

**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: December 1, 2008

CHANGE NO. 2

Policy Status	POLICY#	Title
Review Only/Replace	111	Ambulance Company Licensing Procedure
Review Only/Replace	306	EMT-I: Requirements to Staff an ALS Unit
Replace	319	Paramedic Preceptor
Replace	321	MICN Authorization Criteria
Replace	322	MICN Reauthorization Requirements
Replace	324	MICN Authorization Reactivation
Review Only/Replace	334	Pre-Hospital Personnel Mandatory Training Requirements
Replace	335	Out of County Paramedic Internship Approval Process
Review Only/Replace	400	Ventura County Emergency Departments
Replace/Review Only	605	Interfacility Transfer of Patients
Replace	606	Withholding or Termination of Resuscitation and Determination of Death
Review Only/Replace	620	EMT-I Administration of Oral Glucose
Review Only/Replace	622	ICE – In Case of Emergency for Cell Phone
Review Only/Replace	624	Patient Medications
Replace	705	Altered Level of Consciousness/Coma
Replace	705	Bradycardia: Adult, Symptomatic*. Mp tom Arrest
Replace	705	Cardiac Arrest, Adult
Replace	705	Chest Pain
Replace	705	Hypovolemic Shock – Non Trauma
Replace	705	Hypovolemic Shock – Trauma
Replace	705	Symptomatic* Bradycardia, Pediatric, not in arrest
Replace	705	Supraventricular Tachycardia – Rate > 150 (Adult)
Review Only/Replace	713	Intralingual Injection
Review Only/Replace	725	Patients After TASER Use
Add	727	Transcutaneous Cardiac Pacing
Add Previously Distributed in August 2008	728	King Airway
Replace	905	Ambulance Provider Response Units: Required Frequencies
Review Only/Replace	1105	MICN: Developmental Course and Examination Procedure
Review Only/Replace	1130	Continuing Education Provider Approval
Review Only/Replace	1131	Continuing Education – Field Care Audit
Review Only/Replace	1132	Continuing Education – Attendance Roster
Review Only/Replace	1135	Paramedic Training Program Approval
Review Only/Replace	1201	Air Unit Staffing Requirements
Replace	1202	Helicopter Dispatch for Emergency Medical Response
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>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title Ambulance Company Licensing Procedure		Policy Number 111
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: December 1, 2008
Origination Date:	June 1, 1997	Effective Date: December 1, 2008
Date Revised:	August 10, 2006	
Date Last Reviewed:	October 9, 2008	
Next Review Date:	October, 2011	

- I. Purpose: All Ambulance Companies in Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency Policy 110, Ventura County Ordinance number 4099.
- III. Policy:
 - A. License Application:


Every applicant for an ambulance company license shall submit an application to the Administrator, Ventura County EMS Agency, containing the following information.

 1. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance.
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. Applicant shall contact the Ventura County EMS Agency for fingerprinting procedure and copy of completed Live Scan form(s) shall accompany application.
 3. The trade or other fictitious name, if any, under which the applicant does business and proposes to do business.
 4. The training and experience of the applicant and managers in the transportation and care of patients. Evidence shall include applicant and managers resume showing type and duration of transportation experience, including at least five years of increasingly responsible experience in the operation or management of a basic or advanced life support service.
 5. The location and descriptions of the place or places from which ambulances are intended to operate.
 6. Number, type, age and patient capacity of each ambulance proposed to be operated by the applicant.
 7. Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a license for that ambulance territory. Facts shall

- include written statements or other evidence of either inadequate response times or inadequate care from existing providers.
8. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to Item 4 above. If the applicant has no previous business experience, a personal financial statement shall be required.
 9. Such further information as the EMS Agency Administrator or the Board of Supervisors shall require.
 10. Proof of insurability as required by the County.
 11. The applicant shall provide a written statement of intent to comply with the requirement of the Emergency Medical Services Agency Policies and Procedures Manual and the standards and policies set by the Medical Director of the Ventura County EMS Agency.
 12. References may be requested.
- B. Procedure for Processing Application for Ambulance Company License:
1. The Administrator of the Ventura County EMS Agency shall commence processing the application within fifteen (15) calendar days from the date the completed application is filed as follows:
 - a. Notify all ambulance companies licensed by the County, members of the Prehospital Services Committee, EMS Advisory Committee, and cities in the affected ambulance service area of the receipt of the application and the name and address of the applicant.
 - b. Begin to investigate the applicant's personal and financial/business background to the extent that the information investigated relates to the applicant's ability to provide ambulance service.
 - c. Verify that the applicant is in possession of a valid California Highway Patrol license for each ambulance proposed to be operated.
 - d. Verify that the applicant has the required insurance or will be able to carry the required insurance.
 2. The County Auditor shall be requested to review and comment on the financial statement as it relates to the applicant's ability to meet the financial obligations of the business.

3. Upon recommendation of the EMS Administrator, the Health Care Agency Director or designee may recommend for or against approval of the application.
4. The Administrator of the Ventura County EMS Agency shall conclude evaluation of the application and present all information received regarding the application to the EMS Advisory Committee to review the materials. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials.
 - a. The committee shall submit a written report of its findings to the Prehospital Services Committee.
 - b. The findings shall include:
 - (1) A statement as to the need and necessity for a licensed ambulance company.
 - (2) Whether the experience and past performance meets the standards in the Ventura County Emergency Medical Services Policies and Procedure Manual.
 - (3) Whether the financial statement is satisfactory.
 - (4) Any other pertinent information.
5. The Prehospital Services Committee shall meet within sixty (60) days from the date the completed application was filed to determine a finding as to whether there is a need and necessity for licensing the company, whether experience and past performance meets the standards as set out in the Ventura County Emergency Medical Services policies and procedures manual, or to request further information. A recommendation by the Prehospital Services Committee is required before proceeding with the application process.
6. If the Prehospital Services Committee issues a recommendation, the EMS Agency Administrator, shall submit the recommendation to the City Council(s) in the ambulance service area in which the applicant wishes to operate for a resolution of approval or disapproval.
7. The Director of the Health Care Agency, Director of the Public Health Department and the Administrator of the EMS Agency and/or their designee(s), shall take the application with their recommendations, the Prehospital Services Committee and EMS Advisory Committee reports and recommendations, and the resolution(s) of approval or disapproval by the City Council(s) to the Board of Supervisors for final action of approval or denial of the application.

8. The EMS Agency Administrator shall notify the Auditor of approved applications and shall indicate the service area for which the license is valid.
9. Upon payment of the established license fee by the applicant, the EMS Agency shall issue the license.
10. The license shall be valid until surrendered by the licensee, until sale of the company, or until revoked or suspended according to the provision of the Ventura County EMS policy and procedure manual.

COUNTY OF VENTURA PUBLIC HEALTH DEPARTMENT		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT-I: Requirements To Staff An ALS Unit		Policy Number: 306	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	June 1, 1997	Effective Date: December 1, 2008	
Date Revised:	August 10, 2006		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To define the requirements for an EMT-I to staff an ALS unit and assist an Paramedic in delivering ALS care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1798 and California Code of Regulations, Title 22, Section 100064.
- III. POLICY: EMT-I's who are scheduled to staff an ALS unit and assist a paramedic in ALS care shall meet the criteria outlined in this policy.
 - A. EMT-I's assigned to work with Paramedics shall:
 1. Successfully complete a comprehensive training module as described in Section III. B. below.
 2. Assist a paramedic with a minimum of 10 ALS contacts (a maximum of 5 may be simulated).
 3. Be evaluated and approved by the employer and Medical Director or designee. For agencies without a medical director, the BH PLP or PCC may evaluate and approve the EMT-I.
 4. Meet skills demonstration requirements, as applicable, described in Section III. D. below.
 5. Meet continuing education requirements described in Section III. E. below.
 - B. Training Module

This training module defines the minimum training needed for an EMT-I to be assigned to staff an ALS unit and assist a paramedic in ALS care. The training module meets the requirements for EMT-manual defibrillator training as specified in CCR, Title 22, and Section 100064. The module shall be taught over a minimum of 10 hours, not including testing, and shall:

 1. Be developed in conjunction with the Base Hospital.
 2. Include, at a minimum, the following topics and time intervals:

- a. Airway Management
 - 1) General Assessment
 - 2) Endotracheal Intubation equipment set up
 - 3) VC EMS approved alternate airway equipment set up
 - 4) Bag-Valve-Mask/ET/alternate airway ventilation review
 - 5) Assembly of in line nebulizer
 - 6) Airway placement confirmation devices
 - 7) O₂ delivery devices
 - 8) Suctioning
- b. Trauma Skills
 - 1) Trauma Assessment Review
 - 2) C-Spine immobilization review
 - 3) Traction Splint review (e.g., Sager/Hare)
 - 4) Needle thoracostomy equipment
- c. Medical Control
 - 1) Ventura County Policies 306 and 705
 - 2) Paramedic Scope of Practice
 - 3) EMT-I Scope of Practice
 - 4) EMT-1 Base Hospital communications
- d. Cardiac Care
 - 1) Anatomy and physiology of the heart
 - 2) Basic electrophysiology
 - 3) Electrocardiogram (EKG) and monitoring
 - 4) Rhythm recognition of
 - a) sinus rhythm
 - b) ventricular fibrillation
 - c) ventricular tachycardia
 - d) pulseless electrical activity and
 - e) asystole
 - 5) Defibrillator operation and defibrillation. Training will be in the type of defibrillator (automated vs. manual) the EMT will be expected to operate.
 - a) Monitor set up
 - b) Electrode placement

- c) Defibrillation dangers
 - 6) Post conversion care and monitoring.
 - e. IV and Medication Setup
 - 1) Aseptic Technique
 - 2) Assembly of preloaded medication containers
 - 3) Catheter taping
 - 4) Blood drawing
 - 5) Sharps precautions
 - f. Testing
- C. Duties and Responsibilities
 - 1. The EMT-I shall perform only those patient-care items described in VC EMS Policy 300: EMT-I Scope of Practice.
 - 2. If necessary, the EMT-I may communicate with the Base Hospital on ALS calls as follows:
 - a. The EMT-I will clearly identify him/herself as an EMT-I.
 - b. The EMT-I can provide vital signs, vital sign updates, assessment information and initial scene information.
 - c. The EMT-I shall not ask for or pass on ALS orders.
- D. Manual Defibrillation Accreditation
 - 1. EMT-Is who have successfully completed the module described in section III.B. above, including training in the use of the manual defibrillator, and skill testing described in Appendix B, shall be accredited to use the manual defibrillator.
 - 2. To maintain accreditation, EMT-Is must successfully complete monthly defibrillator use skills demonstration, to be managed by the provider agency.
 - 3. Attendance at twice-yearly EMS Update lectures, which may be given by the provider.
 - 4. Failure to meet continuing education requirements
 - a. If an EMT-I fails to complete monthly demonstration of skills competence, s/he cannot staff an ALS Unit until the skills demonstration is completed.
 - b. If an EMT-I fails to complete two or more consecutive monthly demonstrations of skills competence, s/he shall attend a retraining

class that shall include all topics listed in the initial training outline.

The EMT-I will successfully complete the competency based written and skills test required after initial training as an EMT-I.

5. Accreditation may be suspended or revoked by the EMS Medical Director if, in his/her judgement, the individual fails to demonstrate competency or meet any other requirements of this policy.
6. An EMT-I whose manual defibrillation accreditation has been suspended or rescinded may appeal that decision to the VC EMS Administrator.

E. EMT AED

EMTs trained to use an AED will successfully complete skills testing using the form in Appendix C.

F. Documentation

1. Documentation of initial training, in the form of a Ventura County EMS Attendance roster, shall be submitted to VC EMS.
2. Documentation of testing of EMT-I shall be completed using the form in Appendix A and maintained by the provider agency.
3. Documentation of testing for use of manual defibrillator shall be completed using the form in Appendix B and maintained by provider agency.
4. Documentation of approvals shall be done using the form in Appendix C, and will be submitted to VC EMS.
5. Skills maintenance shall be documented by the provider agency and a Ventura County EMS Attendance roster shall be submitted to VC EMS.
6. In the event that an EMT-I has had to attend a retraining class, a letter stating that the individual has successfully completed the retraining and testing will be submitted to VC EMS.

APPENDIX A

Name: _____ Date: _____

EMT-1 ALS ASSIST SKILLS TESTING

TRAUMA SCENARIO	PASS	FAIL
Assess airway patency		
Administers high flow O ₂ via non-rebreather mask		
Completes spinal immobilization		
Demonstrates head-to-toe assessment		
Assembles IV bag and tubing		
Maintains sterility of IV		
Correctly immobilizes upper extremity		
Successful completion of this station _____		
Evaluators Signature		

Cardiac Arrest Scenario	PASS	FAIL
Assesses ABC's		
Ensures compressions are being done		
Chooses correct size of oral airway		
Correctly inserts oral airway		
Adequately ventilates using bag-valve-mask		
Assembles intubation equipment		
Adequately ventilates using bag-valve-ET		
Verbalizes safety concerns for defibrillation		
Correctly places monitor patches and leads		
Assembles IV bag and tubing		
Assembles preload medications		
Verbalizes that paramedic must administer medications		
Verbalizes safety considerations for needles		
Successful completion of this station _____		
Evaluators Signature		

LEGAL ISSUES STATION	PASS	FAIL
Identifies proper radio responsibilities		
Identifies limits of EMT scope of practice		
Discusses briefly prior to contact protocols		
Discusses briefly communication failure protocols		

APPENDIX B

EMT-1 ALS ASSIST
 SKILLS EXAM
 MANUAL DEFIBRILLATOR

NAME: _____
 EMT# _____
 DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Defibrillator Operation (must pass)	1. Turns on machine to pads or paddles mode 2. Gels paddles or attaches pads 3. Places paddles or pads in correct position 4. Charges to 360J or manufacturer recommended energy level for biphasic units		
VF and Pulseless V Tach Recognition and Treatment (must pass)	1. Recognizes and shocks VF or pulseless V Tach. If collapse before calling 9-1-1, 2 minutes of CPR before defibrillation. 2. Does not shock non-VF rhythms 3. Persistent VF treated with one shock at 360J, or manufacturer recommended energy level for biphasic units. 4. Restarts CPR immediately after shock without pulse check.		
Asystole Recognition and Treatment	1. Recognizes Asystole in multiple leads		
Patient Support/Assessment	1. In non-VF rhythms, checks pulse, if none continues CPR. 2. If pulse, monitors respiration and ventilates PRN 3. If pulse, takes BP		
Safety/Artifact (must pass)	1. Clears prior to EVERY shock 2. Recognizes artifact & checks for causes 3. Recognizes 60 cycle & checks for causes		
Speed (must pass)	1. Can hook up, assess, charge & deliver 1st shock for VF in no more than 90 seconds.	Actual time (seconds) _____	
_____ Evaluator's Signature			

Appendix C (2 pages)

EMT-1 ALS ASSIST
 SKILLS EXAM
 AUTOMATIC EXTERNAL DEFIBRILLATOR

NAME: _____
 EMT# _____
 DATE: _____

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Patient Assessment	<ol style="list-style-type: none"> 1. Confirms cardiopulmonary arrest. Unconscious, no breathing or agonal breathing, no pulse. 2. Patient 1 years or older and not a victim of major trauma. 		
Defibrillator Operation (must pass)	<ol style="list-style-type: none"> A. If collapse before dispatch, begins 2 minutes of CPR <ol style="list-style-type: none"> 1. For defibrillators that analyze automatically when turned on: <ol style="list-style-type: none"> a. Attaches pads in correct position (may be done during CPR if there are more than 2 rescuers) b. Turns on machine c. Clears patient and presses to analyze 2. For defibrillators that require the operator to press "Analyze" for first analysis: <ol style="list-style-type: none"> a. Turns on machine b. Attaches pads in correct position. (may be done during CPR if there are 2 or more rescuers) c. Clears patient and presses analyze B. If collapse after call to 9-1-1, turns on AED and analyzes immediately. 		
Shockable Rhythms	<ol style="list-style-type: none"> 1. Delivers shock when prompted 2. Restarts CPR after shock for two minutes. 3. Delivers additional shocks as needed. 		
No Shock Advised Rhythms.	<ol style="list-style-type: none"> 1. Checks pulse after analysis reveals "no shock advised". 2. If no pulse, restarts CPR for 2 minutes. 3. After 2 minutes, analyzes. 4. Checks pulse after analysis reveals "no shock advised". 5. If no pulse, restarts CPR for 2-3 minutes. 		
Patient Support/Assessment	<ol style="list-style-type: none"> 1. If pulse returns, monitors respiration and ventilates as needed. 2. If pulse, takes BP. 3. Continues to monitor for presence of pulse. 		

SKILLS AREAS	CRITERIA TO PASS	PASS	FAIL
Safety	4. If pulse is less than 30, continues CPR. 1. Clears prior to EVERY shock. 2. Checks for causes		
Speed (must pass)	1. Can hook up, assess, charge and deliver 1 st shock for VF in no more than 90 seconds once AED sequence is initiated.	Actual time (seconds) _____	
<hr/> Evaluator's Signature			

APPENDIX D

Employer: Please instruct the EMT-I to complete the requirements in the order listed.

_____, EMT-I has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/He has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

<p>EMT-I ALS-Assist</p> <p>_____ Employer Approval</p> <p>_____ Completed appropriate EMT-I Training Module</p> <p>_____ BH or Provider Medical Director or Designee Evaluation</p> <p>_____ Notification to VC EMS</p> <p>Reference Policy 306</p>

Please sign and date below for approval.

Employer Signature	Date:
MD, PLP Provider MD or designee (EMT-I ALS-Assist authorization Only)	Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	June 1, 1997	Effective Date December 1, 2008	
Date Revised:	July 10, 2008		
Last Date Reviewed:	July 10, 2008		
Next Review Date:	July, 2011		

- I. PURPOSE: To establish minimum requirements for designation as a Ventura County Paramedic Preceptor.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798.
- III. POLICY:
 - A. A Paramedic may be designated a Paramedic preceptor upon completion of the following:
 1. 6 months, (minimum 1440 hours) practice in Ventura County as a Level II Paramedic.
 2. Written approval submitted to VC EMSA by employer.
 3. Written approval submitted to VC EMSA by the Prehospital Care Coordinator at the base hospital of the area where the Paramedic practiced the majority of the time.
 4. Successful completion of The Ventura County Emergency Medical Services Agency (VC EMSA) Paramedic Preceptor Training course.
 5. Written notification of intent to practice as a Paramedic Preceptor shall be submitted to VC EMSA prior to preceptor working in this capacity.
 - B. The Paramedic Preceptor will be responsible for the training, supervision and evaluation of personnel in Ventura County who are preparing for accreditation or completion of requirements for Level I, Level II or EMT ALS Assist authorizations, and Paramedic Interns.
 - C. A preceptor shall not precept or evaluate more than one person at a time.
 - D. Paramedic Interns: Preceptors must directly observe the performance of all "Critical Procedures" and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.

1. Critical Procedures:
 - a. Endotracheal Intubation
 - 1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding).
The intern will not make a second attempt.
 - b. Needle Thoracostomy
 - c. Intraosseous needle insertion
 - d. Childbirth
 - e. Drug Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- E. Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.
- F. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

Employer: Please instruct the Paramedic to complete the requirements in the order listed. Upon employer approval the employer will contact the PCC prior to Paramedic contacting PCC for approval.

_____, Paramedic has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/he has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

<p>Paramedic Preceptor</p> <p><input type="checkbox"/> All the requirement of level II met.</p> <p><input type="checkbox"/> 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.</p> <p><input type="checkbox"/> Successful completion of the VC EMS Preceptor Training course.</p> <p><input type="checkbox"/> Approval by employer</p> <p><input type="checkbox"/> Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.</p> <p><input type="checkbox"/> Notification of VC EMS</p> <p><input type="checkbox"/> Completion of Curriculum Vitae</p>

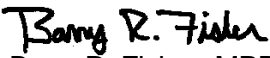

Please sign and date below for approval.

Employer

Date:

PCC, BH

Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Authorization Criteria		Policy Number: 321	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	April 1, 1983	Effective Date:	December 1, 2008
Date Revised:	August 14, 2008		
Last Date Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.
- III. POLICY: Authorization as a 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: In order to be authorized as an MICN in Ventura County, the candidate shall:
 - A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
 - B. Successfully completes an approved MICN Developmental Course.
 - C. Ride with an EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 - D. Be recommended for MICN authorization by his/her employer.
 - E. Successfully complete the authorization examination process.
 - F. Complete an MICN internship.
- V. AUTHORIZATION REQUIREMENTS
 - A. Professional Experience:
The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - B. Prehospital Care Exposure
The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the

previous six calendar months, the candidate shall have one or more of the following assignments.

1. 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. A 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
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

D. Field Observation

Candidates shall ride with an approved Ventura County EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response requiring Base Hospital contact and performance of ALS skills by the EMT-Ps.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Paramedic Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.
3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

The recommendation shall include:

- a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).

- b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.
 - c. Verification that each candidate has successfully completed an approved MICN Developmental Course.
 - d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.
- F. 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. The examination shall be scheduled in conjunction with class completion dates.
 - 2. Examination Failure
 - a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.
 - b. A minimum score of 80% must be attained on repeat examination.
 - c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.
 - 3. Failure to Appear
 - a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.
 - b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.
 - c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination

for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (10) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ 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.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of the MICN Authorization Criteria

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

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.


Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301	
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>		
Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ()	Work Phone: ()	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) 		
Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 		
Applicant Signature:		Date
Prehospital Care Coordinator Signature:		Date

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

EMT-P Signature

EMT-P Signature

MICN Signature

PCC Signature

(Use other side for additional comments)



COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
<p>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.</p>		

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

<p>_____, 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:</p>								
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								
<p>NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:</p> <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 COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
<p>Signatures: _____</p> <p style="text-align: right;">BH Medical Director/Paramedic Liaison Physician</p> <p style="text-align: right;">_____ Prehospital Care Coordinator</p>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	April 1983	Effective Date: December 1, 2008	
Date Revised:	August 14, 2008		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).
- II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.
- II. POLICY:
Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 - 1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
 - a. Field Care Audits (Field care audit): Twelve hours per two years.
 - b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
 - 1) EMS Updates (Mandatory, up to two times per year, as offered).
 - 2) ACLS recertification - 4 hours credit
 - 3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.
 - a) Self study CE shall be documented by a certificate from the sponsor of the self study opportunity (e.g., EMS journals mail courses, etc.).

- b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A post test shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.
 - c) Ride along with an approved Ventura County EMT-P unit may be required at PCC discretion.
 - c. Miscellaneous Education: Twelve hours per two years.
Miscellaneous education Includes:
 - 1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,
 - 2) ALS level teaching, maximum of 8 hours.
 - 3) Additional field care audit and/or lecture/ seminar, or
 - 4) Administrative assistance to PCC.
 - d. Verification of attendance must be retained by the MICN.
 - 1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.
 - 2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the EMT-P/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.
 - 3) Credit shall be given only for actual time in attendance at CE.
 - 4) Credit may be received for a class one time only in an authorization cycle.
- 2. To Maintain MICN Authorization
 - a. Function as an MICN for an average of 32 hours per month over a six-month period or
 - b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.

3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
 4. Maintain current ACLS certification.
- B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

APPENDIX A

LETTER OF RECOMMENDATION
MICN REAUTHORIZATION

_____ is recommended for reauthorization as a Mobile Intensive Care Nurse 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.
- _____ Maintains ACLS certification
- _____ Has completed Continuing Education requirements
- _____ Has completed the Field Observation requirement.
- _____ Maintains continuous employment as defined in Policy 321.

Emergency Department Medical Director
/Paramedic Liaison Physician

Signatures

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

APPENDIX B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301	
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>		
Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ()	Work Phone: ()	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) 		
Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 		
Applicant Signature:		Date
Prehospital Care Coordinator Signature:		Date

APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

EMT-P Signature

EMT-P Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

APPENDIX D

NAME: _____

EMPLOYER: _____ Authorization #: M_____

Ventura County Authorization Requirements Continuing Education Log



This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reauthorization. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all MICN's reauthorizing and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

The EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your MICN authorization.

Field care audit Hours				
(12 hours)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours					
Required Courses		Date	Location	# Of Hours	Provider Number
1.	EMS UPDATE #1 (1 hour)				
2.	EMS UPDATE #2 (1 hour)				
3.	EMS UPDATE #3 (1 hour)				
4.	EMS UPDATE #4 (1 hour)				
EMS Updates are completed as the new or changed policies are put into place. This is usually done every 6 months in May and November.					
5.	ACLS Course				

Miscellaneous Hours				
(12 hours are required)				
These hours can be earned with any combination of additional field care audit, lecture, etc.)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: MOBILE INTENSIVE CARE NURSE AUTHORIZATION REACTIVATION		Policy Number 324	
APPROVED: Administration	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	December 1991	Effective Date: December 1, 2008	
Revised:	August 14, 2008		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. Purpose: To define the procedure for reactivating a lapsed or inactive authorization.
- II. Authority: Health and Safety Code 1797.56 and 1797.58, 1797.213 and 1798.
- III. Policy: An individual may reactivate his/her authorization upon completion of the following requirements.
- V. Procedure: An individual whose Mobile Intensive Care Nurse (MICN) authorization has become inactive or lapsed shall be eligible for reauthorization when the following have been met:
 - A. MICN Authorization has lapsed due to failure to meet continuous service requirements and date on authorization has not expired.
 1. Notify VCEMS of intent to reactivate authorization.
 2. Within six (6) months of notification of intent to reactivate, complete a minimum of six- (6) hours of lecture/seminar and six (6) hours field care audit. These hours will be applied to continuing education requirements for reauthorization.
 3. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction to a field unit under the direction of an authorized MICN or MD during minimum of five (5) ALS call-ins requiring ALS care.
 4. Submit recommendations for reactivation of authorization from Base Hospital.
 - B. MICN authorization expired for 1-31 days:
 1. Notify VCEMS of intent to reactivate.

2. Meet the requirements for authorization reactivation as defined in Policy 322.
- C. MICN authorization expired less than one (1) year.
1. Notify VCEMS of intent to reactivate. Complete the following in order and within six (6) months.
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of six (6) hours lecture/seminar and six (6) hours field care audit.
 - c. Complete eight (8) hours of Field Observation on a Ventura County Base ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering the medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of five (5) ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from the Base Hospital to VC EMS.
- D. MICN authorization expired between one (1) and two (2) years.
1. Notify VC EMS of intent to reactivate. In the following order, and within six (6) months:
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of nine (9) hours lecture/seminar and nine (9) hours field care audit.
 - c. Complete sixteen (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during minimum of ten ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.

4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- E. Authorization expired for two (2) years or more
1. Notify VC EMS of intent to reactivate. Criteria must be met in the following order and within six (6) months.
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322
 - b. Complete additional continuing education consisting of an additional twelve- (12) hours field care audit and twelve- (12) hours lecture/seminar.
 - c. Complete sixteen (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of ten (10) ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- F. EMS Agency Responsibilities
- VC EMS shall issue an authorization card upon successful completion of the requirements for reactivation.

LETTER OF RECOMMENDATION
AUTHORIZATION REACTIVATION

_____ is recommended for
Reactivation of 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.

_____ Has met the requirements for reactivation of Mobile Intensive Care Nurse Authorization.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

REACTIVATION OF AUTHORIZATION APPLICATION

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Continuing Education Requirements
4. Letter of Recommendation
5. Verification of Field Observation

Signatures:

MICN Candidate

Prehospital Care Coordinator

Date: _____

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

POLICY 324
APPENDIX D

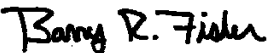
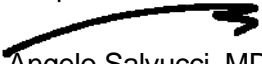
Candidate's Name: _____ MICN Exam Date: _____ Base Hospital: _____

MD/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	PFR #	BH Log #	Chief Complaint	Treatment	Evaluator Comments	Evaluator Signature	PCC Signature
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 COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
Signatures:	_____ BH Medical Director/Paramedic Liaison Physician							
	_____ Prehospital Care Coordinator							

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Pre-Hospital Personnel Mandatory Training Requirements		Policy Number: 334	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	September 14, 2000		
Date Revised:	June 8, 2006	Effective Date: December 1, 2008	
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. PURPOSE: To define the requirements for mandatory training sessions for EMT-1s, Paramedics, EMT-ALS Assist SAR EMT-1s, MICNs and Flight Nurses in Ventura County.
- II. AUTHORITY: Title 22, California Code of Regulation, Division 9, Section 100175 and Chapter 6. Health and Safety Code Section 1797.214, 1797.220 and 1798.200.
- III. POLICY: All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. These requirements are outlined in VCEMS Policy 318 for Paramedics, 306 and 803 for EMTs, 1201 for Flight Nurses and SAR EMT-1s and 322 for MICNs.
- III. PROCEDURE:
 - A. EMS Updates – Applies to all personnel listed above except EMT-1’s.
Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the Base Hospitals in May and November each year (minimum of 12 opportunities to attend each session).
 - B. MCI Training – Applies to all personnel listed above except MICN’s.
Personnel shall attend initial Basic or Advanced MCI training within 6 months of initially starting the certification or accreditation process and complete bi-annual refreshers as indicated in VC EMS Policy 131.
 - C. Grief Training – Applies to all personnel listed above except MICN’s.
All personnel shall be provided the self-study packet titled “Dealing with Grief: A Workbook for Prehospital Personnel.” After finishing the self-study packet, personnel shall complete the post-test and evaluation and mail them to VC EMS for a course completion and 2 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.

- D. Emergency Response to Terrorism – Applies to all personnel listed above.
All personnel shall be provided the self-study packet titled “Emergency Response to Terrorism.” After finishing the self-study packet, personnel shall complete the post-test and mail it to VC EMS for a course completion and 3 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.
- E. Paramedic Skills Refresher – Applies to Paramedics only
1. Paramedics shall attend one skills refresher session during the first year of licensure and one skills refresher in the second year of licensure.
 2. Skills Refreshers will be offered at least 4 times in March and 4 times in September and will be offered over a 3 week period. Dates, times, and locations for the Skills Refreshers will be published one year in advance. Late arrivals will not be admitted into the Skills Refresher.
- F. Nerve Agent Training – Applies to Paramedics only
All personnel shall be provided the self study PowerPoint presentation entitled “Ventura County EMS Nerve Agents: Recognition and Treatment”. Providers shall forward a copy of the attendance roster to VCEMS to verify completion of the training. New employees shall complete training within 6 months of initially starting the accreditation process.
- G. Field Intubation Refresher Training– Applies to Paramedic and SAR Flight Nurses only
One intubation refresher session per six (6) month period based on license cycle as described in Policy 318.
- H. Advanced Cardiac Life Support (ACLS)- Applies to all personnel listed above except EMT-1’s and SAR-EMT-1’s.
ACLS course completion certificate shall be obtained within three months of initially starting the certification or accreditation process and remain current.
- I. Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP)- Applies to Paramedics only.
PALS or PEPP course completion certificate shall be obtained within six months of initially starting the accreditation process and remain current.
- J. Failure to complete mandatory requirements:
1. Level II Paramedics who fail to complete any of these requirements will immediately revert to a Level I Paramedic according to VCEMS Policy 318. The Paramedic’s accreditation to practice in Ventura County will be suspended after the State required 15 day notice until the following remediation criteria has been

met. All other required personnel who fail to complete these requirements will have their authorization immediately suspended.

2. Reinstatement of authorization or accreditation:
 - a. Personnel who have not completed MCI Training, Grief Training or Emergency Response to Terrorism must complete the requirements and provide documentation of completion to VC EMS for determination on reinstatement.
 - b. Personnel not attending EMS Update must complete the following remediation criteria.
 - 1) Personnel will attend a make-up session to be scheduled by VC EMS within 2 weeks of the last regularly scheduled EMS Update session.
 - 2) Personnel will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
 - 3) Submit a \$125.00 fine.
 - 4) A written post-test will be administered, and must be successfully completed by achieving a minimum passing score of 85%.
 - 5) If the VC EMS make up session is not attended, the employer may elect to assist the person in completing the requirement.
 - a) The employer shall use the materials and test supplied by VC EMS.
 - b) The employer will be responsible to forward the written statement and \$125.00 fine to VC EMS.
 - c) The employer will administer the written test and will forward it to VC EMS for scoring. Minimum passing score will be 85%.
 - d) A make up session arranged by an employer will be approved by VC EMS before it is presented.
 - c. Paramedics not attending Skills Refresher must complete the following remediation criteria.
 - 1). Paramedic will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
 - 2) Submit a \$125.00 fine.
 - 3) Paramedic will attend a remediation session on documentation and review of VC EMS Policy 318 to be administered by VC EMS.

- 4) ALS provider will confirm paramedic has read and reviewed VC EMS Policy and Procedure Sections 6 & 7.
- 5) ALS provider will be responsible to coordinate a Skills Refresher make-up session conducted by either an ALS Service Provider Medical Director, base hospital physician or their designee. Skills Refresher make-up will include all skills covered at the most recent Skills Refresher.
- 6) ALS provider will submit a written plan of action to VC EMS to include: course curriculum, date and location of Skills Refresher make-up, equipment to be used and names of instructors.
- 7) Completed reinstatement checklist, will be submitted to VC EMS for review and determination on reinstatement of paramedic accreditation.



PARAMEDIC SKILLS REFRESHER REINSTATEMENT CHECKLIST

Paramedic Name: _____

CA License No.: _____

Action	Date	Signature
1. Read and reviewed EMS Policy and Procedure Sections 6 & 7 (signed by provider).		
2. Orientation at EMS Office, Policy 318 review.		
3. Documentation Station: Administered by EMS		
4. Skills refresher verification: The skills must be signed off by a BH physician or Medical Director associated with your employer.		
a.		
b.		
c.		
d.		
e.		
f.		
g.		

After the above is completed, please forward the checklist to the EMS Agency for review and determination on reinstatement of paramedic accreditation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Out of County Paramedic Internship Approval Process		Policy Number 335	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: October 9, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: October 9, 2008	
Origination Date:	October 13, 2005		
Date Revised:	October 9, 2008	Effective Date: October 9, 2008	
Date Last Reviewed:	October 9, 2008		
Next Review Date:	April, 2011		

- I. PURPOSE: To establish a mechanism for notifying the EMS Agency of out of county paramedic student placement within the local EMS system and ensure appropriate medical control and oversight of Paramedic Interns prior to practicing within the local jurisdiction.
- II. AUTHORITY: Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798 and California Code of Regulation, Title 22, Sections 100147 and 100152.
- III. DEFINITIONS: This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the paramedic training program approving authority, and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County.
A paramedic intern is a person trained by a VCEMS approved training program who while under the supervision of an approved preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.
- IV. POLICY: The following requirements must be completed prior to internship commencement.
 - A. Paramedic Training Program Responsibilities:
 1. Letter requesting approval for out of county paramedic student placement within the local EMS system
 2. Copy of Paramedic Training Program's CAAHEP accreditation.
 3. Evidence of a contract to provide field training between the ALS training program and the ALS provider agency where the intern will be training.
 4. Copies of forms used to document student's progress, continuum of care and the training program's collaboration with the field preceptor.

5. Confirmation that the intern successfully completed didactic and clinical training at the same institution that is requesting internship placement. This requirement may be reduced at the discretion of the VC EMS Medical Director.
- B. Paramedic Intern Responsibilities:
1. Completed VCEMS application
 2. Copy of intern's valid government issued photo identification.
 3. Copy of intern's professional rescuer level CPR card.
 4. Completion of a California Department of Justice (CA DOJ Live Scan) background check through VCEMS. Copy of LiveScan request, form to be submitted to VCEMS at time of application.
 5. Letter from training program confirming intern's good standing and current affiliation with a VCEMS approved training program including dates of hospital clinical completion and contact name and phone number for the instructor responsible for the intern.
 6. Letter from training program confirming that the intern has performed five (5) successful live patient endotracheal intubations during primary ALS training.
 7. Upon completion of above requirements, intern shall contact VCEMS to schedule appointment to complete internship process.
- C. ALS Provider Responsibilities:
1. Notify VCEMS of intention to provide field internship for a specific intern.
 2. Provider agency shall submit a completed Appendix A to VCEMS for each intern who is placed for internship prior to the start date.
 3. Ensure that the student has been oriented to the Ventura County EMS System including local policies, procedures and treatment protocols.
- D. Paramedic Intern Photo Identification:
1. Upon VCEMS verification of all above requirements including background check results, intern will be issued a Paramedic Intern photo identification badge that must be worn visible at all times while providing pre-hospital care in Ventura County. Internship shall not start until the Paramedic Intern photo identification badge is issued.

- E. In order to ensure an adequate number of internship placements for in county paramedic students, no internships involving out of county students will be permitted from February 1st through May 31st of each year. Placement for internships for out of county interns must be initiated prior to November 1st in order to allow adequate time for completion before January 31st.



A Division of the Ventura County Health Care Agency

BARRY R. FISHER, MPPA
Director

EMERGENCY MEDICAL SERVICES

ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

2220 E. Gonzales Rd., Suite 130, Oxnard, CA 93036-0619
www.vchca.org/ph/ems
Phone: 805-981-5301
Fax: 805-981-5300

ATTACHMENT A

**Out of County Paramedic Internship Authorization
(To be completed by ALS provider agency and submitted to VCEMS)**

Intern Name	
Start date of internship	
Agency sponsoring intern	
Preceptor name	
Training Institute	

Information below is to be completed by the EMS Agency

Authorization approved:	Date
Authorization is not approved because:	
ALS Provider notified on:	Date
Training Program notified on:	Date
EMS Representative	Signature

EMEDS LOGIN

LOGIN	PASSWORD

The password issued is a default password. You must change it upon successful login.

COUNTY OF VENTURA HEALTH CARE AGENCY		POLICIES AND PROCEDURES EMERGENCY MEDICAL SERVICES	
Policy Title: Ventura County Emergency Departments		Policy Number: 400	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	October, 1984	Effective Date:	December 1, 2008
Date Revised:	August 10, 2006		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

Base Hospitals

Los Robles Hospital Medical Center
215 W. Janss Road
Thousand Oaks, CA 91360
(805) 370-4435

St. John's Regional Medical Center
1600 N. Rose Ave.
Oxnard, CA 93030
(805) 988-2663

Simi Valley Hospital
2975 N. Sycamore Dr
Simi Valley, CA 93065
(805) 955-6100

Ventura County Medical Center
3291 Loma Vista Road
Ventura, CA 93003
(805) 652-6165

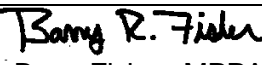

Receiving Hospitals

Community Memorial Hospital
147 No. Brent
Ventura, CA 93003
(805) 652-5018

Ojai Valley Community Hospital
1306 Maricopa Highway
Ojai, CA 93023
(805) 640-2260

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
(805) 389-5811

VCMC/Santa Paula Hospital
825 N. 10th Street
Santa Paula, CA 93060
(805) 933-8663

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Interfacility Transfer of Patients		Policy Number 605	
APPROVED: Administration:	 Barry Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	July 26, 1991	Effective Date:	December 1, 2008
Date Revised:	April 13, 2006		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To define levels of interfacility transfer and to assure that patients requiring interfacility transfer are accompanied by personnel capable and authorized to provide care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.218, 1797.220, and 1798.
- III. POLICY: A patient shall be transferred according to his/her medical condition and accompanied by EMS personnel whose training meets the medical needs of the patient during interfacility transfer. The transferring physician shall be responsible for determining the medical need for transfer and for arranging the transfer. The patient shall not be transferred to another facility until the receiving hospital and physician consent to accept the patient. The transferring physician retains responsibility for the patient until care is assumed at the receiving hospital.
If a patient requires care during an interfacility transfer which is beyond the scope of practice of an EMT-1 or EMT-P or requires specialized equipment for which an EMT-1 or EMT-P is untrained or unauthorized to operate, and it is medically necessary to transfer the patient, a registered nurse or physician shall accompany the patient. If a registered nurse accompanies the patient, appropriate orders for care during the transfer shall be written by the transferring physician.
- IV. TRANSFER RESPONSIBILITIES
 - A. All Hospitals shall:
 1. Establish their own written transfer policy clearly defining administrative and professional responsibilities.
 2. Have written transfer agreements with hospitals with specialty services, and county hospitals.
 - B. Transferring Hospital
 1. Maintains responsibility for patient until patient care is assumed at receiving facility.
 2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

C. Transferring Physician

1. Maintains responsibility for patient until patient care is assumed at receiving facility.
2. Determines level of medical assistance to be provided for the patient during transfer.
3. Receives confirmation from the receiving physician and receiving hospital that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer.

D. Receiving Physician

1. Makes suitable arrangements for the care of the patient at the receiving hospital.
2. Determines and confirms that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer, in conjunction with the transferring physician.

E. Transportation Provider

1. The patient being transferred must be provided with appropriate medical care, including qualified personnel and appropriate equipment, throughout the transfer process. The personnel and equipment provided by the transporting agency shall comply with local EMS agency protocols.
2. Interfacility transport within the jurisdiction of VC EMS shall be performed by an ALS or BLS ambulance.
 - a. BLS transfers shall be done in accordance with EMT Scope of Practice per Policy 300
 - b. ALS transfers shall be done in accordance with EMT-P Scope of Practice per Policy 310

IV. PROCEDURE:

A. Non-Emergency Transfers

Non emergency transfers shall be transported in a manner which allows the provider to comply with response time requirements.

B. Emergency Transfers

Emergency transfers require documentation by the transferring hospital that the condition of the patient medically necessitates emergency transfer. Provider agency dispatchers shall verify that this need exists when transferring hospital personnel make the request for the transfer.

C. Transferring process

1. The transferring physician will determine the patient's resource requirements and request an inter-facility ALS, or BLS transfer unit using the following guidelines:

<u>Patient Condition/Treatment</u>	<u>EMT</u>	<u>EMT-P</u>	<u>RN/RT/MD</u>
a. Vital signs stable	x		
b. Oxygen by mask or cannula	x		
c. Peripheral IV glucose or isotonic balanced salt solutions running	x		
d. Continuous respiratory assistance needed (EMT-P scope management)		x	
e. Peripheral IV medications running or anticipated (EMT-P scope)		x	
f. EMT-P level interventions		x	
g. Central IV line in place		x	
h. Respiratory assistance needed (outside EMT-P scope of practice)			x
i. IV Medications (outside EMT-P scope of practice)			x
j. PA line in place			x
k. Arterial line in place			x
l. Temporary pacemaker in place			x
m. ICP line in place			x
n. IABP in place			x
o. Chest tube			x
p. IV Pump		x	
q. Standing Orders Written by Transferring Facility MD			X
r. Medical interventions planned or anticipated (outside EMT-P scope of practice)			X
s. Thoracostomy tube attached to Heimlich valve		x	

2. The transferring hospital advises the provider of the following:
 - a. Patient's name
 - b. Diagnosis/level of acuity
 - c. Destination
 - d. Transfer date and time
 - e. Unit/Department transferring the patient
 - f. Special equipment with patient
 - g. Hospital personnel attending patient
 - h. Patient medications
3. The transferring physician and nurse will complete documentation of the medical record.

All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will

be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.

4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).
5. The Transferring Facility will provide:
 - a. A verbal report appropriate for patient condition
 - b. Review of written orders, including DNAR status.
 - c. A completed transfer form from Transferring Facility.

V. DOCUMENTATION

- A. Documentation of Care for Interfacility transfers will be done in accordance to Policy 1000.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Withholding or Termination of Resuscitation and Determination of Death		Policy Number: 606	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	<i>Angelo Salvucci</i> Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	June 1984	Effective Date:	December 1, 2008
Date Revised:	October 9, 2008		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To establish criteria for withholding or termination of resuscitation and determination of death by prehospital EMS personnel.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220, 1798 and 7180. Government Code 27491 and 27491.2. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. POLICY: Prehospital EMS personnel may withhold or terminate resuscitation and determine that a patient is dead, and leave the body in custody of medical or law enforcement personnel, according to the procedures outlined in this policy.
- IV. DEFINITION:
 1. Prehospital EMS personnel: Prehospital EMS personnel mean all responding EMT-Is and Paramedics, and flight nurses.
 2. Further Assessment: "Further assessment" refers to a methodical evaluation for signs/symptoms of life in the apparently deceased person. This evaluation includes examination of the respiratory, cardiac and neurological systems, and a determination of the presence or absence of rigor mortis and dependent lividity. The patient who displays any signs of life during the course of this assessment may NOT be determined to be dead,
 3. Hospital: A licensed health care institution that provides acute medical care.
 4. Skilled Nursing Facility: A licensed health care institution that provides non-acute care for elderly or chronically ill patients, and has licensed medical personnel on scene (RN or LVN).
 5. Hospice: A care program into which terminally ill patients may be enrolled, to assist with the management of palliative care during the terminal stages of illness.
- V. PROCEDURE:
 - A. General Guidelines:

1. The highest medical authority on scene shall determine death in the field.
 - a. If BLS responders have any questions or uncertainty regarding determination of death, BLS measures shall be instituted until arrival of ALS personnel.
 - b. If ALS responders have questions or uncertainty regarding determination of death, ALS measures shall be instituted until base hospital contact is made and orders received.
2. Prehospital EMS personnel who have determined death in the field in accordance with the parameters of this policy are not required to make base hospital contact.
3. Prehospital EMS personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.

PATIENTS WHO ARE OBVIOUSLY DEAD

Upon arrival, prehospital EMS personnel shall rapidly assess the patient. For patients suffering any of the following conditions, no further assessment is required. No treatment shall be started and the patient shall be determined to be dead.

- Decapitation,
- Incineration,
- Hemicorporectomy, or
- Decomposition.

PATIENTS WHO APPEAR TO BE DEAD (WITH Rigor Mortis and/or Dependent Lividity)

- B. Patients who are apneic and pulseless require further assessment as described in table 1.
 1. If rigor mortis and/or dependent lividity are present, and if no response for all the assessment procedures indicates signs of life, the patient shall be determined to be dead.
 2. Rigor mortis is determined by checking the jaw and other joints for rigidity.
 3. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.

Table 1.

CATEGORY	ASSESSMENT PROCEDURES	FINDINGS FOR DETERMINATION OF DEATH
Respiratory	Open the patient's airway. Auscultate lungs or feel for breaths while observing chest for movement for a minimum of 30 seconds	No spontaneous breathing No breath sounds on auscultation.
Cardiac	Palpate the carotid artery (brachial for infant) for a minimum of 1 minute. Auscultate for heart sounds for minimum 1 minute. <u>OR</u> ALS ONLY- Monitor the patient's cardiac rhythm for minimum of 1 minute. Check <u>asystole in 2 leads. Obtain a 6-second strip to be retained with the EMS provider documentation.</u>	No pulse. No heart sounds.
Neurological	Check for pupil response to light. Check for response to painful stimuli.	No pupillary response. No response to painful Stimuli.

1. While in the process of the assessment procedures, if any response indicates signs of life, resuscitation measures shall take place immediately.
2. **If rigor mortis and/or dependent lividity are present**, and if no response for all the assessment procedures indicates signs of life, the patient shall be determined to be dead.

**PATIENTS WHO APPEAR TO BE DEAD:
 (WITHOUT Rigor Mortis and/or DEPENDENT LIVIDITY)**

- C. Patients who appear to be dead but display no signs of rigor mortis and/or dependent lividity shall have the cause of apparent death determined to be **MEDICAL** (~~non-traumatic~~, including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strikes, and electrocution), or **TRAUMATIC** (and injuries are sufficient to cause death).
 1. **MEDICAL ETIOLOGY:** Resuscitation measures shall take place.
 2. **TRAUMATIC ETIOLOGY:** Further assessment as defined in Table 1 shall be performed. If no response for all the assessment procedures, the patient's age should be determined. (reasonable estimation appropriate if positive determination of age is not possible)
 - a. For patients younger than 18 years of age, resuscitation measures, including transport to the hospital shall take place.
 - b. For patients 18 years or older:
 - 1) **BLS RESPONDERS:**

- a) If the time from **initial determination** of pulselessness and apnea until hospital arrival is estimated to be less than 20 minutes, resuscitation measures, including transport to the hospital shall take place.
- b) If the time from **initial determination** of pulselessness and apnea until hospital arrival is estimated to be 20 minutes or more, the patient may be determined to be dead.

2) **ALS RESPONDERS:**

- a). If the time from **initial determination** of pulselessness and apnea until hospital arrival is re-estimated to be less than twenty minutes, using a cardiac monitor, the patient's rhythm should be assessed.
 - 1. If the rhythm is narrow complex PEA, wide complex PEA greater than 30 beats per minute, ventricular tachycardia or ventricular fibrillation, resuscitation measures, including transport to the hospital, shall take place.
 - 2. If the rhythm is asystole or wide complex PEA at a rate of 30 beats per minute or slower, the patient shall be determined to be dead.
- b.) If the time from **initial determination** of pulselessness and apnea until hospital arrival is estimated to be twenty minutes or more, the patient may be determined to be dead, regardless of cardiac rhythm..

D. Termination of Resuscitation

- 1. Base hospitals and EMS personnel should consider terminating resuscitation measures on adult patients (age 18 and older) who are in cardiopulmonary arrest and fail to respond to treatment under VC EMS Policy 705: Cardiac Arrest, Adult.
- 2. If resuscitation measures have been initiated, base hospital contact should be attempted before resuscitation is terminated and the patient determined to be dead.
- 3. If unable to make base hospital contact, resuscitation efforts may be terminated and the patient determined to be dead using the following criteria:

- a. Patients without evidence of trauma who meet termination of resuscitation criteria in VC EMS Policy 705: Cardiac Arrest, Adult.
 - b. Patients with blunt or penetrating trauma if the cardiac rhythm is or becomes asystole or wide complex PEA at a rate less than 30 beats per minute.
4. In cases of cardiopulmonary arrest as a result of a lightning strike, electrocution or suspected hypothermia, CPR shall be performed for a minimum of one hour. **BLS responders in these circumstances shall make all reasonable attempts to access ALS care.**
- E. Documentation
1. EMS personnel will document determination of death in the approved Ventura County Documentation System (AVCDS).
- F. Disposition of Decedent's Body
1. Deaths that occur in hospitals or skilled nursing facilities, or to patients enrolled in hospice programs, do not require law enforcement response. Under these circumstances the body may be left at the scene.
 2. Deaths that occur anyplace other than a hospital or skilled nursing facility **except to patients enrolled in hospice programs**, must be reported to law enforcement personnel and the body must be left in their custody.

Ventura County EMS Determination of Death

DECAPITATION, INCINERATION, HEMICORPECTOMY OR DECOMPOSITION?

NO

YES

DOD

RIGOR OR LIVIDITY?

RIGOR: Check the jaw and other joints for rigidity.
LIVIDITY: Check the dependent areas of the body for purplish-red discoloration.

YES

NO

ANY RESPONSE TO FURTHER ASSESSMENT?*

MEDICAL
(Including Drowning, Ingestion, Asphyxiation, Hanging, Poisoning, Lightning Strike, Electrocutation)

TRAUMATIC
Blunt or Penetrating Trauma (Sufficient to Cause Death)

YES

NO

TREAT

DOD

TREAT

ANY RESPONSE TO FURTHER ASSESSMENT?*

YES

NO

TREAT

YOUNGER THAN 18 YEARS OF AGE?

YES

NO

TREAT

HOSPITAL ETA LESS THAN 20 MIN?

YES

NO

ALS PROVIDER

BLS PROVIDER

DOD

Narrow complex PEA, Wide Complex PEA > 30/min, VT

TREAT

TREAT

YES

NO

DOD

* FURTHER ASSESSMENT PROCEDURES

#1
Respiratory

BLS and ALS:

1. Open airway.
2. Auscultate lungs or feel for breaths, while observing the chest for 30 seconds.

#2
Cardiac

BLS:

1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)
2. Auscultate heart sounds for 1 minute.


ALS:

1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)
2. Monitor rhythm for 1 minute; check asystole in 2 leads. Print 6-second strip.

#3
Neuro



BLS and ALS:

1. Check pupils for response to light.
2. Check for response to painful stimuli.

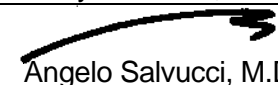
COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT-I Administration of Oral Glucose		Policy Number 620	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	November 18, 1982		
Date Revised:	March 9, 2006	Effective Date: December 1, 2008	
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To define the indications and use of oral glucose by EMTs.
- II. AUTHORITY: Health and Safety Code 1798, 1797.220. California Code of Regulations, Title 22, Section 100063.
- III. POLICY:
 - A. Oral glucose is to be used only if the patient meets the following criteria:
 1. The patient has a history of diabetes controlled by medication
 2. Shows signs or symptoms of altered mental status.
 3. The patient is conscious, able to swallow and protect their airway (intact gag reflex).
- IV. PROCEDURE:
 - A. The following instructions should be followed:
 1. Check the expiration date of the oral glucose
 2. Monitor patient's airway closely during administration
 3. Administer the entire tube in small increments
 - a. Squeeze small portions of the oral glucose into the mouth between the cheek and gum or
 - b. Place small portions of the oral glucose on a tongue depressor and deposit the medication between the cheek and gum
 4. Lightly massage the cheek to increase absorption; the medication should not be swallowed.
 5. If the patient loses consciousness or seizes, stop administration, consider suctioning.

6. Reassess the patient for improvement in mental status
7. Document the patient's assessment, the time and amount of medication administered and patient's reassessment.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: ICE – In Case of Emergency for Cell Phones		Policy Number 622	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	May 11, 2006		
Date Revised:	May 11, 2006		
Date Last Reviewed:	July 10, 2008	Effective Date: December 1, 2008	
Next Review Date:	July, 2011		

- I. PURPOSE: To inform EMS providers of the ICE (In Case of Emergency) program that is promoted for personal cell phones. This is described as a universally-recognized mechanism to provide prompt notification to a family member or other designated contact of an ill or injured patient, and perhaps obtain information about a patient's medical history.
- II. AUTHORITY: Division 2.5 of the Health and Safety Code, Sections 1797.214 and 1798
- III. DEFINITIONS: "ICE" is an acronym for "In Case of Emergency".
- IV. PROCEDURE: It may be practical for EMS Providers to briefly search for a cell phone or other identification when working with a patient that is unable to provide this information. These items could then be provided to law enforcement or transported with the patient to the hospital. EMS providers are not usually the ones who make emergency notifications to family members or other third parties. This is normally done by law enforcement, hospitals or others involved in the situation. Searching for cell phones or making notifications, whether to an ICE contact or other third party, should never delay patient assessment, treatment, or transport. Currently, there are no applicable federal laws that *require* an EMS provider to check a patient's cell phone and attempt to make contact with the patient's ICE designee. If the EMS Provider attempts to make a notification, they should only disclose personal health information about the patient that is directly relevant to their involvement with the patient's health care. This notification should be documented on the approved Ventura County documentation system.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patient Medications		Policy Number 624	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	December 6, 2006		
Date Revised:		Effective Date: December 1, 2008	
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

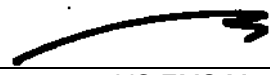
- I. PURPOSE: To establish a procedure for locating, identifying, and transporting medications in order to assist in the prompt and accurate hospital evaluation and treatment of patients.
- II. AUTHORITY: Health and Safety Code, Section 1797.220, and 1798. California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. Reasonable efforts are to be made to determine the essential information for all medications: name, strength, dose, route, frequency, and time of last dose.
 - B. For patients who do not know this information, either a detailed list or the medications in their original containers will be taken with the patient to the hospital whenever possible.
 - C. Medications include all prescriptions, nutritional and herbal supplements, over-the-counter preparations, pumps, patches, inhalers, drops, sprays, suppositories, creams or ointments.
- IV. PROCEDURE:
 - A. For patients who do not know all of the essential information on all of their medications, either a list of medications with essential information or the medications in the original containers should be taken to the hospital.
 - B. If unable to locate the original labeled medication containers, pills in unlabeled containers or pills not in containers will be taken.
 - C. If the patient or family objects to turning over the medication to EMS personnel, the family must be told of their importance and instructed to take them to the emergency department promptly.
 - D. Medications taken to the hospital are to be turned over to an identified individual hospital staff person.

- E. Hospital staff is responsible for returning the medications to patient or family.
- F. EMS personnel must document all actions on the Approved VCEMS Documentation System, including discussing medications, taking them to the hospital, the person to whom they were turned over, and explain if unable to obtain essential information or medications.

HISTORY	PHYSICAL
CP, SOB, Syncope, Dizziness Previous cardiac disease? Previous dysrhythmias? Medications	Airway Breath Sounds Vital Signs O2 sat Level of consciousness Other signs of hypoperfusion
PRIOR TO BASE HOSPITAL CONTACT	
Assess Airway ↓ O ₂ therapy, airway management as indicated ↓ IV access (If unable, proceed) ↓ Monitor, document rhythm strips ↓ 12-Lead ECG ↓ Atropine (if HR < 45): IV 0.5 mg (1 mg/10 cc), IL 0.5 mg (1 mg/ 1 cc), ET 1.0 mg (1 mg/10 cc) ↓ BASE HOSPITAL CONTACT (If unable, prepare for transport and follow CFP)	
COMMUNICATION FAILURE PROTOCOLS	
If unable to establish BH Contact And Symptomatic Bradycardia persists X 3 minutes after first atropine administered ↓ **Atropine (if HR < 45): IV 0.5 mg (1 mg/10 cc), IL 0.5 mg (1 mg/ 1 cc), ET 1.0 mg (1 mg/10 cc) ↓ Initiate Transport ↓ Reattempt Base Hospital Contact If unable to establish BH Contact And Symptomatic Bradycardia persists, **May repeat Atropine in 0.5 mg increments, q 3-5 minutes To total dose of 0.04 mg/kg (3.0 mg in a 70 kg pt) ↓ If shock, Mobitz II second degree or third degree AV Block, or persistent bradycardia, begin TCP.*** ↓ If symptomatic bradycardia persists, continue expeditious transport and consider Dopamine 400 mg/250 cc D ₅ W. Start at 5-10 mcg/kg/min and titrate to effect, max. 20 mcg/kg/min.***	
BASE HOSPITAL ORDER ONLY	
For suspected hyperkalemia, consider calcium chloride 1 Gm slow IVP (contraindicated if possible digitalis toxicity) and/or sodium bicarbonate 50 - 100 mEq slow IVP	

* Chest Pain, Altered Level of Consciousness, or other signs of hypoperfusion.
 ** If patient is in 2° or 3° heart block and takeover rhythm is wide complex, atropine may cause a decrease in the heart rate. If this occurs withhold atropine and use TCP.

*** Transcutaneous cardiac pacing (TCP) is the preferred step after atropine for stable persistent bradycardia and should be started immediately for high degree AV block or unstable VS.



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**** Monophasic – 360 J* 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 ET: 1:10,000 2.0 mg** IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If VFib/Vtach³ remain: DEFIBRILLATE - 360 J * & resume CPR. ***Lidocaine IVP: 1.5 mg/kg or ET: 3 mg/kg** Defibrillate - 360 J * 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 - 360 J * 	<p>ASYSTOLE</p> <ol style="list-style-type: none"> IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If NO IV, give ET: 1:10,000 2.0 mg** 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 ET: 2.0 mg** IL: 1.0 mg (1 mg/ml) 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"> ASSESS/TREAT CAUSE IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If no IV, give ET: 1:10,000 2.0 mg** IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If still BRADYCARDIC PEA, give ATROPINE: IVP: 1.0 mg ET: 2.0 mg** IL: 1.0 mg (1 mg/ml) 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"> 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, ET: 1:10,000 2.0 mg** IL: 1:1000 1.0 mg ALS Airway Management.⁴ Reassess Cardiac Rhythm. If Non-Bradycardic PEA remains, continue treatment of likely cause. Repeat Epi q 3-5 minutes 															
<p>* Or biphasic waveform defibrillation at energy level approved by service provider medical director. ** For ET administration, dilute in 5-10 ml NS. *** 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 or ET 3 mg/kg (if no IV). **** 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																
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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 - 360 J Consider MgSO₄ 1-2 GM IVP Defibrillate - 360 J or biphasic waveform defibrillation at energy level approved by service provider medical director. 	<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 ***PEA: Pulseless Electrical Activity 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 															

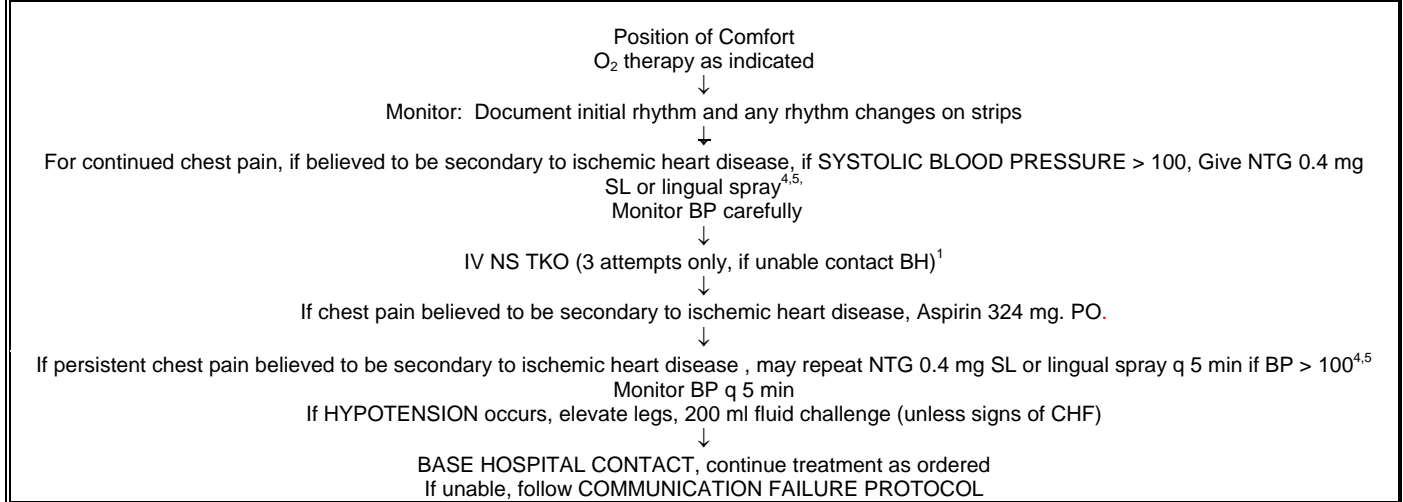
NOTES:

- 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 after VF, perform 12-Lead ECG. If STEMI, transport to SRC.

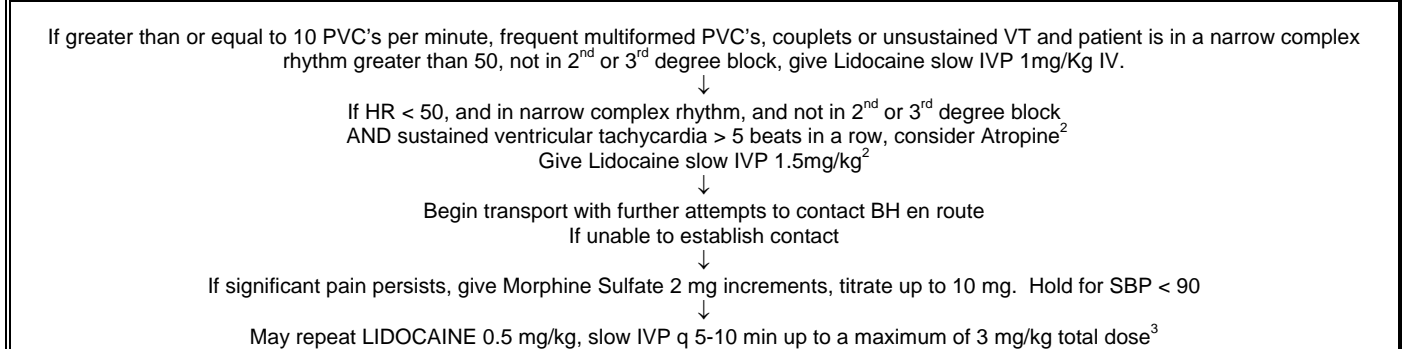


HISTORY	PHYSICAL
History of Cardiac Disease? P - Provoked by? Q - Quality, type? R - Region, Radiation S - Severity T - Time began Relieved by NTG? Medications Shortness of Breath? Recent use of erectile dysfunction medication?	Vital Signs (with O2 sat if available) Breath Sounds (If dyspnea, see Shortness of Breath algorithm) Skin vitals Level of Consciousness Cardiac Rhythm

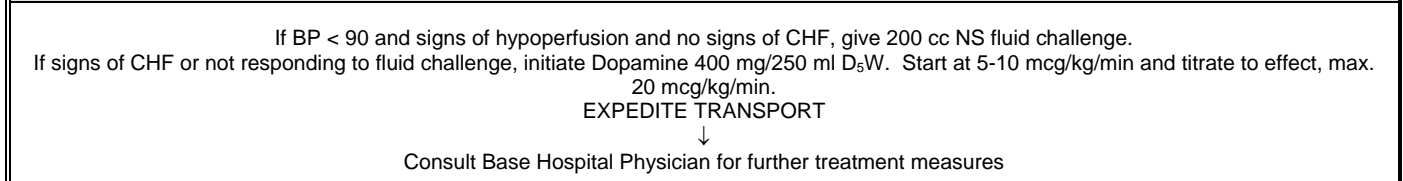
TREATMENT PRIOR TO BASE HOSPITAL CONTACT



COMMUNICATIONS FAILURE PROTOCOL



BASE HOSPITAL ORDERS ONLY



1. If unable to establish Base Hospital Contact, attempt 1 additional IV start and proceed.
2. Give Atropine 0.5 mg IV if underlying rhythm is bradycardic, and ventricular dysrhythmia appears to be a takeover rhythm. (See Symptomatic Bradycardia Protocol)
3. Decrease Lidocaine by 1/2 in decreased cardiac output, significant liver dysfunction, or in-patient > 70 years of age.
4. If patients normal systolic blood pressure < 100, may give NTG if SBP > 90.
5. NTG contraindicated when erectile dysfunction medications (Viagra, Levitra, and Cialis) have been recently used (Viagra or Levitra within 24 hours, Cialis within 48 hours). NTG may be given by Base Hospital Physician order only.

HISTORY	PHYSICAL
Abdominal/Back Pain Severe Diarrhea/Vomiting Bleeding (Emesis, Vaginal, Rectal, Epistaxis)	Signs of Shock O ₂ Sat Capillary refill > 2 seconds Tachycardia Altered LOC Hypotension: Sys BP < 90 Pulse Pressure < 20 Diaphoresis Pallor Cyanosis
TREATMENT PRIOR TO BASE HOSPITAL CONTACT	
ABCs ↓ Monitor, document rhythm strip ↓ O ₂ therapy as indicated ↓ ALS Airway if indicated ↓ Determine Potential vs Actual Hypovolemic Shock ↓	
POTENTIAL ↓ IV Access ↓ Expedite Transport ↓	ACTUAL ↓ IV Access Start 1 line on scene, 1 line en route ↓ Expedite Transport ↓
BASE HOSPITAL CONTACT. If unable, follow COMMUNICATION FAILURE PROTOCOL	
Continue efforts to establish IVs, airway support After 20 ml/kg (Peds) or 500-1000 ml (adult), reevaluate vital signs and signs of shock. If VS normalized and signs of shock resolve, decrease IV to TKO rate. If shock persists, give second bolus of 20 ml/kg (Peds) or 500-1000 ml (adult).	
BASE HOSPITAL ORDERS ONLY	
Consult with ED MD for further treatment orders. Consider Dopamine 400 mg/250 cc D5W. Start at 5-10 mcg/kg/min and titrate to effect, max. 20 mcg/kg.min.	

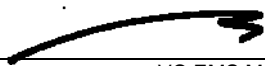
NOTES:

1. In all cases of potential or actual hypovolemic shock, expedite transport.
2. Obviously pregnant patient lay on left side.

HISTORY	PHYSICAL
Mechanism of Injury Penetrating wounds to head, neck, chest, trunk Survivor of fatal accident Passenger space intrusion Ejection from vehicle Need for extrication Motorcycle accident Vertical fall > 15 feet Vehicle vs. pedestrian	Vital Signs Signs of Shock Capillary refill > 2 seconds Tachycardia Altered LOC Hypotension: Sys BP < 90 Pulse Pressure < 20 Diaphoresis Pallor Cyanosis O2 sat
TREATMENT PRIOR TO BASE HOSPITAL CONTACT	
ABCs ↓ Monitor, document rhythm strip ↓ O ₂ therapy as indicated ↓ ALS Airway/C-Spine control if indicated Needle Thoracostomy if indicated C-Spine Immobilization (per Policy 614) ↓ Determine Potential vs. Actual Hypovolemic Shock ↓	
POTENTIAL ↓ Initiate Transport ↓ IV Access ⁵	ACTUAL ↓ Immediate Transport ↓ IV Access ⁵ and fluid bolus
BASE HOSPITAL CONTACT. If unable, follow COMMUNICATION FAILURE PROTOCOL	
Continue efforts to establish IVs, airway support After 20 ml/kg (Peds) or 500-1000 ml (adult), reevaluate vital signs and signs of shock. If VS normalized and signs of shock resolve, decrease IV to TKO rate. If shock persists, give second bolus of 20 ml/kg (Peds) or 500-1000 ml (adult).	
BASE HOSPITAL ORDERS ONLY	
Consult with ED MD for further treatment orders	

NOTES:

1. In all cases of potential or actual hypovolemic shock, expedite transport.
2. Head trauma with decreased LOC: Assist ventilation PRN. If hemodynamically stable, tilt backboard to elevate head approximately 30°. Check blood glucose and consider Narcan en route.
3. Obviously pregnant patient: Tilt back board to left to avoid compression of vena cava by uterus.
4. For penetrating torso trauma with palpable radial pulse, maintain IV at TKO rate.
5. If available, use blood tubing.



HISTORY	PHYSICAL
SOB, Syncope, Dizziness Previous cardiac disease? Previous dysrhythmias? Medications	O ₂ Sat Airway Breath Sounds Vital Signs - with O ₂ Sat if available Level of consciousness Other signs of hypoperfusion
TREATMENT PRIOR TO BASE HOSPITAL CONTACT	
Assess/Manage Airway/O ₂ ** ↓ Cardiac Monitor, document rhythm strips If rate < 60, and significant ALOC, initiate CPR ↓ Vascular Access, NS IV/IO IO preferred if age < 2, and may be used up to 8 years of age per Policy 717 IO for significant ALOC only ↓ EPINEPHRINE IV/IO: 0.01 mg/kg (0.1 ml/kg) 1:10,000	
BASE HOSPITAL CONTACT (If unable, initiate transport and follow COMMUNICATION FAILURE PROTOCOLS)	
EPINEPHRINE IV/IO: 0.01 mg/kg (0.1 ml/kg) 1:10,000 (q 3-5 minutes)	
BASE HOSPITAL ORDERS ONLY	
Atropine 0.02 mg/kg (Minimum dose = 0.1 mg IV/IO)	

* Including, but not limited to, altered LOC, other signs of hypoperfusion, respiratory difficulty.

** **Most bradycardias in children are due to hypoxia. IMMEDIATELY USE HIGH FLOW OXYGEN AND ASSIST VENTILATIONS.**

HISTORY	PHYSICAL	
Events Prior (CP, SOB, Syncope, Dizziness) Previous Cardiac Disease Previous Dysrhythmias Medications Signs of Trauma or Hypovolemic (See Hypovolemic Shock/Trauma Protocol)	Vital Signs O ₂ Sat Breath Sounds Level of Consciousness Pulses	
PRIOR TO BASE HOSPITAL CONTACT		
ABC's O ₂ Monitor, document rhythm strips 12-Lead ECG IV access ↓ Symptomatic? ↓		
MILD ↓ Valsalva ↓ Reassess ↓ Transport ↓ Monitor for changes	MODERATE (Chest Pain, mild to moderate SOB, ALOC) ↓ Valsalva ↓ Reassess	UNSTABLE ↓ (Acute CHF, decreased perfusion or significantly decreased BP) ↓ Valsalva ↓ Reassess ↓ Place on Backboard ↓ Make BH Contact while preparing for cardioversion
BASE HOSPITAL CONTACT, continue treatment as ordered If unable, follow COMMUNICATION FAILURE PROTOCOL		
COMMUNICATIONS FAILURE PROTOCOL		
	Adenosine 6 mg IV Push ^{1, 3} ↓ Prepare for Transport ↓ If no conversion or rate control Adenosine 12 mg IV Push ³ (MR x 1 in 1-2 min) ↓ Transport	Consider sedation: Midazolam 2mg IV ² ↓ Synchronized Cardioversion ↓ #1 - 100 J ⁴ #2 - 200 J ⁴ #3 - 300 J ⁴ #4 - 360 J ⁴ ↓ Transport
BASE HOSPITAL ORDERS ONLY		
Consult Base Hospital Physician for further treatment measures		

ADENOSINE: Rhythm strips.

Indications: Drug of choice for symptomatic PSVT (for conversion).

Contra-indications: 2° or 3° degree AV block; Sick Sinus Syndrome (except in patient with functioning artificial pacemaker); known hypersensitivity to adenosine.

Precautions: may be potentiated by dipyridamole (Persantine) and carbamazepine (Tegretol).

1. Rhythm must be regular and narrow complex
2. For IV use, dilute midazolam 5mg (1ml) with 4ml NS for a final volume of 5ml and concentration of 1mg/ml.
3. Adenosine is given in a rapid IV push followed by 10-20ml Normal Saline Flush
4. Or biphasic waveform synchronized cardioversion at energy level approved by service provider medical director.


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Intralingual Injection		Policy Number: 713	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	August 30, 1990	Effective Date: December 1, 2008	
Date Revised:	January 8, 2004		
Date Last Reviewed:	July 10, 2008		
Next Review Date:	July, 2011		

- I. PURPOSE: To provide a route for delivery of medication when intravenous (IV), intraosseous (IO) or endotracheal tube (ET) access are not available.
- II. POLICY: Atropine, and Epinephrine, may be administered intralingually, using the ventrolateral site, when IV or ET access is unavailable. The submental route shall NOT be used.
- III. PROCEDURE:
 - A. Determine the following:
 1. Patient is in cardiac and/or respiratory extremis, and
 2. IV or ET access is not available.
 - B. Administer medication by
 1. Gently elevating the tip of the tongue from the floor of the mouth with a tongue blade, OP airway or McGill forceps, and
 2. Using a 25 gauge (5/8") needle, inject the medication into the ventrolateral surface of the tongue, and
 3. Injecting the medication rapidly without aspirating, and
 4. Injecting no more than 3 ml 1:1000.
 - C. Observe the patient carefully for complications such as bleeding or swelling which may compromise the airway.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patients After TASER Use		Policy Number: 725	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	Angelo Salvucci, MD, FACEP	Date: December 1, 2008	
Origination Date:	August 10, 2006	Effective Date: December 1, 2008	
Date Revised:			
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To define the treatment and transportation of the patient on whom a TASER has been used.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200, California Code of Regulations, Title 22, Section 100169.
- III. POLICY: It is the policy of the Ventura County Sheriff's Department that all persons on whom a TASER is used be medically cleared prior to incarceration. Law enforcement officers may remove the TASER probes and may transport individuals in custody to an emergency department. On occasion, EMS personnel may be called to evaluate and transport patients with or without the probes in place.
 - A. TASER probes should not be removed by EMS personnel unless they interfere with the safe transportation of the patient.
 - B. Patients should be transported to the closest available hospital or the hospital requested by the law enforcement officer.
- IV. PROCEDURE:
 - A. When safe to do so, patients should be immediately evaluated, with particular attention to signs and symptoms of excited delirium.
 - B. Any injuries or medical conditions will be treated according to the appropriate treatment protocol.
 - C. These patients will be in the custody of law enforcement and will require transportation to an emergency department for medical clearance.
 - D. If the transporting paramedic determines that the patient is a risk to him/herself and/or the ambulance personnel, law enforcement officer(s) may be requested to accompany the patient.
 - E. Unless otherwise contraindicated, the patient should be adequately and safely restrained in an upright position prior to transport.
 - F. If one or both of the TASER probes requires removal for safe transportation:
 1. Verify the wires to the probes have been severed.
 2. Use routine biohazard precautions.

3. Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site between two fingers. Keep your hand several inches away from the probe. With your other hand, in one fluid motion pull the probe straight out from the puncture site.
 4. Reinsert TASER probes, point down, into the discharged air cartridge and hand it to the law enforcement officer.
 5. Apply direct pressure for bleeding, and apply a sterile dressing to the wound site.
- G. If the TASER may be in a dangerous area (e.g., face, neck, hand, bone, groin or spinal column), where it may injure bone, nerves, blood vessels, or an eye, do NOT remove the probe. Transport the patient to the ED in an appropriate position.
- H. Refer to Policy 705: Behavioral Emergencies if patient requires sedation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transcutaneous Cardiac Pacing		Policy Number: 727	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	December 1, 2008		
Date Revised:			
Date Last Reviewed:			Effective Date: December 1, 2008
Next Review Date:	December, 2010		

- I. PURPOSE: To define the indications, procedure and documentation for the use of transcutaneous cardiac pacing by paramedics
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. POLICY: Paramedics may utilize transcutaneous cardiac pacing (TCP) on adult patients in accordance with Ventura County Policy 705.
- IV. PROCEDURE:
 - A. Training: Prior to using TCP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.
 - B. Indications: Symptomatic bradycardia (heart rate <45 with one or more of the following signs or symptoms):
 1. Signs of poor perfusion, evidenced by: decreased level of consciousness, prolonged capillary refill, cool extremities or cyanosis;
 2. Chest pain;
 3. CHF.
 - C. Contraindications:
 1. Absolute
 - a. Asystole
 2. Relative:
 - a. Hypothermia – patient warming measures have precedence

D. Patient Treatment

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

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

E. Documentation

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: King Airway		Policy Number: 728	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry Fisher, MPPA	Date: August 14, 2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: August 14, 2008	
Origination Date:	April 10, 2008		Effective Date: August 14, 2008
Date Revised:			
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2010		

- I. Purpose: To define the indications and use of the King Airway in the pre-hospital setting by paramedic personnel.
- II. Authority: Health and Safety Code 1797.220 and 1798; California Code of Regulations, Title 22, Division 9, Section 100175.
- III. Policy: Paramedic personnel may use the King Airway in accordance with Policy 705 as an option for ALS Airway Management.
- IV. Procedure:
 - A. Indications: Patients who require assisted ventilation and meet criteria for an advanced airway as listed in VC EMS Policy 710. May be used as a primary airway or after one or more unsuccessful ETI attempts.
 - B. The following contraindications shall be observed:
 1. Its use will be restricted only to unconscious patients without a gag reflex.
 2. It is not to be used on patients under four (4) feet tall.
 3. It is not to be used on suspected cases of esophageal diseases or of ingestion of caustic substances.
 - C. Placement
 - 1, Select appropriately sized King Airway:
 - a. Size 3 – Patient between 4 and 5 feet tall (55 ml air)
 - b. Size 4 – Patient between 5 and 6 feet tall (70 ml air)
 - c. Size 5 – Patient over 6 feet tall (80 ml air)
 2. Check King Airway cuffs to ensure patency. Deflate tube cuffs. Leave syringe attached. Lubricate the tip of the tube.
 3. Oxygenate with 100% oxygen.
 4. Position the head. The ideal position is the “sniffing position”. A neutral position can also be used if trauma is suspected.

5. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums.
 6. Inflate cuffs based on size according to Section 1 above.
 7. Attach bag-valve to King Airway. While gently bagging the patient to assess ventilation, withdraw the airway until ventilation is easy and free flowing.
 8. Attach bag valve device and verify placement by **ALL** of the following:
 - a. Rise and fall of the chest
 - b. Bilateral breath sounds
 - c. Absent epigastric sounds
 - d. CO2 measurement (colorimetric capnography)
 9. If there is any question about the proper placement of the King Airway, deflate the cuffs and remove device, ventilate the patient with BVM for 30 seconds and repeat.
 10. Secure the tube with tape or commercial tube holder. Note depth marking on tube.
 11. Continue to monitor the patient for proper tube placement throughout prehospital treatment and transport.
- D. Troubleshooting:
- If placement is unsuccessful, remove tube, ventilate via BVM and repeat sequence of steps.
 - If unsuccessful on second attempt, BLS airway management should be resumed.
 - Most unsuccessful placements relate to failure to keep tube in midline during placement.
- E. Additional Information:
- Cuffs can be lacerated by broken teeth or dentures. Remove dentures before placing tube.
 - Do not force tube, as airway trauma may occur.
- F. Documentation:
- a. Document time of placement and results of tube placement checks performed throughout the resuscitation and transport.

Ventura County Emergency Medical Services



King Airway Documentation Form

Date: _____ Paramedic: _____ Agency: _____

FI # _____ Pt Age: _____ Gender: _____ Height: _____

King Airway Size: (Circle One) 3 4 5

Type: Medical Arrest Traumatic Arrest Submersion Arrest
(Circle One) Respiratory Arrest Other: _____

Criteria	Yes	No	Other
1. # of ETI attempts? (Circle One) 0 1 2			
2. # of King Airway attempts? (Circle One) 1 2			
3. King Airway Successful?			
4. Physical Exam Confirms Successful Placement?			
4a. Chest Rise?			
4b. Lung Sounds Present?			
4c. Abdominal Sounds Absent?			
4d. Colorimetric CO2 Detector Used?			(Circle One) Purple Gray Tan Yellow
4e. Capnography Used?			Reading _____
5. Complications? (i.e. Unable to Ventilate, Inadequate Seal, Failed Placement, Ruptured Balloon, Etc.)			Describe Complications:
6. Patient Transported?			Hospital _____
7. Patient Outcome?			<input type="checkbox"/> Resuscitated <input type="checkbox"/> Expired <input type="checkbox"/> Unknown

For VC EMS use only:

Policy Title: Ambulance Provider Response Units: Required Frequencies		Policy Number 905
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: December 1, 2008
Origination Date:	July 1, 1999	Effective Date: December 1, 2008
Date Revised:	June 8, 2006	
Date Last Reviewed:	August 14, 2008	
Next Review Date:	August, 2011	

- I. PURPOSE: To list the communications frequencies required on ambulance provider response units.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204
- III. POLICY: Ambulance provider response units shall be equipped to use the frequencies listed in this policy.
- IV. PROCEDURE:
 - A. Ambulance provider response unit mobile radios shall be programmed with the following frequencies. To reduce confusion, assignments for channels 1-16 will be programmed exactly as follows on all vehicle mounted mobile radios. It is recommended that all portable radios also utilize the same program list; however, providers may adjust the portable lists to accommodate agency specific issues.

CH.	GRP	CH	DISPLAY	ASSIGNMENT	RX	CTCSS	TX	CTCSS
1	1/A	1	DISPATCH	Dispatch	154.0100	100.0	154.0100	100.0
2	1/A	2	CMND 2	East Command	154.3250	100.0	154.3250	100.0
3	1/A	3	TAC 3	East Tactical	153.9500	127.3	153.9500	127.3
4	1/A	4	CMND 4	North Command	154.1000	100.0	155.1000	123.0
5	1/A	5	TAC 5	North Tactical	154.0250	100.0	154.0250	100.0
6	1/A	6	CMND 6	West Command	155.8350	100.0	155.8350	100.0
7	1/A	7	TAC 7	West Tactical	153.8300	100.0	153.8300	100.0
8	1/A	8	WHITE 1	OES White 1	154.2800	CSQ	154.2800	100.0
9	1/A	9	WHITE 2	OES White 2	154.2650	CSQ	154.2650	100.0
10	1/A	10	WHITE 3	OES White 3	154.2950	CSQ	154.2950	100.0
11	1/A	11	LAC T-17	LAC Tac 17	154.4300	CSQ	154.4300	151.4
12	1/A	12	LAC T-18	LAC Tac 18	154.3400	CSQ	154.3400	151.4
13	1/A	13	OXD Ch.1	OXD Ch. 1	154.1450	141.3	156.2100	141.3
14	1/A	14	OXD Ch.3	OXD Ch. 3	154.0700	123.0	156.0300	123.0
15	1/A	15	TAC 15	Ventura City Tactical	155.8650	100.0	155.8650	100.0
16	1/A	16	CMND 16	Ventura City Command	155.0400	100.0	154.3700	100.0

- B. Ambulance provider response unit radios shall be programmed with the following frequencies; however, the specific channel order may be adjusted to accommodate agency specific issues. Channels 30, 31 and 32, are available for the provider to program agency specific frequencies.


17	2/B	1	MOB RPT	Mobile Repeater	159.1800	CSQ	159.1800	67.0
18	2/B	2	VCSD 1	V.C.S.D. West County [SEMS 1]	159.2100	110.9	159.2100	110.9
19	2/B	3	VCSD 3	V.C.S.D. East County [SEMS 2]	156.1500	123.0	156.1500	123.0
20	2/B	4	VCSD 4	V.C.S.D. North County	151.1300	151.4	151.1300	151.4
21	2/B	5	VPD	Ventura PD	155.3100	100.0	156.1200	100.0
22	2/B	6	OXPD	Oxnard PD	155.7450	100.0	159.1200	100.0
23	2/B	7	PHPD	Port Hueneme PD	158.8800	100.0	158.8800	100.0

24	2/B	8	SVPD	Simi Valley PD	160.7850	100.0	154.8900	100.0
25	2/B	9	SPPD	Santa Paula PD	158.8350	100.0	158.8350	100.0
26	2/B	10	FILLMORE	Fillmore City Tactical	154.2050	100.0	154.2050	100.0
27	2/B	11	LARTCS 5	LARTCS 5V	159.0300	100.0	155.5800	100.0
28	2/B	12	MED 2	MedNet 2	155.3550	103.5	155.3550	103.5
29	2/B	13	MED 3	MedNet 3	155.3850	103.5	155.3850	103.5
30*	2/B	14		AGENCY CONFIGURABLE				
31*	2/B	15		AGENCY CONFIGURABLE				
32*	2/B	16		AGENCY CONFIGURABLE				

- C. The frequencies listed on Channels 33-64 are recommended for placement on all ambulance provider response units' mobile and portable radios. Any ambulance provider units that respond to 911 calls shall have a minimum of one radio (mobile or portable) programmed with these frequencies for mutual aid purposes.

33	3/C	1	DISP RPT	Dispatch - REPEAT	154.0100	100.0	156.0600	110.9
34	3/C	2	CMD2 RPT	East Command - REPEAT	154.3250	100.0	155.8350	110.9
35	3/C	3	VNC A/G	VNC Air-to-Ground	154.2350	CSQ	154.2350	CSQ
36	3/C	4	LAC T-19	LAC Air-to-Ground [T-19]	154.4000	CSQ	154.4000	151.4
37	3/C	5	CDF C-1	CDF Command 1	151.3550	CSQ	159.3000	136.5
38	3/C	6	CDF A/G	CDF Air-to-Ground	151.2200	CSQ	151.2200	CSQ
39	3/C	7	LPF A/G	USFS Air-to-Ground	170.0000	CSQ	170.0000	CSQ
40	3/C	8	LPF SIS	LPF Forest Net - Sisar	170.5500	CSQ	169.9000	123.0
41	3/C	9	LPF TOR	LPF Forest Net - Torrey	170.5500	CSQ	169.9000	156.7
42	3/C	10	LPF FRA	LPF Forest Net - Frazier	170.5500	CSQ	169.9000	110.9
43	3/C	11	LPF ABEL	LPF Forest Net - Abel	170.5500	CSQ	169.9000	167.9
44	3/C	12	KRN Ch. 1	Kern Co FD - Dispatch	155.8800	167.9	158.9400	167.9
45	3/C	13	KRN Ch. 3	Kern Co FD - Lockwood Valley	155.6250	167.9	158.8500	167.9
46	3/C	14	LCWD 1	Lockwood Vly VSO 1 - REPEAT	159.2100	100.0	154.0550	67.0
47	3/C	15	LCWD 11	Lockwood Vly VSO 11 - REPEAT	158.7300	100.0	154.0550	77.0
48	3/C	16	AIRGUARD	Air Guard	168.6250	CSQ	168.6250	110.9
49	4	1	SEMS 1	SEMS 1 [VCSD Ch. 1]	159.2100	110.9	159.2100	110.9
50	4	2	SEMS 2	SEMS 2 [VCSD Ch. 3]	156.1500	123.0	156.1500	123.0
51	4	3	SEMS 3	SEMS 3 [VNC Ch. 1]	154.0100	100.0	154.0100	100.0
52	4	4	SEMS 4	SEMS 4 [VCSD Car-to-Car]	158.7300	100.0	158.7300	100.0
53	4	5	SEMS 5	SEMS 5 [VCSD Ch. 2]	155.5350	114.8	155.5350	114.8
54	4	6	SEMS 7	SEMS 7 [MEDNET 1]	155.2050	103.5	155.2050	103.5
55	4	7	SEMS 8	SEMS 8 [VCSD SAR]	155.1600	CSQ	155.1600	CSQ
56	4	8	SEMS 9	SEMS 9 [COUNTYWIDE LAW]	156.0150	100.0	156.0150	100.0
57	4	9	SEMS 11	SEMS 11 [VEN. CO. PUB. WRKS]	151.0250	CSQ	156.2400	141.3
58	4	10	SEMS 12	SEMS 12 [CALCORD]	156.0750	CSQ	156.0750	CSQ
59	4	11	VCSD RED	V.C.S.D. M/A - RED	153.8450	CSQ	158.9400	110.9
60	4	12	VCSD SOU	V.C.S.D. M/A - SOUTH	153.8450	CSQ	158.9400	100.0
61	4	13	VCSD RIN	V.C.S.D. M/A - RINCON	153.8450	CSQ	158.9400	88.5
62	4	14	VCSD ROC	V.C.S.D. M/A - ROCKETDYNE	153.8450	CSQ	158.9400	97.4
63	4	15	MED 4	MEDNET 4	155.1750	103.5	155.1750	103.5
64	4	16	MED 5	MEDNET 5	155.0250	103.5	155.0250	103.5

- D. Ambulance providers will post a list of frequency channel assignments in each response unit.
E. A list of frequency channel assignments will be submitted to VCEMS by each ambulance provider.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Developmental Course and Examination Procedure		Policy Number 1105	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	July 2, 1984		
Date Revised:	June 8, 2006		
Date Last Reviewed:	August 14, 2008	Effective Date: December 1, 2008	
Next Review Date:	August, 2011		

- I. PURPOSE: To prepare nurses for their role in directing the prehospital care activities of paramedics. In order for the nurse to attain these necessary skills, practical as well as didactic (including field care audit) sessions shall be provided. Only nurses who fulfill the criteria in Policy 321 are eligible to take the course. The Ventura County EMS Agency shall approve all programs.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58
- III. COURSE REQUIREMENTS:
 - A. Minimum of 40 hours in length
 - B. Topics will include:
 1. Intro/Local EMS System
 2. MICN Role
 3. Communication Protocol/Etiquette
 4. Legal Issues
 5. Legal Documentation
 6. Paramedic Reporting Format
 7. Hazmat
 8. OD/Seizures
 9. EMS Overview
 10. Decompression/Marine Animals/Hyper/Hypothermia
 11. SOB/Apnea/Obstructed Airway
 12. Pharmacology
 13. Chest Pain
 14. Burns
 15. Snake Bites/Bee Stings/Anaphylaxis
 16. AED

17. Pain Control
 18. Hypovolemic Shock/Trauma
 19. ALOC/NeuroFocal/Behavioral
 20. CISM
 21. ACLS/Dysrhythmias
 22. Childbirth/Neonatal Resuscitation
 23. Homework Review
 24. MICN Practice
 25. MCI/Triage
 26. Nerve Agents
 27. Diversion/Reddinet
 28. Pediatrics (may be presented as its own topic or incorporated into each of the above)
 29. Weapons of Mass Destruction
- C. Course shall be coordinated by a Prehospital Care Coordinator (PCC) from a Ventura County Base Hospital, in consultation with an Emergency Department Physician involved in prehospital care.
- D. Individual topics may be taught by medical/nursing personnel with recent Advanced Life Support prehospital care and teaching experience. The course coordinator must approve all instructors.
- E. Each topic shall have predetermined behavioral objectives which clearly specify the relevancy of the material to the MICN's role.
- F. The course shall be reviewed and revised annually to keep up with additions and/or changes to policies and protocol.
- F. There shall be a final examination with an overall passing score of 80%. This exam shall be based on the topics presented and on the course objectives.
- IV. COUNTY EXAMINATION:
- A. Only those candidates who successfully pass the MICN Course and Final Exam will be eligible to sit for the County Examination for purposes of working as an MICN in a Base Hospital.
 - B. The exam shall consist of 100 questions covering all of the topics listed above in III.B.
 - C. Candidates shall pass the exam with an overall score of 80%.

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry Fisher, MPPA	Date	December 1, 2008
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date	December 1, 2008
Origination Date:	February 2001	Effective Date: December 1, 2008	
Date Revised:	March 10, 2006		
Date Last Reviewed:	July 10, 2008		
Review Date:	July, 2011		

- I. PURPOSE: To identify the procedure for approval of Continuing Education Providers (CEP's) in Ventura County, both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 11, Article 4.
- III. POLICY:
 - A. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.
 - B. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
- IV. PROCEDURE:
 - A. Program Approval
 1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
 2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
 3. Applicant shall agree to implement Year 2005 American Heart Association ECC and CPR Guidelines.
 4. Applicant shall submit resumes for the Program Director and the Clinical Director.
 5. Educational Staff Requirements:
Nothing shall preclude one person from filling more than one position.
 - a. Program Director
 - 1) Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are

examples of courses that meet the required instruction in teaching methodology:

- a) California State Fire Marshal Fire Instructor 1A and 1B or
 - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
 - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
 - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.
- b. Clinical Director
- 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.
- c. CE Provider Instructors
- 1) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
6. Application Receipt Process
- Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;
- a. The request for approval has been received.
 - b. The request does or does not contain all required information.
 - c. What information, if any, is missing

7. Program Approval Time Frames
 - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
 - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
 8. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
 - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
1. All program materials are subject to periodic review by the Agency.
 2. All programs are subject to periodic on-site evaluation by the Agency.
 3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 4. Records shall be maintained by the CEP for four years and shall contain the following:
 - a. Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant performance;
 - b. Record of time, place, and date each course is given and number of CE hours granted;
 - c. A curriculum vitae or resume for each instructor;
 - d. A roster of course participants (instructor based courses must have course participants sign roster)

5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
 - a. Student full legal name.
 - b. Certificate or license number
 - b. The date the course was completed
 - c. The name of the course completed
 - d. The name and signature of the Instructor or Program Director.
 - e. The name and address of the CE Provider.
 - f. Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non instructor based." It also must have your C.E. provider number on it.
 - g. The following statement in bold print:

"This document must be maintained for no less than four years"
 6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to the EMS Agency prior to offering a course. After the initial six month period, the CE Provider shall approve and maintain their own records subject to review by the EMS Agency.
 7. A Continuing Education Roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.

However, a copy of the Continuing Education roster for all required Ventura County CE programs (EMS Update, Skills testing, etc) shall be submitted to the Agency immediately after the completion of the program.
 8. Each CEP shall provide an annual report to the Agency, within 45 days of year end, detailing the names of the courses, times, number of hours awarded, and participants. A form will be provided by the EMS Agency.
- C. Application for Renewal
1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
 2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 11.

Ventura County Emergency Medical Services Agency Continuing Education Provider

APPROVAL REQUEST

General Information

Program/Agency Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____ Status Requested: BLS ALS

Requirements

(All items below refer to Ventura County EMS Policy 1130 and Title 22 Regulations)

1. Program Eligibility

<p>Eligible Programs</p> <ul style="list-style-type: none"> Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc) 	<p>Name of Program</p>
<p>Written request for CEP Approval</p>	<p><input type="checkbox"/> Attached</p>
<p>Submit resumes for Program Director and Clinical Coordinator</p>	<p><input type="checkbox"/> Attached</p>
<p>If you will be offering CPR, state what organization will provide certification (AHA or ARC)</p>	<p><input type="checkbox"/> AHA <input type="checkbox"/> ARC</p>
<p>Our organization verifies that we have implemented the Year 2005 American Heart Association ECC and CPR Guidelines.</p>	<p>Signature: _____</p>

2. Program Administration and Staff

<p>Program Director</p> <ul style="list-style-type: none"> Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1). Include current CV, resume, and copies of certifications/licensures. 	<p>Name of Program Director:</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------



<p>Clinical Director</p> <ul style="list-style-type: none"> • Two years experience in emergency medicine or prehospital care in the past five years. • Currently licensed CA MD, RN, PA, or paramedic. • Include current CV, resume, and copies of certifications/licensures. 	<p>Name of Clinical Director:</p>
<p>CE Provider Instructor(s)</p> <ul style="list-style-type: none"> • Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity. 	<p>Name(s) of CE Provider Instructor(s):</p>

3. CE Records and Quality Improvement

<p>Agree to maintain all continuing education records for a minimum of four years.</p>	<p>Signature: _____</p>
<p>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</p>	<p>Signature: _____</p>
<p>Course Completion Certificate/Record</p> <ul style="list-style-type: none"> • Provide a copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall state whether the course was instructor or nor instructor based. 	<p><input type="checkbox"/> Attached</p>

VCEMS Office Use Only

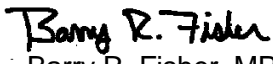

<p>All Requirements Submitted:</p>	<p>Date:</p>
<p>CEP Application Approved:</p>	<p>Date:</p>
<p>Approval Letter Sent:</p>	<p>Date:</p>
<p>Re-Approval Due:</p>	<p>Date:</p>
<p> </p>	<p> </p>
<p>Signature of person approving CEP</p>	<p>Date</p>
<p> </p>	<p> </p>
<p>Typed or printed name</p>	<p> </p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education - Field Care Audit		Policy Number 1131	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	August 1, 1094	Effective Date:	December 1, 2008
Date Revised:	February 9, 2006		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. **PURPOSE:** The Field Care Audit is an important component of the continuing education of prehospital personnel, and is a vital tool in evaluating the effectiveness of mobile intensive care. These regular reviews allow team members the opportunity to critique their own performance, as well as the performance of others. In addition, the review allows all members of the EMS team the opportunity to exchange ideas and opinions on the management of patient calls, thus improving the interpersonal relationships and promoting appropriate communication patterns.
Implementation of the Field Care Audit guidelines will provide a structured session with the group dynamics important in the tape critique process and will enhance the prehospital education experience.
- II. **AUTHORITY:** California Code of Regulations, Title XXII, Division 9, Chapter II, 100390.
- III. **POLICY:** Each Base Hospital shall provide at least one (1) hour of field care audit per month.
- IV. **PROCEDURE:**
 - A. All Field Care Audits shall be conducted by a Prehospital Care Coordinator (PCC).
 - B. Field Care Audits shall be a minimum of one (1) hour and a maximum of four (4) hours.
 - C. When conducting a field care audit, the following guidelines should be utilized:
 1. Field Care Audits shall have a minimum of three (3) persons in attendance, one whom shall be a PCC.
 2. Tapes should be reviewed to determine educational value before they are presented at a formal Field Care Audit session. A tape which is

specifically requested by prehospital personnel should be presented at a field care audit as soon as possible.

3. All personnel involved in a response to be discussed at a Field Care Audit should be contacted directly and encouraged to attend the review, if possible. It is appropriate to include didactic instructions as part of a tape critique program when a specific problem needs to be clarified.
4. A continuing education attendance roster shall be made for each Field Care Audit. Each prehospital personnel shall sign and print his/her name. The Ventura County Certification/authorization or paramedic's State license number shall be filled in.
5. An evaluation form shall be completed by each attendee for each hour of Field Care Audit that is provided. The Base Hospital conducting the Field Care Audit shall retain the attendance roster. A CE Certificate will be provided for each hour of Field Care Audit provided, to each attendee.
6. Fifty (50) percent of required Field Care Audit hours shall be attended in Ventura County for Ventura County certified prehospital personnel.



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Attendance Roster		Policy Number 1132	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	January 1, 1993	Effective Date:	December 1, 2008
Date Revised:	March 9, 2006		
Date Last Reviewed:	August 14, 2008		
Review Date:	August, 2011		

- I. PURPOSE: To define the use of a continuing education attendance roster.
- II. AUTHORITY: Health and Safety Code 1797.208, and California Code of Regulations, Division 9, Chapter 11.
- II. POLICY: A continuing education attendance roster shall be completed for all approved lectures or field care audits.
- III. PROCEDURE:

The form will be completed by an approved continuing education provider. The attendance roster will be retained by the approved continuing education provider for a minimum of four years.

 - A. The following information will be completed by the sponsoring agency or designated liaison:
 1. Sponsoring agency name (Base Hospital, CE Provider, etc.)
 2. Lecture Title - . Name of program/lectures, or field care audit
 3. Lecturer(s):
 - a. Name of person(s) presenting lecture, including title(s), or
 - b. Name of person presenting field care audit
 4. Date
 5. Hours approved for CE presentation
 6. Instructor or non instructor based
 7. Continuing education provider number
 - B. The MICN, Paramedic or EMT name, employer, and certification number will be entered on the attendance roster by each MICN/ Paramedic or EMT. Each MICN, Paramedic or EMT shall sign his/her name.

- C. The roster for continuing education, which is mandatory (i.e., EMS update, paramedic skills refresher, airway lab refresher) shall be faxed to the EMS Agency within 24 hours of completion by the sponsoring agency.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Training Program Approval		Policy Number 1135	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	October 20, 1993		
Date Revised:	December 8, 2005	Effective Date: December 1, 2008	
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.
- II. AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Section 100147.
- III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support within an organized EMS system. The following procedure shall be followed when applying for approval for a paramedic training program approval.
- IV. DEFINITION(S): Paramedic Approving Authority means the local EMS agency. Title 22, California Code of Regulations (CCR), Section 100137.
- V. PROCEDURE:
 - A. Paramedic training shall be offered only by approved training programs. Eligibility for program approval shall be limited to the following institutions:
 1. Accredited universities and colleges, including junior and community colleges and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 2. Medical training units of a branch of the Armed Forces or Coast Guard of the United States.
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a basic or comprehensive emergency service pursuant to the provisions of Division 5,
 - b. Provide continuing education to other health care professionals, and care accredited by the Joint Commission on the Accreditation of

Healthcare Organizations or the Healthcare Facilities Accreditation
Program of the American Osteopathic Association.

4. Agencies of government.
- B. Application for Paramedic Training Program Approval
1. Eligible training institutions shall submit a written request for paramedic training program approval to the EMS agency. A paramedic training program approving authority may deem a paramedic training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation.
 2. The following materials must be submitted to the EMS agency unless CAAHEP accreditation and approved by the EMS Agency.
 - a. A statement verifying that the course content is equivalent to the U.S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum HS 808 862 March 1999..
 - b. An outline of course objectives
 - c. A detailed course outline. This outline must include all curricula outlined in 22 CCR 100159 as well as all mandatory training programs specified by the local EMS agency.
 - d. Performance objectives for each skill.
 - e. The name and qualifications and duty statement of the training program course director, program medical director, and principal instructor.
 - f. Provisions for supervised hospital clinical training.
 - 1) Training programs in non-hospital institutions shall enter into a written agreement with one or more licensed general acute care hospital(s) which hold a permit to operate a Basic or Comprehensive Emergency Medical Service for the purpose of providing supervised clinical experience as well as clinical preceptors to instruct and evaluate the trainee. Final program approval will be withheld until such agreements are in place.
 - 2) The training program must not enroll any more students than the program can commit to providing a clinical internship to begin no later than thirty days after a student's completion of

the didactic and skills instruction portion of the training program. The course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g. student or preceptor illness or injury, student's military duty, etc).

- 3) The training program shall submit a sample of the clinical evaluation to be used by clinical preceptors to evaluate trainees.
- 4) The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the VCEMS medical director and the director and the director of the EMS Authority to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric and pediatric patients.

g. Provisions for supervised field internship

- 1) The training program shall enter into a written agreement with one or more Advanced Life Support providers, approved by the local EMS agency, for the purpose of providing supervised field internship experience as well as preceptors to instruct and evaluate the trainee. Preceptors shall meet criteria developed by the local EMS agency. Final program approval will be withheld until such agreements are in place.
- 2) The training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than ninety days after a student's completion of the hospital clinical education and training portion

- 3) The training program shall utilize the performance standards and internship evaluations developed and approved by the local EMS agency.
 - h. The location at which the training program is to be offered and the proposed dates as well as the number of trainees to be accepted per class.
 - i. A time analysis and sample schedule of each training phase (didactic, clinical, and internship).
 - i. Student eligibility requirements and screening process for entrance into the program.
 - j. Samples of instructor schedule for skills practices/laboratories.
3. Following submission and approval of the above materials, the EMS agency will review the following:
- a. Samples of written and skills examinations used for periodic testing.
 - b. Final skills competency examination.
 - c. Final written examination.
 - d. Facilities, equipment, examination security, and student recordkeeping.
4. Training Program Staff Requirements
- a. Medical Director: Each program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two years experience in prehospital care in the last five years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:
 - 1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 - 2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - 3) Approval of provision for hospital clinical and field internship experiences.
 - 4) Approval of principal instructors.

- b. Course Director: Each program course director shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one year experience in an administrative or management level position and have a minimum of three years academic or clinical experience in prehospital care education within the last five years. Duties of the course director shall include, but not be limited to:
- 1) Administration, organization and supervision of the educational program.
 - 2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum including instructional objectives, and approve all methods of evaluation
 - 3) Ensure training program compliance with this chapter and other related laws.
 - 4) Ensure that the preceptor(s) are trained according to the curriculum in VCEMS Policy 319.
- c. Principal Instructor: Each program shall have a principal instructor(s) who may also be the program medical director or course director if the qualifications in VB.2.d.1)-2) have been met who shall:
- 1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California
 - 2) Have two years experience in advanced life support prehospital care and be knowledgeable in the course content of the U.S. Department of Transportation Paramedic National Standard Curriculum HS 808 862 March 1999
and

- 3) Have six years experience in an allied health field or related technology and an associate degree or two years experience in an allied health field or related technology and a baccalaureate degree.
- 4) Be responsible for areas including but not limited to curriculum development, course coordination and instruction.
- 5) Be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:
 - a) California State Fire Marshall (CSFM) "Fire Instructor 1A and 1B"
 - b) National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and
 - c) A course that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Education Course.
- d. Teaching Assistants: Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.
- e. Field Preceptors: Each program shall have preceptor(s) who shall:
 - 1) Be a licensed paramedic and
 - 2) Be working in the field as a licensed paramedic for the last two years and
 - 3) Be under the supervision of a principal instructor, the course director and/or the program medical director.
 - 4) Have completed the field preceptor training approved by VCEMS (VCEMS Policy 319).

- f. Hospital Clinical Preceptor(s): Each program shall have preceptor(s) who shall:
- 1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 - 2) Have worked in emergency medical care for the last two years.
 - 3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.
 - 4) Receive instruction in evaluating paramedic students in the clinical setting and shall include how to do the following in cooperation with the paramedic training program.
 - (a) Evaluate a student's ability to safely administer medications and perform assessment.
 - (b) Document a student's performance.
 - (c) Assess student behaviors using cognitive, psychomotor, and affective domains.
 - (d) Create a positive and supportive learning environment.
 - (e) Identify appropriate student progress.
 - (f) Counsel the student who is not progressing
 - (g) Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material

C. Program Approval/Disapproval

1. The materials submitted for program approval will be reviewed and evaluated EMS agency staff, an educator with a medical/nursing background and who is not associated with the submitting agency, an RN who is not associated with the submitting agency, and an MD who is not associated with the submitting agency.
2. Program approval or disapproval shall be made in writing by the EMS agency to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

3. The EMS agency shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
4. Program approval shall be for four years following the effective date of approval and may be renewed every four years subject to the procedure for program approval specified in 22 CCR.
5. All approved programs shall be subject to periodic on-site evaluation by the EMS agency.
6. Paramedic training programs approved after January 1, 2000 shall submit their application, fee and self study to the Commission of Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for accreditation within 12 months of the start up of classes and receive and maintain Commission of Accreditation of Allied Health (CAAHEP) accreditation no later than two years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved paramedic training program.
 - a. Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their paramedic training program applicants prior to the applicant's enrollment in the paramedic training program:
 - 1) Date by which the program must submit their application and self study for initial accreditation or their application for accreditation renewal to CoAEMSP.
 - 2) Date by which the program must be initially accredited or have their accreditation renewal by CAAHEP.
 - 3) Failure of the paramedic training program to submit their application and self study or their accreditation renewal to CoAEMSP by the date specified will result in closure of the paramedic training program approving authority unless an approved plan for meeting compliance is provided.
 - 4) Failure of the program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the program by the approving authority unless an approved plan for meeting compliance is provided.

- 5) Students graduating from a paramedic training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.
 - b. Paramedic training programs shall submit to their respective paramedic training program approving authority all documents submitted to, and received from CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self study for accreditation and the documents required for maintaining accreditation.
 - c. Paramedic training programs shall submit to the EMS Authority the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.
 - d. Approved programs shall participate in the emergency medical services system QIP.
- D. Denial or Withdrawal of Program Approval
1. Noncompliance with any criteria required for program approval, use of any unqualified teaching personnel or non compliance with any other applicable provision may result in denial, probation, suspension or revocation of program approval by the approving authority.
 - a. A training program approving authority shall notify the approved paramedic training program course director in writing, by certified mail, of the provisions with which the training program is not in compliance.
 - b. Within fifteen days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by certified mail to the approving authority the following:
 - 1) Evidence of compliance or
 - 2) A plan for meeting compliance with the provision within sixty days from the day of receipt of the notification of noncompliance
 - 3) Within fifteen days of receipt of the response from the training program or within thirty days from the mailing date of

the non compliance notification if no response is received from the program, the approving authority shall notify the EMS Authority and the training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the paramedic training program approval.

- 4) If the approving authority decides to suspend or revoke the training program approval, the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty days from the date of the paramedic training program approving authority's letter of decision to the EMS Authority and the training program.

E. Program Expansion

Approved paramedic training programs must request approval to add additional training classes or to enlarge class size. The training program must provide written confirmation guaranteeing clinical and internship placement as outlined in sections IV.B.2.e-f of this policy.

**Paramedic Training Program
Application Checklist**

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
1. Checklist for Paramedic Training Program Approval			
2. Written request to Paramedic Approving Authority requesting approval (100153)			
3. CoAEMSP/CAAHEP Accreditation (100148)			
4. Documentation of Eligibility for Program Approval (100148)			
5. Completed Application form for Program Approval (attached)			
6. Program Medical Director qualification form, and job description (10014 9(a))			
7. Program Course Director qualification form, and job description (10014 9(b))			
8. Program Principal Instructor(s) qualification form, and job description (10014 9(c))			
9. Teaching Assistant(s) (10014 9(d)) Submit Names and subjects assigned to each Teaching Assistant, qualifications, and job description. There shall be at least one teaching assistant for each six students in skills practice/laboratory settings.			
10. Field Preceptor(s) (10014 9(e)) Submit Name(s) of each field Preceptor, qualifications, and job description.			
11. Hospital Clinical Preceptor(s) (100151) Submit Name(s) of each Hospital Clinical Preceptor(s), qualifications, and job description.			
12. Copy of written agreements with (one or more) Base Hospital(s) to provide Clinical Experience (100151)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating paramedic students			

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
and monitoring of preceptors by the training program. (100151)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152			
15. Provisions for supervised field internship including student evaluation criteria, and copy of standardized forms for evaluating paramedic students and monitoring of preceptors by the training program.			
16. Course Curriculum, including:			
a. Course Outline			
b. Statement of Course Objectives			
c. At least 6 sample lesson plans			
d. Performance objectives for each skill			
e. 3 samples of written and skills exams used in periodic testing			
f. Final Skills Exam			
g. Final Written Exam			
17. Copy of Course Outline, if different than course content outlined in 100159			
18. Class Schedules, places and dates. Estimate if necessary (100153)			
19. Copy of Course Completion Record (100161)			
20. Copy of Liability Insurance on students.			
21. Copy of Fee Schedule.			
22. Description of how program provides adequate facilities, equipment, examination security, and student recordkeeping. (100153)			

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
23. If the course curriculum is not developed by the agency applying for program approval, submit written permission from the developer of the curriculum.			
24. Copy of Student Eligibility Document (100157)			
24. Statement verifying use of curriculum equivalent to US DOT Paramedic (HS808 862 March 1999) National Standard curriculum (100153).			

**COUNTY OF VENTURA
 EMERGENCY MEDICAL SERVICES
 PARAMEDIC TRAINING PROGRAM APPROVAL APPLICATION FORM**

Training Institution/Agency	
Name	
Address	
City/ZIP	
Contact Person	
Telephone Number	
Course Hours	
Total	
Didactic and Skills Lab	
Hospital Clinical Training	
Field Internship	
Personnel: Submit form for each person named.	
Course Director	
Program Medical Director	
Principal Clinical Preceptor	
Principal Field Evaluator	
Principal Instructors	
Teaching Assistants	

**COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TEACHING STAFF**

Check one Program Medical Director Teaching Assistant
 Course Director Principal Clinical Preceptor
 Principal Instructor Principal Field Evaluator

Name: _____

Occupation: _____

Professional/Academic Degrees Held:	Professional License/Certification Number(s):


Expiration Date of Certificate/License: _____

California Teaching Credentials Held:

Type:		Expiration Date:	
Type:		Expiration Date:	

Emergency Care Related Education within the last 5 years:			
Course Title	School	Course Length	Date Completed

Approvals:			
Program Medical Director	Date	Course Director	Date

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Staffing Requirements		Policy Number: 1201	
Approved Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
Approved Medical Director:	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	May 30, 1988	Effective Date: December 1, 2008	
Date Revised:	October 9, 2008		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. PURPOSE: To provide guidelines for classification and staffing level for air unit(s) authorized or licensed to operate in Ventura County as a part of the Emergency Medical Services system.
- II. AUTHORITY: Health and Safety Code: 1797.103, 1797.206, 1797.218, 1797.220, 1797.252, 1798.2 and 1798.102. CCR, Title XXII, Division 9, Chapter 8: Prehospital EMS Air Regulations.
- III. POLICY: Ventura County helicopters will be classified and staffed with medical personnel appropriate to the needs of the patient, according to this policy.
- IV. DEFINITIONS:
 - A. Air Ambulance Service: An air transportation service, which utilizes air ambulances.
 - B. EMS Aircraft Classifications:
 1. Air Ambulance
Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients, according to local license.
 2. Rescue Aircraft:
An aircraft whose usual function is not pre-hospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for pre-hospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.
 3. Auxiliary Aircraft: A rescue aircraft, which does not have a medical flight crew.
 - C. Medical Flight Crew: The individuals(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
 - D. Classifying EMS Agency: The agency, which categorizes the EMS aircraft into the groups identified in Section 100300(c)(3) of Title 22, California Code of Regulations. This shall be the local EMS agency in the jurisdiction of origin except for aircraft operated by the

California Highway Patrol, the California Department of Forestry or the California National Guard which shall be classified by the EMS Authority.

Note: Military Aircraft are not in the EMS Authority's purview.

- E. Authorizing EMS Agency: The local EMS agency which approves utilization of specific EMS aircraft within its jurisdiction.

V. PROCEDURE

A. Aircraft Staffing Requirements


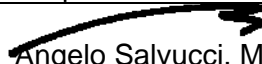
1. Air Ambulance: The medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
2. Advanced Life Support (ALS) Rescue: The medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
3. Basic Life Support (BLS) Rescue Aircraft: The medical flight crew has at a minimum one attendant certified as 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 air methods transport of patients.
4. Auxiliary Aircraft: An aircraft that does not have a medical flight crew.

B. Criteria for EMS Personnel to Staff Air Unit

1. Emergency Medical Technician-Paramedic (EMT-P)
 - a. When staffing a SAR air unit based in Ventura County, a paramedic shall be:
 - 1) Accredited in Ventura County,
 - 2) Designated as a level II EMT-P, per VC EMS Policy 318
 - b. When accompanying an RN on an air ambulance, a paramedic shall be accredited in Ventura County.
 - c. An EMT-P who meets the requirements of IV.B.a.1-2 and is selected to staff an air unit may work with an EMT-I who meets the requirements for a SAR EMT-I. The names of all paramedics selected to work with SAR EMT-Is will be submitted to VC EMS.
2. SAR Emergency Medical Technician I
 - a. While assigned to work with a paramedic on a Ventura County based air unit, a SAR EMT-I shall:
 - 1) Successfully complete the training module described in VC EMS Policy 306. The SAR EMT-I is not required to complete the arrhythmia/ defibrillation component of the module.
 - 2) Meet skill maintenance requirements.
 - 3) Perform duties as described below.
 - b. SAR EMT-I Duties and Responsibilities

- 1) Those functions within the EMT-I Scope of Practice.
 - 2) May transmit information to a Base Hospital regarding paramedic activity and transport information, but may not ask for, receive, or pass on ALS orders.
3. Registered Nurses
- a. RN with a minimum of two (2) years experience in a critical care area within the previous three (3) years, prior to employment with the provider agency.
 - b. Current BLS and ACLS certification from the American Heart Association.
 - c. Minimum of 384 hours of critical care area (including time worked as a CCT RN) experience per year, unless employed full time as a critical care transfer nurse.
 - d. Successful completion of an in-house orientation program sponsored by the provider agency.
 - f. Endotracheal intubation training.
 - h. Certification in any of the following: Certified Emergency Nurse (CEN); Critical Care Registered Nurse (CCRN); Mobile Intensive Care Nurse (MICN); Certified Nurse Anesthetist; Post Anesthesia Recovery Nurse (PAR); or Certified Flight Registered Nurse (CFRN) or challenge/pass Ventura County MICN test.
- C. Initial Education for Medical Flight Crews
1. All Medical Flight Crew personnel shall receive training in air methods transportation, including but not limited to the following:
 - a. General patient care in-flight.
 - b. Changes in barometric pressure, and pressure related maladies.
 - c. Changes in partial pressure of oxygen.
 - d. Other environmental factors affecting patient care.
 - e. Aircraft operational systems.
 - f. Aircraft emergencies and safety.
 - g. Care of patients requiring special consideration in the airborne environment.
 - h. EMS system and communications procedures.
 - i. The prehospital care system(s) within which they operate, including local medical and procedural protocols.
 - j. Use of onboard medical equipment.
 2. Air Unit service providers will provide documentation of training to VC EMS.
- D. Continuing Education Requirements

1. All medical flight crews shall participate in such continuing education requirements as required by their licensure or certification and as defined in VC EMS Policy 334.
 - a. All registered nurses, regardless of the certification which qualifies them to serve as flight nurses within Ventura County, must attend EMS updates twice yearly.
 - b. Flight Nurses who challenge and pass the MICN examination to comply with this policy must meet the continuing education requirements of thirty-six (36) hours per recert cycle, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals.
 - (1) Field Care Audits (Field care audit): Twelve hours per two years.
 - (2) Periodic training sessions (Lecture/Seminar): Twelve hours per two years.
 - (a) EMS Updates (Mandatory, two times per year)
 - (b) ACLS recertification – 2 hours credit
 - (c) Self-Study/Video CE
 - (3) Miscellaneous Education: Twelve hours per two years.
 - c. SAR EMT-I Requirements (In addition to EMT-I recertification requirements)
 - (1) Skills Update - 2 hours per certification period
 - (2) EMS Updates – Mandatory, two times per year
2. Air Unit service providers will provide documentation of continuing education to VC EMS.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Helicopter Dispatch for Emergency Medical Responses		Policy Number: 1202	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: October 19, 2005	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: October 19, 2005	
Origination Date:	October 1998	Effective Date: December 1, 2008	
Date Revised:	October 9, 2008		
Review Date:	October, 2011		

- I. **PURPOSE:** To define dispatch procedures for helicopter emergency medical responses.
- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, and 1798. California Code of Regulations, Title 22, Division 9, Section 100276.
- III. **DEFINITIONS:**
 - A. **EMS Aircraft:** any aircraft utilized for the purpose of pre-hospital emergency patient response and transportation. This includes "Air Ambulances" and all categories of "Rescue Aircraft."
 - B. **Air Ambulance:** Any aircraft specifically constructed, modified, or equipped and used for the primary purposes of transporting critically ill or injured patients whose flight crew has at a minimum two (2) attendants accredited and/or licensed to provide Advanced Life Support.
 - C. **Rescue Aircraft:** Any aircraft whose function is not primarily a pre-hospital emergency patient transport may be utilized, in compliance with VCEMS policy, for pre-hospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft include ALS rescue aircraft and BLS rescue aircraft.
 1. "ALS Rescue Aircraft" means a rescue aircraft whose medical crew has at least one (1) attendant licensed and/or accredited to provide advanced life support care.
 2. "BLS Rescue Aircraft" means a rescue aircraft whose medical flight crew has at least one (1) attendant certified as an EMT-I.
 - D. **Helicopter Dispatch Center:** The helicopter dispatch center is the Ventura County Fire Protection District Fire Communications Center (FCC).

- E. Automatic Response Area: Highway 33 North of Matilija, Lockwood Valley, and any remote area where response time for public safety or EMS personnel exceeds 10 minutes.
- IV. POLICY: Helicopters will be dispatched when an incident is located in an automatic response area or when requested by on-scene VC EMS personnel.
- V. PROCEDURE
 - A. Helicopters, staffed and equipped according to VC EMS policies and procedures, will be dispatched by the designated dispatch center in the following manner:
 - 1. All requests for and cancellations of EMS helicopters shall be made through FCC. The authority for requesting the dispatch of a helicopter for patient transport shall be vested with the on-scene public agency or Ventura County EMS personnel. This policy does not preclude the sheriff's aviation unit from responding to incidents requiring law enforcement response.
 - 2. FCC will determine the appropriate aviation resources using information from on-scene public safety or EMS personnel, or, in Automatic Response Areas, from the reporting party.
 - 3. No EMS helicopter shall respond to an incident without the request of or notifying of FCC.
 - 4. Subject to Section V.A.5., an air ambulance will be dispatched to incidents when a suitable landing site is available and the victim is accessible from the landing site. If the designated air ambulance is unavailable, the VCSD SAR (Ventura County Sheriff's Department Search and Rescue) helicopter will be dispatched.
 - 5. The VCSD SAR helicopter will be dispatched to incidents that describe the need for the specialized skills and capabilities of a rescue aircraft. If VCSD SAR is unavailable, mutual aid resources will be contacted. Incidents that require a rescue helicopter involve the need for:
 - a. Hoist operations: use of a mechanical device ("hoist") attached to the helicopter, to lift a patient from a location inaccessible to ground personnel, and transfer him/her into the cabin of the helicopter.
 - b. Short haul operations: use of a mechanical device ("hoist") attached to the helicopter, to lift a patient from a location

inaccessible to ground personnel, and transport him/her to a location on the ground a short distance away, where care may be provided.

- c. The need for search capabilities, including Night Vision Goggles
- B. Helicopter transportation should be considered for cases that meet ALL of the following criteria:
1. A minimum of 15 minutes ground travel time to the appropriate hospital,
AND
 2. Any one of the following patient conditions:
 - a. Patients with potentially critical injuries.
 - b. Hypotension or shock.
 - c. Spinal cord injuries with neurological dysfunction.
 - d. Vascular compromise in a limb or amputation.
 - e. Snake bite with signs of significant evenomation.
 - f. Unstable near drowning.
 - g. Status epilepticus refractory to medications
 - h. Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation).
 - i. Critical burns.
 - j. Critical respiratory patients.
 - k. Uncontrolled hemorrhage.
 - l. Any other injuries or medical problems in areas inaccessible to (or with prolonged response times for) ground units.
 - m. Other conditions subject to the approval of the Base Hospital physician or the highest medical authority on scene.
 3. All responding units shall be notified of the dispatch of air transport units.
 4. Helicopter transportation will not be used for diversion purposes unless the closest hospital is on internal disaster.
- C. A helicopter response may be terminated through FCC:
1. If on scene VC EMS personnel determine that the helicopter is not needed.
 2. If the helicopter pilot and/or crew determine the call should be terminated for safety considerations.

- D. Helicopter dispatch and utilization shall be considered in multi-casualty incidents and other incidents for which other resources may be insufficient, or unable to respond in a timely manner.
- E. Helicopter transport should be considered potentially contraindicated in the following circumstances:
 - 1. Asystole, not responding to appropriate therapy and not meeting any criteria of an exceptional situation (e.g., cold water drowning, lightning or electrocution).
 - 2. Patients contaminated with hazardous material.
 - 3. Potentially violent patients or those with behavior emergencies.
 - 4. Stable patients, except in areas inaccessible to ground units.
 - 5. When ground transport time is equal to or shorter than air transport time (note: ground personnel may request specialized procedures/medications of air ambulance or skills/capabilities of rescue aircraft).
 - 6. Other safety conditions as determined by pilot and/or crew.

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	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	12/1/2007	3/1/1999	3/31/2004	6/30/2009
106	Development of Proposed Policies/Procedures; Amendments to Existing Policies	12/1/2007	3/7/1990	9/13/2007	9/30/2009
110	County Ord. No. 4099 Ambulance Business License Code	12/1/2007	7/10/1984	9/13/2007	9/30/2009
111	Ambulance Company Licensing Procedure	12/1/2006	9/26/1986	6/8/2006	8/31/2011
112	Ambulance Rates	7/1/2007	1984	6/15/2006	As needed
120	Prehospital Emergency Medical Care Quality Assurance Program	6/15/1998	1/1/1996	3/9/2006	6/30/2008
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	Notification of VC EMS Office of Sentinel Events	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	11/30/2009
300	Scope of Practice Emergency Medical Technician - I	10/14/2004	8/1/1988	10/14/2004	10/31/2006
III. Personnel Policies					
301	Emergency Medical Technician I Certification - Ventura County (EMT-I)	5/10/2007	6/1/1984	5/10/2007	5/31/2009
302	Emergency Medical Technician I Recertification - Ventura County (EMT-I)	5/10/2007	6/1/1984	5/10/2007	5/31/2009
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	6/1/2008	5/1/1984	1/10/2008	1/31/2010
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	11/30/2009
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	6/1/2002	4/9/1985	3/30/2002	6/30/2004
332	EMS Personnel Background Check Requirements	12/1/2004	7/31/1990	5/13/2004	5/31/2006
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	12/1/2006	9/14/2000	6/8/2006	8/31/2011
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	9/30/2009
350	Prehospital Care Coordinator Job Duties	12/1/2007	6/15/1998	9/13/2007	9/30/2009
351	EMS Update Procedure	6/1/2008	2/9/2005	11/8/2007	11/30/2009
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	11/1/2003	12/1/1990	3/31/2003	11/30/2005
410	ALS Base Hospital Approval Process	12/1/2007	8/22/1986	9/13/2007	9/30/2009
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	6/12/2007	6/30/2009
440	Code STEMI Interfacility Transfer	9/10/2007	7/1/2007		9/30/2009
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

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Review Date
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	12/1/2007	5/24/1987	6/12/2007	6/30/2009
506	Advanced Life Support (ALS) Support Vehicles	6/1/2008	10/1/1995	11/8/2007	11/30/2009
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)	6/1/2008	10/1/1993	11/8/2007	11/30/2009
614	Spinal Immobilization	6/1/2007	10/31/1992	12/12/2006	6/30/2009
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	11/30/2009
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
VII.	Advanced Life Support Medical Control and Treatment Policies				
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	6/1/2007			6/30/2009
705	Apnea or Agonal Respirations	6/1/2008		4/10/2008	6/30/2009
705	Behavioral Emergencies	12/1/2007		5/10/2007	5/31/2009
705	Bradycardia: Adult, Symptomatic*, Not In Arrest	12/1/2008		10/9/2008	12/31/2010
705	Burns	6/1/2008		4/10/2008	6/30/2009
705	Cardiac Arrest, Adult	12/1/2008		10/9/2008	12/31/2010
705	Cardiac Arrest, Pediatric	6/1/2007			6/30/2009
705	Chest Pain	12/1/2008		10/9/2008	12/31/2010
705	Childbirth	12/1/2007		9/13/2007	12/31/2009
705	Crush Injury/Syndrome	6/1/2008		4/10/2008	6/30/2009
705	Decompression Injuries	6/1/2008		4/10/2008	4/30/2009
705	Heat Exhaustion/Heat Stroke	6/1/2008		4/10/2008	6/30/2009
705	Hypothermia	6/1/2008		4/10/2008	6/30/2010
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		3/13/2008	6/30/2009

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Review Date
705	Marine Animals	6/1/2008		4/10/2008	6/30/2009
705	Nerve Agent Poisoning	6/1/2008		3/13/2008	6/30/2009
705	Newborn Resuscitation	12/1/2006			12/31/2008
705	Non-Traumatic Focal Neurological Changes	6/1/2008		4/10/2008	6/30/2009
705	Overdose/Poisoning	6/1/2008		4/13/2008	6/30/2009
705	Pain Control	1/10/2008		1/10/2008	1/31/2009
705	Seizures	12/1/2006			12/31/2008
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	12/1/2008		8/14/2008	12/31/2010
705	Ventricular Tachycardia, Sustained Not In Arrest	6/1/2008		4/10/2008	6/30/2009
708	Patient Transfer From One Prehospital Team To Another	10/1/1993			10/31/1995
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
715	Needle Thoracostomy	12/1/2007	11/1/1990	9/13/2007	9/30/2009
716	Use of Pre-existing Vascular Access Devices	12/1/2007	3/2/1992	9/13/2007	9/30/2009
717	Pediatric Intraosseous Infusion	6/1/2008	9/10/1992	4/13/2008	3/31/2010
720	Guidelines For Limited Base Hospital Contact	6/1/2008	6/15/1998	3/13/2008	3/31/2010
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	9/30/2009
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	6/1/2008	8/10/2006	4/13/2008	4/30/2010
727	Transcutaneous Cardiac Pacing	12/1/2008	12/1/2008		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			7/12/2007	7/31/2009
1002	Inability to Make or Maintain Base Hospital Contact Report Form	6/1/2008	10/31/2001	11/8/2007	11/30/2009
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

Policy No.	Title	Effect. Date	Origin. Date	Revised Date	Review Date
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
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	9/30/2009
1205	Air Unit Specifications Equipment and Supplies	12/1/2007	5/1/1999	9/13/2007	9/30/2009
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				
1400	Trauma Care System - General Provisions		6/5/2008		
1401	Trauma Center Designation		6/5/2008		
1402	Trauma Review Committee		6/5/2008		
1403	Trauma Hospital Data Elements		6/5/2008		
1404	Trauma Triage Criteria		6/5/2008		
1405	Trauma Patient Destination		6/5/2008		

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 Providers (New policy #342)	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
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 # 611)	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 Brady, VF, Tachycardia	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			
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
X.	Documentation			
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 1132	11/9/1984		10/20/1993
1011	ALS MICN Continuing Education Requirements (New policy 322) Contents moved to 322			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	Td
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
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			