

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

Pre-hospital Services Committee  
Agenda

August 14, 2025  
9:30 a.m.

**I. Introductions**

**II. Approve Agenda**

**III. Minutes**

**IV. Medical Director Report – Dr. Shepherd**

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

**V. New Business or Policies for Review with Proposed Changes**

- A. 403 – Ambulance Patient Offload Time Chris Rosa

**VI. Old Business**

- A. 0310 – Paramedic Scope of Practice Adriane Gil Stefansen
- B. 0318 – Independent Practice Paramedic Chris Rosa
- C. 0335 - Out of County Internship Chris Rosa
- D. 0402 – Patient Diversion and ED Closures Chris Rosa
- E. 0504 – ALS and BLS Equipment and Supplies Adriane Gil Stefansen
- F. 1100 – EMT Training Program Approval Chris Rosa
- G. 1130 – EMS Continuing Education Provider Programs Chris Rosa

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

- A. 11:00 a.m. – VCEMS Psychomotor Skills Verification Packet Chris Rosa

**VIII. Policies Due for Review (No proposed changes)**

- A. None

**IX. Agency Reports**

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

**X. Closing**

Topic	Discussion	Action	Approval
<b>I. Introductions</b>	None	Welcome	
<b>II. Approve Agenda</b>		Approved	Motion: Dr. Todd Larsen Seconded: Tom O'Connor Passed: Unanimous
<b>III. Minutes</b>		Approved	Motion: Dr. Ira Tilles Seconded: Tom O'Connor Passed: Unanimous
<b>IV. Recognition Awards</b>			
<b>V. Medical Director Report</b>	Dr. Daniel Shepherd (VCEMS)		
A. Buprenorphine	Dr. Daniel Shepherd - Hopefully will roll out this month. Combined education with naloxone, finishing up the distribution. Final stages of Pulsara, go time is mid-May.		
B. Whole Blood	Dr. Daniel Shepherd - First distribution by a ground unit in California. Recognition awards below.		
C. Safety Event Reports	Andrew Casey (VCEMSA) - Testing how to share reports with agencies (with AMR), rebuilding and will test out again.		
D. Cardiac Arrest Survival	Andrew Casey - CARES and EMS data, data is available right now up to 03/31. 67% survival. 2024 numbers were sent out.		
E. Recognition Awards	Carole Leary, GCA, EMT Nathanael McCourt, GCA, Paramedic Bradley Craig, OFD FF Paramedic Brett Reed, OFD, FF Engineer Marcus Young, OFD, FF Angela Ziff, OFD, FF Timothy Brown, OFD, FF Captain Aimin Alton, VCFD, FF Paramedic Alfredo Cordova, VCFD FF Paramedic Breanna Blanchard, VCFD, Dispatcher John Gillette, MD VCMC Oxnard Police Department Ventura County Medical Center Ventura County Fire Department		
<b>VI. New Business</b>	Policies for Review with Proposed Changes		
A. 705.19 – Pain Control (IV Acetaminophen)	Andrew Casey – The addition of Acetaminophen for pain control. Middle ground tool for managing pain.	Approved with changes	Motion: Dr. Todd Larsen Seconded: Tom O'Connor Passed: Unanimous

	<p>General goal was not to be overly prescriptive, more focusing when there is pain to treat appropriately.</p> <p>Dr.Hutchinson (AMR/GCA) – Should we add basic contraindications? Consider adding to other protocols like sepsis and febrile seizures?</p> <p>Dr.Gillette (VCMC) – A single dose toxicity is pretty low.</p> <p>Dr.Tilles (SVAH) – Motion to do Acetaminophen first then re-evaluate?</p> <p>Jaime Villa (OFD) – When will be put in hand tevy?</p> <p>Dr Shepherd - Live with EMS update in July. Dr. Larsen's concern is with dosing to peds, one dose may be fine, concerned about the weight.</p> <p>Andrew Casey / Dr. Larsen – Will have to train for special considerations with pediatrics.</p> <p>Dr.Tilles – Any possibility of self-harm please do not administer? 51/50 cannot transfer with Acetaminophen on board. Liver considerations.</p>		
<b>VII. Old Business</b>			
A. None			<p>Motion: Seconded: Passed: Unanimous</p>
<b>VIII. Informational</b>			
A. 720 – Guidelines for Limited Base Contact	<p>Andrew – Update from last time this was discussed. Pulsara for LBC? Opening up the option LBC through Pulsara or phone call.</p> <p>Alejandro Villasenor (OFD) – Pulsara workflow most efficient/up to date? LBCs on the phone need to be right the first time before we move to Pulsara.</p> <p>Heather Ellis (VFD) – Sounds like a lot of concern on this topic?</p> <p>Steve Carroll (VCEMSA) – Diversion changes coming soon. This discussion concerns me how we can miss that piece getting misdirection, don't want to inadvertently cause a different problem. Complications warrant more discussion.</p> <p>Denise Richards (SJRH) – Validation that the communication was received?</p> <p>Dr shepherd will look into technology information and other issues mentioned today.</p>	<p>Will include changes in EMS update.</p> <p>Approved with suggested changes</p>	<p>Motion: Dr. Ira Tilles Seconded: Dr. Ross Levin Passed: Unanimous</p>
<b>IX. Policies for review</b>			
A. 106 – Development of Proposed Polices/Procedures,		<p>Add Harvard Comma to IV:A-1 after "disadvantages"</p> <p>No other proposed change</p>	<p>Motion: Tom O'Connor Seconded: Dr. Chris Sykes Passed: Unanimous</p>

Amendments to Existing Policy			
B. 121 – Safety Event Review		No proposed changes	Motion: Dr. Todd Larsen Seconded: Tom O’Connor Passed: Unanimous
<b>X. Agency Reports</b>			
A. Fire departments	<p><b>VCFD</b> – June 9<sup>th</sup> CPR Celebration Extravaganza, everyone is invited, 8-hour CE Day June 24<sup>th</sup> 8am-5pm, wrapping up EMT renewal (thank you to Martha at EMS for her help). The LifePak 35 soft rollout last week/hard rollout next week with 5 in county (thank you Heather Ellis for the help).</p> <p><b>VFD</b> – We launched 20 LifePak 35s last month, going well. Graduating academy June 6<sup>th</sup> at Ventura college, street fair July 4<sup>th</sup>, added MCI dates and case reviews to our calendar.</p> <p><b>OFD</b> – On behalf of EMS corps, we purchased three old box ambulances for simulators only (not drivable). Thank you to the Jeffs GCA for the donation of three gurneys to the EMS corps, very much appreciated. The students are in week 13/20 of EMS Corps, 400 candidates in the pool from Ventura County for next EMS Corps cohort.</p> <p><b>VFF</b> – Not present.</p> <p><b>FFD</b> – Nothing to report.</p>		
B. Transport Providers	<p><b>AMR/GCA/LMT</b>- New UE video laryngoscope purchased. Happy Nurses Week to all the nurses in the room!</p> <p><b>All Town</b> – Nothing to report.</p> <p><b>Med Trans</b> – Not present.</p>		
C. Base Hospitals	<p><b>AHSV</b> – May 20<sup>th</sup> EMS Appreciation BBQ.</p> <p><b>LRH</b> –. Construction continuing. EMS Week we have events every day, 23<sup>rd</sup> is EMS BBQ 5-8pm.</p> <p><b>VCMC</b> – STOP THE BLEED for Junior Lifeguards again this summer June 17<sup>th</sup> / July 8<sup>th</sup> / August 5<sup>th</sup>.</p>		
D. Receiving Hospitals	<p><b>SJHC</b> – Nothing to report</p> <p><b>SPH</b> – Nothing to report</p> <p><b>CMH / OVCH</b> –. EMS BBQ May 21<sup>st</sup> 11-230pm. CMH golf tournament, Las Posas Country Club June 16<sup>th</sup>.</p>		
E. Law Enforcement	<p><b>AIR RESCUE</b> – Training schedule done so we can get a unit of blood soon.</p> <p><b>VCSO</b> – Not present.</p> <p><b>CSUCI PD</b> – Not present.</p> <p><b>Parks</b> – Not present.</p>		

F. ALS Education Programs	<p><b>Ventura College</b> – June 13<sup>th</sup> 3pm Paramedic graduation, one graduate receiving a scholarship. Class 30 in clinical rotations. Class 31 starts 22<sup>nd</sup> of May. Thank you to our clinical partners.</p> <p><b>Moorpark College</b> – Thank you for those that attended our graduation this month and for supporting our students.</p>		
G. EMS Agency	<p>Culkin – MRSE exercise happening May 21<sup>st</sup> through VCHCC.  Rosa – MRSE FFX primarily focus on medical surge  Casey – EMS update polices going live July 1<sup>st</sup>  Carroll – Nurses Week, thank you to all our nurses! Opportunity to recognize what all the nurses bring to our agencies. Meeting recently with hospitals/CEOs to discuss diversion, we will not be making any decisions without bringing everyone into the mix. Some people are in favor to leave as is or go back to the way it was before, will most likely land in the middle. Looking to ICU/CCU diversion elimination. Discussed patient requests, we need hospitals/EMS to step in and honor these when appropriate.  Met with 211 interface program, serve as social services hub for 36/58 counties, they want to figure out how to get 211 education out there, build repore with them. Working on a couple different committees with BH on 51/50 policies coming up, substance abuse will be added. 5185 5150 changes. We may see a higher rate with these changes. Richards – can we discuss at a future date honoring patient request on where they get transferred. Carroll – another thing to consider patient centered. Referenced Cal Matters calls regarding Sacramento Sheriffs where they are responding to mental health calls due to liability issues. Our VC providers currently are not agreeing with this policy but if you see this please let us know so we can address this with CIT/Law Enforcement agencies. Will be addressing issues with implied consent in the future. A lot of unknowns with these policy changes. EMSAAC Conference May 27-29<sup>th</sup>, Traci Holt is one of our speakers for pre-conference day.</p>		
H. Other	Heather Ellis – Watch out for each other, healthcare is increasingly dangerous every day.		
<b>XI. Closing</b>	<p><b>Meeting adjourned at 11:11am</b></p> <p>Meeting audio recording and transcript available upon request.</p>	<p>Motion: Larsen  Seconded: Sikes  Passed: Unanimous</p>	

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: <u>Ambulance Patient Offload Time (APOT) / Ambulance Patient Offload Delay (APOD)</u>	Policy Number <u>403</u>
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: <u>DRAFT</u>
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: <u>DRAFT</u>
Origination Date: <u>August 14, 2025</u> Date Revised: Date Last Reviewed: Review Date: <u>August 30, 2026</u>	Effective Date: <u>DRAFT</u>

- I. PURPOSE: This policy will establish systemwide standards related to safe and rapid transfer of patient care from EMS clinicians to hospital emergency department medical personnel. The overall intent is to improve coordination between the Ventura County EMS agency (VCEMS), approved receiving facilities, and EMS clinicians. The focus shall remain on the patients we serve, and the goal will be to reduce ambulance patient offload times at receiving facilities with prolonged offload times outside of the established standard.
- II. AUTHORITY: California Health and Safety Code - Title 22, Division 2.5, Sections 1797.120, 1797.120.5-1797.120.7, 1797.220 and 1798; California Code of Regulations – Title 22, Division 9, Chapter 1.2 and Section 100253
- III. DEFINITIONS:
- Ambulance Patient Offload Time (APOT):** The interval between the arrival of an ambulance patient at an emergency department ambulance bay (NEMESIS element eTimes.11) and the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient (NEMESIS element eTimes.12).
- Ambulance Patient Offload Delay:** An APOT, measured from the arrival of an ambulance patient at an emergency department ambulance bay (NEMESIS element eTimes.11) to the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the care of the patient (NEMESIS element eTimes.12), which exceeds the twenty (20) APOT standard set by VCEMS.
- California EMS Information System (CEMSIS):** The secure, standardized, and centralized electronic information and data collection system administered by the California EMSA Authority which is used to collect statewide EMS and trauma data

**National EMS Information System (NEMSIS):** The national repository used to store secure, standardized, and centralized electronic EMS data from every state in the nation

**Ventura County Electronic Patient Care Reporting System (VCePCR):** The real-time, patient care record that makes information available securely to authorized users in a digital format capable of being shared electronically across more than one agency or health care entity. All agencies operating within the Ventura County EMS system document patient care using the VCePCR system.

#### IV. POLICY:

A. The standard for receiving facilities designated by VCEMS shall be twenty (20) minutes for ninety percent (90%) of ambulance patient offloads

B. Ambulance Patient Offload Time shall be calculated based on the following criteria:

1. The transporting unit has arrived at the receiving destination, and that documented arrival time is present and logical, and

2. The patient has been physically transferred to the receiving facility stretcher, bed, chair, etc., and

3. A verbal report related to the patient and care received by EMS clinician has been provided to ED medical personnel, and

4. An electronic signature has been received in the patient's electronic patient care report (ePCR) AND the transfer of care time in ePCR has been documented in the appropriate field.

C. Medical Control and management of the EMS system, including EMS personnel, shall remain the responsibility of the VCEMS Medical Director

D. Per the Emergency Medical Treatment and Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible. Designated receiving hospitals should implement processes for ED medical personnel to immediately triage and provide the appropriate emergency medical care for ill or injured patients upon arrival at the ED by ambulance.

#### V. PROCEDURE:

A. Roles and Responsibilities – EMS Clinicians

1. Personnel will treat and transport patient in accordance with established VCEMS policies and procedures

2. EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).
3. Upon arrival at destination, and prior to transfer of care to ED medical personnel, EMS personnel will continue to provide patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel, in accordance with VCEMS policies and procedures.
4. Provide a verbal patient report to assigned ED medical personnel and transfer patient to hospital equipment as directed.
5. Document incident in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care, including all necessary time fields related to transport and transfer of care
6. Notify appropriate supervisor in situations where extended APOD is anticipated
7. Adhere to the procedures defined by the California EMS Authority with respect to APOT/APOD, and in accordance with CCR Title 22, Division 9, Chapter 1.2

B. APOT Roles and Responsibilities – Receiving Facility

1. Hospital personnel will acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.
2. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS clinicians can temporarily wait while hospital's patient remains on the ambulance gurney.
3. Inform the ambulance transport crew of the anticipated time for the offload of the patient.
4. In situations of ED crowding / overcrowding, consider ED diversion in accordance with VCEMS Policy 402 - Patient Diversion/Emergency Department Closures
5. Implement internal plans/policies (e.g. ED diversion, throughput, surge plans, etc.) as appropriate to mitigate APOD challenges
6. For periods of excessive patient surge and sustained APODs, implement surge assistance strategies, in accordance with VCEMS Policy 141 – Hospital EMS Surge Assistance
7. Adhere to the procedures defined by the California EMS Authority with respect to APOT/APOD, and in accordance with CCR Title 22, Division 9, Chapter 1.2

C. APOT Roles and Responsibilities – VCEMS

1. Establish an APOT standard and ensure designated receiving facilities are aware of standard and maintain a process to track times internally.
2. Maintain a dashboard and report that tracks APOT metrics, in accordance with California Code of Regulations and processes established by the California EMS Authority. This dashboard will be made available with receiving facilities designated by VCEMS.
3. In circumstances where excessive patient surge and/or extended APOD exist at any receiving facility, VCEMS will coordinate with ED medical personnel and ED/hospital leadership and EMS provider agencies to implement appropriate strategies and processes to mitigate impacts on EMS system and provider agencies.
4. Adhere to the procedures defined by the California EMS Authority with respect to APOT/APOD, and in accordance with CCR Title 22, Division 9, Chapter 1.2



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Scope of Practice		Policy Number: 310	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: June 1, 2021	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2021	
Origination Date: May, 1984 Date Revised: March 11, 2021 Date Last Reviewed: March 11, 2021 Review Date: March 31, 2023		Effective Date: June 1, 2021	

- I. PURPOSE:—To define the scope of practice of a Paramedic accredited and practicing in Ventura County.
- II. AUTHORITY:- Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 3.3, Sections 100091.01, 100091.02 and 100091.03.~~Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 4, Sections 100145, 100146 and 100147.~~
- III. POLICY:
  - A. The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician, or mobile intensive care nurse (MICN), provided that an EMSQIP is in place.
  - B. A paramedic may perform any activity identified in Ventura County Policy 300: Emergency Medical Technician Scope of Practice, without requiring a separate certification.
  - ~~A.C. A licensed paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this policy. the Scope of Practice of an EMT or Advanced EMT (AEMT) as defined in regulations governing those certification levels.~~
  - ~~B. The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician, authorized registered nurse, or mobile intensive care nurse (MICN); provided that an EMSQIP is in place~~
  - D.C. A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, may perform the following procedures or administer the following

medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.:

ED. Basic Scope of Practice:

1. Utilize electrocardiographic devices and monitor electrocardiograms ~~(ECG)~~, including 12-lead electrocardiograms (ECG).
- ~~2.~~ Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
- ~~3.~~ Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.
- ~~2-~~ 4. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
- ~~53.~~ Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BiPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
- ~~64.~~ Institute intravenous (IV) catheters, saline locks, needles, or other cannulae ~~(IV) lines~~, in peripheral veins and monitor and administer medications through pre-existing vascular access.
- ~~75.~~ Monitor and access pre-existing peripheral and central vascular access lines.
- ~~6.~~ Institute intraosseous (IO) needles or catheters.
- ~~87.~~ Administer IV or IO glucose solutions and normal saline solutions.
- ~~98.~~ Obtain venous blood samples.
- ~~109.~~ –Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).
11. Utilize Valsalva maneuver.
12. Perform nasogastric and orogastric tube insertion and suction.
13. Monitor thoracostomy tubes.
14. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.

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159. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical
164. Administer using prepackaged products when available, the following medications:
- a. ~~Activated charcoal~~
  - b-a. 5%, 10%, 25% and 50% dextrose~~Adenosine~~
  - b. acetaminophen IV
  - c. activated charcoal
  - d. adenosine
  - e. aerosolized or nebulized beta-2 specific bronchodilators
  - b-f. ~~a~~Amiodarone
  - e-g. ~~a~~Aspirin
  - d-h. ~~a~~Atropine sulfate
  - e. ~~Bronchodilators, nebulized beta-2 specific~~
  - f-i. ~~c~~Calcium chloride
  - g. ~~Dextrose, 5%, 10%, 25%, and 50%~~
  - h-j. ~~D~~diazepam
  - k. ~~d~~Diphenhydramine hydrochloride
  - i-l. dopamine hydrochloride
  - j. ~~Dopamine hydrochloride~~
  - k-m. ~~e~~Epinephrine
  - l-n. ~~f~~Fentanyl
  - m-o. ~~g~~Glucagon hydrochloride
  - n. ~~Heparin (interfacility transfers only)~~
  - e. ~~Hydroxocobalamin~~
  - p. ~~l~~ipratropium bromide
  - q. ~~l~~idocaine hydrochloride
  - r. ~~l~~orazepam
  - s. ~~M~~magnesium sulfate
  - t. ~~m~~Midazolam
  - u. ~~m~~Morphine sulfate
  - v. ~~n~~Naloxone hydrochloride
  - w. ~~n~~Nitroglycerin preparations: oral, IV (interfacility transfers only)
  - x. ~~c~~Ondansetron

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y. ~~p~~ralidoxime ~~c~~hloride

z. ~~s~~odium bicarbonate

aa. ~~t~~ranexamic ~~a~~cid

~~aa-~~

~~12. Perform defibrillation~~

~~13. Perform synchronized cardioversion~~

~~14. Perform transcutaneous pacing~~

~~15. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps~~

~~16. Perform Valsalva maneuver~~

~~17. Perform nasogastric and orogastric tube insertion and suction~~

~~18. Monitor thoracostomy tubes~~

~~19. Monitor and adjust IV solutions containing potassium equal to or less than 40 mEq/L.~~

~~20. Perform needle thoracostomy~~

ED. Local Optional Scope of Practice (LOSOP)

1. Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use by the medical director of the LEMSA, that have been approved by the Director of CalEMSA, in consultation with the Emergency Medical Services Medical Directors Association of California's (EMDAC) Scope of Practice Committee. Paramedics shall demonstrate competency in performing these procedures and administering these medications through training and successful testing.

2. Ventura County LOSOP Approvals:

a. buprenorphine

b. blood products

c. heparin IV for interfacility transports

d. hydroxocobalamin

e. nitroglycerin IV for interfacility transports

~~The medical director of the LEMSA shall submit a written request to the Director of the California EMS Authority (CalEMSA) for approval of any procedures or medications proposed for use in accordance with Section 1707.172(b) of the Health and Safety Code prior to implementation.~~

~~2. CalEMSA shall, within fourteen (14) days of receiving request, notify the medical director of the LEMSA that the request has been received and shall specify what information, if any, is missing.~~

~~3. The Director of CalEMSA, in consultation with the Emergency Medical Services Medical Directors Association of California's (EMDAC) Scope of Practice Committee, shall approve or disapprove the request for additional procedures and/or administration of medications and notify the LEMSA medical director of the decision within ninety (90) days of~~

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receipt of the completed request. An approved status shall be in effect for a period of three (3) years. An approved status may be renewed for another three (3) year period, upon the CalEMSA's receipt of a written request that includes, but is not limited to, the following information:

- a. the utilization of the procedure(s) or medication(s);
- b. beneficial effects;
- c. adverse reactions or complications;
- d. statistical evaluation;
- e. general conclusion

4. The Director of CalEMSA, in consultation with the EMDAC Scope of Practice Committee, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Independent Practice Paramedic		Policy Number: 318	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director Daniel Shepherd, MD		Date: <u>DRAFT</u>	
Origination Date: June 1, 1997			
Date Revised: <u>August 14, 2025</u>		Effective Date: <u>DRAFT</u>	
Date Last Reviewed: <u>August 14, 2025</u>			
Review Date: <u>August 30, 2028</u>			

- I. PURPOSE: To establish medical control standards for initial and ongoing competency of ALS personnel. This policy is intended to be one of quality improvement and quality assurance. This document defines a minimum set of expectations related to Paramedic training and ongoing performance. The LEMSA Medical Director, in coordination with the ALS agency medical director / designee, will maintain and monitor these minimum expectations continuously.
  
- II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200  
22 CCR Division 9, Chapter 4, Sections ~~100146~~100091.02, ~~100148~~100091.04, ~~100168~~100096.01, ~~100170~~100096.03, ~~100402~~100251, ~~100404~~100253
  
- III. DEFINITIONS:
  - A. ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of central line monitoring, blood glucose testing, 3 or 4-lead cardiac monitoring and pulse oximetry.
  - B. ALS Response Unit: First Response ALS Unit, Paramedic Support Vehicle, or ALS Ambulance per VCEMS Policies 506 and 508.
  - C. Field Training Officer (FTO): An agency designation for those personnel qualified to train/evaluate prehospital personnel on job-related tasks, policies, and procedures.
  - D. Independent Practice Paramedic: The status a Paramedic will achieve upon successful completion of the accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice, in addition to agency training requirements that meet/exceed requirements listed in this policy
  - E. Paramedic Preceptor: A Paramedic, as identified in VCEMS Policy 319 – Paramedic Preceptor, qualified to train Paramedic Student Interns. A Paramedic Preceptor may also be a FTO, when designated by that individual’s agency.

IV. POLICY:

- A. ALS response units will be staffed with a minimum of one independent practice paramedic who meets the requirements outlined in this policy.
- B. The ALS agency medical director / designee will be responsible for the oversight of training and education programs for that agency and ensuring prehospital personnel working within that agency are proficient in their skills and have an adequate knowledge of VCEMS policies and procedures.
  - 1. ALS agency medical director / designee will be required to sign agency authorization form (Appendix A) to attest that the Paramedic meets the initial performance standards outlined in this policy. Additionally, the ALS agency medical director / designee will be required to meet with and assess the Paramedic's overall competency and readiness, and will sign the Independent Practice Authorization Procedure (Appendix B).

V. PROCEDURE:

- A. A Paramedic will be granted independent practice status unit upon completion of standards established by the LEMSA Medical Director. At a minimum this training will include, but not be limited to, the following:
  - 1. 240 of direct field observation by an authorized Paramedic FTO
    - a. This will include a minimum of 30 patient contacts, at least half of which will be ALS (minimum 15 ALS contacts).
      - i. The patient contacts obtained during the accreditation application process may be included as part of the ALS contacts requirement outlined above. It should be noted that the contacts utilized as part of the accreditation application process shall only include those medications and procedures outlined in the basic Paramedic scope of practice.
    - b. For those Paramedics with a minimum of three (3) years prehospital field experience performing ALS assessment and care may have this requirement reduced at the discretion of the LEMSA Medical Director.
  - 2. Approval by the Paramedic FTO who evaluated the majority of the field observation and patient contacts
  - 3. Successful completion of competency assessments
    - a. Scenario based skills assessment conducted by the Paramedic's preceptor, clinical manager/coordinator, or ALS agency medical director / designee
    - b. Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG).



- a. Specific issues of concern will be reported and a plan to correct observed issue(s) will be conducted with all parties involved.

**EMPLOYER AUTHORIZATION FORM**

**Employer:** Please instruct the employee to complete the requirements in the order listed. Employer will submit to VCEMS once all requirements are completed.

\_\_\_\_\_ has been evaluated and has met all criteria for authorization to function in an ALS capacity.

<b>Paramedic</b>							
_____ Completion of 240 hours of direct field observation by an authorized Paramedic FTO							
_____ Approval by Paramedic FTO							
_____ Submit all appropriate documentation to VCEMS							
	<b>Date</b>	<b>Hours</b>	<b>FTO</b> Print legibly		<b>Date</b>	<b>Hours</b>	<b>FTO</b> Print legibly
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
<b>Total Hours Completed</b>							

**Please sign and date below for approval.**

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic FTO Signature	Print FTO Name Legibly	Date
Agency Medical Director Signature	Print Agency Medical Director name legibly	Date
Employer Representative Signature	Print employer rep name legibly	Date

Appendix B

Ventura County EMS Independent Practice Authorization Procedure		240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Policy	Procedure/Policy Title to Review	Date	FTO Signature	Method of Evaluation (see key)
<b>Shift 1: Cardiac</b>				
440	IFT for STEMI			
705.23	SVT			
705.25	VT			
705.24	Symptomatic Bradycardia			
705.09	Acute Coronary Syndrome			
727	Transcutaneous Cardiac Pacing			
726	12 Lead ECG			
<b>Shift 2: Cardiac (continued)</b>				
606	Determination of Death			
613	Do Not Resuscitate			
629	Hospice			
631	Mechanical CPR			
705.07	Cardiac Arrest – Asystole/PEA			
705.08	Cardiac Arrest – VF/VT			
733	Cardiac Arrest Management (CAM) and Post ROSC			
<b>Shift 3: Respiratory / Airway Management</b>				
710	Airway Management			
711	Waveform Capnography			
705.21	Shortness of Breath – Pulmonary Edema			
705.22	Shortness of Breath – Wheezes/other			
729	Supraglottic Airway Devices			
<b>Shift 4: Trauma</b>				
614	Spinal Motion Restriction			
705.01	Trauma Assessment/Treatment Guidelines			
705.11	Crush Injury			
705.19	Pain Control			
734	Tranexamic Acid Administration			
738	<del>Out of Hospital Transfusion of Blood Products</del>			
1404	Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
1405	Trauma Triage and Destination Criteria			
<b>Shift 5: MCI / Air Medical</b>				
131	MCI			
1202	Air Unit Dispatch for Emergency Medical Response			
1203	Criteria for Patient Emergency Transportation			
<b>Shift 6: Medical: Neurological</b>				
451	Stroke System Triage			
460	IFT for Stroke			
705.03	Altered Neurological Function			
705.20	Seizures			
705.26	Suspected Stroke			
705.04	Behavioral Emergencies			
<b>Shift 7: Environmental Emergencies</b>				
607	Hazardous Material <del>Incident Response</del> <del>Exposure-Prehospital</del>			
612	<del>Protocol</del> Heat Notification of Exposure to a Communicable Disease			
705.12	Heat Emergencies			
705.13	Cold Emergencies			
705.05	Bites and Stings			
705.17	Nerve Agent / Organophosphate			
705.18	Overdose			
705.02	Allergic/Adverse Reaction and Anaphylaxis			

Ventura County EMS Independent Practice Authorization Procedure		240 hours or 10 shifts 30 patient contacts (minimum of 15 ALS)		
Policy	Procedure/Policy Title to Review	Date	FTO Signature	Method of Evaluation (see key)
<b>Shift 8: Medical - General</b>				
705	Treatment Protocol Cover Page			
705.00	General Patient Guidelines			
705.10	Childbirth			
705.14	Hypovolemic Shock			
705.15	Nausea/Vomiting			
705.16	Neonatal Resuscitation			
705.27	Sepsis Alert			
716	Pre-existing Vascular Access Device			
717	Intraosseous Infusion			
<b>Shift 9: Administrative</b>				
310	Paramedic Scope of Practice			
334	Prehospital Personnel Mandatory Training Requirements			
402	Patient Diversion/ED Closure			
603	Refusal of EMS Services			
618	Unaccompanied Minor			
704	Guidelines for Base Hospital Contact			
720	Guidelines for Limited Base Contact			
1000	Documentation of Prehospital Care			
<b>Shift 10: Review</b>				
	Review Policies and Procedures			
	ALS Agency Medical Director / designee Assessment			
	Complete VCEMS Policy and Arrhythmia Exams			

Paramedic Name: \_\_\_\_\_ License. # \_\_\_\_\_ Date: \_\_\_\_\_

FTO Signature \_\_\_\_\_ Date: \_\_\_\_\_

ALS Agency Medical Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>METHOD OF EVALUATION KEY</b>	
E = VCePCR Review	DO = Direct Observation in the field or clinical setting
S = Simulation/Scenario	V = Verbalizes Understanding to Preceptor
D = Demonstration	NA = Performance Skill not applicable to this employee
T = Test/Self Learning Module	

Appendix C

NAME		Agency	License #		
<b>Lecture Hours</b>					
Required Courses		# of Hours	Date	Location	Provider Number
1.	ACLS (4 hours)				
2.	Pediatric Course				
3.	CAM Course				
<p>EMS Updates are held in <b>May</b> and <b>November</b> each year. <b>EMS Updates</b> are completed as new or changed policies become effective. Enter <b>ACTUAL</b> Date of class attendance below:</p>					
EMS Update		Target Dates	Date	Location	Provider Number
3.	EMS UPDATE #1 (1 hour)	EMS Office Use			
	EMS UPDATE #2 (1 hour)	EMS Office Use			
	EMS UPDATE #3 (1 hour)	EMS Office Use			
	EMS UPDATE #4 (1 hour)	EMS Office Use			
4.	Ventura County MCI COURSE (2 hours)	EMS Office Use			
<p>Skill Refreshers are held in <b>March</b> and <b>September</b> each year. The following requirements must be completed in each year of your license cycle (<i>for example</i>: If your re-licensure month is June 2020, you must complete year one requirement between June 2018 and June 2019 and year two requirement between June 2019 and June 2020).</p>					
Paramedic Skills Lab		Target Dates	Enter <b>ACTUAL</b> Date of class attendance below:		
			Date	Location	Provider Number
5.	Skills Refresher year 1 (3 hours)	EMS Office Use			
6.	Skills Refresher year 2 (3 hours)	EMS Office Use			
<b>Field Care Audits / Miscellaneous Hours (12 hours)</b>					
	Date	# of Hours	Location	Provider Number	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Out of County Paramedic Internship Approval Process		Policy Number 335	
APPROVED: Administrator: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: October 13, 2005		Effective Date: <u>DRAFT</u>	
Date Revised: <u>August 14, 2025</u>			
Date Last Reviewed: <u>August 14, 2025</u>			
Next Review Date: <u>August 30, 2028</u>			

I. PURPOSE: To establish a mechanism for notifying the EMS Agency of out of county paramedic student placement within the local EMS system and ensure appropriate medical control and oversight of Paramedic Interns prior to practicing within the local jurisdiction.

This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the Ventura County EMS Agency (VCEMS), and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County.

II. AUTHORITY: Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulation, Title 22, Sections ~~400447-100091.02, 100092.02 and 400453100092.05.~~

III. DEFINITIONS: ~~This policy defines the standards for field interns, whose paramedic training program is located outside the jurisdiction of the paramedic training program approving authority, and who wish to complete all or a portion of their field internship requirements with an advanced life support provider in Ventura County. A paramedic intern is a person trained by a VCEMS approved training program who while under the supervision of an approved preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.~~

III. POLICY:

A. An out of county paramedic intern is a person trained by an out of county training program that has been reviewed by VCEMS ahead of time to ensure minimum training standards in this policy have been met. The out of county intern, while under the supervision of an approved preceptor, may provide ALS care as

directed by local EMS medical control. The intern shall be supervised, trained, counseled and evaluated by the designated preceptor and his/her affiliated training program.

A.B. All of the following requirements (IV.A.1 – IV.A.3) must be submitted to VCEMS at least 45 days prior to commencement of the internship:

1. Paramedic Training Program Requirements:
  - a. Letter requesting approval for out of county paramedic student placement within the local EMS system;
  - b. Copy of Paramedic Training Program's CAAHEP accreditation;
  - c. Evidence of a contract to provide field training between the ALS training program and the ALS provider agency where the intern will be training;
  - d. Copies of forms used to document student's progress, continuum of care and the training program's collaboration with the field preceptor;
  - e. Confirmation that the intern successfully completed didactic and clinical training at the same institution that is requesting internship placement. This requirement may be reduced at the discretion of the VCEMS Medical Director.
2. Paramedic Intern Requirements:
  - a. Completed VCEMS application;
  - b. Copy of intern's valid government issued photo identification;
  - c. Copy of intern's professional rescuer level CPR card;
  - d. Completion of a California Department of Justice (CA DOJ Live Scan) background check through VCEMS. A copy of the Request for Live Scan Services form must be submitted to VCEMS at time of application;
  - e. Letter from training program confirming intern's good standing and current affiliation with a VCEMS approved training program including dates of hospital clinical completion and contact name and phone number for the instructor responsible for the intern;

- f. Letter from training program confirming that the intern has performed five (5) successful live patient endotracheal intubations during primary ALS training;
  - g. Upon completion of above requirements, intern shall contact VCEMS to schedule appointment to complete internship process.
3. ALS Provider Agency Requirements:
- a. Notify VCEMS of intention to provide field internship for a specific intern;
  - b. Provider agency shall submit a completed Appendix A to VCEMS for each intern who is placed for internship;
  - c. Ensure that the student has been oriented to the Ventura County EMS System including local policies, procedures and treatment protocols.
  - ~~e-d.~~ Ensure out of county intern has access to the Ventura County Electronic Patient Care Reporting System (VCePCR).

B-C. Paramedic Intern Photo Identification:

Upon VCEMS verification of all above requirements including background check results, intern will be issued a Paramedic Intern photo identification badge that must be worn visible at all times while providing pre-hospital care in Ventura County. Internship shall not start until the Paramedic Intern photo identification badge is issued.

- D. If out of county internship placement coincides with the local paramedic training program's field internship timeframe, prehospital provider agency will coordinate with local program to ensure the out of county placement does not conflict with local field intern placement.

ATTACHMENT A

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

<u>Out of County</u> Intern Name	
<u>Proposed S</u> start <u>D</u> date of <u>I</u> internship	
<u>ALS a</u> Agency <u>S</u> sponsoring <u>I</u> intern	
Preceptor <u>N</u> name	
<u>Out of County</u> Training <u>P</u> rogram Name	

\*\*\*VCEMS Office Use Only\*\*\*

<u>All Requirements Submitted</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Date:</u>
<u>Additional Information Requested (Date)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Date:</u>
Authorization approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Date:</u>
<u>Reason</u> Authorization <u>Not A</u> pproved:	
<u>ALS Provider N</u> otified ( <u>D</u> ate)- <u>on</u> :	<u>Date</u>
<u>Training Program N</u> otified ( <u>D</u> ate)- <u>on</u> :	<u>Date</u>
<u>Name of VCEMS Representative</u> <u>R</u> eviewing Authorization	
<u>Signature</u>	<u>Date</u>
<u>Phone Number</u>	<u>Email Address</u>

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AVCDS-LOGIN

LOGIN	PASSWORD

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Patient Diversion/Emergency Department Closures		Policy Number: 402	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: <u>DRAFT</u>	
Origination Date: January 1990		Effective Date: <u>DRAFT</u> _____	
Revised Date: <u>August 14, 2025</u>			
Date Last Reviewed: <u>August 14, 2025</u>			
Review Date: <u>August 30, 2028</u>			

- I. PURPOSE: To define the procedures by which Emergency Medical Services (EMS) providers and/or Base Hospitals (BH) may:
  - A. Transport emergency patients to the most accessible medical facility that is staffed, equipped, and prepared to administer emergency care appropriate to the needs of the patient.
  - B. Provide a mechanism for a hospital in the Ventura County (VC) EMS system to have patients diverted away from its emergency department when it has been determined that the hospital is not staffed, equipped, and/or prepared to care for additional or specific types of patients.
  - C. ~~Assure that~~limit situations in which Advanced Life Support (ALS) units are ~~not~~ unreasonably removed from their area of primary response when transporting patients to a medical facility.
- II. INTENT: The intent of this policy is to better define processes and terminology related to hospital diversion and the transportation of patients from the primary hospital / hospital catchment area to another. Diversion is a disruptive process to the EMS system as a whole and must be minimized to limit impacts on the patients we serve. Criteria have been established to better define when a hospital may divert, and requirements have been outlined to ensure hospitals that do divert patients are not doing so inappropriately.
- III. AUTHORITY: California ~~Administrative Code~~ Health and Safety Code, Title 22, Sections 1797.220 and 1798; California Code of Regulations (CCR), Title 13, Section 1105(c); CCR Title 22, Sections 100096.02 and 100253
- IV. POLICY: Hospitals may divert patients according to the ~~conditions-guidelines and procedures~~ described below. This policy shall not negate prearranged interhospital triage and transport agreements approved by VC EMS. Additionally, Basic Life Support (BLS) patients will be transported to the nearest emergency department unless a patient requests transport to a different facility, or when ~~that facility~~ is closed by internal disaster.

### III.V. DEFINITIONS:

- A. ALS Patient: A patient who meets the criteria for base hospital contact, in accordance with VCEMS Policy 704 – Guidelines for Base Hospital Contact or VCEMS Policy 0720 – Guidelines for Limited Base Contact.
- B. BLS Patient: A patient whose illness or injury requires BLS care or a patient in a BLS unit, irrespective of the level of care required for the patient's illness or injury.
- C. Non- Divertible Patient Conditions
  - 1. Unable to adequately ventilate, secure a patent airway, control hemorrhage, or ensure adequate perfusion - Patients who remain unstable will not be diverted from the closest emergency department or appropriate specialty care center.
  - 2. Specialty Care - Patients meetings STEMI, Stroke, Trauma, Cardiac Arrest / ROSC criteria will not be diverted from the closest appropriate specialty care center.
- D. Emergency Severity Index (ESI) – A 5-level triage algorithm used in emergency departments for the purposes of prioritizing patients based on acuity and resource needs. ESI categories range from 1 (most urgent) to 5 (least urgent).
- E. National Emergency Department Overcrowding Scale (NEDOCS): a scoring system that assesses how crowded an emergency department (ED) is. The NEDOCS score is a standardized way to measure ED crowding, which can be used to help with resource allocation and targeted interventions. NEDOCS score can range from 00 (Not Busy) to 200 (Dangerously overcrowded).
- F. Emergency Department Work Index Scale (EDWIN): a quantitative tool used to measure how busy or crowded an emergency department (ED) is and overall workload of emergency department clinicians. EDWIN is calculated by using a formula that takes into account the number of patients, the number of physicians, and the number of treatment bays. EDWIN score can range from <1.5 (Not Busy / Manageable) to >2 (Overcrowded).

### VI. PROCEDURE

#### A. DIVERSION REQUEST CATEGORIES

The hospital administrator or his/her designee must authorize the need for diversion. To initiate, update or cancel a diversion, the Administrator or his/her designee shall make the status change via the ReddiNet system. Hospitals will determine the need for diversion in accordance with this policy and based upon established internal standard operating procedures / guidelines that are reviewed by appropriate facility leadership on

a regular basis. A hospital may request that ambulances be diverted for the following reasons using the following terminology:

~~NOTE: Unless Internal Disaster, ROSC patients will not be diverted.~~

1. **Internal Disaster**

Hospital's emergency department cannot receive any patients (ALS or BLS) because of at least a physical plant breakdown (e.g. fire, bomb threat, power outage, safety issues in the ED, etc.) one of the following conditions (as outlined in Reddinet) present:

Power Outage (Generators are Functioning)

Power Outage (Generators not Functioning)

Fire

Bomb Threat

Explosion

Flooding

HAZMAT (with contamination of Patient Care Areas)

Safety and Security Compromised

Phones Down

Water Disruption / Contamination

Active Shooter

Cybersecurity

NOTE: Activation of a hospital's internal policies/plans to handle staffing shortages, diversions and/or throughput (see Section VI.D.3) ~~does NOT~~shall not constitute an internal disaster.

2. **Emergency Department Saturation**

All Emergency Department treatment beds are full (EDWIN >2, NEDOCS 141 to 200, or equivalent score) and 30% or greater of the ED has patients who fall into the ESI triage categories 1 or 2, including those ED beds occupied by admitted patients, and hallway expansion/surge beds as well as admitted patients in the waiting room. but excluding fast track beds and waiting room patients. Additional ED Saturation requirements are outlined in Section C and D below.

~~Hospital is unable to provide appropriate care due to unavailability of a neurosurgeon, and is therefore not an ideal destination for patients likely to require these services.~~

4. **Intensive Care Unit (ICU) / Critical Care Unit (CCU) Saturation**

~~Hospital's ICUs do not have any available licensed beds to care for additional patients, and is therefore not an ideal destination for patients likely to require these services.~~

**3. CT Scanner Inoperative**

Hospital's CT scanner is not functioning and therefore not the ideal destination for patients with blunt or penetrating head trauma, truncal trauma, or a prehospital Stroke Alert patient.

**4. STEMI Receiving Center (SRC) Unavailable**

Hospital is unable to accept a "ST segment Elevation Myocardial Infarction (STEMI) Alert" patient due to unavailability of their Cath lab or Cath lab staff.

~~Must state reason in the "comment section" on ReddiNet as to why the Cath lab is unavailable.~~ Allowable criteria for SRC diversion shall be limited to the following two circumstances:

- a. STEMI patient already in the Cath lab with no secondary/backup suite and/or team available
- b. STEMI equipment failure with no secondary/backup suite available

Criteria will be documented, and diversion times tracked, in Reddinet. Diversion will be activated and de-activated promptly in Reddinet so as to avoid unnecessary diversion of STEMI patients to other SRCs

**5. Thrombectomy Capable Acute Stroke Center (TCASC) Unavailable**

Hospital is unable to accept a "ELarge Vessel Occlusion (LVO) Alert" patient due to unavailability of their

Cath lab or Cath lab staff. ~~Must state reason in the "comment section" on ReddiNet as to why the Cath lab is unavailable.~~ Allowable criteria for SRC diversion shall be limited to the following two circumstances:

- a. LVO patient already in the interventional radiology suite with no secondary/backup suite and/or team available
- b. TCASC equipment failure with no secondary/backup interventional radiology suite available

Criteria will be documented, and diversion times tracked, in Reddinet. Diversion will be activated and de-activated promptly in Reddinet so as to avoid unnecessary diversion of LVO patients to other TCASCs

B. PATIENT DESTINATION

1. Internal Disaster
  - a. A hospital on diversion due to internal disaster shall not receive patients (ALS or BLS).
  - b. Base hospitals shall not direct ALS units to transport patients to any medical facility that has requested diversion ~~of ALS patients~~ due to an internal disaster.
2. Diversion requests will be honored provided that:
  - a. The involved ALS unit estimates that it can reach an "open" facility without compromising the patient's condition ~~by extending the Code 3 en route transport time from the incident location for hospitals on diversion due to:~~
    - 1) ~~ICU/CCU saturation,~~
    - 2) ~~Emergency Department saturation, or~~
    - 3) ~~Neuro/CT scanner limitations for appropriately selected patients.~~
  - b. The patient does not exhibit an uncontrollable problem non-divertible condition in the field. ~~An "Uncontrollable Problem" is defined as:~~
    - 1) ~~Unstable vital signs~~
    - 2) ~~Cardiac Arrest: with or without ROSC~~
    - 3) ~~Severe Respiratory Distress~~
    - 4) ~~Unstable Airway~~
    - 5) ~~Profound Shock~~
    - 6) ~~Status Epilepticus~~
    - 7) ~~OB patient with imminent delivery~~
    - 8) ~~Life threatening arrhythmia~~
    - 9) ~~Any Patient patient that the paramedic on scene or the BH MD feels would likely deteriorate due to diversion.~~
3. Destination while adjacent hospitals are on diversion
  - a. If adjacent hospitals within an area grouping are on diversion for the same diversion category, patients cannot be diverted for that reason, and the patient will be transported to the closest medical facility. multiple adjacent facilities are experiencing ED saturation at the same time, patient may be transported to a further emergency department not

experiencing ED saturation. In these situations, the normal transport time shall not be *extended* by more than twenty (20) minutes-

b. Patient request should be honored, regardless of hospital diversion status at the receiving destination (excluding internal disaster).

a-c. This includes situations where patient or authorized representative is requesting transport to a specific facility for the purposes of keeping patients in their “medical home.”

~~b. Guidelines for potential diversion destination when a hospital is on diversion based on patient location and estimated transport times are as follows:~~

### **Hospital Groupings/Areas**

- ~~1. **Area 1** (Ojai): Ojai Valley Community Hospital, Community Memorial Hospital, Ventura County Medical Center, Santa Paula Memorial Hospital~~
- ~~2. **Area 2** (Santa Paula/Fillmore): VCMC Santa Paula Memorial Hospital, Ventura County Medical Center, Community Memorial Hospital, Ojai Valley Community Hospital~~
- ~~3. **Area 3** (Simi Valley): Adventist Health Simi Valley Hospital, Los Robles Hospital and Regional Medical Center, St. John’s Pleasant Valley Hospital Camarillo~~
- ~~4. **Area 4** (Thousand Oaks): Los Robles Hospital and Regional Medical Center, Adventist Health Simi Valley Hospital, St. John’s Pleasant Valley Hospital Camarillo~~
- ~~5. **Area 5** (Camarillo): St. John’s Pleasant Valley Hospital Camarillo, St. John’s Regional Medical Center, Los Robles Regional Medical Center, Adventist Health Simi Valley Hospital, Ventura County Medical Center, Community Memorial Hospital~~
- ~~6. **Area 6** (Oxnard): St. John’s Regional Medical Center, Ventura County Medical Center, Community Memorial Hospital, St. John’s Pleasant Valley Hospital Camarillo~~
- ~~7. **Area 7** (Ventura): Ventura County Medical Center, Community Memorial Hospital, St. John’s Regional Medical Center, Ojai Valley Community Hospital, VCMC Santa Paula Memorial Hospital.~~

~~As needed, an MICN may divert a patient to a hospital outside of Ventura County.~~

4. BLS ambulances ~~shall~~ will notify receiving hospitals of their impending arrival as early as possible and will provide an accurate estimated time of arrival.
5. Notwithstanding any other provisions of this policy, and in accordance with VCEMS Policy 604 ~~-, Patient~~ Transport and Destination Guidelines, final authority for patient destination rests with the Base Hospital.

C. PROCEDURE FOR ~~REQUESTING DIVERSION OF ALS PATIENTS~~ EMERGENCY DEPARTMENT DIVERSION

1. ~~ED Diversion will be implemented in accordance with this policy and with internal hospital standard operating procedures / policies, and will be continuously evaluated to determine if the required conditions persist.~~

~~ED Charge Nurse~~

~~Identifies that all ED treatment bays are occupied, and patients are~~

~~waiting for an open treatment bay.~~

~~Consults with all ED team members to determine if patient discharges or~~

~~admissions can be expedited.~~

~~Ensures that all ED treatment bays are appropriately utilized.~~

~~Notifies the Laboratory and Radiology departments to expedite orders.~~

~~Notifies the Nursing Supervisor that the ED is near threshold.~~

2. ~~Hospital Administrator on Call (or Appropriate Designee)~~

~~Consults with the ED Leadership (Director/Manager or appropriate designee).~~

~~Performs a walk-through of the ED and reviews options that can be~~

~~utilized to prevent hospital diversion (CEO or administrative designee).~~

~~Assesses the ED for special considerations.~~

~~Activates the hospital's internal multidisciplinary surge plan.~~

~~Assesses the Medical/Surgical, Intensive Care and Telemetry units for~~

~~available beds and possible discharges.~~

~~Expedites environmental services, ancillary services and patient~~

~~admissions as necessary.~~

~~Approves diversion due to ED saturation via the ReddiNet when ED~~

~~capacity reaches the defined diversion threshold.~~

Reassesses ED capacity during diversion with the goal of remaining

open.

Monitors hospital diversion hours.

Includes diversion in the ED performance improvement process.

2. Once it has been determined that all criteria for ED Diversion is met, the hospital emergency department representative will authorize the appropriate Reddinet user to activate ED diversion, ensuring that all required information is entered accurately at that time, and that measures are taken internally to mitigate the impacts of ED overcrowding.
4. At the time of report to the EMS Agency Duty Officer, the hospital representative will provide a current NEDOCS and EDWIN score, in addition to number of EMS crews waiting to offload patients to an emergency department bed.
3. The ED diversion will automatically time out at two (2) hours. At the end of the two hours of diversion, ReddiNet will automatically re open the hospital to ALS 9-1-1 traffic.
  - a. The impacted facility may elect to place themselves on ED diversion for an additional two-hour window only when it has been determined that the appropriate diversion criteria outlined above still exists within the emergency department. All required information will be entered into the appropriate Reddinet fields, meaning copy and paste from the previous diversion window is not acceptable.
  - b. A facility will not be granted more than two ED Diversion windows (four hours total) in a single 24-hour period (measured from 00:00:00 hours to 23:59:59 hours).
    - i. This condition may be altered by the EMS Agency Duty Officer, in consultation with the EMS Agency Medical Director, if there are extenuating circumstances present.

#### D. CONSIDERATIONS RELATED TO ED DIVERSION

1. An effective emergency medical services system is the result of prehospital clinicians, emergency department personnel (including leadership), and hospital administrators working together as a team to care for ill and injured patients.

2. Prolonged periods of ED diversion and ambulance patient offload times (APOT) are not an emergency department problem alone. These issues are the result of dynamics and challenges within the hospital itself, in addition to external stressors and influences that exist as part of the broader EMS system. Regardless, prolonged diversion and extended APOT have a direct impact on the EMS provider agencies tasked with responding to 911 calls and provided high-quality prehospital care.
3. Any A facility that is granted utilizes ED diversion shall may be subject to review by the Ventura County EMS Agency and may be required to submit verifiable data affirming conditions necessitating diversion were present in the ED at the time of diversion being granted during the applicable diversion window.
  - a. This data shall will be submitted to the EMS Agency Duty Officer within twenty four hours of diversion ending five business days of review notification, and shall consist of the following:
    - 1) Number of staffed ED Beds (published number of beds available for patient care)
    - 2) Number of Hospital Beds
    - 3) Total Patients in the ED at time of request (pts in normal ED beds plus those doubled up and those in hallways)
    - 4) Number of ED Patients on Ventilators
    - 5) Longest admit time (in hours)
    - 6) Total number of admitted patients in the ED (all bed categories, including waiting room, hallway, fast track, etc.)
    - 7) Waiting room wait time for last patient called (in Hours)
    - 8) Number of patients in each of the ENA Emergency Severity Index Scale categories
    - 9) Number of Physicians on Duty at time of request.
3. Each hospital will have an internal policy(ies) or plan(s) that appropriately address hospital surge (e.g. surge plan, diversion procedures, patient throughput plan, etc.). The processes described in this document(s) should outline a multidisciplinary team approach to ensure the ability of the facility to remain open and to flex to surge capacity, thereby preventing or minimizing time of hospital

diversion and APOT and downstream impacts on the emergency department team and EMS provider agencies.

a. This plan(s) and/or standard operating procedure(s) will be submitted to VCEMS for review as part of the facility's approval as a receiving and/or base hospital, in accordance with VCEMS Policy 410 – ALS Base Hospital Standards and Policy 420 – Receiving and Standby Hospital Standards

4. Per the Emergency Medical Treatment and Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

5. Hospitals that have a consistently prolonged APOT will make every effort to offload patients as soon as possible, and will request EMS surge assistance as appropriate, in accordance with VCEMS EMS Policy 141 – Hospital EMS Surge Assistance. ~~should assign appropriate personnel to remain with patients while awaiting for an ED treatment bay in order to release EMS personnel back to the community.~~

6. Hospital personnel will acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.

~~The hospital administrator or his/her designee must authorize the need for diversion.~~

2. ~~To initiate, update or cancel a diversion, the Administrator or his/her designee shall make the status change via the ReddiNet system.~~

a. ~~Hospitals on diversion status shall immediately update their status via the ReddiNet system.~~

b. ~~Problems with policy and procedure related to diversion notification will be directed to VC EMS during normal business hours or the on-call VC EMS administrator after normal business hours~~

c. ~~Problems arising during a diversion, requiring immediate action should be directed to VC EMS during normal business hours or the on-call VC EMS administrator after normal business hours.~~

3. ~~VC EMS staff will perform unannounced site visits to hospitals on diversion status to ensure compliance with these guidelines.~~

~~D. Hospitals shall develop internal policies and procedures for authorizing diversion of patients in accordance with this policy. These policies shall include internal activation of backup procedures. These policies and procedures shall be approved according to the hospital policy approval procedure and shall be available to the EMS staff for review.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Training Program Approval		Policy Number 1100	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: February 2001		Effective Date: <u>DRAFT</u>	
Date Revised: <u>August 14, 2025</u>			
Date Reviewed: <u>August 14, 2025</u>			
Review Date: <u>August 30, 2028</u>			

- I. PURPOSE: To identify the procedure for approval of Emergency Medical Technician programs in Ventura County in accordance with the California Code of Regulations. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.
  
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 23.1, Article 3
  
- III. POLICY: EMT training may be offered only by approved training programs.
  - A. The approving authority for Emergency Medical Technician (EMT) training programs that will be managed or conducted by a qualified statewide public agency shall be the Director of the California EMS Authority. This shall apply to the California Highway Patrol, California Department of Forestry, etc.
  - B. The approving authority for Emergency Medical Technician training programs located within the County of Ventura shall be the Ventura County Emergency Medical Services Agency (VCEMS).
  - C. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.
  - D. EMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to:
    1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.

2. Medical training units of a branch of the Armed Forces of the United States including the Coast Guard of the United States.
3. Licensed general acute care hospitals which meet the following criteria:
  - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Title 22, Division 5 of the California Code of Regulations; and
  - b. Provide continuing education to other healthcare professionals.
4. Agencies of government, including public safety agencies.
5. Local EMS Agencies

IV. PROCEDURE for EMT Training Program Approval:

- A. The Ventura County EMS Agency shall review and approve the following prior to approving an EMT training program:
  1. A table of contents listing the required information detailed below, with corresponding page/section numbers
  2. A written request for training program approval, signed by the training program director.
  3. A statement verifying usage of the US Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
  4. A statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section ~~400075-100067.11~~ of the California Code of Regulations
  5. Statement signed by training program director that all psychomotor skills outlined in Attachment A of this policy shall be taught, and that all students enrolled in course have been given multiple opportunities to practice required skills in person.
  6. A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course
  7. Session guides and lesson plans for course(s) taught by program
  8. Samples of cognitive (written) and psychomotor skills examinations used for periodic testing

~~9.~~ Statement verifying that training program meets psychomotor skills testing requirements, and that all skills listed on the California EMS Authority's Skills Competency Verification Form (EMSA-SCV) are included in the testing.

~~10-9.~~ Copies of checklists and/or verification documents used for final psychomotor skills competency exam A statement verifying that training program will utilize the Ventura County EMS Psychomotor skills evaluation packet and California EMS Authority's Skills Competency Verification Form (EMSA-SCV) for final skills testing.

~~11-10.~~ A final cognitive (written) examination

~~12-11.~~ Statement signed by training program director that a comprehensive performance improvement plan will be required when program performance falls below 3-year average of 80% on 1st pass rate for NREMT cognitive (written) examination.

~~13-12.~~ The name and qualifications of the EMT training program director, program clinical coordinator, and principal instructor(s)

~~14-13.~~ Provisions for clinical experienced, as defined in Section IV.D of this policy

~~15-14.~~ Provisions for course completion by challenge, including a challenge examination (if different from the final examination)

~~16-15.~~ Provisions for a twenty-four (24) hour refresher course including items 1-6 detailed above, required for recertification

- a. A statement verifying usage of the United States Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum can be accessed through the U.S. Department of Transportation's website, <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>.

~~17-16.~~ Statement signed by training program director that an annual report shall be submitted within 45 days of year end. Report shall contain minimum content as outlined in Section IV.L.6 of this policy.

~~18-17.~~ The location at which the courses are to be offered and their proposed dates and times for each class

- B. The Ventura County EMS Agency shall provide, upon request by the California EMS Authority, any or all materials submitted by an EMT training program pursuant to the requirements of this policy for the purposes of assuring all applicable sections of the California Health and Safety Code and/or California Code of Regulations are being met.

C. Didactic and Psychomotor Skills Laboratory

1. An approved EMT training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during psychomotor skills practice/laboratory sessions.

D. Clinical Experience for EMT

1. Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement (s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s).
  - a. Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant.
  - b. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

E. Teaching Staff

1. Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this policy precludes the same individual from being responsible for more than one of the functions outlined below.
2. Program Director
  - a. Each EMT training program shall have an approved program director who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. Examples of 40 hours of instruction in teaching methodology include, but are not limited to the following:
    - 1) Four (4) semester units of upper division credit in educational materials, methods, and curriculum development or equivalent; OR,
    - 2) California State Fire Marshall (CSFM) Instructor I and II; OR,
    - 3) National Fire Academy's (NFA) Fire Instructional Methodology Course; OR,
    - 4) National Association of EMS Educators (NAEMSE) Level I Instructor Course.
  - b. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to the following:

- 1) Administering the training program
  - 2) Approving course content
  - 3) Approving all written examinations and the final skills examination
  - 4) Coordinating all clinical and field activities related to the course
  - 5) Approving the principal instructor(s) and teaching assistants
  - 6) Signing all course completion records
  - 7) Assuring that all aspects of the EMT training program are in compliance with this chapter and other related laws
  - 8) Serving as the primary point of contact between the training program and the Ventura County EMS Agency
3. Clinical Coordinator
- a. Each training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:
    - 1) Responsibility for the overall quality of medical content of the program
    - 2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s)
4. Principal Instructor(s)
- a. Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:
    - 1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently licensed in California; or,
    - 2) Be an Advanced EMT or EMT who is currently certified in California.
    - 3) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
    - 4) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is

assigned. All principal instructors from approved EMT training programs shall meet the minimum qualifications as specific above.

- b. Examples of 40 hours of instruction in teaching methodology include, but are not limited to the following:
  - 1) Four (4) semester units of upper division credit in educational materials, methods, and curriculum development or equivalent; OR,
  - 2) California State Fire Marshall (CSFM) Instructor I and II; OR,
  - 3) National Fire Academy's (NFA) Fire Instructional Methodology Course; OR,
  - 4) National Association of EMS Educators (NAEMSE) Level I Instructor Course.

5. Teaching Assistant(s)

- a. Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

F. Components of an Approved Program

- 1. An approved EMT training program shall consist of the following:
  - a. The EMT course, including clinical experience;
  - b. Periodic and final written and psychomotor skills competency examinations to include all skills listed in section IV.H.3 of this policy;
  - c. A challenge examination;
  - d. A refresher course required for renewal or reinstatement.
- 2. Ventura County EMS Agency may approve a training program that only offers refresher course(s).

G. EMT Training Program Required Course Hours

- 1. The EMT course shall consist of not less than one hundred seventy (170) hours. These training hours shall be divided into:
  - a. A minimum of one hundred forty-six (146) hours of didactic instruction and psychomotor skills laboratory; and
  - b. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient

contacts wherein a patient assessment and other EMT skills are performed and evaluated.

1) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts

c. The minimum hours shall not include the required NREMT ~~cognitive and/or the psychomotor skills-used~~ examinations for EMT certification.

#### H. Required Course Content

1. The content of an EMT course shall meet all of the objectives contained in the U.S. current Department of Transportation (DOT) National EMS Education Standards;
2. In addition to National EMS Education Standards, EMT course shall meet all requirements outlined in California Code of Regulations, Title 22, Chapter 2, Section ~~400075~~100067.11.
3. Students shall be given multiple opportunities to practice all skills included in the National EMS education standards, as well as any additional skills outlined in Sections ~~400063~~100066.02 and ~~400075~~100067.11 of the California Code of Regulations. These specific skills requirements can be found at the following web addresses

Section ~~400063~~100066.02 – Basic Scope of Practice of EMT

[https://govt.westlaw.com/calregs/Document/I0913119B5B6211EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I0913119B5B6211EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Section ~~400075~~100067.11 – Required Course Content

[https://govt.westlaw.com/calregs/Document/I09A036675B6211EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I09A036675B6211EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

a. Simulated or virtual experiences related to psychomotor skills practice will not be permitted, unless specifically granted under special provision or directives issued by the Ventura County EMS Agency and/or the California EMS Authority.

As part of the provision of four (4) hours of tactical casualty care, students shall participate in a hands-on drill or live exercise that allows the practical application of skills and concepts related to the content<sup>4</sup>. All applicants shall

complete Incident Command System (ICS) 100 and 700 training prior to completion of the course.

I. Required Testing

1. EMT training program shall include periodic and final competency-based examinations to test the knowledge and psychomotor skills specified in Section [100075-100067.11](#) of the California Code of Regulations, and in the National EMS Education Standards.
2. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course.
3. Satisfactory performance shall be determined by preestablished standards, developed by the training program director and clinical coordinator, and approved by the Ventura County EMS Agency at the time of program approval / re-approval.
4. The final psychomotor skills exam shall include, at a minimum, all skills listed [in the Ventura County EMS Agency's psychomotor skills evaluation manual](#) ~~on and~~ the current version of the California EMS Authority's Skills Competency Verification form, EMSA-SCV.

J. EMT Training Program Course Completion Record

1. An approved EMT training program shall issue a tamper resistant course completion record to each person who has successfully completed the EMT course, refresher course, or challenge examination.
2. The course completion record shall contain the following information:
  - a. The name of the individual.
  - b. The date of the course completion.
  - c. Type of EMT course completed (i.e. EMT, refresher, or challenge), and the number of hours completed
  - d. The signature of the training program director
  - e. The name and location of the training program issuing the record
  - f. Statement: "This EMT training program has been approved by the Ventura County EMS Agency"
  - g. Statement in bold and capitalized print: "THIS IS NOT AN EMT CERTIFICATE"

- h. Statement: This program includes required didactic and psychomotor skills training in Epinephrine, Glucometer, Naloxone, and four hours of Basic Tactical Casualty Care”.
- 3. Within fifteen (15) days of course completion, each program shall submit the VCEMSA EMT Course Completion Roster that is attached to this policy. Students will not be processed for certification until the course completion roster is received by VCEMS.
- K. EMT Training Program Course Completion Challenge Process
  - 1. An approved EMT training program shall have a defined process for any EMT challenge request/application, and shall offer the EMT challenge psychomotor skills and cognitive examination in conjunction with regularly scheduled testing periods.
  - 2. EMT course completion eligibility and challenge process shall be carried out in accordance with VCEMS Policy 304 – EMT Course Completion by Challenge Examination
- L. EMT Training Program Review and Reporting
  - 1. All program materials specified in this policy and in applicable Sections of the California Code of Regulations shall be subject to periodic review by the Ventura County EMS Agency.
  - 2. All programs shall be subject to periodic on-site (announced and/or unannounced) evaluation by the Ventura County EMS Agency
  - 3. EMT training program shall submit a schedule of psychomotor skills labs for each scheduled course (hybrid and/or traditional programs) that includes dates and list of psychomotor skills that are scheduled to be practiced on each date.
  - 4. In the event that an approved EMT training program wishes to add a course to the schedule, notification shall be submitted in writing to the Ventura County EMS Agency no less than sixty (60) calendar days prior to the proposed start date.
  - 5. The EMT training program shall notify the Ventura County EMS Agency in writing, in advance when possible, and in all cases within thirty (30) calendar days of any change in the following:

- a. Program director
  - b. Clinical coordinator
  - c. Principal instructor(s)
  - d. Change of address, phone number or primary point of contact
  - e. Change in course content or course hours of instruction
6. The EMT training program shall submit an annual report to the Ventura County EMS Agency within 45 days of year end. At minimum, this report shall be comprised of the following:
- a. Any changes to course content for the coming year. This does not replace the requirement outlined in Section IV.L.5 of this policy
  - b. Changes to any teaching staff and/or program leadership. This does not replace the requirement outlined in Section IV.L.5 of this policy
  - c. A listing of course dates and locations for the coming year.
  - d. The number of students that successfully completed the program (broken down by term) versus number of students originally enrolled for the same period of time.

M. Quality Assurance and Improvement

1. At the time of approval and subsequent application for program re-approval, each EMT training program shall submit a comprehensive quality assurance and improvement plan that, at a minimum, addresses the following:
  - a. Methods of student remediation
  - b. Methods of student evaluation in demonstrating competency in both cognitive concepts and practical application of psychomotor skills.
  - c. A plan for continuous review and update of examinations and student materials
  - d. Identifies the text and resource materials that will be utilized by the program
  - e. Samples of student course evaluations
2. Any program that fails to maintain a three-year average cumulative pass rate of at least 80% within three attempts on the NREMT cognitive examination shall submit a comprehensive improvement plan to the Ventura

County EMS Agency that outlines necessary steps to achieve the desired benchmark.

- a. Data from the National Registry of EMTs will be pulled by the Ventura County EMS Agency on a quarterly basis and shared with approved EMT training programs and with members of the Prehospital Services Committee

N. Withdrawal of EMT Training Program Approval

1. Failure to comply with the provisions of this policy may result in the denial, suspension, or revocation of EMT training program approval by the Ventura County EMS Agency
2. The requirements for training program noncompliance notification and actions are as follows:
  - a. The Ventura County EMS Agency shall provide notification of noncompliance with the requirements of this policy and/or the regulations outlined in applicable sections of the California Code of Regulations. The notification shall be in writing and will be sent by certified mail to the EMT training program director.
  - b. Within fifteen (15) working days from receipt of the noncompliance notification the approved EMT training program shall submit in writing, by certified mail, to the Ventura County EMS Agency on of the following:
    - 1) Evidence of compliance with the provisions of this policy and applicable sections of the California Code of Regulations
    - 2) A plan to comply with the provisions of this policy and applicable sections of the California Code of Regulations within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
  - c. Within fifteen (15) working days from receipt of the EMT training program's response, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the EMT training program, the Ventura County EMS Agency shall issue a decision letter by certified mail to the California EMS Authority and the

EMT training program. The letter shall identify the Ventura County EMS Agency's decision to take one or more of the following actions:

- 1) Accept the evidence of compliance provided.
  - 2) Accept the plan for meeting compliance.
  - 3) Place the program on probation.
  - 4) Suspend or revoke the EMT training program approval.
- d. The decision letter shall also include, but not be limited to, the following:
- 1) The date of the Ventura County EMS Agency's decision;
  - 2) Specific provisions found noncompliant by the training program approving authority, if applicable;
  - 3) The probation or suspension effective and ending date, if applicable;
  - 4) The terms and conditions of the probation or suspension, if applicable; and
  - 5) The revocation effective date, if applicable.
- e. If the EMT training program found noncompliant with the requirements of this policy, or with applicable sections of the California Code of Regulations does not comply with subsection b outlined above, the Ventura County EMS Agency may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described above.
- f. The Ventura County EMS Agency shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter, as described above.

**Ventura County Emergency Medical Services Agency  
Emergency Medical Technician Training Program**

**Application Checklist**

- Sections 1-4 to be completed by training program
- For additional information on requirements and approval process, please refer to VCEMS Policy 1100 – EMT Training Program Approval

<b>1. General Information</b>		
<u>Training Program Name:</u>		
<u>Program Address</u>	<u>Program City</u>	<u>Program Zip</u>
<u>Program Phone Number</u>	<u>Program Fax Number</u>	<u>Program Email Address</u>
<b>2. Training Program Affiliation</b>		
<u>a. Training program is affiliated with a:</u> <input type="checkbox"/> <u>Accredited University or College</u> <input type="checkbox"/> <u>Junior or Community College</u> <input type="checkbox"/> <u>School District</u> <input type="checkbox"/> <u>Private Post-Secondary School</u> <u>(Submit Post-Secondary School Approval Document)</u> <input type="checkbox"/> <u>Armed Forces Medical Unit</u> <input type="checkbox"/> <u>Licensed Acute Care Hospital</u> <u>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</u> <input type="checkbox"/> <u>Agency of Government</u> <input type="checkbox"/> <u>Public Safety Agency</u>		<u>Name of Affiliated Agency, Institution, or Business</u>
<b>3. Program Administration and Staff</b>		
<u>a. Program Director</u> <input type="checkbox"/> <u>Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1 for examples of qualifying education)</u>		<u>Name of Program Director</u>
<u>b. Clinical Coordinator</u> <input type="checkbox"/> <u>Copy of Current License Received</u> <input type="checkbox"/> <u>Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received</u>		<u>Name and Title of Clinical Coordinator (Physician, RN, PA, Paramedic)</u>
<u>c. Principal Instructor(s)</u> <input type="checkbox"/> <u>Copy of Current License(s) Received</u> <input type="checkbox"/> <u>Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3 for examples of qualifying education)</u> <input type="checkbox"/> <u>Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received</u> <input type="checkbox"/> <u>Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.</u>		<u>Name(s) and Title(s) of Principal Instructor(s)</u> <u>(Physician, RN, PA, Paramedic, Advanced EMT, EMT)</u>
<u>d. Teaching Assistant(s)</u> <input type="checkbox"/> <u>Copy of current license(s) received (if applicable)</u> <input type="checkbox"/> <u>Qualified by training and experience to assists with teaching</u> <input type="checkbox"/> <u>Approval by program director in coordination with the clinical coordinator</u>		<u>Names(s) and Title(s) of Teaching Assistant(s)</u>
<b>4. Program Representative Completing Application</b>		
<u>Name of Program Representative Completing Application</u>		
<u>Signature</u>	<u>Date</u>	
<u>Phone Number</u>	<u>Email Address</u>	

VCEMS Office Use Only

<b>1. Submission Checklist</b>	
<u>Required Item</u>	<u>Date Received</u>
<input type="checkbox"/> <u>Written request for program approval, signed by training program director.</u>	
<input type="checkbox"/> <u>Statement verifying use of the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009)</u>	
<input type="checkbox"/> <u>Statement verifying program meets or exceeds required course hours outlined in Section IV.C.1 of this policy and meets all content requirements outlined in section 100067.11 of the California Code of Regulations</u>	
<input type="checkbox"/> <u>Statement signed by training program director that all psychomotor skills outlined in CCR Sections 100066.02 and 100067.11 and any others listed in this policy shall be taught, and that all students enrolled in course have been given multiple opportunities to practice required skills in person.</u>	
<input type="checkbox"/> <u>Statement verifying implementation of current ECC / ILCOR guidelines</u>	
<input type="checkbox"/> <u>Session guides and/or lesson plans</u>	
<input type="checkbox"/> <u>Samples of psychomotor skills and cognitive (written) exams used for periodic testing</u>	
<input type="checkbox"/> <u>A statement verifying that training program will utilize the Ventura County EMS Psychomotor skills evaluation packet and California EMS Authority's Skills Competency Verification Form (EMSA-SCV) for final skills testing. Copies of checklists and/or verification documents used for final psychomotor skills competency exam.</u>	
<input type="checkbox"/> <u>Final cognitive (written) exam</u>	
<input type="checkbox"/> <u>Statement signed by training program director that a comprehensive performance improvement plan will be required when program fails to maintain a three-year average cumulative pass rate of at least 80% within three attempts on the NREMT cognitive examination</u>	
<input type="checkbox"/> <u>Detail of provisions for course completion by challenge, including a challenge examination (if different from final course examination).</u>	
<input type="checkbox"/> <u>Provisions for refresher course and/or continuing education</u>	
<input type="checkbox"/> <u>Statement signed by training program director that an annual report shall be submitted within 45 days of year end. Report shall contain minimum content as outlined in Section IV.L.6 of this policy.</u>	
<input type="checkbox"/> <u>Location and proposed dates at which the course(s) are to be offered</u>	

<b>2. Application Status</b>	
<u>Initial Application Received</u>	<u>Date</u>
<u>Additional Information Requested</u>	<u>Date</u>
<u>All Requirements Submitted</u>	<u>Date</u>
<u>Approval Letter Issued</u>	<u>Date</u>
<u>Approval Expiration</u>	<u>Date</u>
<b>EMS Agency Representative Information</b>	
<u>Name of EMS Agency Representative Reviewing Application</u>	
<u>Signature</u>	<u>Date</u>
<u>Phone Number</u>	<u>Email Address</u>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: <u>EMS</u> Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration: Steven L. Carroll		Date <u>DRAFT</u>	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date <u>DRAFT</u>	
Origination Date: February 2001			
Date Revised: <u>August 14, 2025</u>		Effective Date: <u>DRAFT</u>	
Date Last Reviewed: <u>August 14, 2025</u>			
Review Date: <u>August 30, 2028</u>			

- I. PURPOSE: To identify the procedure for approval of Advanced Life Support (ALS) and Basic Life Support (BLS) EMS Continuing Education Providers (CEP's) that are based (headquartered) in Ventura County, ~~both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.~~
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 143.5, Article 4.
- III. POLICY:
  - ~~A. The Ventura County EMS Agency (VCEMS) shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within the geographical boundaries of Ventura County, if not already approved as a statewide public safety agency or for those CE providers who are headquartered out of state. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.~~
  - A. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
  - B. When a CE provider is approved by either a local EMS agency or the EMS Authority, the CE provider is approved to conduct CE courses statewide
  - C. Courses and/or CE providers approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) or approved by EMS offices of other states are approved for use in California and need no further approval.
  - D. Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CE and need no further approval.

IV. PROCEDURE:

A. Program Approval

1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
3. Applicant shall agree to implement current American Heart Association ECC and CPR Guidelines.
4. Applicant shall submit resumes for the Program Director and the Clinical Director.
5. Educational Staff Requirements:

Nothing shall preclude one person from filling more than one position.

a. Program Director

- 1) Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are examples of courses that meet the required instruction in teaching methodology:
  - a) California State Fire Marshal Fire Instructor 1-A, 1-B and 1-C, or;
  - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
  - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
  - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.

b. Clinical Director

- 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.

c. CE Provider Instructors

- 1) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics

assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.

6. Application Receipt Process  
Upon receipt of a complete application packet, ~~the Agency~~VCEMS will notify the applicant within fourteen business days that;
    - a) The request for approval has been received.
    - ~~b)-~~ The request does or does not contain all required information.
    - ~~c)-~~ What information, if any, is missing
  7. Program Approval Time Frames
    - ~~a)-~~ Program approval or disapproval shall be made in writing by ~~the Agency~~VCEMS to the requesting program, within sixty calendar days, after receipt of all required documentation.
    - ~~b)-~~ ~~The Agency~~VCEMS shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
    - ~~c)-~~ Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by ~~the Agency~~VCEMS.
  8. Withdrawal of Program Approval
    - ~~a)~~ \_\_\_\_\_ Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by ~~the Agency~~VCEMS.
    - ~~b-b)~~ An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
1. All program materials are subject to periodic review by ~~the Agency~~VCEMS.
  2. All programs are subject to periodic on-site evaluation by ~~the Agency~~VCEMS.
  3. ~~The Agency~~VCEMS shall be advised of any program changes in course content, hours of instruction, or instructional staff.
  4. Records shall be maintained by the CEP for four years and shall contain the following:

- ~~a-a)~~ Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant \_\_\_\_\_performance;
  - ~~b-b)~~ Record of time, place, and date each course is given and number of CE hours granted;
  - ~~e-c)~~ A curriculum vitae or resume for each instructor;
  - ~~d-d)~~ A roster of course participants (instructor based courses must have course participants sign roster)
5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
- ~~aa).~~ Student full legal name.
  - ~~b).~~ Certificate or license number
  - ~~c)b-~~ The date the course was completed
  - ~~d)e-~~ The name of the course completed
  - ~~e)d-~~ The name and signature of the Instructor or Program Director.
  - ~~f)e-~~ The name and address of the CE Provider.
  - ~~g)f-~~ Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non-instructor based." It also must have your approved C.E. provider number on it.
  - ~~g-h)~~ The following statement in bold print:  
"This document must be maintained for no less than four years"
6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to ~~the EMS Agency~~VCEMS prior to offering a course. After the initial six month period, the CE Provider shall approve and maintain their own records subject to review by ~~the EMS Agency~~VCEMS.
7. A ~~c~~Continuing ~~e~~Education ~~r~~Roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.
- ~~a)~~ A copy of the Continuing Education roster for all required-mandatory Ventura County CE programs (EMS Update, Skills testing, etc.) shall be submitted to ~~the Agency~~VCEMS immediately after the completion of the program.

8. Any EMS continuing education program that is responsible for periodic psychomotor skills testing for Emergency Medical Technicians (EMTs) shall utilize the VCEMS Psychomotor Skills Evaluation Manual for final evaluation and reporting.
9. Each CEP shall provide an annual report to ~~the Agency~~VCEMS, within 45 days of year end, detailing the following:
  - a. Title ~~names~~ of any course taught~~the courses~~,
  - b. Course times
  - c. Number of hours awarded for each course, and
  - d. Total number of participants for each course.
10. A form template for the CE provider program's required annual report will be provided by ~~the EMS Agency~~VCEMS.

C. Application for Renewal

1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 443.5.

## Ventura County Emergency Medical Services Agency EMS Continuing Education Provider Program

### Application Checklist for Approval/Renewal

- Sections 1-5 to be completed by training program
- For additional information on requirements and approval process, please refer to VCEMS Policy 1130 – EMS Continuing Education Provider Approval Process

1. General Information		
Applicant (Program) Name:		
Program Primary Point of Contact:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address
2. Program Eligibility		
<input type="checkbox"/> Training program is affiliated with a: <ul style="list-style-type: none"> <li><input type="checkbox"/> Accredited University or College</li> <li><input type="checkbox"/> Junior or Community College</li> <li><input type="checkbox"/> School District</li> <li><input type="checkbox"/> Private Entity</li> </ul> <i>Note: Must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc). Evidence of license and proof of organizational registry shall be provided at time of application.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Armed Forces Medical Unit</li> <li><input type="checkbox"/> Licensed Acute Care Hospital <i>(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)</i></li> <li><input type="checkbox"/> Agency of Government</li> <li><input type="checkbox"/> Public Safety Agency</li> </ul>		Name of Agency, Institution, or Business
<input type="checkbox"/> Written request for EMS CE program approval		Attach request letter on organization letterhead
<input type="checkbox"/> Written confirmation that program will adhere to current ECC/ILCOR guidelines <input type="checkbox"/> Documentation related to CE program's CPR alignment <ul style="list-style-type: none"> <li><input type="checkbox"/> AHA</li> <li><input type="checkbox"/> ARC</li> <li><input type="checkbox"/> ASHI</li> </ul>		Attach alignment letter or certificate with training center attached
3. Program Administration and Staff		
a. Program Director <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume / CV of Program Director</li> <li><input type="checkbox"/> Copy of current certification(s)/license(s)</li> <li><input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1 for examples of qualifying education)</li> </ul>		Name of Program Director
b. Clinical Director <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume / CV of Clinical Director</li> <li><input type="checkbox"/> Copy of Current Certification(s)/License(s)</li> <li><input type="checkbox"/> Evidence of at least two-years' experience in emergency medicine or prehospital care in the past five (5) years</li> </ul>		Name of Clinical Director

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<p>c. <b>Principal Instructor(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume / CV of All Principal Instructor(s)</li> <li><input type="checkbox"/> Copy of Current License(s) Received</li> <li><input type="checkbox"/> Written confirmation that each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.</li> </ul>	<p>Name(s) of Principal Instructor(s)</p>
<p>d. <b>Teaching Assistant(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of current license(s) received (if applicable)</li> <li><input type="checkbox"/> Qualified by training and experience to assists with teaching</li> <li><input type="checkbox"/> Approval by program director in coordination with the clinical director</li> </ul>	<p>Names(s) of Teaching Assistant(s)</p>
<p><b>4. CE Records and Quality Improvement</b></p>	
<p>a. Written statement verifying that CE program applicant shall utilize the VCEMS psychomotor skills evaluation manual for any/all psychomotor skills testing performed</p>	<p>Attach Written Statement</p>
<p>b. Written statement that program shall maintain all records for a minimum of four (4) years, in accordance with the standards outlined in this policy</p>	<p>Attach Written Statement</p>
<p>c. Written statement that program agrees to participate in the VCEMS quality improvement program and research data accumulation</p>	<p>Attach Written Statement</p>
<p><u>d. Written statement agreeing that CE program shall submit an annual report to VCEMS within 45 days of year end, and that the report will meet all requirements outlined in this policy.</u></p>	<p><u>Attach Written Statement</u></p>
<p><del>d.e.</del> Copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall meet all minimum requirements outlined in this policy.</p>	<p>Attach Copy of Course Completion Certificate</p>
<p><b>5. Individual Completing Application</b></p>	
<p>Name of Program Representative Completing Application</p>	
<p>Signature</p>	<p>Date</p>
<p>Phone Number</p>	<p>Email Address</p>

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1. Submission Checklist	
Required Item	Date Received
<input type="checkbox"/> Written request for EMS CE program approval	
<input type="checkbox"/> <u>For private entities requesting approval:</u> <u>Valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc). Evidence of license and proof of organizational registry shall be provided at time of application</u>	
<input type="checkbox"/> <u>All required documentation submitted for Program Director</u>	
<input type="checkbox"/> <u>All required documentation submitted for Clinical Director</u>	
<input type="checkbox"/> <u>All required documentation submitted for Principal Instructor(s)</u>	
<input type="checkbox"/> <u>All required documentation submitted for Teaching Assistant(s)</u>	
<input type="checkbox"/> Written confirmation that program will adhere to current ECC/ILCOR guidelines	
<input type="checkbox"/> Documentation related to CE program's CPR alignment <ul style="list-style-type: none"> <li><input type="checkbox"/> AHA</li> <li><input type="checkbox"/> ARC</li> <li><input type="checkbox"/> ASHI</li> </ul>	
<input type="checkbox"/> <u>Written statement verifying that CE program applicant shall utilize the VCEMS psychomotor skills evaluation manual for any/all psychomotor skills testing performed</u>	
<input type="checkbox"/> <u>Written statement that program shall maintain all records for a minimum of four (4) years, in accordance with the standards outlined in this policy</u>	
<input type="checkbox"/> <u>Written statement that program agrees to participate in the VCEMS quality improvement program and research data accumulation</u>	
<input type="checkbox"/> <u>Written statement agreeing that CE program shall submit an annual report to VCEMS within 45 days of year end, and that the report will meet all requirements outlined in this policy.</u>	
<input type="checkbox"/> <u>Copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall meet all minimum requirements outlined in this policy.</u>	

2. Application Status	
Initial Application Received	Date
Additional Information Requested	Date
All Requirements Submitted	Date
Approval Letter Issued	Date
Approval Expiration	Date
3. EMS Agency Representative Information	
Name of EMS Agency Representative Reviewing Application	
Signature	Date
Phone Number	Email Address

# Ventura County Emergency Medical Services Agency Continuing Education Provider

## APPROVAL REQUEST

### General Information

Program/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Status Requested:  BLS  ALS

### Requirements

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

#### 1. Program Eligibility

<p><b>Eligible Programs</b> Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc)</p>	<p><b>Name of Program</b></p>
<p>Written request for CEP Approval</p>	<p><input type="checkbox"/> Attached</p>
<p>Submit resumes for Program Director and Clinical Coordinator</p>	<p><input type="checkbox"/> Attached</p>
<p><b>If you will be offering CPR, state what organization will provide certification (AHA or ARC)</b></p>	<p><input type="checkbox"/> AHA <input type="checkbox"/> ARC</p>
<p><b>Our organization verifies that we have implemented the current American Heart Association ECC and CPR Guidelines.</b></p>	<p>Signature: _____</p>

#### 2. Program Administration and Staff

<p><b>Program Director</b> Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1). Include current CV, resume, and copies of certifications/licensures.</p>	<p>Name of Program Director:</p>
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<p><b>Clinical Director</b> Two years experience in emergency medicine or prehospital care in the past five years. Currently licensed CA MD, RN, PA, or paramedic.</p>	<p>Name of Clinical Director:</p>
--	-----------------------------------

<p><del>Include current CV, resume, and copies of certifications/licensures.</del></p>	
<p><del><b>-CE Provider Instructor(s)</b></del></p> <p><del>Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.</del></p>	<p><del>Name(s) of CE Provider Instructor(s):</del></p>

**3. ~~CE Records and Quality Improvement~~**

<p><del>Agree to maintain all continuing education records for a minimum of four years.</del></p>	<p>Signature: _____</p>
<p><del>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</del></p>	<p>Signature: _____</p>
<p><del><b>Course Completion Certificate/Record</b></del>  <del>Provide a copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall state whether the course was instructor or non instructor based.</del></p>	<p><input checked="" type="checkbox"/> <del>Attached</del></p>

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<p><del>All Requirements Submitted:</del></p>	<p><del>Date:</del></p>
<p><del>GEP Application Approved:</del></p>	<p><del>Date:</del></p>
<p><del>Approval Letter Sent:</del></p>	<p><del>Date:</del></p>
<p><del>Re-Approval Due:</del></p>	<p><del>Date:</del></p>
<td data-bbox="959 1304 1401 1352"></td>	
<p><del>Signature of person approving GEP</del></p>	<p><del>Date</del></p>
<td data-bbox="959 1400 1401 1486"></td>	
<p><del>Typed or printed name</del></p>	

Ventura County Emergency Medical Services Agency



Psychomotor Skills Evaluation Manual

Emergency Medical Technician

### Acknowledgement

This project would not have been possible without the collective thoughts, discussions, and significant contributions of the representatives from several agencies and training programs that are active in EMS education and prehospital care. Their commitment to this process, and their ongoing commitment to improving the overall level of quality in training and prehospital emergency medicine is very much appreciated. Members of this workgroup include:

Andrew Casey, Ventura County EMS Agency

Melissa Corney, Oxnard Fire Department

Adriane Gil-Stefansen, Ventura County EMS Agency

Mark Komins, Safety Unlimited, Inc (Workgroup Co-Chair)

Jules Griggs, Safety Unlimited, Inc

Ryan McNerny, Ventura Fire Department

Tom O'Connor, Ventura College (Workgroup Co-Chair)

Chris Rosa, Ventura County EMS Agency

Jaime Villa, Oxnard Fire Department

Alejandro Villasenor, Oxnard Fire Department

- Authorities:** California Health and Safety Code, Title 22, Division 2.5, Sections 1797.208 and 1797.220
- California Code of Regulations, Title 22, Division 9, Chapter 3.1, Sections 100069.01, 100069.02, 100067.02, and 100067.12
- Ventura County EMS Agency policies 301, 302 and 1100
- Project:** The EMT psychomotor skills working group was tasked by the VCEMSA Education committee to revise the current EMT Skills verification plan while staying within current regulations. The goal was to make realistic skills sheets, valid scenarios, educational, fair grading rubric, and ensuring all EMT's are minimally competent.
- Introduction:** This manual provides guidance to students, educators, and evaluators to ensure objective and fair assessment of EMT psychomotor skills contained on the California EMT Verification form. EMT practice requires that professionals use a combination of technical skills and judgment in decision making. Judgment is necessary to allow decision to account for individualized patient situations to provide high quality patient care. It is expected when making significant or impactful deviations from the technical information from these guidance materials, that reasonable consultations with experts, technical committees, and/or policy setting bodies occur prior to actions with the timeframes allowed.
- This manual is intended to be a tool for all levels of EMT psychomotor skills evaluation – from initial training at the introductory level, to a tool that can be used for periodic psychomotor skills evaluation, and finally as a tool that will be used for the ongoing psychomotor skills testing that is required for renewal of an EMT certificate or the reinstatement of an expired one.
- Principles:** The skills competency checklists are pass/fail. All items listed were deemed required and if missed would fail the evaluation. The skills competency checklist was designed to minimize cognitive assessment and permit the candidate to demonstrate the skill involved.
- Rationale:** Field demonstration of a skill would not come with prompts for the evolution of the skill. For example, the candidate demonstrated bleeding control in a patient and effectively managed the bleeding with direct pressure. The evaluator would not tell the candidate that the patient continues to bleed in this setting to get them to demonstrate the remaining skills performance items.

Medication administration by itself is a demonstratable skill. Knowing the specifics about the medication is a required item that was included with the skill's performance.

The equipment made available for skills competency verification must not create barriers for the programs or providers. Options for various equipment are included in the skills verification forms to avoid the need to have items not customary for the entity.

Skills verification can be purely evaluation or may be a hybrid of evaluation and education. The end goal is to correct and update skills performance.

**Evaluation:**

Candidate passes skill station and progresses to the next station

Candidate does not pass the skill and is made aware of the errors that need correction. Permit time for skills practice.

Second attempt at the skill following remediation.

Failure a second time requires a second remediation with a different skills evaluator followed by a third attempt

Failure a third time – requires the candidate to return another day for that skill

**Code of Ethics:**

Professional status as an Emergency Medical Services (EMS) Clinician is maintained and enriched by the willingness of the individual clinician to accept and fulfill obligations to society, other medical professionals, and the EMS profession. This manual aligns with the following principles from the Code of Ethics for EMS Practitioners, as adopted and maintained by the National Association of Emergency Medical Technicians

To maintain professional competence, striving always for clinical excellence in the delivery of patient care.

To assume responsibility in upholding standards of professional practice and education.

*This manual is intended to be a repository of best practices. A “best practice” is a method or technique that, through experience, research or evaluation has shown to achieve reliable and superior results. A “best practice” is expected to evolve over time and is used as a guide rather than a prescribed practice.*

## References

National Association of Emergency Medical Technicians (NAEMT) [EMS Code of Ethics](#)

National Association of Emergency Medical Technicians (NAMET) Prehospital Trauma Life Support (PHTLS), 10<sup>th</sup> Edition

National Association of Emergency Medical Technicians (NAMET) Advanced Medical Life Support (AMLS), 4<sup>th</sup> Edition

National Highway Traffic Safety Administration, National EMS Education Standards, 2009  
<https://www.ems.gov/assets/National-EMS-Education-Standards-FINAL-Jan-2009.pdf>



See attached for instructions for completion

**This section is to be filled out by the EMT whose skills are being verified:**

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
---	------------------------	-----------

**This section is to be filled out by an approved Verifier** (see instructions for information on approved Verifiers).

By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
<b>1. Trauma Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>2. Medical Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>3. Bag-Valve-Mask Ventilation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>4. Oxygen Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>5. Cardiac Arrest Management w/ AED</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>6. Hemorrhage Control &amp; Shock Management</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>7. Spinal Motion Restriction- Supine &amp; Seated</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>8. Penetrating Chest Injury</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>9. Epinephrine &amp; Naloxone Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>10. Childbirth &amp; Neonatal Resuscitation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



## INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.
4. **Verification of Competency**

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- a. Sign the EMT Skills Competency Verification Form for that skill.
  - b. Print their name on the EMT Skills Competency Verification Form for that skill.
  - c. Enter the date that the individual demonstrated the competency of the skill.
  - d. Provide the name of the organization that has approved them to verify skills.
  - e. Provide their certification or license type and number.
5. In order to be an **approved skills verifier** you must meet the following qualifications:
    - a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
    - b. Be approved to verify by:
      - EMT training program, or
      - AEMT training program, or
      - Paramedic training program, or
      - Continuing education providers, or
      - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).



## Performance Objectives

Perform an accurate trauma assessment

Identify and effectively manage immediate life-threatening conditions

Works effectively in a team environment and manages/directs key aspects of patient assessment and care

Prevent hypothermia and determine most appropriate transport method and priority

## Equipment

- Simulation manikin or live patient with trauma moulage
- Gloves, eye protection, mask
- OPA, NPA, BVM, Suction device
- NRB, Nasal Cannula, portable oxygen tank
- Tourniquets, hemostatic dressings, chest seals, trauma dressings, splints
- Long board, scoop stretcher or flat
- Stethoscope, BP cuff, pulse oximeter, cardiac monitor (as available)
- Blankets and/or other patient warming devices
- Scenario sheets for proctors that outline mechanism of injury, situation, vital signs, patient presentation and condition, etc.
- Documentation tools (iPad, pen, paper, patient care report forms)

## Key Concepts

- **Initial Observations / General Impression**
  - Prioritize safety of self and crew and identify appropriate PPE, based on conditions present
  - Identify and manage any/all immediate life threats – Prioritize the XABC penemonic
    - X – Exsanguinating Hemorrhage
    - A – Airway
    - B – Breathing
    - C – Circulation
  - Identify need for immediate transport as appropriate
- **Rapid Head-To-Toe Assessment**
  - Appropriate assess body systems and documents as needed
- **Detailed Assessment**
  - Obtains Vital Signs
  - Collects patient history as appropriate
- **Ongoing Patient Management**
  - Makes appropriate decision related to patient acuity and transport mode/method
  - Demonstrates ability to re-assess
  - Provides appropriate verbal report, including any/all critical elements of assessment, injuries and treatment



## Emergency Medical Technician Psychomotor Examination

### Medical Assessment

Attempt: #1 _____ #2 _____ #3 _____
--

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PASS / FAIL	
<b>INITIAL OBSERVATIONS / GENERAL IMPRESSION</b>	
<b>SCENE/SITUATION</b>	
Takes appropriate PPE precautions	
Determines if the scene/situation is safe and/or appropriately addresses safety threats	
Introduces yourself to the patient	
Determines and obtains consent to treat the patient	
Appropriately Acknowledges/Recognizes Situational Clues	
<b>PATIENT</b>	
Determines Cardinal Presentation / Chief Complaint	
Determines level of consciousness (person, place, time and event) or responsiveness (AVPU)	
<b>Airway</b> Assesses airway and inserts adjunct as necessary	
<b>Breathing</b> Assess breathing rate, rhythm, and quality	Initiates oxygen therapy and/or ventilation if needed
<b>Circulation</b> Checks pulse rate, rhythm, and quality Assesses for and controls major bleeding if present	Assess skin [either skin color, temperature, or condition] Initiates shock management [positions patient properly, conserves body heat]
<b>FIRST IMPRESSION</b>	
Identifies any immediate life-threats	
Identifies patient priority and makes treatment/transport decision	
Creates initial/working differential diagnosis	
<b>DETAILED ASSESSMENT</b>	
<b>History of the Present Illness</b>	
<b>Onset</b>	<b>Provoke</b>
<b>Radiation</b>	<b>Severity</b>
	<b>Quality</b>
	<b>Time</b>
Directs partner to obtain vital signs (BP, P, R, Temperature)	
<b>Past Medical History</b>	
Signs and Symptoms	Medications
Allergies	Past Pertinent History
	Last Oral Intake
	Events Leading to Present Illness
<b>Assesses Relevant Body System(s)</b>	
Cardiovascular	Neurological
Pulmonary	Musculoskeletal
	Integumentary
	GI/GU
	Reproductive
	Psychological/Social
<b>ONGOING PATIENT MANAGEMENT</b>	
Confirm/modify differential diagnosis and treatment of patient	
Interventions [verbalizes proper interventions/treatment]	
Demonstrates how and when to continually reassess the patient to determine changes in condition	
Provides accurate verbal report to arriving EMS unit / hospital transfer of care	

*Elements of this checklist based on NAEMT Advanced Medical Life Support 4<sup>th</sup> Edition assessment pathway.*

**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

- Perform an accurate medical assessment, including determination of a differential diagnosis
- Identify and effectively manage immediate life-threatening conditions
- Work effectively in a team environment and manages/directs key aspects of patient assessment and care
- Determine most appropriate transport method and priority

## Equipment

<ul style="list-style-type: none"><li>• Simulation manikin or live patient with trauma moulage</li></ul>	<ul style="list-style-type: none"><li>• Scenario sheets for proctors that outline mechanism of injury, situation, vital signs, patient presentation and condition, etc.</li></ul>
<ul style="list-style-type: none"><li>• Gloves, eye protection, mask</li></ul>	<ul style="list-style-type: none"><li>• Documentation tools (iPad, pen, paper, patient care report forms)</li></ul>
<ul style="list-style-type: none"><li>• OPA, NPA, BVM, Suction device</li></ul>	
<ul style="list-style-type: none"><li>• NRB, Nasal Cannula, portable oxygen tank</li></ul>	
<ul style="list-style-type: none"><li>• Stethoscope, BP cuff, pulse oximeter, ECG monitor (if available)</li></ul>	
<ul style="list-style-type: none"><li>• Trauma shears, penlight, thermometer, glucometer</li></ul>	
<ul style="list-style-type: none"><li>• Long board, scoop stretcher or flat</li></ul>	

## Key Concepts

- **Initial Observations**
  - Prioritize safety of self and crew and identify appropriate PPE, based on conditions present
  - Determine cardinal presentation / chief complain and level of consciousness
  - Conduct primary assessment
- **First Impression**
  - Identify/treat any immediate life threats
  - Identify patient acuity and make treatment and transport decision
  - Create an initial/working differential diagnosis
- **Detailed Assessment**
  - Determine history of present illness utilizing appropriate methods
  - Collect or direct partner to collect vital signs
  - Determine past medical history and perform assessment on relevant body systems
- **Ongoing Patient Management**
  - Monitor for patient changes and modify differential diagnosis as needed
  - Perform (verbalize) appropriate treatment/interventions
  - Demonstrate ability to re-assess as needed
  - Provides appropriate verbal report, including any/all critical elements of assessment and treatment



Emergency Medical Technician Psychomotor Examination

BAG-VALVE MASK VENTILATION

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	PASS / FAIL
<b>AIRWAY</b>	
Demonstrate head tilt chin lift	
Demonstrate modified jaw thrust	
<b>SUCTION (Candidate chooses appropriate powered or manual suction device)</b>	
<b>POWERED:</b>	
Prepares rigid suction catheter	
Turns on power to suction catheter and sets appropriate suction pressure	
Appropriately measures oropharynx depth for suction catheter	
Inserts rigid suction catheter to appropriate depth without applying suction	
Suctions the mouth and oropharynx for no more than 10 seconds	
<b>MANUAL:</b>	
Prepares suction device	
Appropriately measures oropharynx depth for suction catheter	
Inserts suction catheter to appropriate depth without applying suction	
Suctions the mouth and oropharynx for no more than 10 seconds	
Demonstrate removal and replacement of manual suction container	
<b>ADJUNCTS</b>	
Demonstrates proper sizing and insertion of Oropharyngeal Airway	
Demonstrates proper sizing and insertion of Nasopharyngeal Airway	
<b>BAG-VALVE MASK VENTILATION – Adult</b>	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 6 seconds)	
<b>BAG-VALVE MASK VENTILATION – Pediatric</b>	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 3 seconds)	
<b>BAG-VALVE MASK VENTILATION – Adult Tracheostomy</b>	
Attaches the BVM assembly [bag and reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 6 seconds)	
<b>BAG-VALVE MASK VENTILATION – Pediatric Tracheostomy</b>	
Attaches the BVM assembly [bag and reservoir] to oxygen at 15 lpm	
Ventilates the patient adequately for 1 minute	
-Proper volume to cause visible chest rise	
-Proper rate (1 ventilation every 3 seconds)	

**You must factually document your rationale for checking any of the above critical items on this form.**

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**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in performing oropharyngeal suctioning using a rigid, flexible suction catheter and bulb syringe.

Demonstrate competency in suctioning a patient with a tracheostomy tube while maintaining an aseptic technique.

Demonstrate competency in sizing, inserting, and removing a nasopharyngeal airway.

Demonstrate competency in sizing, inserting, and removing an oropharyngeal airway.

Demonstrate proficiency in ventilating a simulated patient utilizing a BVM device

## Equipment

- Adult, pediatric, infant, neonate, and tracheostomy airway manikins
- Suction devices (powered and manual with adapter)
- Hard and flexible suction catheters
- Bulb syringe
- Normal saline irrigation solution
- Container
- Tracheostomy tube with inner cannula
- Various sizes of nasopharyngeal and oropharyngeal airways
- Silicone spray or water-soluble lubricant
- Bag-Valve-Mask (various sizes of bag and masks)
- EtCO<sub>2</sub> measuring device
- PPE (eye protection, masks, gown, gloves)  
Can use an image of PPE in place of actual items
- Pediatric resuscitation tape
- Airway bag (agency items with above contents)
- Sharps/Biohazard/Trash containers

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles, N-95 mask (aerosolizing procedures like suctioning and PPV require N-95 masks)
- **Suction**
  - Indications: vomit, blood, or sputum present
  - Contraindications: Infants less than 1 year of age – use bulb syringe
  - Complications:
    - Excess suctioning may cause hypoxia, damage to tracheal mucosa, or lung collapse
    - Insertion past the base of the tongue may stimulate the gag reflex and cause vomiting. Vagal stimulation may cause bradycardia, especially in pediatric patients.
  - Saline or sterile water is used to flush the suction catheter. All secretions and irrigation fluids are to be treated as contaminated waste
  - Allow the patient to regain adequate oxygen levels between suction attempts
- **NPA**
  - Indications: Semiconscious or unresponsive patient with an intact gag reflex
  - Contraindications: basilar skull fracture
  - Size the NPA by measuring from the tip of the nose to the tragus (pointed prominence of the external ear that is situated in front of the ear canal)
  - Lubricate with water-soluble lubricant.
  - The right nostril should be attempted first unless the left nostril is larger than the right.
  - Insert bevel towards the septum.
  - Should have none to minimal resistance when inserting the NPA
- **OPA**
  - Indications: unresponsive patient without a gag reflex
  - Contraindications: conscious or semi-conscious patient, the presence of a gag reflex; gently brush the eyelashes to see if that reflex is present – similar level of consciousness for both reflexes to be present or absent. Eyelash brushing does not induce vomiting.
  - Complications: vomiting, laryngospasm, injury to the hard or soft palate, airway obstruction
  - Size the OPA by measuring from the maxillary incisors to the angle of the mandible (ACLS.com, n.d.)
    - If OPA is too small – can push the tongue to block the airway
    - If OPA is too large – can press the epiglottis against the opening of the trachea
- **Positive pressure ventilation**
  - select an appropriately sized bag and mask for the patient. Only inflate to the point of chest rise.
  - Do not delay ventilation to connect the BVM to an oxygen source
  - For Tracheostomy patients, connect bag device without mask directly to trach tube.



# Emergency Medical Technician Psychomotor Examination

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

## OXYGEN ADMINISTRATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	PASS / FAIL
<b>OXYGEN EQUIPMENT</b>	
Cracks valve on the oxygen tank	
Check regulator for intact gasket	
Assembles the regulator to the oxygen tank	
Opens the oxygen tank valve	
Checks for minimum oxygen tank pressure	
Checks for leaks	
Secures the tank to keep from falling or rolling	
<b>NASAL CANNULA</b>	
Attaches nasal cannula to correct port of regulator	
Properly places and adjusts nasal cannula to patient	
Adjusts regulator flow rate between 2-6 lpm	
<b>NON-REBREATHER MASK</b>	
Attaches non-rebreather mask to correct port of regulator	
Adjusts regulator flow rate between 10-15 lpm	
Prefills non-rebreather mask reservoir bag before applying to patient	
Attaches mask to patient's face and adjusts to fit snugly	

*You must factually document your rationale for checking any of the above critical items on this form.*

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**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in setting up and attaching an oxygen delivery device to a patient.

## Equipment needed

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult and pediatric airway manikins
- Nasal cannula and Non-rebreather masks (adult and pediatric sizes)
- Oxygen tank or wall-mounted compressed air device
- Regulator and gasket
- Airway bag (agency items with above contents)
- Sharps/Biohazard/Trash containers

## Key Concepts

- **Personal protective equipment**
  - Gloves and goggles
- **Oxygen Equipment**
  - Ensure the tank is medical grade oxygen (green, green/white, unpainted aluminum with green). The pin index should easily align with the oxygen regulator.
  - To clear dust or debris from the opening, open the main valve slowly until gas flow is heard, and then immediately close the valve.
  - O-rings
    - Crush-type (plastic) is manufactured for single-use only and must be replaced each time a regulator is attached.
    - Brass and rubber-type O-rings are reusable multiple times
  - Attach the regulator by aligning the pin index and tightening the screw bolt with firm hand pressure. Do not use a wrench or other device as it may cause a break in the seal and/or damage the regulator.
  - Open the valve and check for leaks and the minimum oxygen tank pressure.
    - Full tanks read approximately 2000 psi
    - Portable tanks should be changed out when between 500 and 1000 psi (per agency policy) [bring a second tank and run it down]
    - House tanks should be replaced at 500 psi to ensure
  - Secure the tank to prevent falling or rolling. If the valve stem is damaged during a drop/roll, the tank will become a projectile that can easily go through a concrete wall.
- **Nasal Cannula**
  - The nasal cannula is a low-flow, low-oxygen concentration delivery device that delivers 24-44% oxygen with flow rates of 2-6 L/min
  - Do not exceed a flow rate of 6 L/min with a standard nasal cannula. This will dry out the mucosal lining.
  - The curvature of the prongs should be oriented so the tips will curve down and are slightly posterior once inserted
  - Slip the tubing around the patient's ears and under the chin. Tighten the tubing enough to maintain placement and not cause patient discomfort.
    - Placing the tubing behind the head may decrease the flow of oxygen.
- **Non-Rebreather Mask**
  - A non-rebreather mask is a low-flow, high-oxygen concentration delivery device that delivers 90-95% oxygen with a flow rate of 15L/min
  - The reservoir bag must be inflated completely before placing the mask on a patient
  - Never apply an oxygen mask to a patient without supplemental oxygen flowing; this may result in the patient rebreathing their CO<sub>2</sub>, acidosis, hypoxia, and death.



# Emergency Medical Technician Psychomotor Examination

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

## CARDIAC ARREST MANAGEMENT with AED

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	PASS / FAIL
Checks patient responsiveness	
Checks breathing and pulse simultaneously, no greater than 10 seconds	
Direct assistant to retrieve AED	
Requests additional EMS assistance	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -At least 2" (5cm) compression depth and 100-120 compressions per minute -30:2 compression-to-ventilation ratio with BVM -Allows the chest to recoil completely -Adequate volumes for each breath -Minimal interruptions of no more than 10 seconds throughout	
Candidate receives AED from assistant	
Candidate directs second rescuer to immediately resume CPR	
Turns on power to AED	
Follows prompts and correctly attaches AED to patient	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	
Restarts CPR compressions while AED is charging	
Ensures that all individuals are clear of the patient and delivers shock from AED	
Immediately directs rescuer to resume chest compressions	

**You must factually document your rationale for checking any of the above critical items on this form.**

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**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in performing cardiopulmonary resuscitation and managing a full arrest.

Demonstrate competency in assessing signs of cardiopulmonary arrest and performing defibrillation using a semi-automated external defibrillator in compliance with the 2025 Emergency Cardiac Care (ECC) standards.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items.
- Adult or pediatric manikin; full-sized
- AED trainer with pads for the size of the manikin
- BVM with mask sized for manikin
- Oxygen source
- Suction
- NPA/OPA

## Key Concepts

- **Personal protective equipment**
  - Gloves and goggles
- **Cardiac Arrest Management**
  - Indications: Unresponsive, pulseless, apneic patient
  - Contraindications: Patients with a pulse; Unresponsive patients with a DNR or POLST
  - Complications: Gastric distention, Rib fractures, Separation of ribs from sternum, Pneumothorax, Hemothorax, Lung and heart contusion
  - Minimally interrupted high-quality chest compression before defibrillation results in improved survival rates.
  - Chest compressions must be performed on a hard surface. If on a soft surface, place a board under the patient or move the patient to the floor.
  - Immediately resume compression post shock.
  - DO NOT hyperventilate the patient; this increases intrathoracic pressure, decreases venous return to the heart, and diminishes cardiac output and survival.
  - Refer to Airway Management – Bag Valve Mask Ventilation.
- **AED**
  - **Indications:** Unresponsive, pulseless, apneic patient
  - Contraindications: Patients with a pulse; Unresponsive patients with a DNR or POLST (No CPR)
  - Complications: Burns to the chest, inappropriate shocks, or failure to shock
  - The initial priority in cardiac arrest is to use the AED as soon as it is available because the “pump” is still primed.
  - The AED should be placed near the operator to prevent reaching across the patient to press the “analyze” and “shock” buttons.
  - The time it takes to analyze the cardiac rhythm results in a delay of CPR resulting in ineffective circulation. Therefore, chest compressions should be initiated and resumed within 10 seconds after a shock has been delivered.
  - The AED operator is responsible for ensuring that no one touches the patient when the AED is analyzing or when shocks are given.
  - Careful consideration should be made when determining the appropriate time to transport. Chest compressions in the back of a moving ambulance are generally ineffective and unsafe for the provider.
  - Some manufacturers recommend that pads be placed in specific locations on the patient. Follow the manufacturer’s guidelines.
  - Avoid placing pads over existing medical devices.
  - Remove medication patches and clean the area before applying the pads.



# Emergency Medical Technician Psychomotor Examination

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

## HEMORRHAGE CONTROL / SHOCK MANAGEMENT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	PASS / FAIL
<b>DIRECT PRESSURE</b>	
Demonstrates applying appropriate direct pressure to bleeding wound	
Apply appropriate pressure dressing	
<b>TOURNIQUET (SELF)</b>	
Demonstrates applying California approved tourniquet (2"-4" above wound or High and Tight)	
Demonstrates applying second California approved tourniquet	
<b>TOURNIQUET (PATIENT)</b>	
Demonstrates applying California approved tourniquet (2"-4" above wound or High and Tight)	
Demonstrates applying second California approved tourniquet	
<b>WOUND PACKING</b>	
Demonstrates appropriate wound packing (California approved Hemostatic gauze or traditional gauze)	
Demonstrates holding pressure for at least 3 minutes and applies appropriate pressure dressing	
<b>SHOCK MANAGEMENT</b>	
Properly positions the patient	
Administers high-flow oxygen, if appropriate	
Initiates steps to prevent heat loss from the patient	
Initiates Transport / Evacuation of patient	

*You must factually document your rationale for checking any of the above critical items on this form.*


## Performance Objectives

Demonstrate competency in controlling external venous and/or arterial bleeding.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin; full-sized
- Moulage – bleeding wound
- Tourniquet
- Bandaging materials
- Bulky dressing
- Tape
- Trauma shears
- Marker/Pen

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles, gown
- **Direct Pressure – Extremities, Junctional, Core – superficial & deep wounds**
  - Use the fingertips to apply firm, steady pressure at the site of the bleeding; may use the palm of your hand for larger bleeding sites
  - Most bleeding can be controlled with 5-10 minutes of firm pressure
  - Do not remove blood-soaked dressings. This may cause the clot to break resulting in further bleeding.
  - Once bleeding has stopped, bandage a dressing firmly in place to form a pressure dressing
  - If direct pressure does not effectively stop the bleeding, place a tourniquet
  - If direct pressure is not appropriate (multiple lacerations, penetrations, and anatomic destruction that may lead to bleeding from more than one area, protruding bones, or crush-type amputations), place a tourniquet
- **Wound Packing – Junctional or Extremities; Do not use for chest or abdominal wounds**
  - Begin with direct pressure
  - If a deep wound creates a cavity, pack it with gauze (California approved hemostatic or traditional gauze)
  - Place the end of the gauze against the site of the bleeding and begin feeding gauze into the wound cavity, all the way to the bottom of the cavity, until the cavity is full.
  - Wound packing can cause severe pain which can be treated with pain management.
  - Resume direct pressure.
- **Tourniquet – Extremities only**
  - If direct pressure does not effectively stop the bleeding, place a tourniquet 2-3 inches proximal to the wound without placing it over a joint
  - Document the time of application on the tourniquet.
  - If bleeding is not controlled, a second tourniquet should be placed proximal to the first. Do not remove the first tourniquet
  - Proper tourniquet application can cause severe pain which can be treated with pain management
  - Reassess the bleeding site every 5 minutes to ensure bleeding is controlled
- **Pressure Dressing**
  - A bulky dressing held in position with a tightly wrapped bandage, which applies pressure to help control bleeding
  - Should control most non-massive external bleeding and may be useful to maintain direct pressure once a wound has been packed
  - The pressure dressing should be snug enough to accomplish its goal of applying pressure to the wound without cutting off circulation and becoming a tourniquet.
- **Shock Management**
  - Hypothermia interferes with the clotting process; remove wet clothing and cover with blankets.
  - Turn on the heat in the patient compartment (if you are not sweating, it is not warm enough for the patient)
  - Place the patient in a supine position



# Emergency Medical Technician Psychomotor Examination

## Spinal Motion Restriction (SMR)

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PRESENTATION:	PASS / FAIL
<b>Patient #1: Adult patient involved in minor TC, c/o midline neck pain</b>	
Directs the patient to remain seated and not move or turn head	
Demonstrating placing the patient's head in neutral position and maintains axial stabilization	
Assesses all four extremities for circulation, motor movement, and sensation (CMS)	
Sizes and applies a cervical collar using appropriate technique	
Verbalizes to direct patient to stand and move to gurney, sitting in comfortable position	

<b>Patient #2: Adult patient found lying supine involved in high speed TC with ALOC and ETOH</b>	
Directs assistant to place/maintain head in the neutral position and maintains axial stabilization	
Assesses all four extremities for circulation, motor movement, and sensation (CMS)	
Sizes and applies a cervical collar using appropriate technique	
Positions the long board device appropriately	
Directs movement of the patient onto the device without compromising the integrity of the spine	
Applies padding to void between the torso and the device as necessary	
Secure the patient's torso to the device	
Evaluates and pads behind the patient's head as necessary	
Secure the patient's extremities to the device	
Secure the patient's head to the device	
Reassesses all four extremities for circulation, motor movement, and sensation (CMS)	

**You must factually document your rationale for checking any of the above critical items on this form.**


**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in applying a cervical collar

Demonstrate competency in securing a patient to a rigid spine board

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin; full-sized
- Cervical Collar
- Vest-type extrication device
- Rigid spine board or scoop stretcher
- Head bed securing device

## Key Concepts

- Personal protective equipment
  - Gloves, goggles
- Spinal Motion Restriction - General
  - **Indications:** Patients with suspected injuries to the spinal column
  - **Contraindications:** Patients with isolated penetrating torso or neck injury. Transportation must be expedited. DO NOT place these patients in spinal motion restriction.
- Spinal Motion Restriction – Seated (Cervical Collar + Seated on Gurney)
  - **Indications:** Responsive patient with midline tenderness, pain, and/or deformity of the spine.
  - **Complications:** Respiratory compromise (hypoventilation, aspiration, asphyxia)
- Spinal Motion Restriction – Seated (Vest-type Extrication Device)
  - **Indications:** Responsive patient with midline tenderness, pain, and/or deformity of the spine.
  - **Complications:** Respiratory compromise (hypoventilation, aspiration, asphyxia)
- Spinal Motion Restriction – Supine (Backboard)
  - **Indications:** Altered or intoxicated patient with MOI, any patient with midline neck or back pain/tenderness, focal neurological signs and symptoms, anatomic traumatic deformity of the spine, distracting injury or circumstances
  - **Contraindications:** Patients with isolated penetrating torso or neck injury. Transportation must be expedited. DO NOT place these patients in spinal motion restriction.
  - **Complications:** pain, discomfort, respiratory compromise, and pressure ulcer sores.
- Spinal Motion Restriction – Helmet/ Sports Equipment
  - Full-face motorcycle helmets must be removed (to maintain airway access capabilities)
  - Football helmet facemasks should be removed regardless of the current respiratory status
  - Football shoulder pads should remain in place when the helmet (without facemask) is still in place
  - If football shoulder pads have been removed, the helmet must be removed.
  - It takes two people to safely remove the helmet from a patient



# Emergency Medical Technician Psychomotor Examination

## Penetrating Chest Injury

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	PASS / FAIL
Demonstrates covering chest wound with gloved hand	
Candidate chooses occlusive dressing or commercial chest seal	
<b>OCCLUSIVE DRESSING</b>	
Prepares appropriate petroleum gel-impregnated gauze occlusive dressing	
Ensures occlusive dressing covers entirety of wound	
Places dressing on sucking chest wound	
Demonstrate securing dressing on three sides	
<b>HYFIN VENTED CHEST SEAL</b>	
Demonstrate placing seal centered with vent over wound	
Firmly press onto the skin to ensure a smooth seal	
Ensures all venting channels are patent	

*You must factually document your rationale for checking any of the above critical items on this form.*

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**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in applying a dressing to an open chest wall injury.  
Demonstrate competency in managing an impaled object.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin; full-sized or torso
- Moulage – open wound and impaled object
- Occlusive dressings and vented chest seals
- Bandaging materials
- Bulky dressing
- 2-inch tape
- Trauma shears

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles, gown
- **Occlusive dressing**
  - Tape on 3 sides
- **Vented chest seal**
  - Wipe dirt/ fluids from the skin with gauze
  - Place dressing on the patient, adhesive side down, and centered over the wound
- **Pneumothorax**
  - A hole larger than the size of the patient's pinky fingernail is large enough to allow air to flow through the chest wall and into the pleural space.
  - As air accumulates, the lung begins to collapse decreasing ventilation and gas exchange
- **Tension Pneumothorax - Critical**
  - A tension pneumothorax with additional air entering through the chest wall that exerts pressure on the heart and vena cava decreasing cardiac output
  - Signs and symptoms:
    - Clinical suspicion of pneumothorax (trauma, dyspnea, chest pain)
    - Signs of hypoperfusion and/or systolic blood pressure of less than 90mmHg (adults) be below the minimum systolic blood pressure for respective age in Handtevy (pediatrics)
    - Absent or significantly decreased breath sounds on the affected side
    - Jugular vein distension is a late sign (may not be present if blood volume is low)
    - Tracheal deviation is a very late sign



## Emergency Medical Technician Psychomotor Examination

### Naloxone Administration

Attempt:  
 #1 \_\_\_\_\_  
 #2 \_\_\_\_\_  
 #3 \_\_\_\_\_

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Pt. Presentation: You have a non-responsive, suspected opioid overdose patient with a respiratory rate of 6 breaths per minute.	PASS / FAIL
<b>GENERAL DISCUSSION</b>	
What are your initial interventions?	
Position Airway / Suction, as needed / BVM Ventilation at 1 breath every 6 seconds	
What are the indications for use of Naloxone?	
States all appropriate indications for medication use	
Are there any absolute contraindications for the use of Naloxone?	
States "No"	
States the actions of Naloxone	
<input type="checkbox"/> Displaces narcotics from opiate receptor sites <input type="checkbox"/> Reverses respiratory depression, sedation, and pupillary effects of narcotics	
State at least 3 possible adverse effects of Epinephrine	
<b>(Check actions stated by candidate)</b> <input type="checkbox"/> Tachycardia <input type="checkbox"/> Hypertension <input type="checkbox"/> Anxiety <input type="checkbox"/> Seizures <input type="checkbox"/> Pupillary dilation <input type="checkbox"/> Behavioral changes <input type="checkbox"/> Nausea / Vomiting	

HIGH CONCENTRATION NASAL SPRAY:	PASS / FAIL
What are the 6-rights for medication administration?	
States 6-Rights (Patient, Medication, Time, Route, Dosage (4.0mg), Documentation)	
What is DICCE?	
States DICCE (Drug, Integrity, Clarity, Concentration (4.0mg / 0.1ml), Expiration Date)	
Which nostril do you administer the device?	
Choose most appropriate nostril (largest and least deviated or obstructed)	
Inserts device into nostril and briskly depresses the plunger	
What is the appropriate waste container for this device?	
Standard trash can or sharps container	
What is the desired effect to the patient?	
Reversal of Opioid induced respiratory depression	
What is the repeat dose and time interval, if any?	
4.0 mg 1 time in 3 minutes	

NASAL PRELOAD WITH ATOMIZER	PASS / FAIL
Assembles medication preload and atomizer	
What are the 6-rights for medication administration?	
States 6-Rights (Patient, Medication, Time, Route, Dosage(2.0mg), Documentation)	
What is DICCE?	
States DICCE (Drug, Integrity, Clarity, Concentration(2.0mg / 2.0ml), Expiration Date)	
Inserts device into nostril and briskly depresses the plunger, administering no more than 1ml per nostril	
Disposes of device in sharps container	
What is the desired effect to the patient?	
Reversal of Opioid induced respiratory depression	
What is the repeat dose and time interval, if any?	
2.0 mg 1 time in 3 minutes	

INTRAMUSCULAR INJECTION	
What is the appropriate device and needle for administration	Naloxone Preload with 25g needle
Assembles preload device and needle	
What are the 6-rights for medication administration?	States 6-Rights (Patient, Medication, Time, Route, Dosage(2.0 mg), Documentation)
What is DICCE?	States DICCE (Drug, Integrity, Clarity, Concentration (2.0mg / 2.0ml), Expiration Date)
Demonstrate appropriate IM injection	
Identifies and cleanses appropriate injection site	
Stretches skin, warns patient, and inserts needle at 90°angle while maintaining asepsis	
Removes needle from patient and disposes of syringe, needle, and vial in sharps container	
Applies direct pressure to site	
Covers puncture site with an adhesive bandage	
What is the desired effect to the patient?	Reversal of Opioid induced respiratory depression
What is the repeat dose and time interval, if any?	2.0 mg 1 time in 3 minutes

***You must factually document your rationale for checking any of the above critical items on this form.***

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**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS OF SELECTED METHOD OF DELIVERY IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in recognizing the indications, contraindications, and criteria for administering Naloxone to a patient with inadequate ventilations secondary to a suspected opiate overdose.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin and an IM injection pad
- Suction device
- Oxygen delivery devices / BVM
- Oxygen cylinder with regulator
- High concentration nasal spray
- Nasal preload with atomizer
- Multiple size syringes (1mL, 3mL, 5mL, 10mL)
- Multiple size needles (21g, 23g, 25g, 27g)
- Simulated Naloxone vial
- Alcohol prep
- Sharps container

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles
- **Situational Awareness**
  - Use caution when approaching patient and interacting with the scene to avoid the possibility of needle sticks
  - Continue to monitor patient post administration; may need additional ventilatory support as the duration of some opioids exceed that of Naloxone.
- **6 rights of medication administration**
  - All medication administration follows the 6 rights at all levels of medical care.
- **DICCE**
  - Only administer if the solution is clear and not expired.
  - Discolored solutions or the presence of particulates may indicate vial compromise or contamination
- **Airway & Ventilation**
  - Maintain adequate airway and ventilatory support at all times.
  - Resume ventilations following medication administration.
  - Suction airway as needed.
  - Ventilate one (1) breath every six (6) seconds until patient is breathing on their own.
- **High Concentration Nasal Spray**
  - 4mg / 0.1 ml concentration
  - Insert into larger nostril until base of stem touches nostril
  - Depress plunger to administer medication
- **Nasal Preload with Medication Atomization Device (MAD)**
  - Make sure preload is secured to the atomizer
  - Place the head in a neutral position
  - Push firmly and gently in the nostril
  - Briskly administer 1ml per nostril to minimize medication flowing into the mouth
- **Vial Draw Intramuscular injection**
  - Only draw up the amount needed for the patient dosing. DO NOT draw up multiple doses at one time.
  - Draw up slightly more than a single dose. Expel any air and excess medication from the syringe/needle while advancing the plunger to the desired volume marker.
  - Dispose of needle used to draw up medication in sharps container, avoiding needle stick
  - Appropriate Injection Site: Deltoid
  - Pull back the plunger slightly to check for blood. If you see blood, you're in a vein—do not inject. If no blood appears, it's safe to proceed with the injection.




**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS OF SELECTED METHOD OF DELIVERY IN ORDER TO PASS SKILL STATION**

*VCEMSA EMT Education Sub Committee – Rev 01/02/2025 Final*

## Performance Objectives

Demonstrate competency in recognizing the indications, contraindications, and criteria for administering epinephrine to a patient with anaphylaxis or severe asthma.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin and an IM injection pad
- Auto-injector (pediatric and adult)
- Multiple size syringes (1mL, 3mL, 5mL, 10mL)
- Multiple size needles (21g, 23g, 25g, 27g)
- Simulated Epinephrine vial
- Alcohol prep
- Sharps container

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles
- **6 rights of medication administration**
  - All medication administration follows the 6 rights at all levels of medical care.
- **DICCE**
  - Only administer if the solution is clear and not expired.
  - Discolored solutions or the presence of particulates may indicate vial compromise or contamination
- **Appropriate Injection Sites**
  - Middle of the outer thigh
- **Auto-Injector**
  - May be administered through clothing
- **Vial Draw**
  - Only draw up the amount needed for the patient dosing. DO NOT draw up multiple doses at one time.
  - Draw up slightly more than a single dose. Expel any air and excess medication from the syringe/needle while advancing the plunger to the desired volume marker.
  - Pull back the plunger slightly to check for blood. If you see blood, you're in a vein—do not inject. If no blood appears, it's safe to proceed with the injection.



**Emergency Medical Technician Psychomotor Examination**

**CHILDBIRTH & NEONATAL RESUSCITATION**

Attempt:
#1 _____
#2 _____
#3 _____

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Skills Discussion:</b>	<b>PASS / FAIL</b>
Obtains a history relevant to the pregnancy	
Expected due date and how many children is the patient expecting	
Frequency of contractions	
Duration of contractions	
Rupture of amniotic sac (time and presence of meconium)	
Previous pregnancies and deliveries (Gravida/Para, complications, vaginal delivery, C-section)	
Pre-existing medical conditions (HTN, DM, seizure, cardiac)	
Medications taken prior to labor	
Prenatal care (identified abnormalities with pregnancy)	
Vaginal bleeding	
Abdominal pain	
Evidence of imminent delivery (crowning, contractions – 2 to 3 minutes apart, 30-60 seconds in length, the urge to push, or the urge to defecate)	

**Skills Demonstration:**

<b>Prepares the mother for delivery</b>	
Prepares appropriate delivery area (privacy for the mother)	
Removes patient's clothing	
Opens and prepares obstetric kit	
Places clean pad under patient	
Prepares bulb syringe, cord clamps, towels, newborn blanket	
Describes all the special PPE (sterile gloves, gown, cap, facemask, and eye protection) that is required to be donned by the EMT prior to delivery	
<b>Assisting the delivery of the newborn</b>	
During contractions, urges the mother to push	
Supports the infant's head with gentle pressure to prevent uncontrolled expulsion of the newborn	
Checks to see if the amniotic sac is broken, if not - puncture by twisting the membrane	
Checks for the presence of meconium; if present, suctions the mouth first, then each nostril	
Checks for nuchal cord, if present, tell mother not to push, loosen cord with 2 fingers and slip over newborn's head, or if needed, clamps in 2 places approximately 2" apart and cut the cord	
Help deliver the shoulders	
Support the baby throughout the entire birth process	
Notes the time of birth	
Controls hemorrhage as necessary; uterine massage following intact placenta delivery	

<b>Newborn care (Birth – 30 seconds postpartum):</b>	
Keeps newborn at the level of the mother's perineum with the head slightly down	
Assesses baby's airway, suctions if needed with mouth first, then nostrils	
Warms and dries newborn	
Wraps newborn in blanket or towels to prevent hypothermia	
<b>Newborn care (30 – 60 seconds postpartum):</b>	
Once umbilical cord stops pulsating, clamps the cord at 10" from baby, then 7" from baby then cuts between the clamps with sterile scissors or sterile scalpel	
Places on mother's chest to retain warmth	
Determines 1 minute APGAR score	
<b>Neonatal Resuscitation:</b>	
If heart rate is less than 100, gasping or apneic – Provide PPV at 40-60/min with room air	
If heart rate is less than 100 after 30 seconds of PPV, add O2 and continue PPV	
If heart rate is less than 60 – begin chest compressions at 3:1 ratio	
Determines 5-minute APGAR score	
Describes all APGAR scale components	

**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

- Assess for imminent delivery by evaluating crowning, contraction frequency, and urge to push.
- Recognize complications such as nuchal cord, breech presentation, shoulder dystocia, and postpartum hemorrhage.
- Assess and manage the neonate using the Neonatal Resuscitation Program (NRP)-based sequence: warm, position, clear airway, dry, stimulate.
- Initiate neonatal resuscitation interventions: positive pressure ventilation (PPV), chest compressions, oxygen administration.

## Necessary Equipment

<ul style="list-style-type: none"><li>• Simulation manikin (OB and neonate) with features to simulate delivery and resuscitation</li></ul>	<ul style="list-style-type: none"><li>• Weight-based measuring tape</li></ul>
<ul style="list-style-type: none"><li>• Obstetric Delivery Kit</li></ul>	
<ul style="list-style-type: none"><li>• Oxygen delivery system and bag valve masks with appropriately sized masks</li></ul>	
<ul style="list-style-type: none"><li>• Bulb aspirator and other suction equipment for airway management</li></ul>	
<ul style="list-style-type: none"><li>• Stethoscope, thermometer</li></ul>	
<ul style="list-style-type: none"><li>• Blankets, cap, and other appropriate warming equipment</li></ul>	

## Key Concepts

- Ability to recognize stages of labor
- Effectively perform emergency delivery procedure
- Demonstrate APGAR scoring protocol
- Perform skills necessary to assess and treat neonate immediately following birth
- Demonstrate resuscitative skills for neonate