro rated among the patients, and the patients are billed separately and individually for the oxygen, compressed air and/or IV solutions. Charges for transports for a distance equal to or greater than 44 miles may add an additional mileage charge at the rate listed below.
Lift off Charge (one per transport)	This is the charge made when an air ambulance is dispatched via the 9-1-1 dispatch system and a patient is transported by air ambulance. This charge is pro rated among the patients if more than one (1) patient is transported.
Oxygen	This is an individual fee for each patient.
Compressed Air Rate	This is an individual fee for each patient.
IV Solutions	This is an individual fee for each patient.
No charge is made for dispatch that is cancelled or that results in no provision of prehospital care.	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Child, Dependent Adult, Or Elder Abuse Reporting		Policy Number 210	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/09	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 12/01/09	
Origination Date:	June 14, 1984		
Date Revised:	September 11, 2003	Effective Date: November 1, 2003	
Last Review:	August 13, 2009		
Review Date:	November 1, 2011		

I. PURPOSE: To define child, dependent adult and elder abuse and outline the required reporting procedure for prehospital care personnel in all cases of suspected child, dependent adult and elder abuse.

II. AUTHORITY: Welfare and Institutions code Section 15630-15632

III. POLICY: EMS Provider will report all suspected cases of abuse.

IV. DEFINITIONS:

A. "Abuse of an elder or a dependent adult" means physical abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, isolation, or treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.

1. "Isolation" means any of the following:

a. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor, where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons. False imprisonment, as defined in Section 236 of the Penal Code. Physical restraint of an elder or dependent adult for the purpose of preventing the elder or dependent adult from meeting with visitors.

b. The acts set forth in paragraph a. shall be subject to a rebuttal

presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician licensed to practice medicine in the State of California, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

- c. The acts set forth in paragraph a. shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.
2. "Child" means any person under the age of 18 years.
3. "Child abuse" means physical injury which is inflicted by other than accidental means on a child by another person....sexual assault of a child....neglect of a child or abuse in out-of-home care.
4. "Dependent Adult" means any person residing in this state between the ages of 18 and 64, who has physical or mental limitations which 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.
5. "Dependent adult" includes any person between the ages of 18 and 64 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.
6. "Elder" means any person residing in this state, 65 years of age or older"
7. "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision © of Section 4980.03 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a

coroner.



8. "Physical abuse means all of the following:
 - a. Assault, as defined in Section 240 of the Penal Code
 - b. Battery, as defined in Section 242 of the Penal Code
 - c. Assault with a deadly weapon or force likely to produce great bodily injury, as defined by Section 245 of the Penal Code
 - d. Unreasonable physical constraint or prolonged or continual deprivation of food or water.
 - e. Sexual Assault, which means any of the following:
 - 1) Sexual battery, as defined in Section 243.4 of the Penal Code
 - 2) Rape, as defined in Section 261 of the Penal Code
 - 3) Rape in concert, as described in Section 264.1 of the Penal Code
 - 4) Incest, as defined in Section 285 of the Penal Code
 - 5) Sodomy, as defined in Section 286 of the Penal Code
 - 6) Oral copulation, as defined in Section 288a of the Penal Code
 - 7) Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
 - f. Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - 1) For punishment
 - 2) For a period significantly beyond that for which the restraint or medication was authorized pursuant to the instructions of a physician licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
9. "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 his or her training and experience, to suspect child abuse.

V. PROCEDURE:

1. Report by telephone to a county child or adult protective agency (Ventura County Human Services Agency at (805-654-3200) or to a local law enforcement agency immediately or as soon as possible. The telephone report shall include the

following:

- a. Name, address, telephone number, and occupation of the person making the report
 - b. Name and address of the victim
 - c. Date, time and place of the incident
 - d. Other details, including the reporter's observations and beliefs concerning the incident
 - e. Any statement relating to the incident made by the victim
 - f. The name of any individuals believed to have knowledge of the incident
 - g. The name of the individuals believed to be responsible for the incident and their connection to the victim.
 - h. Present location of the child
 - i. Nature and extent of the injury
 - j. Information that led such person to suspect child abuse
2. Report in writing to the agency contacted by telephone within two working days of receiving the information concerning the incident.
 3. When two (2) or more persons who are required to report are present and jointly have knowledge of a suspected instance of child, dependent adult or elder abuse, 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.
 4. 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.

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, EMT-P	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	April 1983	Effective Date: June 1, 2008	
Date Revised:	November 8, 2007		
Last Reviewed:	June 11, 2009		
Review Date:	November 30, 2012		

- 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 Emergency Medical Technician Paramedic's (EMT-P) at the scene of an emergency.
- IV. PROCEDURE:
 - A. VC EMS shall be notified by the Base Hospital of an 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. BH recommendation (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 an 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 EMT-P 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 Paramedic Care Coordinator, and/or an Emergency Department physician.

- 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 Emergency Department Director or Paramedic Liaison Physician, the Emergency

Department Nursing Supervisor, and the Paramedic 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, Paramedic Care Coordinator and Emergency Department Nurse Supervisor.
 - 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
 1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. 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 Nursing Supervisor

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: 100px;"> _____ BH Medical Director/Paramedic Liaison Physician _____ Prehospital Care Coordinator </div>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Notification Of Personnel Changes-Provider		Policy Number 342	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: May 15, 1987		Effective Date: December 1, 2007	
Date Revised: September 13, 2007			
Last Review: June 11, 2009			
Review Date: September 30, 2012			

I. PURPOSE

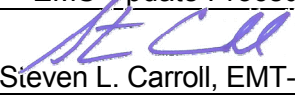

To define a procedure to assure that the Ventura County Emergency Services Agency is notified of hiring or termination of employment of an EMT-IA or paramedic and MICN.

II. AUTHORITY:

Health and Safety Code, Chapter 1, Article 1.

III. POLICY

Each provider of prehospital EMS services shall notify, Emergency Medical Services Administrative Office, in writing or by e-mail, of hiring or termination of employment of an EMT-I, paramedic or MICN.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Update Procedure		Policy Number 351	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/09	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 12/01/09	
Origination Date:	February 9, 2005		
Date Revised:	September 10, 2009	Effective Date: December 1, 2009	
Last Reviewed:	September 10, 2009		
Review Date:	September 30, 2012		

- I PURPOSE: To establish a standard for the method, design, approval, and delivery of information to EMS personnel on new and amended policies as well as general EMS information.
- II AUTHORITY: Ventura County Emergency Medical Services Agency (VC EMS Agency).
- III POLICY: VC EMS Agency will develop a method by which all EMS providers will be notified of changes or amendments in County EMS policies as well as general EMS information.
- V PROCEDURE:
 - A. EMS Update will be presented in May and November of each year.
 - 1. Dates, times and locations for EMS Update will be determined by the base hospital PCCs and submitted to VC EMS Agency and providers no later than 30 days prior to the presentation of the first EMS Update.
 - 2. Each base station shall offer a minimum of three EMS Updates in May and in November.
 - B. EMS Update will consist of the following:
 - 1. All new and revised policies approved by the Prehospital Services Committee since the last EMS Update.
 - 2. Pertinent "information" items discussed at PSC not included in policy updates.
 - 3. Information submitted to the PCCs by the VC EMS Agency
 - C. EMS Update training materials will be designed by the EMS Update Design Team.

1. Dates and times of the EMS Update design meetings will be determined on an “as needed” basis by the EMS Update Design Team.
 2. Membership of the EMS Design Team will include all PCC’s, a representative from the EMS Agency, and a BLS and ALS representative.
 3. The training package will include the following materials:
 - a. Power Point Presentation
 - b. Instructional objectives
 - c. Course outline
 - d. Lesson plan
 - e. Method of evaluation (written and/or skills competency based valuation tool).
 - f. Make up exam.
 4. The review, editing, and final approval of the EMS Update will be done by the VC EMS Staff.
- D. Copies of the final EMS Update will be delivered via email by the VC EMS Agency to the EMS Update training providers prior to the first presentation.
- E. BLS provider Agencies will receive a copy by e-mail to adapt materials for EMT-1 providers.
- F. Changes to EMS Update following approval of final draft.
1. Errors or omissions discovered following release of the final draft by VC EMS will be reported to VC EMS Agency CQI Coordinator who will be responsible for notifying all EMS training providers of the corrected information.
- G. EMS Update Make-Up Session will be held two weeks after the last Update presentation. The Make-Up Session will be held on a date, time and location established by VC EMS Agency.
1. The Power Point training package will used by VC EMS Agency
 2. A written post-test, developed by the EMS Update Design Team, will be administered by the VC EMS Agency.
 3. A minimum passing score of 85% must be achieved for successful course completion.
 4. VC EMS Agency staff will present the Make-Up Session.
- H. Course completion records will include the following:
1. Student course evaluation to be retained by training organization.

2. A copy of the continuing education roster shall be submitted to the VC EMS Agency immediately after the completion of each course offered.
3. Documentation of successful course completion for participants.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: STEMI Receiving Center (SRC) Standards		Policy Number 430	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 12/0107	
Origination Date: July 28, 2006		Effective Date: December 1, 2007	
Date Revised: June 14, 2007			
Last Review: June 11, 2009			
Review Date: June, 2011			

- 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 100175.
- 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. Designate a SRC Coordinator who will have the responsibility for communication with VC EMS.
 3. Operate a cardiac catheterization lab licensed by the Department of Health Services and approved for emergency percutaneous coronary interventions.
 4. Maintain a daily roster of on-call cardiologists with privileges in percutaneous coronary interventions.
 5. Have criteria for patients to receive emergent angiography or emergent fibrinolysis, based on physician decisions for individual patients.
 6. Collect and submit data
 - b. as identified by the STEMI QI Committee
 8. Maintain a hospital Quality Improvement Program.
 9. Actively participate in the Ventura County EMS STEMI Quality Improvement Program.
 10. Will accept all ambulance-transported patients with ***ACUTE MI SUSPECTED*** except on internal disaster or no cardiac catheterization lab is available, regardless of ICU/CCU or ED saturation status.

11. Have policies and procedures that allow the automatic acceptance of any STEMI patient from a Ventura County Hospital upon notification by the transferring physician

B. Designation

1. Application:

Eligible hospitals shall submit a written request for SRC approval to the VC EMS, documenting the compliance of the hospital with Ventura County SRC Standards.

2. Approval:

SRC 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 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 shall be reviewed on an annual basis.

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

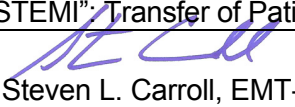

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

STEMI RECEIVING CENTER
CRITERIA COMPLIANCE CHECKLIST

SRC _____

Date: _____

	YES	NO
An SRC, approved and designated by the Ventura County , shall:		
1. Operate a cardiac catheterization lab licensed by the Department of Health Services and approved for emergency percutaneous coronary interventions.		
2. Maintain a daily roster of on-call cardiologists with privileges in percutaneous coronary interventions.		
3. Have criteria for patients to receive emergent angiography or emergent fibrinolysis, based on physician decisions for individual patients.		
4. Collect and submit data as required by VC EMS.		
5. Maintain a quality improvement program		
6. Designate a SRC Coordinator		
7. Actively participate in the Ventura County EMS STEMI Quality Improvement Program.		
8. Have policies and procedures that allow the automatic acceptance of all STEMI patients transferred from Ventura County hospitals.		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: "Code STEMI": Transfer of Patients with STEMI for PCI		Policy Number 440	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/09	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 12/01/09	
Origination Date:	July 1, 2007	Effective Date: December 1, 2009	
Date Revised:	June 11, 2009		
Last Reviewed:	June 11, 2009		
Review Date:	September 30, 2012		

- I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100147 and 100169.
- III. DEFINITIONS:
 - A. STEMI: ST Segment Elevation Myocardial Infarction.
 - B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.
 - C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and is not designated as a STEMI Receiving Center according to VC EMS Policy 430.
 - D. PCI: Percutaneous Coronary Intervention.
- IV. POLICY:
 - A. STEMI Referral Hospitals will:
 1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County SRCs.
 - b. Preprinted template order sheet with recommended prior-to-transfer treatments. Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
 - c. Patient Consent/Transfer Forms.
 - d. Treatment summary sheet.
 - e. Ventura County EMS Code STEMI data entry form.
 2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

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

B. Ambulance Dispatch Center will:

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

C. Ambulance Companies

1. Ambulance Companies will:

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

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

D. STEMI Receiving Centers will:

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

V. PROCEDURE:

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

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

3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].
 4. After calling for ambulance, the SRH transferring physician will notify the SRC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and Code STEMI data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the SRC.
 - a. If, because of unusual and unanticipated circumstances, no healthcare staff is available for transfer, the SRH may contact the responding ambulance company to make a paramedic or EMT available.
 - b. If neither the SRH or ambulance company has available personnel, a CCT transfer may be requested.
 9. Contact SRC for nurse report at the time of, or immediately after, the ambulance departs.
- B. Upon request for “Code STEMI” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code STEMI from [SRH]”. The SRC will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the SRH will advise the responding ambulance personnel of the SRC.
- C. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the “Code STEMI” transfer.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
 1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test results may be relayed to the SRC at a later time.
 3. Intravenous drips may be discontinued or remain on the ED pump.
 4. Ambulance personnel will place defibrillation pads on the patient.
- F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.
- G. The SRH and SRC shall review all STEMI transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS STEMI CQI Committee.

Policy Title:
BLS And ALS Unit Equipment And Supplies

Policy Number:
504

APPROVED:
Administration: 
Steven L. Carroll, EMT-P

Date: 12/01/09

APPROVED:
Medical Director 
Angelo Salvucci, MD

Date: 12/01/09

Origination Date: May 24, 1987

Date Revised: June 11, 2009

Last Reviewed: June 11, 2009

Review Date: June 30, 2011

Effective Date: December 1, 2009



- I. PURPOSE: To provide a standardized list of equipment and supplies for Response and/or Transport units in Ventura County.
- II. POLICY: Each Response and/or Transport Unit in Ventura County shall be equipped and supplied according the requirements of this policy.
- III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218 and California Code of Regulations Section 10017
- IV. PROCEDURE:
The following equipment and supplies shall be maintained on each Response and/or Transport Unit in Ventura County.

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS					
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 Infant	1 each
Bag Valve Units Adult Child	1 each	1 each	1 each	1 adult	1 each
Nasal Cannula Adult	3	3	3	3	1
Nasopharyngeal Airway (Adult and Child or equivalent)	1 each	1 each	1 each	1 each	1 each
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins
Portable Suction Equipment	1	1	1	1	1
Transparent Oxygen Masks Adult Non Rebreather Child Infant	3 3 2	2 2 2	2 2 2	2 2 2	2 2 2
Bandage Scissors	1	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	12 6	12 2 0	12 6 2	5 4 2	12 4 2
Blood Pressure Cuffs Thigh Adult Child Infant	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
Emesis Basin/Bag	1	1	1	1	1
Flashlight	1	1	1	1	1
Half-ring traction splint or equivalent device	1	1	1	1	1
Pneumatic or Rigid Splints (capable of splinting all extremities)	4	4	4	4	4
Potable water or saline solution	1 gallon	1 gallon	1 gallon	1 gallon	1 gallon
Cervical Spine Immobilization Device	2	2	2	2	2

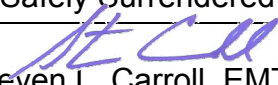

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
Spinal Immobilization Devices KED or Equivalent 60" minimum with straps	1 1	1	1 1	1	1
Sterile Obstetrical Kit	1	1	1	1	1
Tongue Blade	4	4	4	4	4
OPTIONAL EQUIPMENT					
Mark 1 Kits – (3 kits per person suggested)					
B. TRANSPORT UNIT REQUIREMENTS					
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1	0	0	1	1
Ankle and wrist restraints. Soft ties are acceptable.	1	0	0	0	1
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0	1
Bed Pan	1	0	0	0	1
Urinal	1	0	0	0	1
Personal Protective Equipment per State Guideline #216					
Rescue Helmet	2	1	0	0	0
EMS Jacket	2	1	0	0	0
Work Goggles	2	1	0	0	0
Tyvek Suit	2 L / 2 XXL	1 L / 1 XXL	0	0	0
Tychem Hooded Suit	2 L / 2 XXL	1 L / 1 XXL	0	0	0
Nitrile Gloves	1 Med / 1 XL	1 Med / 1 XL	0	0	0
Disposable Footwear Covers	1 Box	1 Box	0	0	0
Leather Work Gloves	3 L Sets	1 L Set	0	0	0
Field Operations Guide	1	1	0	0	0
C. ALS EQUIPMENT					
Cellular Telephone	1	1	1	1	1
Two-Way Radio for alternative base hospital contact	1	1	1	1	1
Alternate ALS Airway Device	2	1	1	1	1
Arm Boards					
9"	3	0	1	0	1
18"	3	0	1	0	1
Portable Ventilator				0	1
Blood Glucose Determination Devices	2	1	1	1	1
Cardiac Monitoring Equipment	1	1	1	1	1
CO ₂ Detector or Monitor	1	1	1	1	1
Continuous Positive Airway Pressure (CPAP) device	1	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.	3
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets	8 sets
Endotracheal Intubation Tubes, sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8	1 ea.+ 2.5, 3.0, 3.5, 4.0, 4.5
Intraosseous Infusion Needles	2	1	2	1	2

	ALS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
Intravenous Fluids (in flexible containers)					
• 5% Dextrose in Water, 50 ml	2	1	2	1	1
• Normal Saline Solution, 500 ml	2	1	1	1	2
• Normal Saline Solution, 1000 ml	6	2	4	3	4
IV Admin Set - Blood Set	2	1	1	2	1
IV Admin Set - Micro Drip	4	1	2	2	2
IV Admin Set - Macro Drip	4	1	4	3	4
IV Catheter, Sizes 14, 16, 18, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each	2 each
IV Pump					2
Laryngoscope, replacement bulbs and batteries	1 set	1 set	1 set	1 set	1 set
Curved Blade #2, 3, 4	1 each	1 each	1 each	1 each	1 each
Straight Blade #1, 2, 3	1 each	1 each	1 each	1 each	1 each
Life Vests					5
Magill Forceps	1	1	1	1	1
Child	1	1	1	1	1
Nebulizer	2	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1	1
Needle Thoracostomy Kit	2	2	2	2	2
Pediatric length and weight tape	1	1	1	1	1
SAO ₂ Monitor	1	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)					
Flexible Intubation Stylet					
Impedance Threshold Device					

	ALS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
D. ALS MEDICATION, MINIMUM AMOUNT					
Activated Charcoal, Adult and Pediatric	1	1	1	0	1
Adenosine, 6 mg vials	3	3	3	3	6
Aspirin, 162 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg
Atropine sulfate, 1 mg/ml for intralingual administration	3	2	2	2	2
Atropine sulfate, 1 mg/10 ml Pre-load/Amp	6	2	6	2	6
Benadryl, 50 mg/ml, Pre-load/Amp	2	1	1	2	2
Bronchodilators, Nebulized Beta-2 specific	6	2	3	1	3
Calcium chloride, 1000 mg/10 ml Pre-load/Amp	2	1	1	1	1
Dextrose 50%, 25 GM/50 ml Pre-load/Amp	5	2	2	2	2
Dopamine, 400 mg/250ml D5W, premixed	2	1	1	2	1
Epinephrine 1:1,000, 1mg/ml Pre-load/Amp	4	2	2	2	2
Epinephrine 1:10,000, 1 mg/10ml Pre-load/Amp	6	3	6	4	6
Epinephrine 1:1,000, 30 ml multi-dose vial	1	1	1	1	1
Glucagon, 1 mg/ml Amp	2	1	2	1	1
Lasix, 20 mg/2ml	80 mg	40 mg	80 mg	40 mg	80 mg
Lidocaine, 100 mg/5ml Pre-load	6	3	4	3	6
Magnesium Sulfate, 1 gm per 2 ml	4	1	2	2	4
Morphine sulfate, 10 mg/ml Ampule	2	2	2	2	2
Narcan, Adult and Pediatric doses	10 mg	4 mg	4 mg	4mg	4mg
Nitroglycerine preparations, 0.4 mg	1 bottle	1 bottle	1 bottle	1 bottle	1 bottle
Normal Saline, 10 ml multi-dose vial	2	2	2	2	2
Oral Glucose 15gm unit dose	1	1	1	1	1
Sodium bicarbonate, 50 mEq/ml Pre-load	2	1	1	1	2
Versed	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials
E. PARALYTIC AGENTS APPROVED BY AIR AMBULANCE MEDICAL DIRECTOR					
Succinylcholine, 200 mg					2
Vecuronium, 10 mg.					2

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support (ALS) Support Vehicles		Policy Number 506	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	October 1995	Effective Date: June 1, 2008	
Revised Date:	November 8, 2007		
Last Reviewed:	August 13, 2009		
Review Date:	November 30, 2012		

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

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, EMT-P	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	February 2003	Effective Date: June 1, 2008	
Revised Date:	November 8, 2007		
Last Reviewed:	August 13, 2009		
Review Date:	November 30, 2012		

- 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 4, 100175; 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 contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet and a matching coded, confidential bracelet. Advise the surrendering party that provided that 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 ankle 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).

Patient pulseless and apneic or with agonal respirations,
CPR, BLS airway management, Monitor, document rhythm strip, Determine Cardiac Rhythm ^{1,2}

PRIOR TO BASE HOSPITAL CONTACT																		
<p>VFIB/V-TACH³ (Persistent) WHILE ON SCENE</p> <ol style="list-style-type: none"> DEFIBRILLATE*,*** 5 cycles (2 minutes) CPR⁵ IV access during CPR Reassess cardiac rhythm. If VFib/Vtach³ remain: DEFIBRILLATE - 360 J * & resume CPR. EPINEPHRINE: May repeat q 3-5 min IVP: 1:10,000 1.0 mg If NO IV, give IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If VFib/Vtach³ remain: DEFIBRILLATE * & resume CPR. **Lidocaine IVP: 1.5 mg/kg Defibrillate* ALS airway management.⁴ Repeat Epi q 3-5 minutes Defibrillate - 360 J* Repeat Lidocaine 1.5 mg/kg in 3-5 minutes (to total dose of 3 mg/kg) Defibrillate * 	<p>ASYSTOLE</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If NO IV, give IL: 1:1,000 1.0 mg Reassess Cardiac Rhythm. If any question in rhythm, confirm in 2 leads. If still ASYSTOLE, give ATROPINE: IVP: 1.0 mg IVP IL: 1.0 mg (1 mg/ml) 5 cycles (2 minutes) CPR ALS Airway management.⁴ Repeat Epi q 3-5 minutes Repeat Atropine q 3-5 minutes to a total dose of 0.04 mg/kg (3 mg in a 75 kg patient) 	<p>BRADYCARDIC PEA</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR ASSESS/TREAT CAUSE IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If no IV, give IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If still BRADYCARDIC PEA, give ATROPINE: IVP: 1.0 mg IL: 1.0 mg (1 mg/ml) 5 cycles (2 minutes) CPR ALS airway management.⁴ Repeat Epi q 3-5 minutes Repeat Atropine q 3-5 minutes to a total dose of 0.04 mg/kg (3 mg in a 75 kg patient) 	<p>NON BRADYCARDIC PEA</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR ASSESS/TREAT CAUSE: Medical vs. Trauma. Treat Hypovolemia if present IF TRAUMA OR HYPOVOLEMIA, STAT TRANSPORT AS SOON AS AIRWAY IS SECURED IV access (Wide Open if hypovolemic) EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If No IV, IL: 1:1000 1.0 mg 5 cycles (2 minutes) CPR ALS Airway Management.⁴ Reassess Cardiac Rhythm. If Non-Bradycardic PEA remains, continue treatment of likely cause. Repeat Epi q 3-5 minutes 															
<p>* Biphasic waveform defibrillation at energy level approved by service provider medical director, or monophasic waveform at 360J.</p> <p>** If defibrillation → narrow complex rhythm > 50, not in 2nd or 3rd degree block, and Lidocaine not already given, give Lidocaine 1.5 mg/kg IVP.</p> <p>*** If collapse before dispatch, 5 cycles CPR before defibrillation.</p>		<p>LIKELY CAUSES OF PEA</p> <table border="0"> <tr> <td>Acidosis</td> <td>Pulm Embolism</td> <td>Drug OD</td> </tr> <tr> <td>Hyperkalemia</td> <td>Massive MI</td> <td>Tricyclics</td> </tr> <tr> <td>Tamponade</td> <td>Digitalis</td> <td>Beta Blockers</td> </tr> <tr> <td>Hypovolemia</td> <td>Tension Pneumo</td> <td>Profound Hypothermia</td> </tr> <tr> <td>Hypoxemia</td> <td></td> <td>Ca Channel Blockers</td> </tr> </table>		Acidosis	Pulm Embolism	Drug OD	Hyperkalemia	Massive MI	Tricyclics	Tamponade	Digitalis	Beta Blockers	Hypovolemia	Tension Pneumo	Profound Hypothermia	Hypoxemia		Ca Channel Blockers
Acidosis	Pulm Embolism	Drug OD																
Hyperkalemia	Massive MI	Tricyclics																
Tamponade	Digitalis	Beta Blockers																
Hypovolemia	Tension Pneumo	Profound Hypothermia																
Hypoxemia		Ca Channel Blockers																
<p>Base Hospital Contact (if unable, initiate transport and continue efforts to contact)</p>																		
BASE HOSPITAL ORDERS ONLY																		
<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP Defibrillate* Consider MgSO₄ 1-2 GM IVP Defibrillate* 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 															

NOTES:

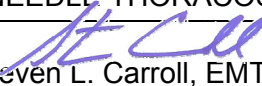

- Early BH contact is recommended in unusual situations, e.g., renal failure, Calcium channel blocker OD, tricyclic OD, Beta blocker OD and Torsade. BH to consider:
 - CaCl₂ and Bicarb in renal failure,
 - early Bicarb in Tricyclic OD,
 - early CaCl₂ in Ca channel blocker OD,
 - Glucagon in beta blocker OD and calcium channel blocker OD, and
 - MgSO₄ in Torsade.
 - Dosages
 - Calcium Chloride: 10 ml of 10% solution, may repeat X1 in 10 minutes
 - Glucagon: 1-5 mg IVP as available
 - Magnesium: 2 g slow IVP over 2 minutes
 - Sodium Bicarbonate: 1 mEq/kg followed by 0.5 mEq/kg q 10 minutes
- In cases of normothermic adult patients with unmonitored cardiac arrest with adequate ventilation, vascular access, and persistent asystole or PEA despite 20 minutes of standard advanced cardiac life support; the base hospital should consider termination of resuscitation in the field. If transported, the patient may be transported Code II. If unable to contact base hospital, resuscitative efforts may be discontinued and patient determined to be dead.
- V-Tach = Ventricular Tachycardia with rate > 150/min.
- If unable to adequately ventilate with BLS measures, insert advanced airway earlier.
- If organized narrow complex rhythm > 50, not in 2nd or 3rd degree block after 2 minutes post-shock CPR, IV access, lidocaine 1.5 mg/kg IVP.
- If sustained ROSC, perform 12-Lead ECG. If ROSC after VF/VT, transport to SRC.
- For all rhythms, in patients 18 y/o and above, start continuous compressions at 100/min. Attach the ITD (ResQPOD) to the King Airway and insert as a unit as soon as possible. Once King Airway is inserted, maintain chest compressions at 100/minute without interruption and ventilate with 1 breath every 10 compressions. If unable to place King Airway, either use standard 30/2 CPR with the ITD placed on the mask or, if ETT placed, continuous compressions with the ITD placed on the ETT.

Effective Date: November 2, 2009
 Date Revised: November 2, 2009
 Date Last Reviewed: November 2, 2009
 Next Review Date: November 30, 2011

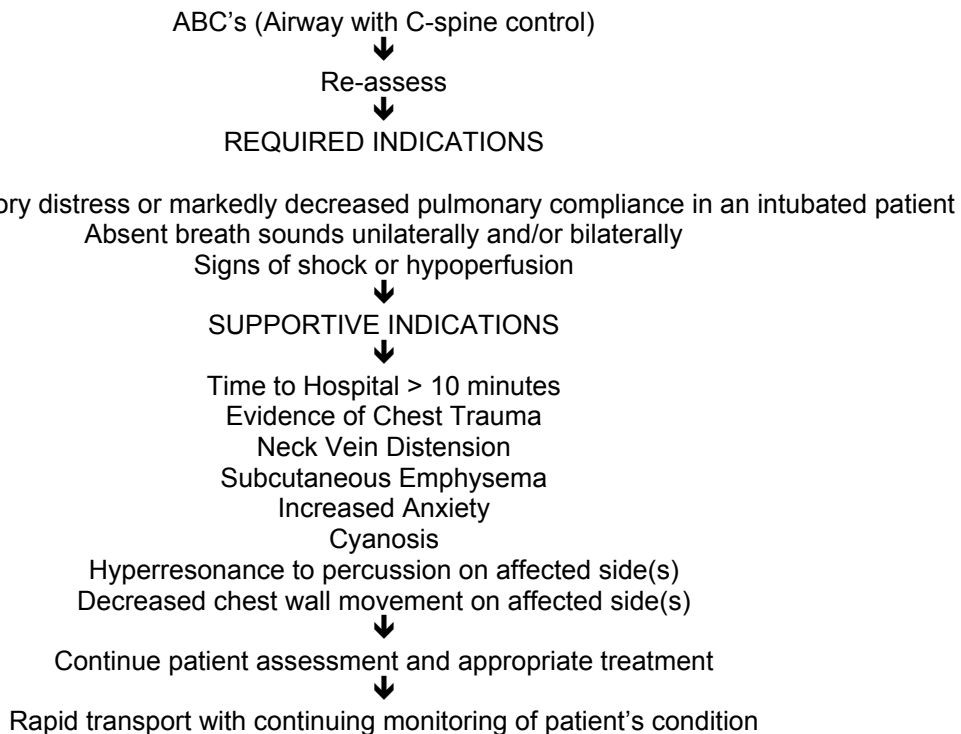
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VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: NEEDLE THORACOSTOMY		Policy Number: 715	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/07	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: 12/01/07	
Origination Date:	Nov 1990	Effective Date: December 1, 2007	
Date Revised:	June 12, 2007		
Last Reviewed:	August 13, 2009		
Review Date:	June 30, 2011		

- I. PURPOSE: To define field use of Needle Thoracostomy in Ventura County.
- II. POLICY: Needle Thoracostomy may be used according to the following procedures.
- III. PROCEDURE:



Policy Title:
Use of Pre-existing Vascular Device (PVAD)

Policy Number:
716

APPROVED:
Administration: 
Steven L. Carroll, EMT-P

Date: 12/01/07


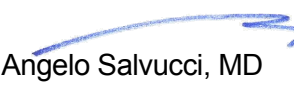
APPROVED:
Medical Director 
Angelo Salvucci, MD

Date: 12/01/07

Origination Date: March 2, 1992
Date Revised: June 11, 2007
Last Reviewed: June 11, 2009
Review Date: June 30, 2011

Effective Date: December 1, 2007

- I. Purpose: To define the use of pre-existing vascular access devices (PVAD) by Ventura County Emergency Medical Technician- Paramedics (EMT-P) in the prehospital setting.
- II. Policy: PVADs may be used in the prehospital setting as set forth by this document.
- III. 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.
- IV. Procedure: After successful completion of an approved Ventura County training module, an EMT-P 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 Vein Indwelling Catheter/Device
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 peripheral or central IV access):
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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuous Positive Airway Pressure (CPAP)		Policy Number: 723	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/07	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: 12/01/07	
Origination Date:	December 2004	Effective Date: December 1, 2007	
Date Revised:	September 13, 2007		
Last Reviewed:	June 11, 2009		
Review Date:	September 30, 2011		

- I. PURPOSE: To define the indications, procedure and documentation for the use of Continuous Positive Airway Pressure (CPAP) by paramedics
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Division 9, Section 10063.
- III. POLICY: Paramedics may utilize CPAP on patients in accordance with Ventura County Policy 705.
- IV. PROCEDURE:
 - A. Training: Prior to using CPAP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.
 - B. Indications: Patients age 8 and above with one or more of the following:
 1. Congestive Heart Failure with acute pulmonary edema
 2. Near drowning
 3. Any cause of respiratory failure.
 - C. Contraindications:
 1. Absolute
 - a. Respiratory or cardiac arrest
 - b. Agonal respirations
 - c. Unconsciousness
 - e. Pneumothorax
 - f. Inability to maintain airway patency
 - g. Head injury with increased ICP
 2. Relative:
 - a. Decreased LOC
 - b. Unable to tolerate mask
 - c. Systolic blood pressure < 90

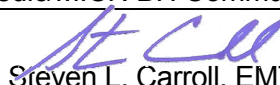

d. Vomiting

E. Patient Treatment


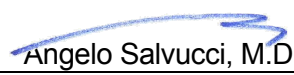
1. Place patient in a seated position with legs dependant
2. Monitor ECG, Vital signs, SpO2
3. Set up CPAP system
4. Explain procedure to patient.
5. Apply mask while reassuring patient.
6. Frequently reevaluate patient. Normally, the patient should improve in the first 5 minutes with CPAP, as evidenced by a decreased heart rate, respiratory rate and/or blood pressure and an increased SpO2. Should the patient become worse with CPAP, remove the CPAP device and assist ventilations with BVM as needed.

D. DOCUMENTATION

1. The use of CPAP must be documented.
2. Vital signs and SpO2 must be documented every 5 minutes.
3. Narrative documentation should include a description of the patient's response to CPAP.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic/MICN BH Communication Record		Policy Number 1001	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: July 6, 2007		Effective Date: December 1, 2007	
Date Revised: July 9, 2007			
Last Reviewed: June 11, 2009			
Review Date: July 31, 2011			

- I. PURPOSE: To define the use of the "EMT-P/MICN BH Communication Record" by approved Ventura County the Base Hospitals.
- II. PROCEDURE:
 - A. This form should be used to document communication between the paramedic and mobile intensive care nurse (MICN). All pertinent areas of the form are to be completed by the MICN to document each patient contact between the paramedic and the MICN.
 - B. Base Hospital is responsible for providing the forms and ensuring documentation compliance.
 - C. Base Hospital is responsible for maintenance of records according to hospital data requirements.
 - D. Attachment A is provided as a sample only.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Aircraft Classification		Policy Number 1204	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: 12/01/07	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 12/01/07	
Origination Date:	May 1999	Effective Date: December 1, 2007	
Date Revised:	July 9, 2007		
Last Reviewed:	June 11, 2009		
Review Date:	July 31, 2011		

I. PURPOSE:

To determine the types of aircraft available to provide emergency air transport for a patient in Ventura County.

II. POLICY:

All EMS Aircraft shall be classified as an Air Ambulance, a Rescue Aircraft or an Auxiliary Rescue Aircraft.

III. PROCEDURE:

A. EMS aircraft classifications shall be limited to the following categories:

1. Air Ambulance. An air ambulance is an aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
2. Rescue Aircraft. A rescue aircraft is an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.
 - a. Advanced Life Support Rescue Aircraft. An Advanced Life Support (ALS) rescue aircraft is a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
 - b. Basic Life Support Rescue Aircraft. A Basic life Support Rescue aircraft is a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-I, or an EMT-I with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section

100074 (c) of Title 22, California Code of Regulations, is in the aeromedical transport of patients.

3. Auxiliary Rescue Aircraft. Auxiliary rescue aircraft is a rescue aircraft which does not have a medical flight crew.
- B. EMS Aircraft classification shall be reviewed at 2 year intervals. Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Specifications, Equipment and Supplies		Policy Number 1205	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: May 1999		Effective Date: December 1, 2007	
Date Revised: July 9, 2007			
Last Reviewed: June 11, 2009			
Review Date: July, 2009			

- I. PURPOSE: To define air unit specifications, equipment and supplies.
- II. POLICY: All air units transporting patients in Ventura County shall meet the requirements of this policy.
- III. PROCEDURE:
 - A. EMS Aircraft Configuration
 1. Air ambulances shall be accredited by the Commission on Accreditation of Medical Transport Systems
 2. All EMS aircraft shall be configured so that: There is sufficient space in the patient compartment to accommodate one (1) patient on the stretcher and one (1) patient attendant.
 3. There is sufficient space for medical personnel to have adequate access to the patient in order to carry out necessary procedures including CPR on the ground and in the air.
 4. There is sufficient space for medical equipment and supplies required.
 5. Additional VC EMS requirements are met.
 - B. Safety Equipment.
 1. Each EMS aircraft shall have adequate safety belts and tie-downs for all personnel, patient(s), stretcher(s) and equipment to prevent inadvertent movement.
 2. Providers shall assure that adequate safety equipment is available for the flight and medical crews to meet any Federal, State or local statutes, regulations or policies.
 - C. Each EMS aircraft shall have on-board equipment and supplies commensurate with the scope of practice of the medical flight crew as specified in VC EMS Policy 504. This requirement may be fulfilled through the utilization of appropriate medical kits (cases/packs) which can be carried on a given flight to meet the needs of a specific type of patient and/or additional medical personnel not usually staffing the aircraft.
 - D. Communications

1. In accordance with VC EMS policies, all EMS aircraft shall have the capability of communicating with:
 - a. Designated dispatch center(s).
 - b. EMS ground units at the scene of an emergency.
 - c. Designated base hospitals.
 - d. Receiving hospitals.
 - e. Other appropriate facilities or agencies.
2. All EMS aircraft shall utilize radio frequencies, in accordance with the Ventura County EMS Communications Plan, for dispatch, routing and coordination of flights.
3. Radio equipment may be inspected to assure compliance with the requirements of VC EMS.