

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

Pre-hospital Services Committee
Agenda

June 13, 2024
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Issues

A. None

V. New Business or Policies for Review with Proposed Changes

A. 705.09 – Chest Pain

Karen Beatty

B. 705.14 – Hypovolemic Shock

Dr. Shepherd

C. 717- Intraosseous Infusion

Heather Ellis

D. 734- TXA

Dr. Shepherd

VI. Old Business

A. None

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

A. Cardiac Arrest Survival Data Presentation

Andrew Casey

B. Safety Event Data Presentation

Andrew Casey

VIII. Policies Due for Review (No proposed changes)

A. 319 – Paramedic Preceptor

B. 323 – MICN Authorization Challenge

C. 333 – Denial of Prehospital Care Certification or Accreditation

D. 615 – Organ Donor

E. 618 - Unaccompanied Minors

F. 619 – Safely Surrendered Baby

G. 624 - Patient Medications

H. 705.27 – Sepsis Alert

I. 725 – Patient Care after Taser

IX. Agency Reports

A. Fire Departments

B. Ambulance Providers

C. Base Hospitals

D. Receiving Hospitals

E. Law Enforcement

F. ALS Education Program

G. EMS Agency

H. Other

X. Closing

In Person
2240 E. Gonzales rd. #200
Oxnard

Pre-hospital Services Committee
Minutes

April 11, 2024
9:30 a.m.

Topic	Discussion	Action	Approval
I. Introductions	Mat Pall from Conejo Health and Medical Director for Moorpark College Paramedic Program, Dr.???	Welcome	
II. Approve Agenda	No additional items	Approved	Motion: Chris Sikes Seconded: Todd Larsen Passed: Unanimous
III. Minutes	Remove “missed because Beatty” Typo	Approved	Motion: Tom O’Connor Seconded: Ira Tillis Passed: Unanimous
IV. Medical Issues	Buprenorphine- Partnership with Conejo Health through a Grant funded program to help patients with substance abuse issues get referrals for treatment and medics will leave Buprenorphine medication with patient if criteria is met. Naloxone kits literature will be updated as well. Training will start soon with both medics and MICNs, with a potential go-live date in the Fall.	N/A	N/A
A. Other	None		
V. New Business			
A. 0420 – Receiving Hospitals	Removed language criteria that is not currently in regulations. Checklist is now shorter- The Standby regulations will remain in policy. Hospitals will go back to locate their HAM operations equipment that is required. Discussion about what does “promptly” mean on page 1, Sec III, A, 9. After much discussion it was decided to remove #9 and replace it with APOT standards.	Approved with changes	Motion: Todd Larsen Seconded: Mark Martinez Passed: Unanimous
B. 705.18 - Overdose	Buprenorphine has been added to this policy	Approved to go live after training of Buprenorphine has been completed in the Fall.	Motion: Jaime Villa Seconded: Todd Larsen Passed: Unanimous
C. 724 - BRUE	Updated language to reflect BRUE assessments and procedures	Approved	Motion: John Gillett Seconded: Todd Larsen Passed: Unanimous
D. 731 – Tourniquet Use	Updated to add “high and tight” for certain circumstances such as an active threat, rapid application, and extraction.	Approved	Motion: John Gillett Seconded: Todd Larsen Passed: Unanimous
E. 736 – Title Change: From Leave at Home Naloxone to Treatment of Opioid Use	This policy will now be more generic to include other treatments of Opioid Use. Buprenorphine (suboxone) has been added to the policy.	Approved to go live after training of Buprenorphine has been completed in the Fall.	Motion: Jaime Villa Seconded: Todd Larsen Passed: Unanimous

VI. Old Business			
A. Behavioral/Versed	Discussion brought up about Versed dosage with Behavioral Patients. A sub-committee has met previously and will continue to meet. A review of the behavioral policies and versed dosing will be addressed in this sub-committee.	Behavioral Committee will continue to meet	Motion: Seconded: Passed: Unanimous
VII. Informational			
A. 727 – Transcutaneous Cardiac Pacing	No suggested changes	Approved at STEMI Committee	
B. EMS Educational Committee	There have been 4 meetings so far to discuss changes and updates to EMT psychomotor sheets and developing a guidance manual for both student and provider. Estimated implementation date will be late summer/Fall.	EMS Educational Committee will continue to meet.	
C. CE Calendar	Andrew is working on creating a QR code and/or link system to add CE classes to the EMS calendar for medics and EMTs to find classes easily.		
VIII. Policies for review	Andrew is working on created a QR code and/or link system to add CE classes to the EMS calendar.		
A. 342 – Notification of Personnel Changes	No proposed changes.	Approved.	Motion: Erik Eckels Seconded: Chris Sikes Passed: Unanimous
B. 601 – Medical Control at the Scene: EMS Prehospital Personnel	No proposed changes-fix formatting	Approved.	Motion: Todd Larsen Seconded: Chris Sikes Passed: Unanimous
C. 629 – Hospice Patient Care	Discussion about calling hospice nurse and waiting for a call back up to 10 minutes. Education to SNFs about calling hospice nurse prior to calling 911. Medics waiting on scene a maximum of 20 minutes for Hospice response prior to transport.	Approved with changes.	Motion: Todd Larsen Seconded: Ira Tillis Passed: Unanimous
D. 701 – Medical Control – Paramedic Liaison	No proposed changes.	Approved.	Motion: Jaime Villa Seconded: Todd Larsen Passed: Unanimous
IX. Agency Reports			
A. Fire departments	VCFD – HQ is moving to 2400 Conejo Spectrum, 15 students in fire academy graduating, 7 are medics. Sending 2 students to Paramedic school. Continuing discussion on whole blood usage in the county, added 5 reserve R/A-Recruiting for New academy starting next January, buying more		

	<p>Lucas devices, adding a more secure program for narcotic usage</p> <p>VFD – Shutting down 2 engines to fully staff Station 4- Base squad will be a second 24 hr squad-Starting September going back to old schedule- no longer 48/96-hour shifts. Preparing for X-Games June 28-30 at the Fairgrounds. Other big events occurring on 6/25 & 6/27 that will cause some shutdowns in downtown Ventura.</p> <p>OFD – 2025 academy will be pushed back to 2026, 3 FF will be going to EMS Tactical Response OPS training in July, Alejandro is working on solutions for hypothermic trauma patients, EMT school for 17-24 yr olds from low-income, disadvantaged. Vista Real handling most of the costs-Have secured wrap around programs, help students get their GED, special Ed programs, Mental Health and Medi-Cal services. Casa Pacifica is on board, completed cost analysis associated with the physical education component- Membership program approved through VAS drawing down funds from the California Fire Program to sustain and help with CPAP. Will reach out to stakeholders to form a steering committee. Alejandro will be becoming a program administrator and will be overseeing this program. Dr. Larsen will be the medical director for the program. Hopeful to have 4 cohorts starting in January 2025.</p> <p>Fed. Fire – N/A</p> <p>FFD – N/A</p>		
B. Transport Providers	<p>AMR/GCA/LMT – Retraining FTO's for 2 weeks of EVOK training and gurney safety with proper use of belts. Currently fully staffed. 6-7 students will be going to Moorpark Paramedic program-added a unit in Ventura and increased hours to rig in SV. Appreciate AMR stepping up in a timely manner to an Ojai request to staff a rig in upper Ojai just above SP area.</p> <p>All Town – 8 medics @ AVC were about to graduate and then program shut down, so medics did not graduate. Looking for internship. Bakersfield may be able to take them, Steve will follow-up.</p>		
C. Base Hospitals	<p>AHSV – Currently finishing MICN class- OB/NICU services have been discontinued.</p>		

	<p>LRRMC – 7 MICNs in training, SJRMC – MICNs in training VCMC – No Updates</p>		
D. Receiving Hospitals	<p>SJHC – Continued issues with new CAT scan SPH – No Update CMH / OVCH – Amy Querol is retiring, and Christian Ortiz will be taking over.</p>		
E. Law Enforcement	<p>AIR RESCUE – N/A VCSO – N/A CSUCI PD – N/A Parks – N/A</p>		
F. ALS Education Programs	<p>Ventura College – Survey sent out as follow-up from advisory committee to modify the curriculum and pre-requisites. This will streamline for paramedics to get certificates and degrees. Hopefully this will be implemented by Fall. June 14th is paramedic graduation for class 27. This is the 25th Anniversary, there will be a reception prior with Steve Frank and Meridith Mundell and all is welcome. Thanks to all agencies that took all the paramedics in class 27. Working on class 29, 17 students currently signed up. Working on contracts to increase class size. Moorpark College – Graduated first class about a month ago with 10 students. Starting next class next week with 20 students</p>		
G. EMS Agency	<p>Chris Rosa – Medical Exercise is coming up on May 14th- “Save-the-Date” has been sent out, mainly for HCC members. It will be an agricultural chemical release in Camarillo that impacts a school and an acute care hospital. It is a functional exercise, no boots on the ground. ReddiNet will be utilized as well-more to follow. Steve Carroll – EMSAAC Conference is coming up end of May at Loews Coronado Hotel and filling up fast. Get your reservations soon if you plan on going. Ambulance RFP is still sitting at the State waiting approval. Julie Frey- CISM Peer Support 3-day Mitchell Based Model class has been schedule at Ventura City HQ which is paid through the MRC grant. MRC will be first to sign-up, however there will be some open spots for other Ventura County Agencies. 2 Lab 5-month-old puppies were adopted for the EMS agency to become therapy dogs. Waiting to see how their personalities are and get them trained to be therapy dogs.</p>		
H. Other			
X. Closing	Meeting adjourned at 11:51am		<p>Motion: Neil Canby Seconded: Ross Levin Passed: Unanimous</p>
	Meeting audio recording and transcript available upon request.		

Chest Pain – Acute Coronary Syndrome

BLS Procedures

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

- Hold if SBP less than 100 mmHg

ALS Standing Orders

Perform 12-lead ECG

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

For chest pain consistent with ischemic heart disease:

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

IV/IO access

If pain persists and not relieved by NTG:

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

If patient presents or becomes hypotensive:

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

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

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

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

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

Base Hospital Orders Only

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

Additional Information:

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

Hypovolemic Shock	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in supine position Administer oxygen as indicated	
ALS Standing Orders	
<p>Atraumatic Hypotension <i>without</i> hemorrhage IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Repeat x 1 for persistent signs of shock <p>Atraumatic Hypotension <i>with</i> hemorrhage (e.g., postpartum hemorrhage, GI bleed)</p> <p>Tranexamic Acid</p> <ul style="list-style-type: none"> • For patients 15 years of age and older as indicated in VCEMS Policy 734 <ul style="list-style-type: none"> ○ IV/IOPB - 1g TXA in 100mL NS over 10 minutes <p>Traumatic Injury</p> <ul style="list-style-type: none"> • Do not delay transport for IV/IO attempts • Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734 • IV/IOPB - 1g TXA in 100mL NS over 10 minutes • Refer to Policy 705.01- Trauma Treatment Guidelines, for fluid administration <ul style="list-style-type: none"> ○ Goal is to maintain SBP of \geq 80 mmHg ○ Patients 65 years and older, maintain SBP of \geq 100 mmHg 	<p>IV/IO access</p> <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> ○ Repeat x 1 for persistent signs of shock <p><u>Traumatic Injury</u></p> <ul style="list-style-type: none"> • Do not delay transport for IV/IO attempts • Refer to Policy 705.01- Trauma Treatment Guidelines, for fluid administration. <ul style="list-style-type: none"> ○ Goal is to maintain minimum systolic blood pressure for respective age in Handtevy.
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: INTRAOSSEOUS INFUSION		Policy Number: 717
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January 3, 2023
APPROVED: Medical Director: Daniel Shepherd, MD		Date: January 3, 2023
Origination Date: September 10, 1992	Date Revised: June 30, 2022	Effective Date: January 3, 2023
Date Last Reviewed: June 30, 2022	Review Date: June 30, 2024	

- I. **PURPOSE:** To define the indications, procedure, and documentation for intraosseous insertion (IO) and infusion by paramedics.
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.178, 1797.214, 1797.220, 1798 and California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. **POLICY** IO access may be performed by paramedics who have successfully completed a training program approved by the EMS Medical Director
 - A. **Training**
The EMS service provider will ensure their paramedics successfully complete an approved training program and will notify EMS when that is completed.
 - B. **Indications**
Patient with an altered level of consciousness (ALOC) or in extremis AND there is an urgent need to administer intravenous fluids or medications AND venous access is not readily available.
 - C. **Contraindications**
 1. Recent fracture (within 6 weeks) of selected bone.
 2. Congenital deformities of selected bone.
 3. Grossly contaminated skin, skin injury, or infection at the insertion site.
 4. Excessive adipose tissue at the insertion site with the absence of anatomical landmarks.
 5. IO in same bone within previous 48 hours.
 6. History of significant orthopedic procedures at insertion site (ex. prosthetic limb or joint).

IV. PROCEDURE:

A. **Manual IO insertion:**

1. **Assemble the needed equipment**

- a. 16–18-gauge IO needle (1.5 inches long)
- b. Alcohol wipes
- c. Sterile gauze pads
- d. Two (2) 5 mL syringes and a primed IV line (with or without stopcock)
- e. Tape
- f. Splinting device

2. Prepare the site utilizing aseptic technique with alcohol wipe.

3. Fill one syringe with NS

4. **To insert the Manual IO needle at the proximal tibia:**

- a. Stabilize the site approximately 2 cm below the patella and 1 cm medial, on the anteromedial flat bony surface of the proximal tibia.
- b. Grasp the needle with obturator and insert through skin over the selected site at a 90° angle to the skin surface.
- c. Once the bone has been reached, continue to apply pressure rotating and gently pushing the needle forward.
- d. When the needle is felt to 'pop' into the bone marrow space, remove the obturator, attach the empty 5 mL syringe and attempt to aspirate bone marrow.
- e. For responsive patient infuse 2% cardiac lidocaine prior to fluid/medication administration for pain management:
0.5 mg/kg (max 40 mg) slow IVP over 60 seconds.
- f. Attach the 5 mL syringe containing NS and attempt to flush the IO needle. If successful, remove the syringe, connect the IV tubing and secure the needle.
- g. Infuse NS and/or medications.
- h. Splint and secure the IO needle.
- i. Document distal pulses and skin color to extremity utilized for IO insertion before and after procedure. Monitor for complications.

B. EZ-IO insertion

1. Assemble the needed equipment

- a. Choose appropriate size IO needle
 - 1) 15 mm needle sets (pink): 3-39 kg
 - 2) 25 mm needle sets (blue): 3kg and over (minimum size for femur insertion on ped patients)
 - 3) 45 mm needle sets (yellow): For **humeral head and distal femur for adults** or patients with excessive adipose tissue at insertion site
- b. Alcohol wipes
- c. Sterile gauze pads
- d. 10 mL syringe
- e. EZ Connect tubing
- f. Tape or approved manufacturer securing device

2. Prime EZ Connect tubing with 1 mL fluid

- a. If unresponsive use normal saline.
- b. If responsive prime with cardiac lidocaine as instructed below.

3. Prepare the site utilizing aseptic technique with alcohol wipes.

4. To insert the EZ-IO needle at the distal femur:

- a. Connect the appropriate size needle set to the EZ-IO driver.
- b. Stabilize the insertion site. Secure the leg out-stretched to ensure the knee does not bend. Identify the patella by palpation.
- c. The insertion site is approximately 1-2 cm proximal to the superior border of the patella, just medial to midline.
- d. Position the EZ-IO needle at 90 degrees to the underlying bone and insert it into the skin. Continue to insert the needle until contacting the bone. Ensure at least 1 black band is visible above the skin.
- e. Once contact with the bone is made activate the driver and advance the needle with light steady pressure until the bone has been penetrated.
- f. Once properly placed, attach primed EZ Connect tubing and attempt to aspirate bone marrow.
- g. For responsive patients, slow infusion of 2% cardiac lidocaine **over 60 seconds** prior to fluid/medication administration for pain management.

- 1) 3-39 kg: 0.5 mg/kg
 - 2) ≥ 40 kg: 40 mg
 - 3) Adjust for EZ-IO connector tubing
- h. Flush with 10 mL NS to assess patency. If successful, begin to infuse fluid.
 - i. Splint the IO needle with tape or an approved manufacturer stabilization device.
 - j. Document time of insertion on included arm band and place on patient's wrist.
 - j-k. Document distal pulses and skin color before and after procedure and monitor for complications.

To insert the EZ-IO needle at the proximal tibia 6 years and above:

- ~~k-l.~~ Connect appropriate size needle set to the EZ-IO driver.
- ~~l-m.~~ Stabilize the insertion site on the anteromedial flat surface of the proximal tibia.
- ~~m-n.~~ **Pediatric:** 2 cm below the patella, 1 cm medial
- ~~n-o.~~ **Adult:** 2 cm medial to the tibial tuberosity
- ~~o-p.~~ Position the EZ-IO needle at 90° to the underlying bone and insert it into the skin. Continue to insert the needle until contacting the bone. Ensure at least one black band is visible above the skin.
- ~~p-q.~~ Once contact with the bone is made, activate the driver and advance the needle with light steady pressure until the bone has been penetrated.
- ~~q-r.~~ Once properly placed, attach primed EZ Connect tubing and attempt to aspirate bone marrow.
- ~~r-s.~~ For responsive patients, slow infusion of 2% cardiac lidocaine **over 60 seconds** prior to fluid/medication administration for pain management.

- ~~1)4)~~ 3-39 kg: 0.5 mg/kg
 - ~~2)5)~~ ≥ 40 kg: 40 mg
 - ~~3)6)~~ Adjust for EZ-IO connector tubing
- ~~s-t.~~ Flush with 10 mL NS to assess patency. If successful, begin to infuse fluid.

- ~~t.u.~~ Splint the IO needle with tape or an approved manufacturer stabilization device.
- ~~u.v.~~ Document time of insertion on included arm band and place on patient's wrist.
- ~~v.w.~~ Document distal pulses and skin color before and after procedure and monitor for complications.
- ~~w.~~ Manual insertion can be attempted in the event of driver failure.

5. To insert the EZ-IO at the humeral head: (18 years or older)

- a. Connect the yellow (45mm) needle to the EZ-IO driver.
- b. Locate and stabilize the site on the most prominent portion of the greater tubercle, 1-2cm above the surgical neck.
- c. Point the needle set tip at a 45-degree angle to the anterior plane and posteromedial. Insert the needle into the skin until you contact bone. Ensure at least one black band (5mm) is visible above the skin.
- d. Activate the driver and advance the needle with light, steady pressure until the bone has been penetrated.
- e. Once properly placed, attach primed EZ Connect tubing and attempt to aspirate bone marrow.
- f. For responsive patients, slow infusion of 2% cardiac lidocaine over 60 seconds prior to fluid/medication administration for pain management.
 - 1) 3 – 39 kg: 0.5 mg/kg
 - 2) ≥ 40 kg: 40 mg
 - 3) Adjust for EZ-IO connector tubing
- g. Flush with 10 ml NS to assess patency. If successful, begin to infuse fluid.
- h. Splint the IO needle with tape or an approved manufacturer stabilization device. Maintain adduction of the arm and avoid extension of the shoulder.
- i. Document time of insertion on included arm band and place on patient's wrist.
- j. Document distal pulses and skin color before and after procedure and monitor for complications.

a. IO Fluid Administration

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

D. Documentation

1. Document any attempt(s) at establishing a peripheral IV prior to attempting/placing an IO infusion in the Ventura County Electronic Patient Care Report (VCePCR) system.
2. The site and number of attempts, success, complications, and any applicable comments related to attempting an IO infusion shall be documented on the VCePCR. Any medications administered shall also be documented in the appropriate manner on the VCePCR.



VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Skills Assessment

Name _____ Agency _____ Date _____

- Demonstrates, proper body substance isolation
- States indication for EZ-IO use
- States contraindication for EZ-IO use
- Correctly locates target site
- Cleans site according to protocol
- Administers 2% cardiac lidocaine for patients responsive to pain
- Correctly assembles EZ-IO Driver and Needle Set
- Stabilizes the insertion site, inserts EZ-IO Needle Set, removes stylet and confirms placement
- Demonstrates safe stylet disposal
- Connects primed extension set and flushes the catheter
- Connects appropriate fluid with pressure infuser and adjusts flow as instructed
- Demonstrates appropriate securing of the EZ-IO
- States requirements for VC EMS documentation

Instructor Signature: _____ Date _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Tranexamic Acid (TXA) Administration		Policy Number 734	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2021	
Origination Date: January 10, 2019		Effective Date: December 1, 2021	
Date Revised: September 9, 2021			
Date Last Reviewed: September 9, 2021			
Review Date: September 30, 2023			

- I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.
- III. POLICY: Paramedics may administer TXA to patients presenting with [hemorrhagic hypovolemic hemorrhagic](#) shock ~~secondary to trauma~~ in accordance with this policy. Base hospital physician may order TXA to be administered for indications other than those listed below.
- IV. PROCEDURE:
 - A. Indications
 1. Blunt or penetrating traumatic injury with SBP less than or equal to 90mmHg
 2. ~~Any S~~significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application **AND** SBP less than or equal to 90 mmHg
 - 2-3. [Consider for other severe hemorrhage with SBP less than or equal to 90 mmHg \(e.g., GI Bleed, postpartum hemorrhage\)](#)
 - B. Contraindications
 1. Greater than 3 hours post injury [\(trauma\)](#)
 2. Isolated neurogenic shock
 3. Isolated head injury
 4. Isolated extremity injury when bleeding has been controlled
 5. Patient less than 15 years of age
 6. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism or DVT
 7. History of hypersensitivity or anaphylactic reaction to TXA
 8. Traumatic arrest without ROSC

9. Drowning or hanging victims

C. Precautions

1. Severe kidney disease

~~2.~~ Pregnancy

~~3-2.~~ _____

D. Adverse Effects

1. Chest Tightness

2. Difficulty Breathing

3. Facial flushing

4. Swelling in hands and feet

5. Blurred vision

6. Hypotension with rapid IV infusion

E. Preparation

1. Supplies Needed:

i. 1g Tranexamic Acid (TXA) (1)

ii. 100mL bag of 0.9% normal saline (1)

iii. 10mL syringe (1)

2. Maintain sterile technique

3. Mixing Instructions

i. Inject 1g (10mL) of TXA into 100 mL NS bag

4. Label bag with the drug name and final concentration

i. Example: (TXA 1g in 100mL NS)

F. Dosing

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

G. Communication and Documentation

1. Communicate the use of TXA to the base hospital

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	June 1, 1997	Effective Date: December 1, 2021	
Date Revised:	May 13, 2021		
Last Date Reviewed:	May 13, 2021		
Next Review Date:	May 31, 2024		

- 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. California Code of Regulations, Title 22, Division 9, Section 100150
- III. DEFINITIONS:
 - A. A field training officer (FTO) is an agency designation for those personnel qualified to train other prehospital personnel working for that agency.
 - B. The paramedic preceptor as identified in California Code of Regulations Title 22, Division 9, Chapter 4, Article 3, Section 100150, is qualified to train paramedic student Interns. A paramedic preceptor may also be a FTO, when designated by that individual's agency.
- IV. POLICY:
 - A. A Paramedic may be designated a paramedic preceptor upon completion of the following:
 1. Be a licensed paramedic in the state of California, working in the field for at least the last two (2) years
 2. Be under the supervision of the principal instructor, program director and/or program medical director of the applicable paramedic training program.
 3. Have completed a field preceptor training program approved by VCEMS, in accordance with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) standards and guidelines for the accreditation of Educational Programs in the EMS Professions (2015). Training shall include a curriculum that will result in preceptor competency

in the evaluation of paramedic students during the internship phase of the training program and the completion of the following:

- a. Conduct a daily field evaluation of students
 - b. Conduct cumulative and final field evaluations of all students
 - c. Rate students for evaluation using written field criteria
 - d. Identify ALS contacts and requirements for graduation
 - e. Identify the importance of documenting student performance
 - f. Review the field preceptor requirements outlined by the State of California and in local VCEMS Policy
 - g. Assess student behaviors using cognitive, psychomotor, and affective domains.
 - h. Create a positive and supportive learning environment
 - i. Measure students against the standards of entry level paramedics
 - j. Identify appropriate student progress
 - k. Counsel the student who is not progressing
 - l. Identify training program support services available to the student and the preceptor
 - m. Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.
4. 6 months, (minimum 1440 hours) practice in Ventura County as a level II paramedic.
 5. Written approval submitted to VCEMS by employer.
 6. Written approval submitted to VCEMS by the prehospital care coordinator at the base hospital of the area where the paramedic practiced the majority of the time.
 7. Written notification of intent to practice as a paramedic preceptor shall be submitted to VCEMS prior to preceptor working in this capacity.
- B. A preceptor shall not precept or evaluate more than one person at a time.
- C. 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. Medication Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- D. 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>_____ All the requirement of level II met.</p> <p>_____ 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.</p> <p>_____ Successful completion of a preceptor training course approved by VCEMS.</p> <p>_____ Approval by employer</p> <p>_____ 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>_____ Notification of VCEMS</p> <p>_____ Completion of Curriculum Vitae</p>
--

Please sign and date below for approval.

Employer Date:

PCC, BH Date:

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

Paramedic Preceptor

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

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 Nurse Authorization Challenge		Policy Number: 323	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: December 1, 2021	
Origination Date:	April 1983	Effective Date: December 1, 2021	
Date Revised:	January 27, 2022		
Date Last Reviewed:	January 27, 2022		
Review Date:	May 31, 2024		

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.

- II AUTHORITY: Health and Safety Code 1797.56, 1797.213 and 1798.

- III. POLICY: Authorization as an MICN requires professional experience and appropriate training so that appropriate medical direction can be given to Paramedics at the scene of an emergency.

- IV. PROCEDURE:
 - A. VC EMS shall be notified by the Base Hospital of a MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
 1. Evidence of the candidate's current out-of-county authorization as an MICN
 2. Application (Appendix B)
 3. Record of Continuing Education from the previous authorizing agency, and
 4. Base Hospital recommendation letter (Appendix A)

 - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
 1. Professional experience
The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care

areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.

2. Prehospital care exposure

The candidate shall be employed in a Ventura County Base Hospital Emergency Department for a minimum of 520 hours (equivalent to three (3) months full time employment) within the previous six calendar months, and have one or more of the following assignments:

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

3. Field observation

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

4. Internship

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

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)

LETTER OF RECOMMENDATION
AUTHORIZATION CHALLENGE

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

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

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

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

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

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Clinical Manager

Prehospital Care Coordinator

Date: _____

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

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

MICN Candidate Signature

Prehospital Care Coordinator

Date: _____

RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Accreditation/Authorization/Certification Review Process		Policy Number: 333	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2021	
APPROVED: Medical Director Daniel Shephard, MD		Date: December 1, 2021	
Origination Date: April 1993		Effective Date: December 1, 2021	
Date Revised: October 14, 2010			
Date Last Reviewed: May 13, 2021			
Review Date: May 31, 2024			

- I. **PURPOSE:** This policy defines the Ventura County Emergency Medical Services (VCEMS) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.
- II. **AUTHORITY:** California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. CCR, Title 22, Division 9, Chapter 6.
- III. **DEFINITIONS:**
- Certificate** - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.
- Certifying Entity** - as used in this policy means VCEMS.
- Certification Action** - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.
- Certificate Holder** – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.
- CCR** – means the California Code of Regulations, Title 22, Division 9.
- Crime** - means any act in violation of the penal laws of California, any other state, or federal laws.
- Conviction** – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.
- Discipline** - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.

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

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

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

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

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

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

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

suspend, or revoke, or place a Certificate Holder on probation, upon the findings by the VCEMS of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:

- a. The Relevant Employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the VCEMS Medical Director makes a determination that discipline imposed by the Relevant Employer was not in accordance with the MDOs and the conduct of the Certificate Holder constitutes grounds for Certification Action.
 - b. The VCEMS Medical Director determines, following an investigation conducted in accordance with this policy, that the conduct requires Certification Action.
3. The VCEMS Medical Director, after consultation with the Relevant Employer or without consultation when no Relevant Employer exists, may temporarily suspend, prior to a hearing, a Certificate Holder upon a determination of the following:
- a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and
 - b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.
4. If the VCEMS Medical Director takes any certification action the VCEMS Medical Director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the State Central Registry.

E. Evaluation of Information

1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).
2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise protected by the law to the Relevant Employer for investigation, if there is a Relevant Employer, within three (3) working days of receipt of the information.

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

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

F. Investigations Involving Firefighters

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

G. Due Process

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

H. Determination of Action

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

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

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

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

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

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



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

APPENDIX A

Arrest Status Report Form

Today's Date: _____

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

Personal Information

Name: _____

Street Address _____

City _____ State _____ Zip _____

Certification/License # (if applicable) _____

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

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

Court Information

Case Number #: _____

Court Address: _____

When is your next court appearance scheduled? _____

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

Signature: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Organ Donor Information Search		Policy Number 615	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination Date:	October 1, 1993		
Date Revised:	June 9, 2022	Effective Date: July 1, 2022	
Date Last Reviewed:	June 9, 2022		
Review Date:	June 30, 2024		

- I. **PURPOSE:** To establish guidelines for Emergency Medical Services (EMS) field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears to be imminent.
- II. **AUTHORITY:** Health and Safety Code Section 7152.5(b)
- III. **POLICY:** EMS field personnel shall make a brief reasonable search to determine the presence or absence of an organ donor card on adult patients for whom death appears to be imminent. This brief search shall not interfere with patient care and must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible.
- IV. **DEFINITIONS:**

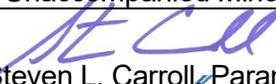
Reasonable Search: A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to an electronic health application located on the patient's smartphone. Other locations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

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

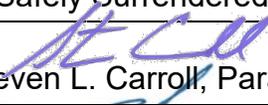
Receiving Hospital: The hospital to which the patient is being transported

V. PROCEDURE:

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

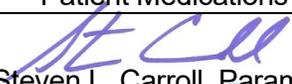
COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Unaccompanied Minors		Policy Number 618	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination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

- I. PURPOSE: To describe the process to be followed when EMS personnel determine that an unaccompanied minor does not need ambulance transport.
- II. AUTHORITY: Sections 1797.200 and 1798, California Health & Safety Code; Section 100148, Title 22, Division 9 California Code of Regulations.
- III. POLICY: The following procedure will be followed when field personnel assess a minor patient who is unaccompanied by a responsible adult and who is determined not to have an illness or injury requiring ambulance transport.
- IV. PROCEDURE:
 - A. The patient is assessed according to Policy 603. Field personnel should attempt to contact the parent(s)/guardian(s) of the patient.
 - B. Documentation of care provided and overall situation/circumstances in VCePCR in accordance with VCEMS Policies 1000 and 603.
 - C. The field personnel will document the name/badge# of an officer who will assume responsibility for the child until his/her parent(s)/guardian(s) arrive.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safely Surrendered Babies		Policy Number: 619	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2022	
Origination Date:	February 2003	Effective Date: July 1, 2022	
Revised Date:	May 9, 2019		
Last Reviewed:	June 9, 2022		
Review Date:	June 30, 2024		

- I. **PURPOSE:** This policy outlines the procedures whereby prehospital care providers accept a newborn under the California Safe Haven Law. This law as amended allows a person to surrender a minor child, less than 72 hours old to a person at any *designated* fire station, or emergency room without fear of arrest or prosecution, provided that the infant has not been abused or neglected. According to the law, “no person or entity that accepts a surrendered child shall be subject to civil, criminal, or administrative liability for accepting the child and caring for the child in the good faith belief that action is required or authorized by the bill, including but not limited to instances where the child is older than 72 hours or the person surrendering the child did not have lawful physical custody of the child”.
- II. **AUTHORITY:** 1797.220, 1798 Health & Safety Code; CCR Division 9 Chapter 4, 100175; Senate Bill 1368, Chapter 824, and Statutes of 2000; and Ventura County Board of Supervisor Resolution dated May 6, 2003.
- III. **POLICY:** Emergency Medical Services (EMS) personnel shall follow the procedures outlined in this document to ensure the surrendered infant is protected and medically cared for until delivered to the closest hospital emergency department.
- IV. **PROCEDURE:**
 - A. When an infant is surrendered to a fire station, the personnel shall notify their dispatch center of the situation.
 - B. The dispatch center will dispatch the closest paramedic transport unit.
 - C. Fire station personnel will assess the newborn and treat as needed.
 - D. Initiate first responder form.
 - E. Open the Newborn Safe Surrender Kit, (available at the fire station).
 - F. Place a confidential coded bracelet on the infant’s ankle and wrist. (Record this number on the first responder form)

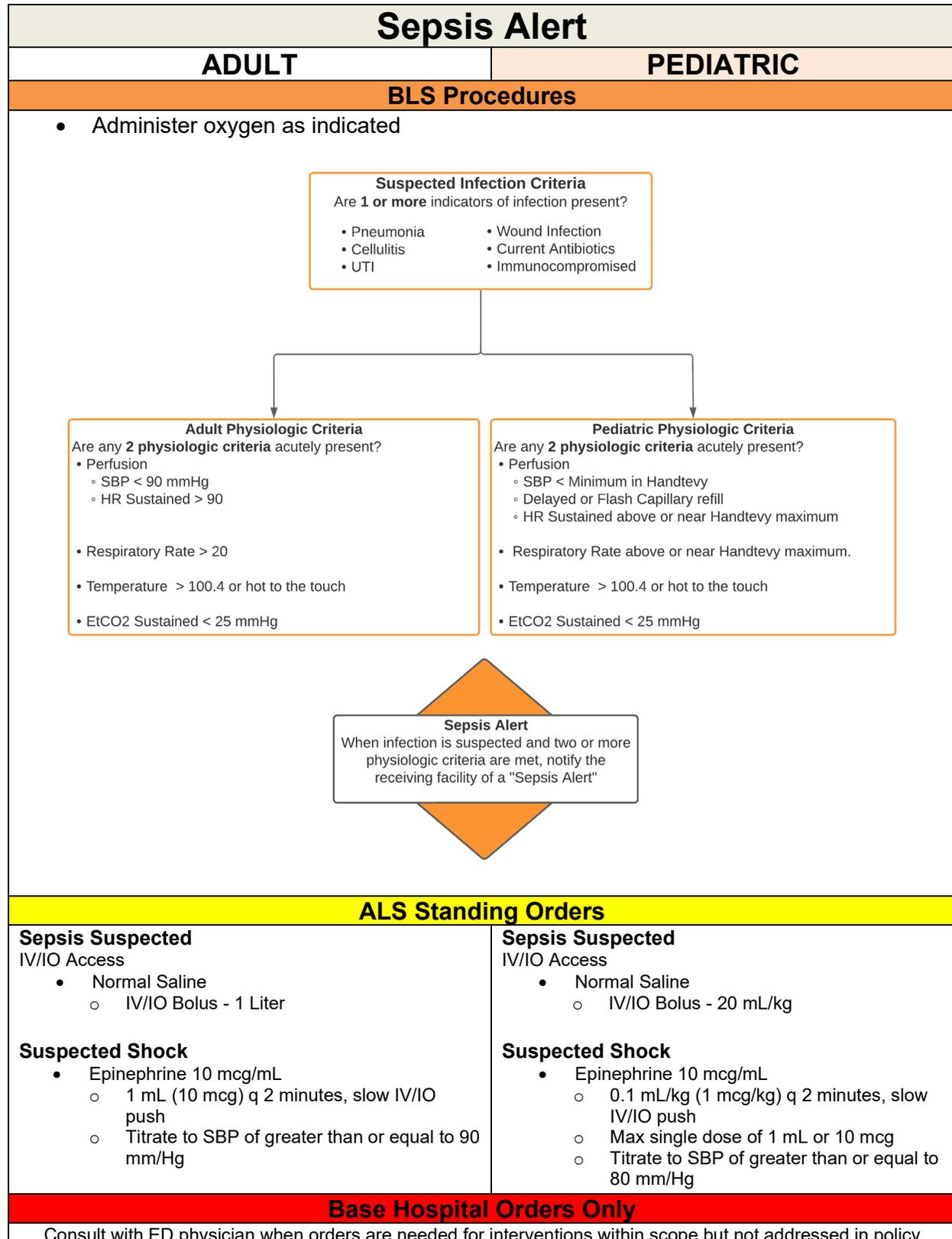
- G. Provide the surrendering party the inner business reply mail envelope. This envelope contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet, and a matching coded, confidential bracelet. Advise the surrendering party, providing there has been no abuse or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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patient Medications		Policy Number 624	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination Date:	December 6, 2006		
Date Revised:	October 10, 2019		
Date Last Reviewed:	June 9, 2022	Effective Date: July 1, 2022	
Next Review Date:	June 30, 2024		

- 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. For cases involving a deceased individual with no resuscitation attempted, leave medication bottles or other drugs where they are so that the medical examiner's

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

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



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

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



VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patients After Conducted Electrical Weapon (TASER) Use		Policy Number: 725	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination Date:	August 10, 2006	Effective Date: July 1, 2022	
Date Revised:	June 9, 2022		
Date Last Reviewed:	June 9, 2022		
Next Review Date:	June 30, 2024		

- I. PURPOSE: To provide a framework for the pre-hospital treatment and transport of patients after TASER deployment.
- 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: Law enforcement officers may remove the TASER probes and may choose to transport individuals in custody to an emergency department. On occasion, EMS personnel may be called to evaluate, treat and/or transport patients with or without the TASER probes in place.
 - A. When requested by law enforcement and absent any contraindications as outlined in policy, TASER probes may be removed by EMS personnel.
 - B. If EMS transport is indicated or requested by law enforcement EMS personnel should transport to the closest receiving facility, appropriate specialty care facility, or the hospital requested by law enforcement.
- IV. PROCEDURE:
 - A. Be sure the scene has been deemed safe and secured by law enforcement before evaluating and treating the patient.
 - B. Before touching any patient where the Taser has been deployed, ensure law enforcement has disconnected cartridge from the handheld unit.
 - C. Any injuries or medical conditions will be treated according to the appropriate treatment protocol.
 - D. If the transporting paramedic determines that the patient is a risk to him/herself and/or the ambulance personnel, law enforcement officer(s) may be requested to accompany the patient.
 - E. TASER Probe Removal:
If one or both of the TASER probes requires removal for safe transportation or if removal requested by law enforcement:

1. Procedure must be witnessed by the arresting law enforcement officer. Identify the appropriate officer and confirm they are ready to witness the procedure.
2. Verify the cartridge has been removed from the handle or has been cut.
3. Used taser probes shall be considered a sharp biohazard, similar to used hypodermic needle. Standard safety precautions should be taken.
4. Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site between two fingers. With your other hand, in one fluid motion pull the probe straight out from the puncture site.
5. Reinsert TASER probes, point down, into the discharged air cartridge and hand it to the law enforcement officer.
6. Use appropriate antiseptic wipe to cleanse the skin surrounding the puncture site.
7. Apply direct pressure for bleeding and apply a sterile dressing to the wound site.
8. Assess for any injuries that may need medical attention and seek appropriate level of care.

F. Contraindications:

1. If the Taser has penetrated a sensitive area (e.g. head, face, neck, hand bone, axilla, groin, female breast), Do NOT remove the probe as injury may occur to bone, nerves, blood vessels, or an eye. Transport the patient to the ED in an appropriate position.

G. Documentation:

1. Any EMS incidents resulting from TASER deployment or probe removal will be documented in the Ventura County Electronic Patient Care Reporting System Refer to policy 1000: Documentation of Prehospital Care.
2. Incidents that do not result in EMS transport will be documented as outlined in VCEMS policy 603: Refusal of EMS Services.
3. If TASER probes are removed by EMS personnel documentation will include that procedure as well as the requesting law enforcement officer and/or agency.