

To: ALL VENTURA COUNTY EMS POLICY MANUAL HOLDERS

DATE: June 1, 2025

CHANGES MADE TO PROCEDURES AND/OR TREATMENTS

Policy #	Title/New Title	Notes
321	Mobile Intensive Care Nurse: Authorization Criteria	<ul style="list-style-type: none"> Standardized language present in other MICN policies for ride-a-long
322	Mobile Intensive Care Nurse: Reauthorization Requirements	<ul style="list-style-type: none"> Standardized language present in other MICN policies for ride-a-long Changes made to required CE hours
324	Mobile Intensive Care Nurse: Authorization Reactivation	<ul style="list-style-type: none"> Standardized language present in other MICN policies for ride-a-long Changes made to required CE hours
606	Withholding or Termination of Resuscitation and Determination of Death	<ul style="list-style-type: none"> Added language for brain matter* Reformatted algorithm EMSA has renumbered Regulations, changed in Authority section
705.01	Trauma Treatment Guidelines	<ul style="list-style-type: none"> Added language for transfusion of blood products
705.11	Crush Injury/Syndrome	<ul style="list-style-type: none"> Removed differentiation between potential/actual crush timeframe
705.14	Hypovolemic Shock	<ul style="list-style-type: none"> Added language for transfusion of blood products
705.19	Pain Control	<ul style="list-style-type: none"> Added acetaminophen as an option for pain control
705.29	Traumatic Cardiac Arrest	<ul style="list-style-type: none"> Added language for transfusion of blood products
720	Limited Base Hospital Contact	<ul style="list-style-type: none"> Added Pulsara as a communication option for LBC Removed "E" from ELVO
734	Tranexamic Acid (TXA) Administration	<ul style="list-style-type: none"> Removed Precaution Section EMSA has renumbered Regulations, changed in Authority section
738	Out of Hospital Transfusion of Blood Products	<ul style="list-style-type: none"> NEW Policy
1131	Case Review	<ul style="list-style-type: none"> Renamed Policy from Field Care Audit to Case Review Edited policy to reflect intent and delivery of Case Reviews EMSA has renumbered Regulations, changed in Authority section
1401	Trauma Center Designation	<ul style="list-style-type: none"> Added language for Trauma System Assessment EMSA has renumbered Regulations, changed in Authority section

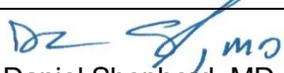
MINOR CHANGES

Policy #	Title/New Title	Notes
111	Ambulance Company Licensing Procedure	<ul style="list-style-type: none">• Changed address and added renewal information
124	Hospital Emergency Service Reduction Impact Assessment	<ul style="list-style-type: none">• Added SPH
604	Transport and Destination Guidelines	<ul style="list-style-type: none">• Removed “E” from ELVO• EMSA has renumbered Regulations, changed in Authority section
629	Hospice Patient Care	<ul style="list-style-type: none">• Removed Community Paramedic language• Added language for a repeat phone call• EMSA has renumbered Regulations, changed in Authority section
705.02	Allergic/Adverse Reaction and Anaphylaxis	<ul style="list-style-type: none">• Removed CPAP/BiPAP from <i>ALS Standing Orders</i> section as it is already listed in the <i>BLS Procedures</i> section
705.21	Shortness of Breath – Pulmonary Edema	<ul style="list-style-type: none">• Made changes to the formatting of policy

NO CHANGES

Policy #	Title/New Title	Notes
107	Ventura County Stroke and STEMI Committees	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, Added Authority section
210	Child, Dependent Adult, or Elder Abuse Reporting	<ul style="list-style-type: none"> No changes to policy content
319	Paramedic Preceptor	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
430	STEMI Receiving Center (SRC) Standards	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
440	Code STEMI Interfacility Transfer	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
452	Thrombectomy Capable Acute Stroke Center (TCASC) Standards	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
613	Do Not Resuscitate (DNR)	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
625	POLST	<ul style="list-style-type: none"> No changes to policy content
705.18	Overdose	<ul style="list-style-type: none"> No changes to policy content. Go-live for Buprenorphine officially 7/1/25.
722	Interfacility Transport of Patients with IV Heparin & Nitroglycerin	<ul style="list-style-type: none"> No changes to policy content
736	Treatment of Substance Use Disorder	<ul style="list-style-type: none"> No changes to policy content. Go-live for Buprenorphine officially 7/1/25.
1403	Trauma Hospital Data Elements	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
1405	Trauma Triage and Destination Criteria	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
1406	Trauma Center Standards	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
1603	Nerve Agent Antidote Administration by PSFA Personnel	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
1604	Oxygen Administration and Basic Air Adjunct Use by PSFA Personnel	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section
1606	Epinephrine Administration by PSFA Personnel	<ul style="list-style-type: none"> No changes to policy content EMSA has renumbered Regulations, changed in Authority section

**CHANGES MADE TO PROCEDURES
AND/OR TREATMENTS**

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Authorization Criteria		Policy Number: 321	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	April 1, 1983	Effective Date: July 1, 2025	
Date Revised:	April 10, 2025		
Last Date Reviewed:	April 10, 2025		
Next Review Date:	April 30, 2028		

- 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 Paramedics at the scene of an emergency.
- IV. PROCEDURE: In order to be authorized as a 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 a Paramedic unit, preferably a transport unit, for eight (8) 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 a 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 a 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).

1. The MICN developmental course shall include a four (4) hour Mass Casualty Incident (MCI)-Basic training module to be administered by a VCEMS or authorized representative.

D. Field Observation

Candidates shall ride with an approved Ventura County Paramedic unit, preferably a transport unit, for eight (8) hours and observe at least one emergency response patient contact or simulated drill.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to VCEMS 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), Prehospital Care Coordinator (PCC) and Emergency Department Clinical Manager.
 2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.
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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 ED 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.
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- 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 demonstrate competence to practice as an MICN by satisfactorily providing medical direction, while under the supervision of the PCC, an MICN or Physician, during a minimum of ten (10) ALS Base Hospital Contacts.

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 Clinical Manager, 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 a MICN per VCEMS 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 Clinical Manager

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"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 321, Appendix A) (to include 1040 hours of Critical Care Experience & 520 hours of Ventura County ED experience) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, Appendix C) <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, Appendix D) <input type="checkbox"/> Verification of Internship Completion (VCEMS Policy 321, Appendix E) 		
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"/> Provide a copy of a valid and current PALS, PEPP, or ENPC 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

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

_____, 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="margin-left: 20px; width: 80%; 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:	_____ Base Hospital Medical Director/Paramedic Liaison Physician							
	_____ Prehospital Care Coordinator							

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:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	April 1983		
Date Revised:	April 10, 2025		
Date Last Reviewed:	April 10, 2025	Effective Date: July 1, 2025	
Next Review Date:	April 30, 2028		

- I. PURPOSE: To define the reauthorization requirements for a 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 reauthorization requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 1. Complete the following mandatory education during their MICN Authorization cycle:
 - a. Case Review by a Ventura County approved CE Provider: 4 hours
 - b. EMS Update: 4 hours, up to 2 times per year, as offered in Spring and Fall
 - c. ACLS recertification: 4 hours credit
 - d. PALS, PEPP, or ENPC recertification: 4 hours credit
 - e. Ventura County Basic MCI Refresher Training for the MICN: 2 hours
 - f. Letter of Recommendation (Appendix A)
 - f. Ride along with an approved Ventura County Paramedic unit, preferably a transport unit, may be required or authorized at the PCC's discretion.
 2. Verification of attendance must be retained by the MICN.
 - B. To Maintain MICN Authorization:
 1. Function as an MICN for an average of 32 hours per month over a six-month period or

2. 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. 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 the leave of absence, it must be made up prior to their next MICN assignment.
 4. Maintain current ACLS and PALS, PEPP or ENPC certification.
- C. Upon successful completion of mandatory education requirements, the MICN shall be reauthorized for a period of two years.
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LETTER OF RECOMMENDATION
REAUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse
Reauthorization 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.

_____ Holds a valid and current ACLS card (front and back of card)

_____ Holds a valid and current PALS, PEPP, or ENPC card (front and back of card)

_____ Currently employed at _____ as an MICN
(Name of Base Hospital or Agency)

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Clinical Manager

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"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 321, Appendix A) (to include 1040 hours of Critical Care Experience & 520 hours of Ventura County ED experience) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, Appendix C) <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, Appendix D) <input type="checkbox"/> Verification of Internship Completion (VCEMS Policy 321, Appendix E) 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"/> Provide a copy of a valid and current PALS, PEPP, or ENPC 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	

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.

Lecture Hours					
	Required Courses	# of Hours	Date	Location	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: 4 hours				
6.	PALS, PEPP or ENPC: 4 hours				
7.	Basic MCI for the MICN-Refresher: 2 Hours				

Case Review Hours (4 hours are required)				
	Date	# of Hours	Name of Topic Discussed	Provider Number
1.				
2.				
3.				
4.				

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	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	December 1991		
Revised:	April 10, 2025	Effective Date: July 1, 2025	
Date Last Reviewed:	April 10, 2025		
Next Review Date:	April 30, 2028		

- 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 requirements to Maintain MICN Authorization listed in Policy 322 and the MICN Authorization has not expired.
 1. Notify VCEMS of intent to reactivate MICN Authorization.
 2. Complete two (2) hours of Case Review by a Ventura County approved CE Provider. These hours will be applied to the reauthorization requirements defined in Policy 322.
 3. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction, while under the supervision of the PCC, an MICN or Physician, during a minimum of five (5) ALS Base Hospital Contacts.
 4. Submit Appendix A: Letter of Recommendation in Policy 322.
 - B. MICN authorization has expired for 1-31 days:
 1. Notify VCEMS of intent to reactivate MICN Authorization.
 2. Meet the requirements for MICN Reauthorization as defined in Policy 322.
 - C. MICN Authorization has expired for less than one (1) year:
 1. Notify VCEMS of intent to reactivate MICN Authorization. All requirements must be completed within 6 months of notification.
 2. Meet the requirements for MICN Reauthorization as defined in Policy 322.

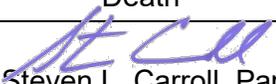
3. Complete an additional two (2) hours of Case Review by a Ventura County approved CE Provider.
 4. Ride with a Paramedic unit, preferably a transport unit, for eight (8) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 5. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction, while under the supervision of the PCC, an MICN or Physician, during a minimum of five (5) ALS Base Hospital Contacts.
 6. Submit Appendix A: Letter of Recommendation in Policy 322.
- D. MICN Authorization has expired between one (1) and two (2) years:
1. Notify VCEMS of intent to reactivate MICN Authorization. All requirements must be completed within 6 months of notification.
 2. Meet the requirements for MICN Reauthorization as defined in Policy 322.
 3. Complete an additional four (4) hours of Case Review by a Ventura County approved CE Provider.
 4. Ride with a Paramedic unit, preferably a transport unit, for eight (8) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 5. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction, while under the supervision of the PCC, an MICN or Physician, during a minimum of five (5) ALS Base Hospital Contacts.
 6. Submit Appendix A: Letter of Recommendation in Policy 322.
- E. MICN Authorization has expired for two (2) years or more:
1. Notify VCEMS of intent to reactivate MICN Authorization. All requirements must be completed within 6 months of notification.
 2. Meet the requirements for MICN Reauthorization as defined in Policy 322.
 3. Complete an additional four (4) hours of Case Review by a Ventura County approved CE Provider.
 4. Ride with a Paramedic unit, preferably a transport unit, for eight (8) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 5. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction, while under the supervision of the PCC, an

MICN or Physician, during a minimum of five (5) ALS Base Hospital Contacts.

6. Submit Appendix A: Letter of Recommendation in Policy 322.

F. EMS Agency Responsibilities

1. VCEMS shall issue an MICN Authorization card upon successful completion of the requirements for reactivation.

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:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	June 1984	Effective Date: July 1, 2025	
Date Revised:	April 10, 2025		
Date Last Reviewed:	April 10, 2025		
Next Review Date:	April 30, 2027		

- 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 100106.02.
- III. **POLICY:** EMS Personnel may withhold or terminate resuscitation, 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:**

EMS Personnel: All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.

Further Assessment: Refers to a methodical evaluation for signs/symptoms of life in a patient who appears to be dead. 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.

Hospital: A licensed health care institution that provides acute medical care.

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).

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. 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. EMS Personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.

B. Assessment

PATIENTS WHO ARE OBVIOUSLY DEAD

1. When a patient presents with any of the following conditions, no further assessment is required, no treatment shall be started, and the patient shall be determined to be dead:
 - a. Decapitation
 - b. Incineration
 - c. Hemicolectomy
 - d. Decomposition

PATIENTS WHO APPEAR TO BE DEAD

(WITH Rigor Mortis, Dependent Lividity, or Catastrophic Head Trauma)

1. For patients presenting with rigor mortis, dependent lividity, or catastrophic head trauma, further assessment is required as described in Table 1.
 - a. Rigor mortis is determined by checking the jaw and other joints for rigidity.
 - b. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.
 - c. Catastrophic head trauma would include (but is not limited to) visible brain matter, crushed skull.
2. While in the process of the assessment procedures, if any response indicates signs of life, resuscitation measures shall take place immediately.

Table 1

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

**PATIENTS WHO APPEAR TO BE DEAD:
(WITHOUT Rigor Mortis, Dependent Lividity, or Catastrophic Head Trauma)**

1. Patients who appear to be dead but display no signs of rigor mortis, dependent lividity, or catastrophic head trauma shall have the cause of apparent death determined to be **MEDICAL** (including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strikes, and electrocution), or **TRAUMATIC** (blunt or penetrating trauma sufficient to cause death).
 - a. **MEDICAL ETIOLOGY:** Resuscitation measures shall take place.
 - b. **TRAUMATIC ETIOLOGY:** If patient is determined to be pulseless and apneic then additional considerations shall take place.

- i. **AGE** (reasonable estimation appropriate if positive determination of age is not possible):
 - 1) For patients younger than 18 years of age, resuscitation measures, including immediate transport to the closest trauma center, shall take place.
 - 2) For patients 18 years or older, determine trauma center ETA.
- ii. Trauma Center ETA
 - 1) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be 20 minutes or more, the patient may be determined to be dead.
 - 2) If the time from **initial determination** of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes:
 - a) BLS Providers: If an ALS Provider is not on scene, initiate resuscitation measures.
 - b) ALS Providers: Determine cardiac rhythm.
- iii. Cardiac Rhythm:
 - 1) 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.
 - 2) If the rhythm is narrow complex PEA, wide complex PEA greater than 30 beats per minute, ventricular tachycardia or ventricular fibrillation, resuscitation measures, including immediate transport to the closest trauma center, shall take place.

C. 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 705.07 or 705.08 using the guidance in VC EMS Policy 733.
2. If resuscitation measures have been initiated, unless otherwise noted in this policy, 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 733: CAM and Post ROSC Care.
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 1 hour.

D. 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.

E. Documentation

1. EMS Personnel will document determination of death in the approved Ventura County Electronic Patient Care Reporting System (VCePCR).

Ventura County EMS Determination of Death

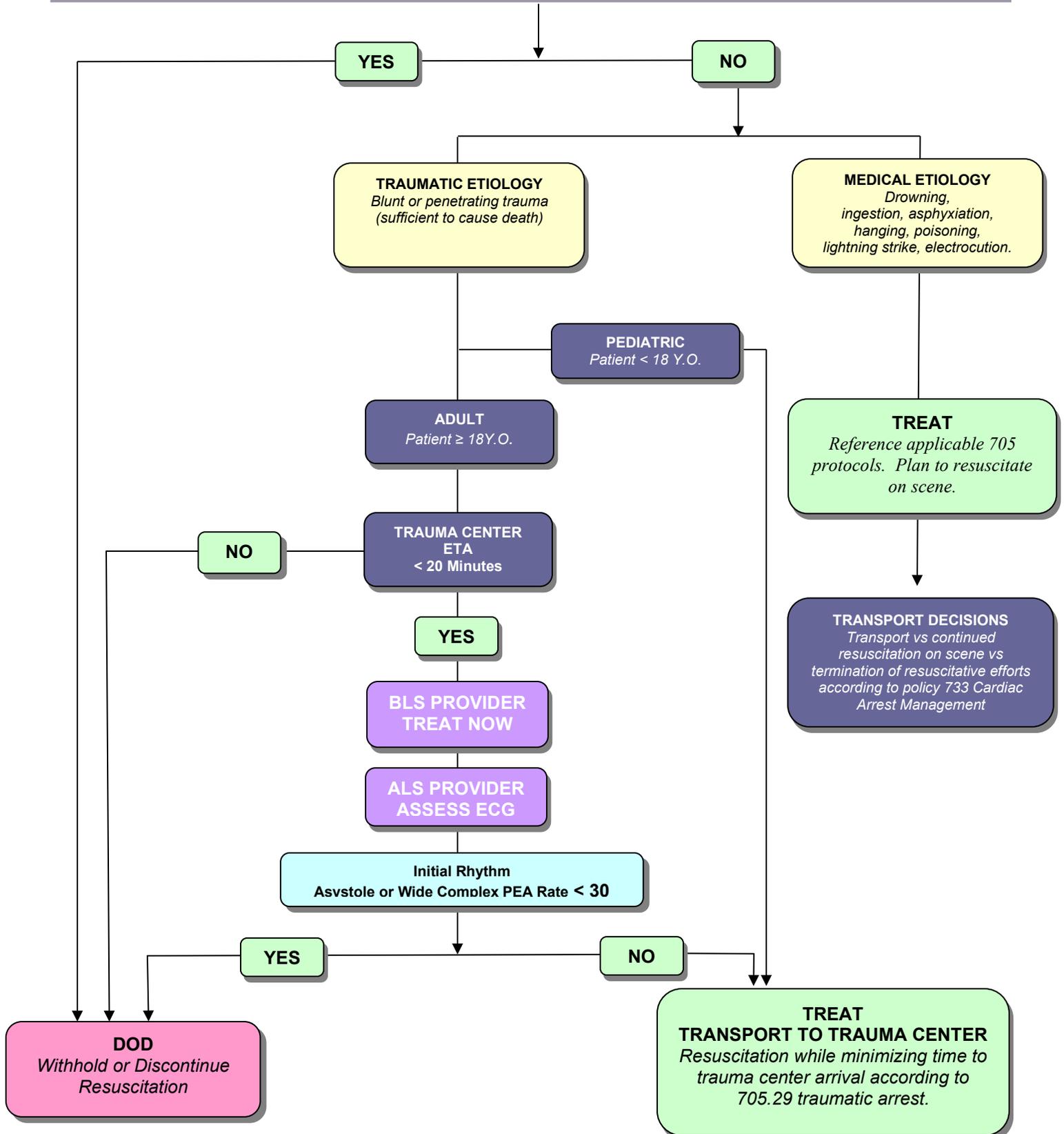
Obvious Death

Decapitation, Incineration, Hemitorporectomy, or Decomposition

OR

Rigor, Lividity, Catastrophic head trauma

Confirmed non-responsive, pulseless, and not breathing.



Trauma Assessment/Treatment Guidelines 705.01

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

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VCEMS Medical Director

3. Chest
 - a. Visualize, palpate, and auscultate chest wall
 4. Abdomen/Pelvis
 - a. Inspect/palpate abdomen
 - b. Assess pelvis, including genitalia/perineum if pertinent
 5. Extremities
 - a. Visualize, inspect, and palpate
 - b. Assess Circulation, Sensory, Motor (CSM)
 6. Back
 - a. Visualize, inspect, and palpate thoracic, and lumbar spines
- C. Trauma care guidelines
1. Fluid Administration
 - a. Maintain SBP of ≥ 90 mmHg
 - 1) Patients 65 years and older, maintain SBP of ≥ 100 mmHg
 - 2) Isolated head injuries, maintain SBP of ≥ 100 mmHg
 - b. Pediatric patients, maintain minimum SBP for respective age in Handtevy
 2. Transfusion of Blood Products
 - a. Warm and transfuse one unit (Approximately 500 mL) of whole blood or packed RBC when indications are met.
 - b. Repeat x1 to a total max of 2 units of blood transfused when indications continue to be met.
 - c. Inclusion Criteria
 - 1) Adult patient ≥ 14 Y.O.
 - 2) Patient consent obtained (informed or implied)
 - d. Indications
 - 1) Life threatening hemorrhage
 - 2) Vital sign criteria met (1 or more required)
 - a. SBP < 70 mmHg
 - b. SBP < 90 mmHg AND HR > 110
 - c. EMS witnessed traumatic cardiac arrest
 - e. Contraindications
 - 1) Ground level fall
 - 2) Isolated head injury
 - 3) Patient refusal
 - 4) Patient < 14 Y.O.
 - 5) Traumatic arrest not witnessed by EMS

3. Tranexamic Acid (TXA) Administration
 - a. As indicated in VCEMS Policy 734
3. Head injuries
 - a. General treatments
 - 1) Evaluate head and face – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Elevate head 30° unless contraindicated
 - 3) Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
 - 4) Do not delay transport if significant airway compromise
 - b. Penetrating injuries
 - 1) DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
 - 2) Stabilize object manually or with bulky dressings
 - c. Facial injuries
 - 1) Assess airway and suction as needed
 - 2) Remove loose teeth or dentures if present
 - d. Eye injuries
 - 1) Remove contact lenses
 - 2) Irrigate eye thoroughly with suspected acid/alkali burns
 - 3) Avoid direct pressure
 - 4) Place eye shield over injured eye only
 - 5) Ask patient to keep eyes closed
 - 6) Stabilize any impaled object manually or with bulky dressing
4. Spinal cord injuries
 - a. General treatments
 - 1) Evaluate spinal column – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Place patient in supine position if hypotension is present
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - 3) In the presence of isolated penetrating injuries, spinal motion restriction is contraindicated

- c. Neck injuries
 - 1) Monitor airway
 - 2) Control bleeding if present
- 5. Thoracic Trauma
 - a. General treatments
 - 1) Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Keep patients sitting high-fowlers
 - i. In the presence of isolated penetrating injuries, spinal motion restriction is CONTRAINDICATED
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Remove object if CPR is interfered
 - 2) Stabilize object manually or with bulky dressings
 - 3) Control bleeding if present
 - c. Flail Chest/Rib injuries
 - 1) Assist ventilations if respiratory status deteriorates
 - d. Pneumothorax/Hemothorax
 - 1) Keep patient sitting high-fowlers
 - 2) Assist ventilations if respiratory status deteriorates
 - 3) Suspected tension pneumothorax should be managed per VCEMS Policy 715
 - e. Open (Sucking) Chest Wound
 - 1) Place an occlusive dressing to wound site, secure on 3 sides only or place a vented chest seal.
 - 2) Assist ventilations if respiratory status deteriorates
 - f. Cardiac Tamponade – If suspected, expedite transport
 - 1) Beck's Triad
 - i. Muffled heart tones
 - ii. JVD
 - iii. Hypotension
 - g. Traumatic Aortic Disruption
 - 1) Assess for quality of radial and femoral pulses
 - 2) If suspected, expedite transport
- 6. Abdominal/Pelvic Trauma
 - a. General Treatments

- 1) Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
- b. Blunt injuries
 - 1) Place patient in supine position if hypotension is present
- c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
- d. Eviscerations
 - 1) DO NOT REPLACE ABDOMINAL CONTENTS
 - 2) Cover wound with saline-soaked dressings
 - 3) Control bleeding if present
- e. Pregnancy
 - 1) Place patient in left-lateral position to prevent supine hypotensive syndrome
- f. Pelvic injuries
 - 1) Assessment of pelvis should be only performed **ONCE** to limit additional injury
 - 2) Control external bleeding if present
 - 3) Place a commercial binder or sheet if pelvic injury is suspected and patient is hemodynamically unstable (see step one for parameters)
 - 4) Empirically place a binder or sheet if patient is in cardiac arrest due to a blunt or blast injury
 - 5) **Consider** applying a binder or sheet in patients with suspected pelvic injury **without** hemodynamic instability
7. Extremity Trauma
 - a. General Treatments
 - 1) Evaluate CSM distal to injury
 - i. If decrease or absence in CSM is present:
 - a) Attempt to reposition extremity into anatomical position
 - b) Re-evaluate CSM
 - c) If no change in CSM after repositioning, splint and expedite transport
 - d) Cover open wounds with sterile dressings
 - e) Place ice pack on injury area (if closed wound)
 - f) Splint/elevate extremity with appropriate equipment
 - b. Dislocations

- 1) Splint in position found with appropriate equipment
- c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECTS
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
- d. Femur fractures
 - 1) Utilize traction splint only if isolated mid-shaft femur fracture is suspected
 - 2) Assess CSM before and after traction splint application
- e. Amputations
 - 1) Clean the amputated extremity with NS
 - 2) Wrap in moist sterile gauze
 - 3) Place in plastic bag
 - 4) Place bag with amputated extremity into a separate bag containing ice packs
 - 5) Prevent direct tissue contact with the ice pack

Crush Injury/Syndrome	
ADULT	PEDIATRIC
BLS Procedures	
Perform spinal precautions as indicated Administer oxygen as indicated Maintain body heat	
ALS Standing Orders	
Crush Syndrome <ul style="list-style-type: none"> • IV/IO access • Release compression • Monitor for cardiac dysrhythmias 	
<ul style="list-style-type: none"> • Initiate 2nd IV/IO access • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO mix – 1 mEq/kg <ul style="list-style-type: none"> • Added to 1st Liter of Normal Saline • Albuterol <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> • Repeat as needed • Pain Control– Per Policy 705.19 • Release compression • Monitor for cardiac dysrhythmias • For cardiac dysrhythmias: <ul style="list-style-type: none"> ○ Calcium Chloride <ul style="list-style-type: none"> • IV/IO slow push – 1 g over 1 min <p>For continued shock</p> <ul style="list-style-type: none"> • Repeat Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter <p>For persistent hypotension after fluid bolus:</p> <ul style="list-style-type: none"> • Epinephrine 10 mcg/mL <ul style="list-style-type: none"> ○ IV/IO slow push - 1 mL (10 mcg) every 2 minutes ○ Titrate to SBP of greater than or equal to 90 mm/Hg 	<ul style="list-style-type: none"> • Initiate 2nd IV/IO access if possible or establish IO • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO mix– 1 mEq/kg <ul style="list-style-type: none"> • Added to 1st Normal Saline bolus • Albuterol <ul style="list-style-type: none"> ○ Patient ≤ 30 kg <ul style="list-style-type: none"> • Nebulizer – 2.5 mg/3 mL <ul style="list-style-type: none"> ○ Repeat as needed ○ Patient > 30 kg <ul style="list-style-type: none"> • Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> ○ Repeat as needed • Pain Control– Per Policy 705.19 • Release compression • Monitor for cardiac dysrhythmias • For cardiac dysrhythmias: <ul style="list-style-type: none"> ○ Calcium Chloride <ul style="list-style-type: none"> • IV/IO slow push – 20 mg/kg over 1 min <p>For continued shock</p> <ul style="list-style-type: none"> • Repeat Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg <p>For persistent hypotension after fluid bolus:</p> <ul style="list-style-type: none"> • Epinephrine 10 mcg/mL <ul style="list-style-type: none"> ○ IV/IO slow push - 0.1 mL/kg (1 mcg/kg) every 2 minutes ○ Max single dose of 1 mL or 10 mcg ○ Titrate to SBP of greater than or equal to 80 mm/Hg
Base Hospital Orders Only	
Consult with ED Physician when orders are needed for interventions within scope but not addressed in policy	
Additional Information: <ul style="list-style-type: none"> • The risk of a crush syndrome increases with the duration of the crush injury. Anticipate clinical decompensation when patient is extricated • Crush Syndrome – Continuous crush injury to torso or extremity above wrist or ankle. • Dysrhythmias are usually secondary to Hyperkalemia. ECG monitor may show: Peaked T-waves, Absent P-waves, widened QRS complexes, bradycardia • Calcium Chloride and Sodium Bicarbonate precipitate when mixed. Strongly consider starting a second IV (if feasible) for administration of Calcium Chloride 	

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VCEMS Medical Director

Hypovolemic Shock	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in supine position Administer oxygen as indicated	
ALS Standing Orders	
<p>IV/IO access <u>Non-Hemorrhagic Shock</u></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><u>Hemorrhagic Shock (Atraumatic or Traumatic)</u></p> <ul style="list-style-type: none"> • Judicious volume resuscitation is recommended for hemorrhagic shock of any cause. <ul style="list-style-type: none"> ○ Target SBP: 90 mmHg ○ Target SBP 65 years and older: 100 mmHg <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Discontinue once target SBP is reached or titrate to sustain target SBP ○ Restart or repeat x1 as needed to sustain target SBP. <p>Tranexamic Acid (SBP \leq 90 mmHg)</p> <ul style="list-style-type: none"> • Refer to Policy 734 for indications and contraindications • IV/IO - 1g in 100mL NS over 10 minutes <p>When Available:</p> <p>Whole Blood (SBP < 70 or SBP <90 AND HR >110)</p> <ul style="list-style-type: none"> • Warm and rapidly transfuse one unit of low titer O+ whole blood. • Repeat x 1 when indications return or persist. 	<p>IV/IO access <u>Non-Hemorrhagic Shock</u></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>Hemorrhagic Shock (Atraumatic or Traumatic)</u></p> <ul style="list-style-type: none"> • Judicious volume resuscitation is necessary for hemorrhagic shock of any cause. <ul style="list-style-type: none"> ○ Target SBP: Handtevy minimum for respective age <p>Normal Saline</p> <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Discontinue once target SBP is reached or titrate to sustain target SBP ○ Restart or repeat x1 as needed to sustain target SBP. <p>Tranexamic Acid (SBP less than Handtevy minimum)</p> <ul style="list-style-type: none"> • Refer to Policy 734 for indications and contraindications • IV/IO - 15mg/kg to a max of 1g in 100mL NS over 10 minutes
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

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VCEMS Medical Director

Pain Control	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated Assess numerical or faces pain scale Control pain using basic measures such as patient positioning, ice packs, and splinting	
ALS Standing Orders	
<p>IV/IO access Cardiac Monitor</p> <p><u>Mild to Moderate Pain</u> Acetaminophen</p> <ul style="list-style-type: none"> IV/IO – 1g in 100 mL NS over 15 minutes. <p><u>Severe Pain</u> - Utilize opiate analgesic in addition to, or in place of, acetaminophen.</p> <p>Fentanyl</p> <ul style="list-style-type: none"> IM/IN - 1 mcg/kg, Max 100 mcg <ul style="list-style-type: none"> Repeat q 10 minutes for persistent pain to a max total dose of 200 mcg. IV/IO - 1 mcg/kg over 1 minute, Max 100 mcg <ul style="list-style-type: none"> Repeat q 5 minutes for persistent pain to a max total dose of 200 mcg. Repeat doses should be administered IV/IO if vascular access obtained. Withhold for systolic < 90 mmHg. <p>If Fentanyl unavailable;</p> <p>Ondansetron - Per 705.15 Nausea/Vomiting Policy</p> <ul style="list-style-type: none"> Repeat x 1 in 10 minutes for nausea or > 2 doses of Morphine <p>Morphine</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg, Max 10 mg <ul style="list-style-type: none"> Repeat ½ initial dose q 10 minutes x 2 for persistent pain. IV/IO - 0.1 mg/kg, Max 10 mg, over 1 minute <ul style="list-style-type: none"> Repeat ½ initial dose q 5 minutes x 2 for persistent pain. 	<p>IV/IO access Cardiac Monitor</p> <p><u>Mild to Moderate Pain</u> Acetaminophen</p> <ul style="list-style-type: none"> IV/IO – 15 mg/kg in 100 mL NS over 15 minutes. <p><u>Severe Pain</u> – Utilize opiate analgesic in addition to, or in place of, acetaminophen.</p> <p>Fentanyl</p> <ul style="list-style-type: none"> IM/IN - 1 mcg/kg, Max 100 mcg <ul style="list-style-type: none"> Repeat q 10 minutes for persistent pain to a max total dose of 200 mcg. IV/IO - 1 mcg/kg over 1 minute, Max 100 mcg <ul style="list-style-type: none"> Repeat q 5 minutes for persistent pain to a max total dose of 200 mcg. Repeat doses should be administered IV/IO if vascular access obtained. Withhold for systolic less than minimum SBP in Handtevy for respective age. <p>If Fentanyl unavailable;</p> <p>Ondansetron - Per 705.15 Nausea/Vomiting Policy</p> <ul style="list-style-type: none"> Repeat x 1 in 10 minutes for nausea or > 2 doses of Morphine <p>Morphine</p> <ul style="list-style-type: none"> IM - 0.1 mg/kg, Max 10 mg <ul style="list-style-type: none"> Repeat ½ initial dose q 10 minutes x 2 for persistent pain. IV/IO - 0.1 mg/kg, Max 10 mg, over 1 minute <ul style="list-style-type: none"> Repeat ½ initial dose q 5 minutes x 2 for persistent pain.
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Traumatic Cardiac Arrest	
ADULT	PEDIATRIC
BLS Procedures	
<ul style="list-style-type: none"> • Assess for viability per policy 606 • Treat immediate threats to life <ul style="list-style-type: none"> External hemorrhage: Tourniquet as indicated Airway and Breathing: Clear airway when indicated, place OPA, BVM ventilations Chest Compressions: Chest compressions should be performed when possible without delaying transport or other treatments <p>Rapid trauma assessment per Trauma Treatment guidelines to identify potential injuries and prioritize interventions</p>	
ALS Standing Orders	
Assess patient and mechanism Prioritize interventions in order of suspected etiology	
<p>Optimize Oxygenation/Ventilation</p> <ul style="list-style-type: none"> • Advanced airway per policy <p>Correct potential obstructive shock</p> <ul style="list-style-type: none"> • Maintain high Index of suspicion for tension pneumothorax • Bilateral needle thoracostomy per policy 715 <p>Treat potential exsanguination</p> <p>Tourniquet for any external hemorrhage</p> <ul style="list-style-type: none"> • Obtain bilateral large bore IV or IO access • Normal Saline <ul style="list-style-type: none"> ○ 1 L normal saline bolus simultaneously via each IV/IO ○ Utilize pressure bag for rapid fluid administration ○ Repeat PRN during arrest • Whole Blood - When arrest is witnessed by EMS and hemorrhage is a likely cause. <ul style="list-style-type: none"> ○ Warm and rapidly transfuse one unit of low titer O+ whole blood. ○ Repeat x 1 when indications return or persist. <p>Treat Cardiovascular Collapse</p> <ul style="list-style-type: none"> • High quality CPR • Epinephrine per policy <p>If palpable pulse becomes present;</p> <ul style="list-style-type: none"> • Re-assess for and control external hemorrhage. • Administer TXA as indicated in VCEMS Policy 734 • Titrate normal saline to SBP \geq 90 mmHg or palpable peripheral pulses 	<p>Optimize Oxygenation/Ventilation</p> <ul style="list-style-type: none"> • Clear airway obstruction and suction as indicated <p>Correct potential obstructive shock</p> <ul style="list-style-type: none"> • Maintain high Index of suspicion for tension pneumothorax • Bilateral needle thoracostomy per policy 715 <p>Treat potential exsanguination</p> <ul style="list-style-type: none"> • Obtain bilateral large bore IV or IO access • Tourniquet for any external hemorrhage • 20 mL/kg normal saline bolus simultaneously via each IV/IO • Utilize pressure bag or push pull technique for rapid fluid administration • Repeat PRN during arrest <p>Treat Cardiovascular Collapse</p> <ul style="list-style-type: none"> • High quality CPR • Epinephrine per policy <p>If palpable pulse becomes present;</p> <ul style="list-style-type: none"> • Re-assess for and control external hemorrhage. • Titrate normal saline to SBP \geq 80 mmHg or palpable peripheral pulses
Base Hospital Orders only	
Consult with ED Physician when orders are needed for interventions within scope but not addressed in policy.	
Additional Information	
<ul style="list-style-type: none"> • Lung sounds are subjective and when pneumothorax is present will worsen over time with BVM ventilations. Diminished or absent lung sounds should make needle thoracostomy the priority. Any other findings are inconclusive and do not contraindicate needle thoracostomy. • IO access is preferred for initial access unless circumstances are such that IO is less likely to be successful than IV. • Basic interventions should be initiated immediately and can be terminated if indicated after initial 606 assessment. • Intubation of immobilized patient in cardiac arrest is inherently difficult. Strongly consider use of supraglottic device as primary advanced airway adjunct. • Minimize Scene time to \leq 10 minutes. 	

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VCEMS Medical Director

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

I. PURPOSE: To define patient conditions for which Paramedics shall make limited base contact (LBC).

II. AUTHORITY: Health and Safety Code 1797.220.

III. POLICY: Paramedics shall make LBC for uncomplicated cases, utilizing the patient criteria listed below, which respond positively to initial treatment and require no ongoing treatment or further intervention or where symptoms have resolved. Patients who meet Stroke/LVO, STEMI, or Trauma Triage Criteria are not eligible for LBC.

A. Patient criteria:

1. **Hypoglycemia:** Blood Glucose level less than 60 mg/dl.
2. **Narcotic Overdose**
3. **Chest Pain – Acute Coronary Syndrome:** No dysrhythmia, no shortness of breath.
4. **Shortness of Breath - Wheezes/Other**
5. **Seizure:** No drug ingestion, no dysrhythmia, not pregnant.
6. **Syncope or near-syncope:** Vital signs stable, no dysrhythmia.
7. **Pain:** Excluding head/neck/chest/abdominal and/or pelvic pain due to trauma.
8. **Nausea/Vomiting**
9. **BRUE**

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

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

C. Communication

1. The LBC communication will be done through Pulsara or via phone call and shall include the following information:
 - a. ALS unit number
 - b. "We have a LBC"
 - c. Age/Gender
 - d. Brief nature of call
 - e. ETA and destination

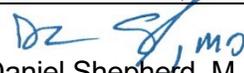
D. Documentation

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Tranexamic Acid (TXA) Administration		Policy Number 734	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: July 1, 2025	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: July 1, 2025	
Origination Date: January 10, 2019			
Date Revised: April 10, 2025		Effective Date: July 1, 2025	
Date Last Reviewed: April 10, 2025			
Review Date: April 30, 2027			

- I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100091.01 and 100096.02.
- III. POLICY: Paramedics may administer TXA to patients presenting with hemorrhagic shock in accordance with this policy, Policy 705.14 and Policy 705.29.
- IV. PROCEDURE:
 - A. Indications
 1. Blunt or penetrating traumatic injury with SBP less than or equal to 90 mmHg
 2. Any significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application **AND** SBP less than or equal to 90 mmHg
 3. Consider for other severe hemorrhage with SBP less than or equal to 90 mmHg (e.g., GI Bleed, postpartum hemorrhage)
 - B. Contraindications
 1. Greater than 3 hours post traumatic injury
 2. Isolated neurogenic shock
 3. Isolated extremity injury when bleeding has been controlled
 4. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism, or DVT
 5. History of hypersensitivity or anaphylactic reaction to TXA
 6. Traumatic arrest without ROSC
 7. Drowning or hanging victims
 - C. 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
- D. Preparation
1. Supplies Needed:
 - a. 1g Tranexamic Acid (TXA) (1)
 - b. 100mL bag of 0.9% normal saline (1)
 - c. 10mL syringe (1)
 2. Maintain sterile technique
 3. Mixing Instructions
 - a. Inject 1g (10mL) of TXA into 100 mL NS bag
 4. Label bag with the drug name and final concentration
 - a. Example: (TXA 1g in 100mL NS)
- E. Adult Dosing
1. IV/IO - 1g in 100mL Normal Saline over 10 minutes
- F. Pediatric Dosing
1. IV/IO - 15mg/kg to a max of 1g in 100 ml NS 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: Out of Hospital Transfusion of Blood Products		Policy Number 738	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: April 10, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: April 10, 2025	
Origination Date:	April 10, 2025	Effective Date: April 10, 2025	
Date Revised:	April 10, 2025		
Date Last Reviewed:	April 10, 2025		
Review Date:	April 30, 2027		

- I. PURPOSE: to define the indications, contraindications, method of administration, and documentation of the administration of blood products by Ventura County EMS Personnel.
- II. AUTHORITY: Title 22 div 9: 100146(2) H&S Code Division 2.5: 1797.172, 1797.214, 1798(a)
- III. POLICY: Transfusion of blood products is the gold standard method of resuscitation for hemorrhaging patients. Numerous studies have demonstrated that EMS initiated transfusion of blood products is both safe and effective. Paramedics in Ventura County are authorized to transfuse whole blood or PRBCs under a local optional scope of practice approved by the California EMS Authority.

The administration, storage, and management of blood products will only be performed by authorized agencies, in accordance with local policy and the local optional scope of practice.

- IV. PROCEDURE:
 - a. Inclusion Criteria
 - i. Adult Patient \geq 14 Y.O.
 - ii. Patient consent obtained (informed or implied)
 - b. Indications
 - i. Life threatening hemorrhage
 - ii. Vital Sign Criteria (1 or more required)
 1. SBP < 70 mmHg
 2. SBP < 90 mmHg and HR > 110
 3. EMS witnessed traumatic cardiac arrest
 - c. Contraindications
 - i. Ground level fall
 - ii. Isolated head injury
 - iii. Patient refusal
 - iv. Patient < 14 Y.O.
 - v. Traumatic cardiac arrest not witnessed by EMS

- d. Administration
 - i. Obtain IV/IO Access – Large bore IV is preferred. IO if required.
 - ii. Obtain pre-transfusion blood sample - When possible, obtain ≥ 3 mL venous blood sample in pink top tube prior to transfusion. Samples drawn from IO are not suitable for post transfusion analysis.
 - iii. Verify Blood Product
 - 1. Serial Number
 - 2. Expiration Date
 - 3. Temperature
 - 4. Clarity / Consistency
 - iv. Verify Patient
 - 1. No exclusion Criteria
 - 2. Indications Met
 - 3. Consent Obtained (informed or implied)
 - v. Cross check blood product and patient verification with second provider.
 - vi. Warm 1 unit (approx. 500 mL) Blood Product
 - vii. Administer 1 unit (approx. 500 mL) IV/IO via rapid infuser
 - viii. Monitor for infiltration
 - ix. Monitor for signs of transfusion reaction
- e. Post Transfusion Care
 - i. Wristband or other highly visible identifier shall be placed on ALL patients who receive a transfusion, at the time the transfusion is performed. This identifier alerts hospital that an out of hospital blood transfusion was administered.
 - ii. The paramedic who administered the blood products will ensure the receiving hospital team is aware that a transfusion was performed and that the following steps are taken during transfer of care.
 - 1. Verbal communication by EMS notifying the treating ED physician and care team that an out of hospital transfusion was performed and that wristband has been applied to notify others. Verbal report will include any signs/symptoms that may be the result of transfusion reaction.
 - 2. Information / Resources to allow receiving facility to perform type, screen, and/or crossmatch if necessary or desired.
 - a. Pre-transfusion blood sample, when available, will be left with ED care team.
 - b. Donor blood segment, bag, and tubing from donor blood bag will be left with ED care team.
 - c. Provide ED with EMS transfusion information document
 - iii. Documentation
 - 1. Blood transfusion required ePCR documentation includes but is not limited to the following transfusion specific fields.
 - a. Donor blood type
 - b. Donor blood serial number
 - c. Donor blood expiration date
 - d. Transfusion start time
 - e. Transfusion end time

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- f. Total mL transfused
 - g. Patient receiving hospital MRN
 - h. Patient receiving hospital Visit Number
 - i. Consent type
 - j. Patient refusal (where applicable).
 - k. Physician signature ordering emergent transfusion.
- iv. Continuous Quality Improvement
 1. Individual Case Review
 - a. Patient inclusion criteria and indications met
 - b. Appropriate type of consent obtained and documented.
 - c. Procedure performed according to protocol and safety standards.
 - d. Documentation complete and accurate.
 2. Aggregate Measures
 - a. Safety
 - i. Units of blood per month that expire / are discarded without use (N, %).
 - ii. Scene time > 20 minutes (N,%)
 - iii. Scene time > 10 minutes (N, %)
 - iv. Scene time (Avg, STD, Median, 90TH percentile)
 - v. Patients transfused without meeting criteria (N,%)
 - vi. Transfusion Reactions (N,%)
 - vii. Temperature excursions resulting in blood waste (N,%).
 - viii. Impact on lights and sirens use – Count and total minutes.
 - b. Efficacy
 - i. Number of hospital blood products infused per patient (avg, std)
 - ii. Total blood products infused per patient (avg, std)
 - iii. Advanced airway placed (N, %)
 - iv. Survival to hospital admission (N, %)
 - v. Survival to hospital discharge (N, %)
 - vi. Hospital length of stay
 3. CQI metrics will be provided at mutually agreed upon intervals, or as defined in policy. Failure to provide CQI metrics as defined may result in suspension of authorization to provide out of hospital transfusions.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education – Case Review		Policy Number 1131	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	August 1, 1994	Effective Date: July 1, 2025	
Date Revised:	April 10, 2025		
Date Last Reviewed:	April 10, 2025		
Next Review Date:	April 30, 2028		

- I. PURPOSE: Case Review is an important component of the continuing education of prehospital personnel (i.e. EMTs, Paramedics, MICNs). Case Reviews allow a practical way for prehospital personnel to apply theoretical knowledge to real-world situations, promoting critical thinking, problem-solving, policy application, and deeper understanding by allowing analyzation of complex scenarios with multiple perspectives.
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 3.5, 10009.04.
- III. POLICY: Through a collaborative process with the Ventura County EMS Agency and/or local fire and ambulance provider agencies, Base Hospitals are collectively required to provide at least one (1) hour of Case Review per month.
- IV. PROCEDURE:
 - A. All Case Reviews shall be conducted either by a Prehospital Care Coordinator (PCC) or by a 911 agency in Ventura County that is also an approved prehospital continuing education provider.
 1. Elements that may be included in Case Review presentations:
 - a. Patient Demographics (i.e. age, gender, presenting chief complaint)
 - b. Scene Assessment (i.e. location, initial impression, potential hazards)
 - c. Medical History (i.e. relevant past medical conditions, medications, allergies)
 - d. Physical Examination (i.e. vital signs, airway, breathing, circulation, pertinent physical findings)
 - e. Differential Diagnosis (i.e. potential causes for the patient’s presentation based on assessment)

- f. Interventions provided (i.e. medications administered, procedures, airway management)
 - g. Transport Decisions (i.e. destinations facility, level of care needed)
 - h. Emergency Department: Patient Course of Treatment
 - i. Anatomy/Physiology: explanations of pathophysiology
2. Presentation Format
- a. Introduction: Briefly stating the patient's primary complaint and key presenting factors.
 - b. Case Narrative: Chronologically present the details of the patient's assessment, interventions, and transport decisions.
 - c. Discussion: Analyze the case, highlighting critical aspects, decision-making points, and potential learning opportunities, including VCEMS policy application.
 - d. Conclusion: Summarize the key takeaways from the case.
- B. Case Reviews will meet all applicable requirements for prehospital continuing education outlined in VCEMS Policy 1133 – Prehospital Continuing Education
- C. When conducting a Case Review, the following guidelines should be utilized:
- 1. Case Reviews will have a minimum of three (3) persons in attendance, not including the instructor.
 - 2. Recording should be reviewed to determine educational value before they are presented at a case review session. A recording and/or case which is specifically requested by prehospital personnel should be presented at a case review as soon as possible.
 - 3. All personnel involved in a response to be discussed at a Case Review should be contacted directly and encouraged to attend the review, if possible.
 - 4. A continuing education attendance roster will be made for each case review in accordance with VCEMS Policy 1132.
 - 5. An evaluation form shall be completed by each attendee for each hour of Case Review that is provided. A CE Certificate will be provided for each hour of Case Review provided, to each attendee in accordance with VCEMS Policy 1130 – Prehospital Continuing Education Provider Approval.
 - 6. All required Case Review hours will 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: Trauma Center Designation		Policy Number 1401	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	July 1, 2010		
Date Revised:	December 5, 2024	Effective Date: July 1, 2025	
Date Last Reviewed:	December 5, 2024		
Review Date:	December 31, 2027		

- I. PURPOSE: To establish a procedure for the designation of trauma centers in Ventura County
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100136.03.
- III. POLICY:
 - A. Trauma System Assessment
 1. Changes to the trauma system design will be predicated on a needs assessment.
 2. Ventura County Emergency Medical Services Agency (VCEMS) will assess the trauma system biannually (every other year) using the “Needs Based Assessment of Trauma Systems (NBATS)” Tool.
 3. If a need is identified, VCEMS will provide an application process and a notice of intent to designate an additional trauma center. The notice will include:
 - a. Introduction and background information about Ventura County’s trauma system.
 - b. General information and instructions about trauma center designation including eligibility for application, primary service areas, fees, and EMS’s no guarantee policy of the minimum number of trauma patients
 - c. Level of designation desired
 - d. Reference to Title 22 and the American College of Surgeons “Resources for Optimal Care of the Injured

- Patient” (2022 Standards-Gray book) as the criteria for designation. Applicants will be required to describe their current compliance with these criteria or to indicate plans to achieve compliance within 6 months of the nomination for designation.
- e. List of the minimal requirements for designation that includes: hospital organization, medical staff support, the trauma program, the trauma medical director, the trauma resuscitation team, the trauma service, the trauma program manager, the trauma registrar and interventional radiology services on site. (Please refer to the “Resources for Optimal Care of the Injured Patient” (2022 Standards-Gray book) for full description of the above).
 - f. A list of trauma center conditions and requirements commensurate with the level of designation desired, which the applicant will be required to accept.
 - g. A contract between the applicant hospital and VCEMS to be completed when the hospital’s application has been approved. Applicants will be required to indicate their acceptance of the contract or to submit alternative language for any clause which they are unwilling to accept.
 - h. A schedule of fees for trauma center applications and ongoing designation/contracts.
4. The County may elect to issue an RFP.
 5. An acute care hospital in Ventura County seeking trauma center designation prior to, or en lieu of, a VCEMS initiated NBATS assessment, must fund a trauma system assessment. The consultant performing the assessment shall be selected in coordination with VCEMS.
 6. An acute care hospital who seeks/obtains Trauma Center Verification outside of the process outlined above will not be designated by VCEMS as a trauma center.

7. An updated trauma plan must be submitted and approved by the California EMS Authority, in accordance with CCR 100136.01 and 100136.04, prior to implementation of the additional trauma center.

B. Trauma Center Designation

1. VCEMS may form a review panel to evaluate applications. The format of application review will depend on process determined by VCEMS and will be outlined prior to releasing the applications.
2. A site visit will be required for designation.
3. Following the site visits, the review panel will report to VCEMS on its findings and recommendation on designation of trauma hospitals. This will include any recommended corrective action plan that would be required to meet trauma center requirements.4Review panel recommendations for approval will be submitted to the Ventura County Board of Supervisors for final designation.

C. Appeals

1. Notices of findings and copies of reports specific to each applicant will be sent to the appropriate applicant. Applicants will have 10 working days to appeal from the day of receipt of the preliminary recommendations of the review panel. Grounds for appeals are limited to alleged failure to follow the policy, RFP or proposal review process. Expert judgments or analyses of the survey team are not subject to appeal.
2. County will identify a three-member appeal panel whose members have expertise in proposal reviews and have no allegiance or affiliation with any hospital within the County or to any member of the review panel. The appeal panel will review the appeal and make a decision. All decisions are final and cannot be appealed further.
3. A fee of \$5,000 will be required to request an appeal. These funds shall be used by the County to recover costs of resources used to reply to the appeal.

MINOR CHANGES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. The applicant shall provide a written statement, labeled as "Attachment XIV", of intent to comply with the requirements of the VCEMS Policies and Procedures Manual and the standards and policies set by the Medical Director of VCEMS.
15. Attach evidence of support for applicant and label as "Attachment XV". Applicant must provide a minimum of three (3) written statements of support, on letterhead, from responsibly positioned, Ventura County-based, residents, institutions, or users of the service.
16. Submit the completed application packet and payment, if any, and five (5) copies of the entire application (including all attachments) to:
EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd. #200
Oxnard, CA 93036

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

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

B. Procedure for Processing Application for Ambulance Company License:

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

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

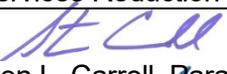
- c. Whether the applicant has submitted a “business plan” or “statement of work” which demonstrates that the applicant will provide ambulance services which will enhance the current system and the level of services.
- d. Whether the applicant meets the minimum requirements to have an ambulance license.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

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

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

C. Application Renewal

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

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

- I. PURPOSE: To provide a mechanism for Ventura County to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system of the reduction or closure of emergency services in hospitals.
- II. AUTHORITY: Health and Safety Code Section 1300 (c).
- III. POLICY: Acute care hospitals intending to implement either a reduction or closure of emergency services must advise the EMS agency as soon as possible, but at least 90 days prior to the proposed change.
 - A. The notification of change proposal must include:
 1. Reason for the proposed change(s).
 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 3. Description of the local geography, surrounding services, the average volume of calls.
 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Evaluation Process
 1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.
 2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will

complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a minimum, the Impact Evaluation report shall include:

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

Time Line (in calendar days) for Development of Report of Impact on the EMS System in the Event of Closure or Reduction of
Emergency Department Services in Local Hospitals

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transport and Destination Guidelines		Policy Number 604	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	June 3, 1986	Effective Date: July 1, 2025	
Date Revised:	November 14, 2024		
Date Last Reviewed:	November 14, 2024		
Review Date:	November 30, 2027		

- I. PURPOSE: To establish guidelines for determining appropriate patient destination, so that to the fullest extent possible, individual patients receive appropriate medical care while protecting the interests of the community at large by optimizing use and availability of emergency medical care resources.
- II. AUTHORITY: Health and Safety Code, Section 1317, 1797.106(b), 1797.220, and 1798 California Code of Regulations, Title 13, Section 1105(c) and Title 22, Section 100091.03.
- III. POLICY: In the absence of decisive factors to the contrary, patients shall be transported to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patients.
- IV. PROCEDURE:
 - A. Hospitals unable to accept patients due to an internal disaster shall be considered NOT "prepared to receive emergency cases".
 - B. In determining the most accessible facility, transport personnel shall take into consideration traffic obstruction, weather conditions or other factors which might affect transport time.
 - C. Most Accessible Facility
The most accessible facility shall ordinarily be the nearest hospital emergency department, except for:
 1. Base Hospital Direction for ALS patients
 - a. Upon establishment of voice communication, the Base Hospital is responsible for patient management until the patient reaches a hospital and medical care is assumed by the receiving hospital. Paramedics will continue to follow their ALS Standing Orders

- b. The Base Hospital may direct that the patient be transported to a more distant hospital which in the judgment of the BH physician or MICN is more appropriate to the medical needs of the patient.
 - c. Patients may be diverted in accordance with Policy 402.
 - 2. Patients transported in BLS ambulances demonstrating conditions requiring urgent ALS care (e.g., unstable vital signs, chest pain, shortness of breath, airway obstruction, acute unconsciousness, OB patient with contractions), shall be transported to the nearest hospital emergency department prepared to receive emergency cases.
- D. "Decisive Factors to the Contrary"
Decisive factors to the contrary for BLS or ALS patients include, but are not limited to, the following:
 - 1. Prepaid Health Plans
 - a. EMS personnel shall not request information on insurance or delay transport or treatment while determining insurance status.
 - b. A member of a group practice prepayment health care service who volunteers such information and requests a specific facility may be transported according to that plan when the ambulance personnel or the Base Hospital determines that the condition of the member permits such transport. Therefore, when the Base Hospital contact is made, the Base Hospital must always be notified of the patient's request.
 - c. However, when the on duty supervisor determines that such transport would unreasonably remove the ambulance unit from the service area, the member may be transported to the nearest hospital capable of treating the member.
 - 2. Patient Requests
 - a. When a person or his/her legally authorized representative requests emergency transportation to a hospital other than the most accessible emergency department, which may include out of the county, the request should be honored when ambulance personnel, BH physician or MICN determines that the condition of the patient permits such transport. Therefore when the Base Hospital contact is

made the Base Hospital must always be notified of the patient's request.

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

3. Private Physician's Requests

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

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

4. Physician on Scene per VC EMS Policy 703

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

5. Direct Admits

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospice Patient Care		Policy Number: 629	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	October 10, 2019		
Date Revised:	November 14, 2024		
Date Last Reviewed:	November 14, 2024	Effective Date: July 1, 2025	
Next Review Date:	November 30, 2026		

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

- II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170; California Code of Regulations, Title 22, §100091.01 and §100091.02

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

- IV. PROCEDURE:
 - A. Patient Management:
 1. The responding EMS personnel will evaluate the presenting complaint, confirm that the patient is on hospice and identify the current hospice provider.
 2. A phone call shall be established between EMS and the on-call hospice provider to communicate on scene findings.
 - a. Repeat phone call in 10 minutes to the on-call hospice provider if there has been no response. Wait up to another 10 minutes, and if still no response, you may then transport the patient or seek recommendations from base hospital

3. EMS and Hospice communication will be centered around the following goals;
 - a. Identifying a need for the hospice provider to respond to the scene
 - b. Identifying EMS interventions or actions which may facilitate patient comfort and prevent transport, such as assisting with family education.
 - c. Identifying hospice resources or interventions which may facilitate patient comfort and prevent transport.
 - d. Identifying the unique cases where transport is necessary for hospital treatment or diagnostics which are required to best continue in home treatment.
- B. Resources / response:
1. Most often transport can be avoided and comfort optimized utilizing only the initial paramedic response along with follow up from the hospice agency.
 2. EMS providers should consult with or request a response from one of the following:
 - a. Online medical direction from base hospital physician
 - b. EMS supervisor response

Allergic Reaction and Anaphylaxis

ADULT

PEDIATRIC

BLS Procedures

Administer oxygen as indicated

Anaphylaxis: Assist patient with prescribed epinephrine auto-injector, or

- If under 30 kg – Epinephrine 1 mg/mL
 - IM - 0.15 mg via auto-injector, pre-filled syringe, or syringe/vial draw
 - May repeat x 1 in 5 minutes if patient remains in distress
- If 30 kg and over – Epinephrine 1mg/mL
 - IM - 0.3mg via auto-injector, pre-filled syringe, or syringe/vial draw
 - May Repeat x 1 in 5 minutes if patient remains in distress

ALS Standing Orders

IV/IO access

Allergic Reaction:

Benadryl

- IV/IO/IM – 50 mg

IV/IO Access

Allergic Reaction:

For patients ≥ 6 months of age

Benadryl

- IV/IO/IM – 1 mg/kg
- Max 50 mg

Anaphylaxis without shock:

Epinephrine 1 mg/mL, if not already administered by BLS personnel

- IM - 0.3 mg
- May repeat q 5 minutes if patient remains in distress

Albuterol (if wheezing is present)

- Nebulizer – 5 mg/6 mL
- May repeat as needed

Anaphylaxis without Shock:

Epinephrine 1 mg/mL, if not already administered by BLS personnel

- IM – 0.01 mg/kg up to 0.3mg
- May repeat q 5 minutes if patient remains in distress

Albuterol (if wheezing is present)

- Patient ≤ 30 kg
 - Nebulizer – 2.5 mg/3 mL
 - Repeat as needed
- Patient > 30kg
 - Nebulizer – 5 mg/6 mL
 - Repeat as needed

Anaphylaxis with Shock:

Epinephrine 10mcg/mL

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

- Initiate 2nd IV/IO

Normal Saline

- IV/IO bolus – 1 Liter
- May repeat x 1 as indicated

Anaphylaxis with Shock:

Epinephrine 10mcg/mL

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

- Initiate 2nd IV if possible or establish IO

Normal Saline

- IV/IO bolus – 20 mL/kg
- May repeat x 1 as indicated

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- In cases of anaphylaxis or anaphylactic shock do not delay epinephrine administration. Utilize IM Epinephrine prior to other medications or prior to IV/IO epinephrine. Epinephrine is the priority in patients with anaphylaxis.
- Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.

Effective Date: July 1, 2025
Next Review Date: February 28, 2027

Date Revised: February 13, 2025
Last Reviewed: February 13, 2025



VCEMS Medical Director

Shortness of Breath – Pulmonary Edema

BLS Procedures

Administer oxygen as indicated

Initiate CPAP/BiPAP for moderate to severe distress

ALS Standing Orders

Nitroglycerin

- SL or lingual spray – 0.4 mg q 1 min x 3
 - Repeat 0.4 mg q 2 min
 - No max dosage
 - Hold for SBP < 100 mmHg

Perform 12-lead ECG (Per VCEMS Policy 726)

IV/IO access

If wheezes are present and suspect COPD/Asthma, consider:

Albuterol

- Nebulizer – 5 mg/6 mL
 - Repeat as needed

If patient presents or becomes hypotensive:

Epinephrine 10 mcg/mL

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

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.
- Nitroglycerin is contraindicated 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. In this situation, NTG may only be given by ED Physician order.

Effective Date: July 1, 2025
Next Review Date: February 28, 2027

Date Revised: February 13, 2025
Last Reviewed: February 13, 2025



EMS Medical Director

NO CHANGES

COUNTY OF VENTURA
HEALTH CARE AGENCY

EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

Policy Title: Ventura County Stroke and STEMI Committees		Policy Number 107
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: July 1, 2025
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025
Origination Date:	August 9, 2018	Effective Date: July 1, 2025
Date Revised:	October 23, 2024	
Date Last Reviewed:	October 23, 2024	
Review Date:	October 31, 2027	

- I. **AUTHORITY:** Health and Safety Code, Division 2.5, and California Code of Regulations, Title 22, § 100150.01, § 100150.02, § 100160.01, § 100160.02.
- II. **Committee Names:** The names of these committees shall be the Ventura County (VC) Stroke Committee and the VC STEMI Committee.
- III. **Committee Purpose:** The purpose of these committees shall be to provide input to the VC Emergency Medical Services (EMS) Medical Director and VC EMS administration on matters pertaining to the VC Stroke Specialty System and the VC STEMI Specialty System.
- IV. **Membership:**
 - A. **Voting Membership**
Voting membership in the committee shall be composed of 2 representatives from each facility (see chart below). Alternatives will be considered on a case-by-case basis.

Type of Organization	Member	Member
Acute Stroke Centers (ASC)	Stroke Coordinator	Physician
Non-ASC receiving centers	ED Manager or PCC	Physician
STEMI Receiving Centers	STEMI Coordinator	Physician
STEMI Referral Hospitals	ED Manager or PCC	Physician
Fire	Clinical manager or QI director	Senior Administrator or Medical Director
Ambulance Companies	Clinical manager or QI manager	Senior Administrator or Medical Director
VCEMSA	Administrator	Medical Director

B. Non-voting Membership

Non-voting members of the committee shall be composed of stakeholders from local agencies.

C. Membership Responsibilities

Representatives to the Stroke Committee and STEMI Committee represent the views of their agency. Representatives should ensure that agenda items have been discussed/reviewed by their agency prior to the meeting.

D. Voting Rights

Designated voting members shall have equal voting rights.

E. Attendance

1. Members shall remain as active voting members by attending 75% (Stroke) and 66% (STEMI) of the meetings in a (calendar) year. If attendance falls below these percentages, the organization administrator will be notified, and the member may lose the right to vote.
 - (a) Members may have a single designated alternate attend in their place, no more than two times (Stroke) and one time (STEMI) per calendar year.
 - (b) Agencies may designate one representative to be able to vote for both representatives, no more than two times (Stroke) and one time (STEMI) per calendar year.
2. The member whose attendance falls below these percentages, may regain voting status by attending two consecutive meetings.
3. If meeting dates are changed or cancelled, members will not be penalized for not attending.

V. Officers

- A. The chairperson of the Stroke Committee and the STEMI Committee is the VCEMSA Medical Director. The chairperson shall perform the duties prescribed by the guidelines outlined in this policy.

VI. Meetings

A. Regular Meetings

The Stroke Committee will meet quarterly, and the STEMI Committee will meet once every 4 months. VCEMS will prepare and distribute the meeting agenda no later than one week prior to a scheduled meeting.

B. Special Meetings

Special meetings may be called by the VC EMS Medical Director, VC EMS Administrator or Public Health Director. Except in cases of emergency, seven (7) days' notice shall be given.

C. Quorum

The presence a simple majority (1/2 of committee membership plus 1) of voting members shall constitute a quorum. The presence of a quorum at the beginning of the meeting shall allow the committee to continue to do business until adjournment, regardless of the number of members who leave during the meeting.

VII. Task Forces and Ad-hoc Committees

The VC EMS Medical Director (committee chair), VC EMS Administrator, or Public Health Director may appoint task forces or ad-hoc committees to make recommendations to the Stroke or STEMI Committee on particular issues. The person appointing the task force or ad-hoc committee will name the chair. A task force or ad-hoc committee shall be composed of at least three (3) members and no more than seven (7) individuals. Persons other than voting members may be appointed to task forces or ad-hoc committees.

VIII. Calendar Year

The Stroke and STEMI Committee will operate on a calendar year

IX. Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order, newly revised, shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these guidelines, and any special rules of order the Stroke Committee may adopt.

X. Submission of Agenda Items

Agenda items shall be received by the Ventura County EMS Office 14 days before the meeting it is to be presented. Items may be submitted by US mail, fax or e-mail and must include the following information:

- A. Subject
- B. Reason for request
- C. Description/Justification
- D. Supporting medical information/other research as applicable
- E. List of affected VC EMS policies, if a requested policy change
- F. Agenda Category:
 - 1. Operational
 - 2. Medical

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Child Abuse, Dependent Adult Abuse, or Elder Abuse Reporting		Policy Number 210	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: July 1, 2025	
APPROVED: Medical Director: Daniel Shepherd M.D.		Date: July 1, 2025	
Origination Date: June 14, 1984			
Date Revised: November 10, 2022		Effective Date: July 1, 2025	
Last Review: November 14, 2024			
Review Date: November 30, 2027			

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

- E. "Elder" means any person residing in this state, 60 years of age or older.
 - F. "Mandated Reporter" includes an emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
 - G. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect, or abuse of an elder or a dependent adult.
- V. PROCEDURE:
- A. Suspected abuse of an elder or a dependent adult
 1. Report online at ReporttoAPS.org or call 805-654-3200 within 48 hours of receiving information concerning the incident.
 - a. Reporting online satisfies the State requirement for mandated reporters to call in and mail/fax a report.
 - b. If online reporting cannot be done, reports may be emailed to HSA-APS-Referrals@ventura.org or faxed to 805-650-1521.
 2. Failure to report suspected abuse of an elder or a dependent adult
 - a. Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. A mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals their failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

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

Reporting Suspected Abuse

Suspected abuse of an elder or dependent adult

Report online or call within 48 hours

Link to online report: ReporttoAPS.org

24-hour hotline: 805-654-3200

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

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

-OR-

FAX: 805-650-1521

Suspected child abuse or neglect

Initial report by telephone immediately or as soon as
practically possible

24-hour hotline: 805-654-3200

Submit written report within 36 hours

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	June 1, 1997	Effective Date: July 1, 2025	
Date Revised:	February 13, 2025		
Last Date Reviewed:	February 13, 2025		
Next Review Date:	February 29, 2028		

- 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 100092.02
- 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 3.3, Article 3, Section 100092.02, 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><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 a preceptor training course approved by VCEMS.</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 VCEMS</p> <p><input type="checkbox"/> Completion of Curriculum Vitae</p>

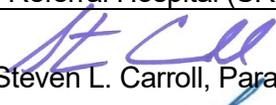
Please sign and date below for approval.

Employer

Date:

PCC, BH

Date:

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

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

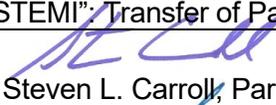
8. SRCs shall comply with the requirements for an annual minimum volume of procedures (25) required for designation by VCEMS.
 9. The hospital shall have a STEMI program manager and a STEMI medical director.
 10. The hospital shall have job descriptions and organizational structure clarifying the relationship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

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

B. Designation

1. Application:
Eligible hospitals shall submit a written request for SRC or SRH approval to the VC EMS, documenting the compliance of the hospital with Ventura County SRC or SRH Standards.
2. Approval:
SRC or SRH approval or denial shall be made in writing by VCEMS to the requesting Hospital within two weeks after receipt of the request for approval and all required documentation.
3. VC EMS may deny, suspend, or revoke the approval of a SRC or SRH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
5. SRCs and SRHs shall be reviewed every three years.
 - a. SRCs or SRHs shall receive notification of evaluation from VCEMS.
 - b. SRCs or SRHs shall respond in writing regarding program compliance.

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: "Code STEMI" Transfer of Patients with STEMI for PCI		Policy Number 440	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	July 1, 2007	Effective Date: July 1, 2025	
Date Revised:	February 26, 2025		
Last Reviewed:	February 26, 2025		
Review Date:	February 29, 2028		

- I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100091.03, 100096.02, 100149.01 and 100149.02
- III. DEFINITIONS:
 - A. STEMI: ST Segment Elevation Myocardial Infarction.
 - B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.
 - C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and has been designated according to VC EMS Policy 430.
 - D. PCI: Percutaneous Coronary Intervention.
- IV. POLICY:
 - A. STEMI Referral Hospitals will:
 1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County SRCs.
 - b. Preprinted template order sheet with recommended prior-to-transfer treatments. Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
 - c. Patient Consent/Transfer Forms.
 - d. Treatment summary sheet.
 - e. Ventura County EMS Code STEMI data entry form.
 2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

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

B. Ambulance Dispatch Center will:

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

C. Ambulance Companies

1. Ambulance Companies will:

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

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

D. STEMI Receiving Centers will:

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

V. PROCEDURE:

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

1. Determine availability of the SRC by checking ReddiNet.
2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].

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

F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.

G. The SRH and SRC shall review all STEMI transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS STEMI CQI Committee.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Thrombectomy Capable Acute Stroke Center (TCASC) Standards		Policy Number 452	
PPROVED: Administration: Steven L. Carroll, Paramedic		Date: July 1, 2025	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: July 1, 2025	
Origination Date: July 26, 2017		Effective Date: July 1, 2025	
Date Revised: January 26, 2025			
Last Review: January 26, 2025			
Review Date: January 31, 2028			

- I. PURPOSE: To define the criteria for designation as a Thrombectomy Capable Acute Stroke Center (TCASC) in Ventura County.

- II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100091.03 and 100096.02.

- III. DEFINITIONS:

Acute Stroke Center (ASC): Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.

LVO Alert: A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Large Vessel Occlusion (LVO) ischemic stroke.

Thrombectomy Capable Acute Stroke Center: (TCASC) Acute Stroke Center (ASC) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.

- IV. POLICY:
 - A. A Thrombectomy Capable Acute Stroke Center (TCASC), approved and designated by Ventura County EMS (VCEMS), shall meet the following requirements:
 1. All the requirements of an Acute Stroke Center (ASC) as defined in Policy 450.
 2. Certified as a Thrombectomy-Capable Stroke Center (TSC) by The Joint Commission or a Primary Plus by Det Norske Veritas, or a Comprehensive Stroke Center (CSC) by either The Joint Commission or Det Norske Veritas

3. Neurointerventionalist on call 24/7 and available on-site at TCASC within 45 minutes of notification of an LVO alert.
4. Neurosurgeon on call 24/7 and available to provide care as indicated.
5. Neurologist, with hospital privileges to provide ICU level of care for acute stroke patients, on call 24/7 and available to provide care as indicated.
6. An individual Neurointerventionalist or Neurosurgeon may not be simultaneously on call for a separate hospital.
7. Appropriate endovascular catheterization laboratory personnel available on-site within 45 minutes of notification of an LVO alert
8. Will create policies and procedures detailing how the TCASC will notify the appropriate personnel of an LVO alert.
9. Will accept all LVO alert patients, regardless of ICU or ED saturation status, except in the event of internal disaster or no catheterization laboratory availability.
10. Will create policies and procedures detailing how the TCASC will manage the presentation of concurrent LVO alerts.
11. Will create policies and procedures detailing how the TCASC plans to manage competing demands on the procedure suite (staffing, other cardiovascular procedures).
12. Will create policies and procedures that allow the automatic acceptance of any LVO patient from a Ventura County Hospital upon notification by the transferring physician.
13. Ability to perform endovascular procedures as indicated for emergent large vessel occlusions.
14. Have CT or MRI perfusion capabilities.
15. Maintain appropriate staff and facility availability to address complications of emergent endovascular procedures.
16. Will participate in the Ventura County Stroke Registry in accordance with policy 450.

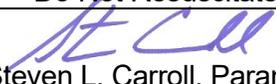
B. Designation Process:

1. Application:
Eligible hospitals shall submit a written request for TCASC designation to VCEMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County TCASC Standards.
2. Approval:

- a. Upon receiving a written request for TCASC designation, VCEMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. TCASC approval or denial shall be made in writing by VCEMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VCEMS site survey.
 - c. Certification as a TSC or Primary Plus, or a CSC by The Joint Commission or Det Norske Veritas shall occur no later than six months following designation as a TCASC by VCEMS.
 3. VCEMS may deny, suspend, or revoke the designation of an TCASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
 4. The VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the TCASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.
 5. TCASCs shall be reviewed on a biannual basis.
 - a. TCASCs shall receive notification of evaluation from the VCEMS.
 - b. TCASCs shall respond in writing regarding program compliance.
 - c. On-site TCASC visits for evaluative purposes may occur.
 - d. TCASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.
- C. Provisional Designation Process
- VCEMS may grant provisional designation as a TCASC to a requesting hospital that has satisfied the requirements of a TCASC as outlined in section A of this policy but has yet to receive certification by an approving body. Only when the following requirements are satisfied will VCEMS grant a provisional designation:
1. Application:

Eligible hospitals shall submit a written request for provisional TCASC designation to VCEMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County TCASC Standards.
 2. Provisional Approval:

- a. Upon receiving a written request for provisional TCASC designation, VC EMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. Provisional TCASC approval or denial shall be made in writing by VCEMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VC EMS site survey.
 - c. Certification as a Thrombectomy-capable Stroke Center, Primary Plus or Comprehensive Stroke Center by The Joint Commission or Det Norske Veritas shall occur no later than six months following provisional designation as an TCASC by VCEMS.
3. VCEMS may deny, suspend, or revoke the designation of an TCASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Do Not Resuscitate		Policy Number 613	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	October 1, 1993	Effective Date: July 1, 2025	
Date Revised:	February 13, 2025		
Date Last Reviewed:	February 13, 2025		
Review Date:	February 28, 2027		

- I. **PURPOSE:** To establish criteria for a Do Not Resuscitate (DNR) Order, and to permit Emergency Medical Services personnel to withhold resuscitative measures from patients in accordance with their wishes.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.220, 1798 and 7186 and Division 1, Part 1.85 (End of Life Option Act).
California Probate Code, Division 4.7 (Health Care Decisions Law).
California Code of Regulations, Title 22, Section 100096.03.
Emergency Medical Service Authority California Health and Human Services Agency, EMSA #311, 6th Revision (EMSA Personnel Guidelines Limiting Pre-Hospital Care)
- III. **DEFINITIONS:**
- A. “EMS Personnel”: All EMTs, paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
- B. “Resuscitation”: Medical interventions whose purpose is to restore cardiac or respiratory activity, and which are listed below:
1. External cardiac compression (chest compressions).
 2. Defibrillation.*
 3. Tracheal Intubation or other advanced airway.*
 4. Assisted Ventilation for apneic patient.*
 5. Administration of cardiotoxic medications.*
- C. “DNR Medallion”: A permanently imprinted insignia, worn by a patient that has been manufactured and distributed by an organization approved by the California Emergency Medical Services Authority.
- D. “DNR Order”: An order to withhold resuscitation. A DNR Order shall be considered operative under any of the following circumstances. If there is a

* - Defibrillation, advanced airway, assisted ventilation, and cardiotoxic medications may be permitted in certain patients using a POLST form. Refer to VCEMS Policy 625.

conflict between two DNR orders the one with the most recent date will be honored.

1. A fully executed original or photocopy of the “Emergency Medical Services Prehospital DNR Form” has been read and reviewed on scene;
 2. The patient is wearing a DNR Medallion;
 3. A fully executed California Durable Power of Attorney For Health Care (DPAHC) form is seen, a health care agent designated therein is present, and that agent requests that resuscitation not be done;
 4. A fully executed Natural Death Act Declaration has been read and reviewed on scene;
 5. A fully executed California Advance Health Care Directive (AHCD) has been read and reviewed on scene and:
 - a. a health care agent designated therein is present, and that agent requests that resuscitation not be done, or
 - b. there are written instructions in the AHCD stating that the patient does not wish resuscitation to be attempted;
 6. A completed and signed Physician Orders for Life-Sustaining Treatment (POLST) form has been read and reviewed on scene, and in Section A, “Do Not Attempt Resuscitation/DNR” is selected;
 7. A fully executed Final Attestation Form, or;
 8. For patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities, a written document in the patient’s permanent medical record containing the statement “Do Not Resuscitate”, “No Code”, or “No CPR,” has been seen. A witness from the health care facility must verbally document the authenticity of this document.
 9. In cases where a verbal DNR request is expressed, EMS Personnel shall directly consult with the base hospital physician. Base hospital physicians retain authority for determining appropriateness of resuscitation.
- E. “California Advance Health Care Directive (AHCD)”. As defined in California Probate Code, Sections 4600-4805.
- F. “California Durable Power of Attorney for Health Care (DPAHC)”: As defined in California Civil Code, Sections 2410-2444.

- G. “Natural Death Act Declaration”: As defined in the Natural Death Act of California, Health and Safety Code, Sections 7185-7195.
 - H. “Physician Orders for Life-Sustaining Treatment (POLST)”. As defined in California Probate Code, Division 4.7 (Health Care Decisions Law).
 - I. “Final Attestation Form”: As defined in the End of Life Option Act, California Health and Safety Code Section 443.11.
 - J. Comfort measures: Medical interventions used to provide and promote patient comfort. Comfort measures applicable to the End of Life Option Act may include airway positioning and suctioning.
- IV. PROCEDURE:
- A. All patients require an immediate medical evaluation.
 - B. Correct identification of the patient is crucial in this process. If not wearing a DNR Medallion, the patient must be positively identified as the person named in the DNR Order. This will normally require either the presence of a witness or an identification band.
 - C. When a DNR Order is operative:
 - 1. If the patient has no palpable pulse and is apneic, resuscitation shall be withheld or discontinued.
 - 2. The patient is to receive full treatment other than resuscitation (e.g., for airway obstruction, pain, dyspnea, hemorrhage, etc.).
 - 3. If the patient is taking high doses of opioid medication and has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes.
 - 4. If transport has been initiated, continue transporting the patient to the appropriate receiving facility and transfer care to emergency department staff.
 - a. If transport has not been initiated, but personnel are still on scene, patient should be left at scene, if not in a sensitive location (place of business, public place, etc.). The situation should be explained to the family or staff at the scene.

- D. A DNR Order shall be considered null and void under any of the following circumstances:
1. The patient is conscious and states that he or she wishes resuscitation.
 2. In unusual cases where the validity of the request has been questioned (e.g., a family member disputes the DNR, the identity of the patient is in question, etc.), EMS Personnel may temporarily disregard the DNR request and institute resuscitative measures while consulting the base hospital for assistance. Discussion with the family member, with explanation, reassurance, and emotional support may clarify any questions leading to validity of a DNR form.
The underlying principle is that the patient's wishes should be respected.
 3. There is question as to the validity of the DNR Order.
Should any of these circumstances occur, appropriate treatment should continue or immediately commence, including resuscitation if necessary. Base hospital contact should be made when appropriate.
- E. Other advanced directives, such as informal "living wills" or written instructions without an agent in the California Durable Power of Attorney for Health Care, may be encountered. Should any of these occur, appropriate treatment will continue or immediately commence, including resuscitation if necessary. Base hospital contact will be made as soon as practical.
- F. In case of cardiac arrest, if a DNR Order is operative, base hospital contact is not required and resuscitation should not be done. Immediate base hospital contact is strongly encouraged should there be any questions regarding any aspect of the care of the patient.
- G. If a DPAHC or AHCD agent requests that resuscitation not be done, EMS Personnel shall inform the agent of the consequences of the request.
- H. DNR in a Public Place
1. Persons in cardiac arrest with an operative DNR Order should not routinely be transported. The Medical Examiner's office should be notified by law enforcement or EMS personnel. If possible, an EMS representative should remain on scene until a representative from law enforcement or the Medical Examiner's office arrives.

2. If in a sensitive location (place of business, public place, etc.), it may be necessary to transport the patient to a hospital even without resuscitative measures, in order to move the body to a location that provides the family with more privacy and where arrangements can be made more expeditiously.
- I. For End-of-Life Option Act:
 1. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of the patient's mental state. In this instance, EMS personnel will provide medical care as per standard protocols and contact the base hospital.
 2. Family member(s) or significant other(s) may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act:
 - a. BLS personnel will provide BLS airway management and bag-mask ventilation as needed until ALS arrives.
 - b. ALS personnel will provide BLS airway management and bag-mask ventilation as needed, or instruct BLS personnel to continue, and consult the base hospital physician.
- V. DOCUMENTATION:
- For all cases in which a patient has been treated under a DNR Order, the following documentation is required in the Ventura County Electronic Patient Care Report (VCePCR):
- A. Name of patient's physician signing the DNR Order.
 - B. Type of DNR Order (DNR Medallion, Prehospital DNR Form, POLST Form, written order in a licensed health care facility, DPAHC, Natural Death Act Declaration, Final Attestation Form).
 - D. For all cases which occur within a licensed health care facility, in addition to above, if the DNR Order was established by a written order in the patient's medical record, the name of the physician signing and the witness to that order.
 - E. If resuscitation is not done because of the request of a healthcare agent designated in a DPAHC or AHCD, document the agent's name in the VCePCR narrative.

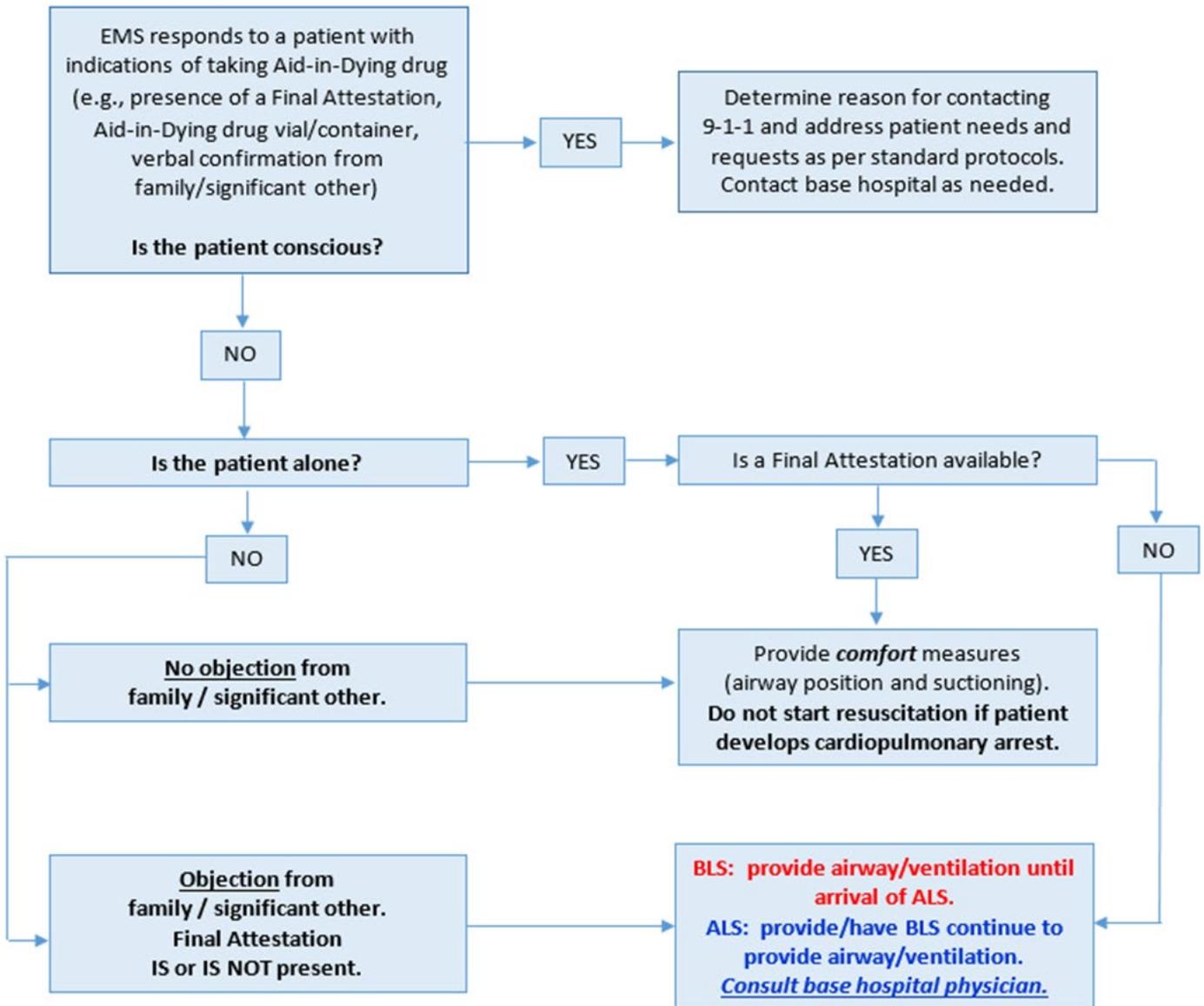
Appendix 1: Algorithm, Aid-in-Dying

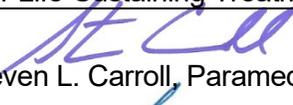


Appendix 1
Ventura County EMS Policy 613, "Do Not Resuscitate (DNR)"

For End of Life Options Act only:

Patient has taken Aid-in-Dying drug, is NOT in cardiopulmonary arrest



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Physician Orders for Life-Sustaining Treatment (POLST)		Policy Number 625	
APPROVED Administrator:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	January 7, 2009	Effective Date: July 1, 2025	
Date Revised:	January 10, 2019		
Date Last Reviewed:	February 13, 2025		
Review Date:	February 28, 2027		

- I. **PURPOSE:** To permit Ventura County Emergency Medical Services personnel to honor valid POLST forms and provide end-of-life care in accordance with a patient's wishes.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1798 and 7186.
California Probate Code, Division 4.7 (Health Care Decisions Law).
- III. **DEFINITIONS:**
 - A. "EMS Personnel": All EMTs, Paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.
 - B. Valid Physician Orders for Life-Sustaining Treatment (POLST). A completed and signed physician order form, according to California Probate Code, Division 4.7 and approved by the California Emergency Medical Services Authority.
- IV. **POLICY:**
 - A. A POLST form must be signed by the patient or surrogate and physician to be valid.
 - B. Although an original POLST form is preferred, a copy or FAX is valid.
 - C. When a valid POLST form is presented, EMS personnel will follow the instructions according to the procedures below.
 - D. The POLST form is intended to supplement, not replace, an existing Advance Health Care Directive. If the POLST form conflicts with the Advance Health Care Directive, the most recent order or instruction of the patient's wishes governs.
- V. **PROCEDURE:**
 - A. Confirm that:
 1. The patient is the person named in the POLST.
 2. The POLST form, Section D, is signed by the patient or surrogate and physician. The form is not valid if not signed by both.

- B. POLST form - Section A:
1. If the patient has no pulse and is not breathing AND “Do Not Attempt Resuscitation/DNR” is selected, refer to VC EMS Policy 613 – Do Not Resuscitate.
 2. If the patient has no pulse and is not breathing AND EITHER “Attempt Resuscitation/CPR” is selected OR neither option is selected then begin resuscitation. (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.
1. If “**Full Treatment**” is selected, the following treatments may be done as indicated:
 - a. All items included in Selective and Comfort-Focused Treatment
 - b. Intubation and other advanced airway interventions
 - c. Mechanical Ventilation
 - d. Cardioversion / Defibrillation
 2. If “**Selective Treatment**” is selected, the following treatments may be done as indicated:
 - a. All items included in Comfort-Focused Treatment
 - b. General Medical Treatment
 - c. IV Antibiotics
 - d. IV Fluids
 - e. Non-Invasive positive airway pressure
 3. If “**Comfort-Focused Treatment**” is selected, the following treatments may be done as indicated:
 - a. Relieve pain and suffering with medication by any route as needed
 - b. Oxygen
 - c. Suctioning
 - d. Manual treatment of airway obstruction

Do not use treatments listed in Full and/or Selective Treatment unless consistent with comfort goal. Request transfer to hospital **only** if comfort needs cannot be met in current location.

- D. If there is any conflict between the written POLST orders and on-scene individuals, contact the base hospital.
- E. Take the POLST form with the patient.

VI. DOCUMENTATION:

For all cases in which a patient has been treated according to a POLST form, the following documentation is required in the narrative section of the Ventura County Electronic Patient Care Report (VCePCR):

- A. A statement that the orders on a POLST form were followed.
- B. The section of the POLST form that was applicable.

Overdose	
ADULT	PEDIATRIC
BLS Procedures	
<p>Decontaminate if indicated and appropriate</p> <p>Administer oxygen and support ventilations as indicated</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IN – 4 mg via pre-filled nasal spray, may repeat in 3 min x 1 to a total of 8 mg ○ IN – 2 mg (1 mg per nostril) via nasal atomizer, may repeat in 3 min x 1 to a total of 4 mg ○ IM – 2 mg, may repeat in 3 min x 1 to a total of 4 mg 	
ALS Standing Orders	
<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IV/IO – 0.5 mg ○ May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Opioid Withdrawal with COWS ≥ 8 & Age ≥ 16</p> <ul style="list-style-type: none"> • Buprenorphine <ul style="list-style-type: none"> ○ SL – 16 mg <ul style="list-style-type: none"> • Reassess after 10 min • Repeat 8 mg SL x 1 if symptoms persist or worsen • Max dose 24 mg • See algorithm below <p>Dystonic Reaction</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg 	<p>IV/IO access</p> <p>Suspected opioid overdose with respirations less than 12/min and significant ALOC:</p> <ul style="list-style-type: none"> • Naloxone <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 2 mg • May repeat in 3 min x 1 ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • Max single dose 0.5 mg • May repeat q 1 min, titrated to maintain respirations greater than 12/min <p>Dystonic Reaction (For patients ≥ 6 months of age)</p> <ul style="list-style-type: none"> • Benadryl <ul style="list-style-type: none"> ○ IV/IO/IM – 1 mg/kg <ul style="list-style-type: none"> • Max total dose 50 mg <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg
Base Hospital Orders Only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10 mg if available 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg ○ Repeat 0.5 mEq/kg x 2 q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10 mg if available
<p>Additional Information:</p> <ul style="list-style-type: none"> • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN OR NITROGLYCERIN (Consult with ED Physician) • Buprenorphine: instruct patient not to chew or swallow tablet, it must dissolve in their mouth. No food or drink for at least 5 min. • Naloxone <ul style="list-style-type: none"> ○ It is not necessary that the patient be awake and alert. Titrate to maintain respirations greater than 12/min. 	

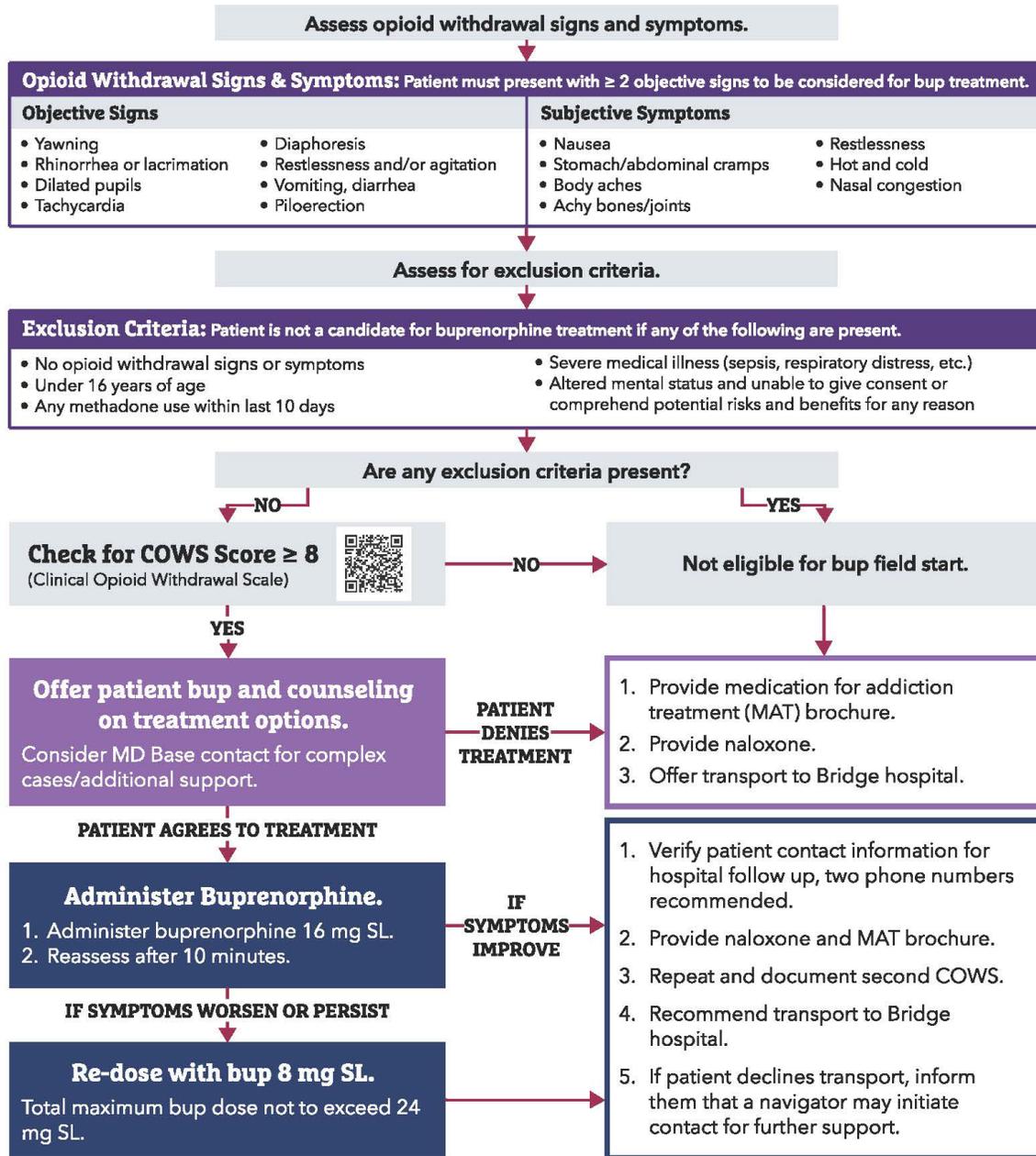
Effective Date: July 1, 2025
Next Review Date: March 12, 2025

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



VCEMS Medical Director

BUPRENORPHINE ADMINISTRATION ALGORITHM



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

I. PURPOSE:

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

II. POLICY:

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

III. PROCEDURE:

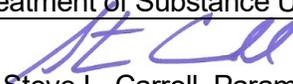
A. Medication Administration

- 1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
- 2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
- 3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
- 4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

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

[VCEMS Policy 722: Audit Form](#)



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment of Substance Use Disorder		Policy Number 736	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	March 12, 2024	Effective Date: July 1, 2025	
Date Revised:	March 12, 2024		
Date Last Reviewed:	March 12, 2024		
Review Date:	March 31, 2025		

- I. PURPOSE: To define the authorized treatment and harm reduction strategies Ventura County personnel may use when they encounter a patient with substance use disorder. Specifically, to authorize the distribution of naloxone kits, administration of buprenorphine tablets, and patient referral to a substance use counselor as outlined below.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100091.02, 100096.02, 100079.03
- III. POLICY: The opioid crisis has had a profound impact on communities across the United States. This policy attempts to mitigate the impact of the crisis by increasing the availability of naloxone, as well as improving access to medication-assisted treatment and other addiction treatment services. All EMS personnel may distribute naloxone kits to patients with suspected opioid use disorder, or their friends/family. ALS personnel may administer buprenorphine to patients with suspected opioid withdrawal who have a COWS score ≥ 8 . All EMS personnel should refer any consenting patient with a suspected substance use disorder to a substance use disorder navigator as defined below. All relevant training will be offered to the recipient at the time of distribution.
 - A. Indications
 1. Buprenorphine:
 - a. Age ≥ 16 and suspected opioid withdrawal with a COWS ≥ 8
 2. Naloxone distribution
 - a. Suspected opioid use disorder
 3. Referral to substance use counselor
 - a. Suspected substance use disorder
 - B. Contraindications
 1. Buprenorphine:
 - a. Age < 16

- b. COWS < 8
- c. Any methadone use within the last ten days
- d. Altered and unable to give consent (unable to comprehend potential risks and benefits for any reason)
- e. Severe medical illness (sepsis, respiratory distress, etc.)
- f. Known allergy to buprenorphine
- g. Use caution, and consider withholding buprenorphine, for patients at greater risk of respiratory depression:
 - i. Patients who remain sedated after naloxone administration
 - ii. Patients currently under the influence of benzodiazepines, alcohol, or other CNS depressants.
- 2. Naloxone distribution
 - a. None
- 3. Referral to substance use counselor
 - a. Patient does not consent to referral

IV. PROCEDURE:

A. Buprenorphine Administration

- 1. Assessment and treatment shall be in accordance with VCEMS policies and procedures.
- 2. Assess opioid withdrawal signs and symptoms and determine clinical opioid withdrawal scale (COWS) score.
- 3. Assess for exclusion criteria
- 4. If no exclusion criteria, and COWS \geq 8, provide supportive care and counseling, and then assess patient interest in buprenorphine
- 5. If patient consents to treatment with buprenorphine:
 - a. Give water to moisten mucous membranes
 - b. Administer 16 mg of buprenorphine SL
 - c. Instruct patient not to chew or swallow the tablet. It must dissolve in their mouth. No food or drink for at least five minutes after administration.
 - d. Reassess after ten minutes
 - e. Repeat with 8 mg if symptoms are not improved or worsening
 - f. Max dose of buprenorphine is 24 mg
 - g. Refer to substance use disorder treatment navigator.
 - h. Provide medication for addiction treatment brochure

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

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

B. Naloxone distribution

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

C. Referral

1. All patients who are given buprenorphine will be referred to Conejo Health Substance Use Navigator through Pulsara.
2. All patients with a substance use disorder are also eligible for referral to a Conejo Health substance use disorder navigator.
3. Obtain consent for referral and then refer to substance use disorder treatment navigator by completing "consult template" in Pulsara and transmitting to "Conejo Health".

D. Substance Use Navigator Contact Information

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

E. Documentation

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

F. Inventory

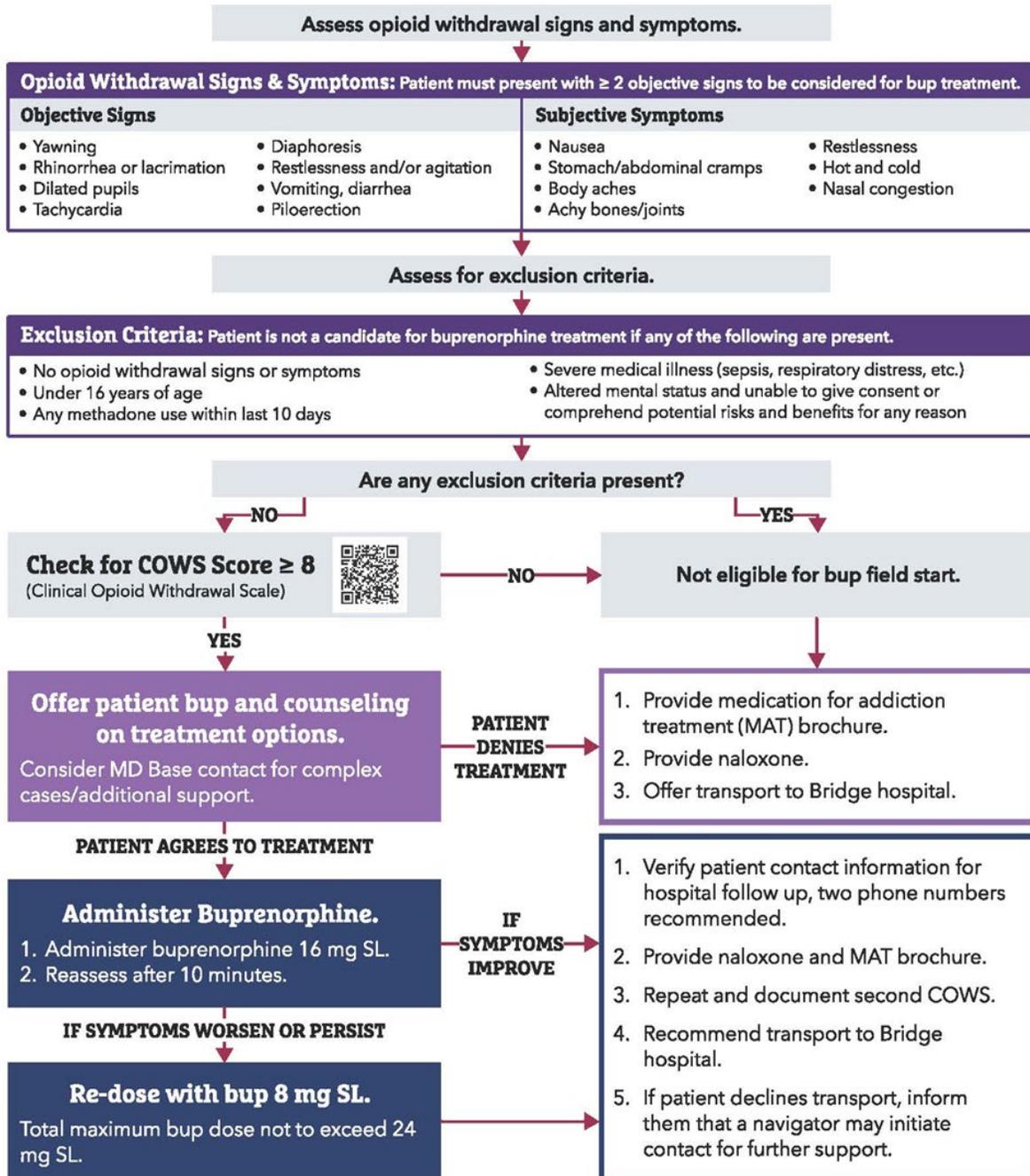
1. Conejo Health will supply buprenorphine, leave-at-home naloxone, and supplemental print materials to EMS System provider agencies.

Clinical Opioid Withdrawal Scale (COWS) Information

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

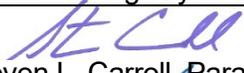


BUPRENORPHINE ADMINISTRATION ALGORITHM



PATIENT DENIES TREATMENT

IF SYMPTOMS IMPROVE

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Registry and Data		Policy Number 1403	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	July 14, 2015		
Date Revised:	December 5, 2024	Effective Date: July 1, 2025	
Date Last Reviewed:	December 5, 2024		
Review Date:	December 31, 2027		

- I. PURPOSE: To standardize data elements collected from trauma care facilities to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital trauma care services.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100136.03.
- III. POLICY: The following information shall be collected by Ventura County designated Trauma Centers and Community Hospitals and reported to the Ventura County EMS Agency.
- IV. INCLUSION CRITERIA
 - A. Patients will be included in the registry when they:
 1. Meet at least ONE of the following criteria :
 - a. Death
 - b. Hospital admission as either observation or inpatient status
 - c. Interfacility transfer to provide a higher level of trauma care (in or out)
 - d. Meets prehospital trauma triage criteria for Step 1-4
 - e. Trauma centers ONLY: full or limited trauma team activation

AND

 - 2. Have a diagnostic code for any injury included in the following range:
ICD-10-CM: S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9

AND

 - 3. Have at least one injury with a diagnostic code outside the following range:
S00, S10, S20, S30, S40, S50, S60, S70, S80, S90

B. Data element description

1. Trauma Centers

- a. Current data components for NTDS® (National Trauma Data Standard)
- b. Ventura County specific data
 - 1. Hospital account number for ED visit
 - 2. If transported to trauma center by ambulance
 - A. ImageTrend incident number
 - B. Trauma Step assigned by EMS

2. Community Hospitals

- a. Date of birth
- b. Date of ED arrival
- c. Date of admission
- d. Hospital account number
- e. ICD-10 codes
- f. Hospital outcome

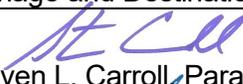
C. Reporting

1. Trauma Centers

- a. Complete spreadsheets as requested by EMS each quarter
- b. Upload trauma patient data into Ventura County trauma registry by the 15th of each month. Each upload should include patient records from the previous 6 months so that any incomplete records uploaded are overwritten in subsequent uploads.
- c. Complete on-line transfer form (refer to VCEMS Policy 1404) for any transfer of trauma patients for a higher level of care
- d. Comply with data collection as needed by EMS

2. Community Hospitals

- a. Complete on-line transfer form (refer to VCEMS Policy 1404) for any Emergent/Urgent trauma transfer
- b. Comply with data collection as needed by EMS

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Triage and Destination Criteria		Policy Number: 1405	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2025	
Origination Date:	July 1, 2010	Effective Date: July 1, 2025	
Date Revised:	December 5, 2024		
Date Last Reviewed:	December 5, 2024		
Review Date:	December 31, 2026		

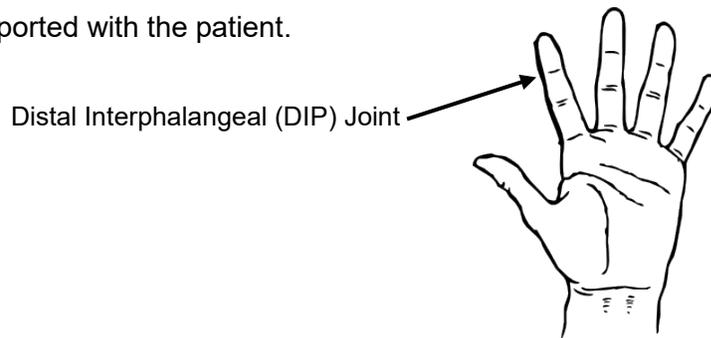
- I. PURPOSE: To guide out-of-hospital personnel in determining which patients require the services of a designated trauma center. To serve as the EMS system standard for triage and destination of patients suffering acute injury or suspected acute injury.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798. California Code of Regulations, Title 22, §100135.17 and §100136.03.
- III. POLICY: These criteria apply to any patient who is injured or has a physical complaint related to trauma and is assessed by EMS personnel at the scene.
 - A. Physiologic Criteria, Step 1:
 1. Glasgow Coma Scale
 - Unable to follow commands (GCS motor < 6)
 2. Systolic Blood Pressure
 - Age 10-64 years SBP < 90 mmHg or HR > SBP
 - Age 65 and older SBP < 110 mmHg or HR > SBP
 - Age 0-9 years SBP < 70 mmHg + (2 x age years)
 3. Respiratory
 - RR < 10 or > 29 breaths/min
 - Respiratory Distress or need for respiratory support
 - Room-air pulse oximetry < 90%
 - B. Anatomic Criteria, Step 2:
 1. Penetrating injuries to the head, neck, torso, or extremities proximal to elbow or knee
 2. Chest wall instability, deformity, or suspected flail chest
 3. Suspected two or more proximal long-bone fractures (femur, humerus)
 4. Crushed, degloved, mangled or pulseless extremity
 5. Amputation proximal to wrist or ankle
 6. Suspected pelvic fracture
 7. Skull deformity, suspected skull fracture

-
8. Acute paralysis, extremity weakness, or sensory loss possibly due to spinal cord injury
 9. Seat belt injury: significant bruising to neck, chest, or abdomen
 10. Diffuse abdominal tenderness as a result of blunt trauma
 11. Active bleeding requiring a tourniquet or wound packing with continuous pressure
- C. Mechanism of Injury Criteria, Step 3:
1. Falls
 - Adults: Height > 10 feet
 - < 14 years old: Height > 10 feet or two times the patient height
 2. High-risk auto crash:
 - Intrusion (including roof) > 12" patient site **or** > 18" any occupant site
 - Ejection: partial or complete from automobile
 - Death in same passenger compartment
 - Age 0-9 years unrestrained or in unsecured child safety seat
 3. Auto vs. Pedestrian/Bicycle rider: thrown, run over, with significant impact or > 20 mph
 4. Rider separated from transport vehicle with significant impact or > 20 mph (e.g. motorcycle, ATV, horse, etc.)
- D. Special Patient or System Considerations, Step 4 (these are considerations to be used by the base hospital in determining the appropriate destination hospital):
1. Age 65 years and older
 2. Low level falls with significant head impact in ages < 5 years or 65 years and older
 3. Burns with trauma mechanism
 4. Time sensitive extremity injury (open fracture, neurovascular compromise)
 5. Pregnancy > 20 weeks with known or suspected abdominal trauma
 6. Prehospital care provider or MICN judgment
 7. Amputation or partial amputation of any part of the hand¹
 8. Penetrating injury to the globe of the eye, at risk for vision loss
 9. Anticoagulation use²
- IV. PROCEDURE:
- A. Any patient who is suffering from an acute injury or suspected acute injury shall have the trauma triage criteria applied.
 - B. For patients who meet trauma triage criteria listed in Sections A, B, or C above, the closest trauma center is the base hospital for that patient. Paramedics shall make base hospital contact and provide patient report directly to the trauma center.
 - C. Transportation units (both ground and air) shall transport patients who meet at least one of the trauma triage criteria in Sections A or B to the closest appropriate designated trauma

center. If the closest trauma center is on internal disaster, these patients shall be transported to the next closest appropriate trauma center. If the closest trauma center is on CT diversion, the paramedic shall make early base contact and the MICN shall determine the most appropriate destination.

- D. For patients who meet trauma triage criteria in Section C, the paramedic shall make base hospital contact with the closest designated trauma center. Based on the paramedic's report of the incident and the patient's assessed injuries, the trauma center MICN or ED physician shall direct destination to either the trauma center or the closest appropriate hospital.
- E. Paramedics providing care for patients who are injured but meet only the trauma triage criteria listed in Section D above will contact the base hospital in whose catchment area the incident occurred. Destination will be determined by the base hospital MICN or ED physician. If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report.
- F. A trauma patient without an effective airway may be transported to the closest available hospital with an emergency department for airway management prior to transfer to a designated trauma center. In this rare event, the paramedic will contact the base hospital in whose catchment area the incident occurred.
- G. A patient who does not meet trauma triage criteria and who, in the judgment of a base hospital, has a high probability of requiring immediate surgical intervention or other services of a designated trauma center shall be directed to a designated trauma center.

¹For patients with isolated traumatic amputations, partial or complete, of any portion of the hand (at or proximal to the DIP joint of any finger or any part of the thumb) as long as bleeding is controlled, and the amputated part may be transported with the patient.



²For a complete list of anticoagulant and antiplatelet drugs that should be considered for inclusion criteria in Step 4.9, please consult VC EMSA approved list.



Ventura County Field Triage Decision Scheme

For patients with visible or suspected traumatic injuries

STEP 1

Measure vital signs and level of consciousness

- 1.1 Glasgow Coma Scale**
- Unable to follow commands (GCS motor < 6)
- 1.2 Systolic Blood Pressure**
- Age 10-64 years SBP < 90 mmHg or HR > SBP
 - Age 65 years and older SBP < 110 mmHg or HR > SBP
 - Age 0-9 years SBP < 70 mmHg + (2 x age years)
- 1.3 Respiratory**
- RR < 10 or > 29 breaths/min
 - Respiratory distress or need for respiratory support
 - Room-air pulse oximetry < 90%

Yes

Contact base trauma center
Transport to trauma center

STEP 2

Assess anatomy of injury

- 2.1** Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
2.2 Chest wall instability, deformity, or suspected flail chest
2.3 Suspected two or more proximal long-bone fractures (femur, humerus)
2.4 Crushed, degloved, mangled or pulseless extremity
2.5 Amputation proximal to wrist or ankle
2.6 Suspected pelvic fracture
2.7 Skull deformity, suspected skull fracture
2.8 Acute paralysis, extremity weakness, or sensory loss possibly due to spinal cord injury
2.9 Seat belt injury: significant bruising to neck, chest, or abdomen
2.10 Diffuse abdominal tenderness because of blunt trauma
2.11 Active bleeding requiring a tourniquet or wound packing with continuous pressure

Yes

Contact base trauma center
Transport to trauma center

STEP 3

Assess mechanism of injury and evidence of high-energy impact

- 3.1 Falls**
- Adults: Height > 10 feet
 - < 14 years old: Height > 10 feet or two times the patient height
- 3.2 High-risk auto crash**
- Intrusion (Including roof) > 12" patient site **or** > 18" any occupant site
 - Ejection: partial or complete from automobile
 - Death in same passenger compartment
 - Age 0-9 years unrestrained or in unsecured child safety seat
- 3.3 Auto vs. Pedestrian/Bicycle** thrown, run over, with significant impact or > 20 mph
3.4 Rider separated from transport vehicle with significant impact or > 20 mph (e.g., motorcycle, ATV, horse, etc.)

Yes

Contact base trauma center for destination decision

STEP 4

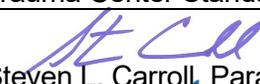
Assess special patient or system considerations

- 4.1** Age 65 years and older
4.2 Low level falls with significant head impact in ages < 5 years or 65 years and older
4.3 Burns with trauma mechanism
4.4 Time sensitive extremity injury (open fracture, neurovascular compromise)
4.5 Pregnancy > 20 weeks with known or suspected abdominal trauma
4.6 Prehospital care provider or MICN judgment
4.7 Amputation or partial amputation of any part of the hand¹
4.8 Penetrating injury to the globe of the eye, at risk for vision loss
4.9 Anticoagulation use²

Yes

Contact regular catchment base hospital
Consider transport to trauma center or specific resource hospital
¹See picture
²See list

Transport to closest ED or by patient preference

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Center Standards		Policy Number 1406	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	July 1, 2010		
Date Revised:	December 5, 2024	Effective Date: July 1, 2025	
Date Last Reviewed:	December 5, 2024		
Review Date:	December 31, 2027		

- I. PURPOSE: To establish Ventura County Trauma Center facility and personnel standards for trauma patient care. To obtain and maintain designation as a Trauma Center, the Trauma Center shall maintain compliance with the standards contained in this policy.
- II. AUTHORITY: Health and Safety Code, § 1798, 1798.165 and 1798.170, California Code of Regulations, Title 22, Division 9, Chapter 6.1
- III. DEFINITIONS:
 - A. “On-site” means being physically present within the patient treatment area at all times.
 - B. “In-house” means being physically present in the trauma center and responding immediately upon trauma team activation. Arrive to the patient treatment area within ten (10) minutes of placement of call with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than fifteen (15) minutes from time call is placed.
 - C. “Immediately available” means: a) dedicated to the trauma center while on duty, b) unencumbered by conflicting duties or responsibilities; c) responding without delay when notified; and d) being physically present within the patient treatment area when the patient arrives or within fifteen (15) minutes of placement of call, whichever is later, and not to exceed fifteen (15) minutes from patient arrival, with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than thirty (30) minutes from time call is placed.
 - D. “Promptly available” means arrival to the patient treatment area within thirty (30) minutes with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than forty-five (45) minutes, from time call is placed.
 - E. “On-call” requires the specified healthcare professional to be available to respond for trauma care in a defined manner and time period (i.e., immediately available, promptly available).

IV. POLICY:

A. General Provisions

1. California Statutes and Regulations: Trauma Centers will meet all applicable requirements set forth in California Health and Safety Code, Division 2.5, Chapter 6, Article 2.5 and California Code of Regulations, Title 22, Division 9, Chapter 6.1.
2. American College of Surgeons Committee on Trauma (ACS-COT) standards:
 - a. Trauma Centers will obtain within three (3) years of designation by VCEMS, and continuously maintain, ACS-COT Trauma Center verification.
 - b. Trauma Centers are required to continuously comply with ACS-COT trauma center verification standards, as determined by VCEMS through the QI program and other oversight activities.
3. VCEMS may establish standards that exceed the requirements above in accordance with established regulations and ACS standards.

B. Trauma System Activation

Trauma centers will accept all patients that meet trauma triage criteria, as described in VCEMS Policy 1405, except when on diversion per VCEMS Policy 402.

C. Interfacility Transfers

1. As an inclusive trauma system, all hospitals will have a role in providing trauma care to injured patients. All Ventura County trauma centers are required to establish and maintain transfer agreements with each of the Ventura County hospitals.
2. The trauma center is obligated to immediately accept all patients who meet trauma transfer criteria from hospitals in Ventura County per VCEMS Policy 1404.
3. To initiate a transfer, a call shall be placed by the transferring hospital emergency physician or surgeon to the trauma center on-call trauma surgeon or designee. The verbal report for transfer shall be physician to physician.
4. The transferring hospital, in consultation with the trauma center, will be responsible for obtaining the appropriate level of transportation. Consideration of transport modality (e.g., ground vs. air) should be a collaborative decision between transferring hospital and the trauma center.

D. Response Requirements:

1. Trauma Center staff response times will be in accordance with ACS standards commensurate with the level of designation.

2. Staff response times will be documented in the patient care record and trauma registry for VCEMS review.
- E. Heliport
- Trauma Centers are required to operate and maintain a State-permitted heliport, on or immediately adjacent to the hospital, as described in California Code of Regulations Title 21, § 3554.
- F. Prehospital Personnel
1. Trauma centers will have a written agreement with the Ventura College School of Prehospital and Emergency Medicine that allows paramedic students to schedule and experience their clinical rotations at the trauma center, as well as perform clinical procedures (e.g., endotracheal intubation, intravenous access) on patients.
 2. Trauma centers will allow EMT and paramedic personnel to perform clinical skills for continuing education and remediation purposes as directed by the VCEMS CQI program.
- G. Base Hospital
1. Trauma Centers must be designated by VCEMS as a Base Hospital and comply with all requirements in VCEMS Policy 410.
 2. Trauma Centers must employ a minimum of one FTE Prehospital Care Coordinator.
- H. Maintenance of Designation
1. Trauma Centers will be reviewed every three years.
 - a. Trauma Center shall receive notification of intent to review from VCEMS at least 90 days prior to visit.
 - b. Review may include a site visit.
 - c. Trauma Centers shall notify VCEMS by telephone, followed by a letter or email within 48 hours of changes in program compliance, performance, or verification status.
 2. Data
 - a. Continuous compliance with VCEMSA policy 1403 is required.

Appendix One:

A. VCEMS Level Two Trauma Center Response Time Requirements:

1. Surgical Service:
Availability: an operating suite that is continuously available or being utilized for trauma patients and has operating staff who are on-call and promptly available

unless operating on trauma patients, and back-up personnel who are promptly available.

2. General Surgeon:
 - a. Availability: On-call and immediately available for highest level of trauma team activation, and available within one (1) hour of the time of call for other trauma team activations or consultation when requested by the emergency physician.
 - b. Advised of all trauma patient admissions;
 - c. Participate in major therapeutic decisions;
 - d. Present in the emergency department for all major trauma resuscitations; and
 - e. Present in the operating room for all procedures.
3. Emergency Medicine:
Availability: On-Site
4. Respiratory Therapist:
Availability: In House
5. Radiology Technician:
Availability: In House
6. CT Technician:
Availability: On call and immediately available
7. Radiologist:
Availability: On-call and promptly available
8. Interventional Radiology Service and Interventional Radiologist
 - a. Includes diagnostic and therapeutic procedures
 - b. Availability: On-call and promptly available
9. Ultrasound Service
Availability: On-call and promptly available
10. Anesthesiology:
Availability: In-house
11. Clinical Laboratory:
Availability: On-Site (within the lab)
12. Neurosurgery:
Availability: On-call and promptly available

13. OB/GYN Service:
Availability: On-call and promptly available
14. Orthopedics:
Availability: On-call and promptly available
15. Ophthalmologist:
Availability: On-call and promptly available
16. Oral or Maxillofacial, or Head and Neck Service:
Availability: On-call and promptly available
17. Plastic Surgery:
Availability: On-call and promptly available
18. Reimplantation/Microsurgery:
 - a. Availability: On-call and promptly available
 - b. If reimplantation/microsurgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life-threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed the reason(s) must be documented in the patient's chart.
19. Urologist
Availability: On-call and promptly available
20. Thoracic Surgery:
Availability: On-call and promptly available
21. Critical Care Services:
Availability: On-site within the critical care area
22. Critical Care Physician
Availability: On-call and promptly available
23. Cardiac Surgery:
 - a. Availability: On-call and promptly available if cardiac surgery is available at the trauma center
 - b. If cardiac surgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life-threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed, the reason(s) must be documented in the patient's chart.

24. Additional Specialty Services:
 - a. Burn Center. These services may be provided through a written transfer agreement with a burn center.
 - b. Acute hemodialysis capability.
 - c. Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a rehabilitation center.
 - d. A pediatric intensive care unit approved by the California State Department of Health Services' California Children Services (CCS); or a written transfer agreement with an approved pediatric intensive care unit. Hospitals without pediatric intensive care units shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care

25. Available Consultations:

The following specialist(s) or specialty service(s) will be available for consultation and respond by phone to a call within thirty (30) minutes.

 - a. Cardiology
 - b. Gastroenterology
 - c. Hand Surgery
 - d. Hematology
 - e. Infectious Diseases
 - f. Internal Medicine
 - g. Nephrology
 - h. Neurology
 - i. Pathology
 - j. Pulmonary Medicine

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

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of nerve agent antidote for self/peer rescue in the event of confirmed or suspected exposure to a nerve agent / organophosphate pesticide.
- B. To provide medical direction and nerve agent antidote administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 2.3, Section 100027.03

III. POLICY:

- A. PSFA personnel shall only be permitted to use the Nerve Agent Antidote Kit on self or other public safety personnel.
- B. In Ventura County, the DuoDote® auto-injector and the Mark I auto injector (CHEMPACK only) are the only nerve agent antidote kits approved for use by PSFA. Atropine auto injectors are not permitted per regulations.
- C. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
- D. PSFA agency training director shall be responsible for the following:
 - 1. Ensuring the agency’s supply of nerve agent antidote remains current and not expired at all times.
 - 2. Ensuring proper and efficient deployment of nerve agent antidote kits for use within the agency.
 - 3. Prompt replacement of any nerve agent antidote kit that is used in the course of care, or that is expired, damaged, or otherwise deemed unusable.

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

IV. PROCEDURE:

A. Indications

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

B. Contraindications

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

C. Nerve Agent Antidote Kit Administration

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

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Oxygen Administration and Basic Airway Adjunct Use by Public Safety First Aid Personnel		Policy Number 1604	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	May 13, 2021	Effective Date: July 1, 2025	
Date Revised:	November 14, 2024		
Date Last Reviewed:	November 14, 2024		
Review Date:	November 30, 2026		

- I. PURPOSE:
 - A. To outline criteria for approved Public Safety First Aid (PSFA) administration of oxygen through a nasal cannula (NC), non-rebreather mask (NRB), or bag-valve mask (BVM), and for the use of basic airway adjuncts – specifically oropharyngeal airways (OPA) and nasopharyngeal airways (NPA).
 - B. To provide medical direction and oxygen administration and basic airway adjunct parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 2.3, Section 100027.03.
- III. POLICY:
 - A. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
 - B. PSFA agency training director shall be responsible for the following:
 - 1. Ensuring the agency’s supply of oxygen, oxygen delivery devices, and basic airway adjuncts remain current and not expired at all times
 - 2. Ensuring proper and efficient deployment of oxygen and associated equipment for use within the agency
 - 3. Prompt replacement of any equipment that is used during care, or that is expired, damaged, or otherwise deemed unusable
 - 4. Ensuring all personnel that will be administering oxygen and/or utilizing any associated equipment have received appropriate training
 - 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable oxygen and/or associated equipment

IV. PROCEDURE:

A. Indications

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

B. Contraindications

1. No contraindications

C. Oxygen Administration

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Epinephrine Administration by Public Safety First Aid Personnel		Policy Number 1606	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	May 13, 2021		
Date Revised:	November 14, 2024		
Date Last Reviewed:	November 14, 2024	Effective Date: July 1, 2025	
Review Date:	November 30, 2026		

- I. PURPOSE:
 - A. To outline criteria for approved Public Safety First Aid (PSFA) for the administration of epinephrine by auto injector for treatment of anaphylaxis.
 - B. To provide medical direction and epinephrine administration for approved PSFA optional skills provider agencies and personnel in the County of Ventura.
- II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Chapter 2.3, Section 100027.03.
- III. POLICY:
 - A. PSFA personnel shall only be authorized to administer epinephrine via auto-injector for the treatment of anaphylaxis in patients aged 14 and older.
 - B. Training shall be completed in accordance with California Code of Regulations, Section 100019 and VCEMS Policy 1602 – PSFA Optional Skills and Training
 - C. PSFA agency training director shall be responsible for the following:
 1. Ensuring the agency’s supply of epinephrine auto injectors remain current and not expired at all times
 2. Ensuring proper and efficient deployment of epinephrine auto injectors and associated equipment for use within the agency
 3. Prompt replacement of any equipment/medication that is used during care, or that is expired, damaged, or otherwise deemed unusable
 4. Ensuring all personnel that will be administering epinephrine and/or utilizing any associated equipment have received appropriate training
 5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable epinephrine auto injectors and/or associated equipment

IV. PROCEDURE:

A. Indications

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

B. Contraindications

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

C. Epinephrine Administration

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