In-person **2240 E. Gonzales Road #200** **Oxnard, CA**	Pre-hospital Services Committee Agenda	September 11, 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. Whole Blood D. Cardiac Arrest Survival	
V.	**New Business or Policies for Review *with Proposed Changes***	
	A. 705.00 General Patient Guidelines	Andrew Casey
	B. 705.23 – Supraventricular Tachycardia	Adriane Gil-Stefansen
	C. 705.25 – Ventricular Tachycardia Sustained – Not in Arrest	Adriane Gil-Stefansen
	D. 705.24- Symptomatic Bradycardia	Adriane Gil-Stefansen
	E. 727 – Transcutaneous Cardiac Pacing	Adriane Gil-Stefansen
	F. 315 – Paramedic Accreditation to Practice	Adriane Gil-Stefansen
	G. 334 – Pre-hospital Personnel Mandatory Training Requirements	Adriane Gil-Stefansen
	H. 1102 – EMR Training Program Approval	Chris Rosa
	I. 1135 – Paramedic Training Program Approval	Chris Rosa
VI.	**Old Business**	
	A. 318 – Independent Practice Paramedic	Adriane Gil-Stefansen
VII.	**Informational/Discussion Topics or Policies Approved at Specialty Care Committees**	
	A. MCI/Special Event/Surge Policy Reorganization	Chris Rosa
	B. Project Update - Hospital Surge Support / Hospital Area Command	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	

In Person 2240 E. Gonzales Road #200 Oxnard	Pre-hospital Services Committee Minutes	August 14, 2025 9:30 a.m.

Topic	Discussion	Action	Approval
I. Introductions	Anthony Roberts (GMA) in for joey Williams VCMC representative for Dr. Duncan – Dr. Lauren VanSant	Welcome	
II. Approve Agenda		Approved	Motion: Tom O'Connor Seconded: Dr. Ira Tilles Passed: Unanimous
III. Minutes		Approved	Motion: Tom O'Connor Seconded: Dr. Ira Tilles Passed: Unanimous
IV. Recognition Awards			
V. **Medical Director Report**	Dr. Daniel Shepherd (VCEMSA)		
A. Buprenorphine	Nothing to report.		
B. Safety Event Reports	Nothing to report.		
C. Whole Blood	Programs are going well, first report out to the state in September, data gathering phase. So far great partnership, no major admin challenges. 16 administrations since program start. Dr. Neil Canby (VCFD) – Our 5 rescue ambulances (RAs) and air unit going live next week, monitoring blood closely for waste managements.		
D. Cardiac Arrest Survival	Andrew Casey (VCEMSA) – **Bystander Intervention Rates** 44.4% (N=259) Bystander CPR Rate – Median annual 51%, 2024 47% (N=454) 5.2% (N=58) Bystander AED Rate - Median annual 7.8%, 2024 6% (N=87) **Overall -** CARES data includes a total of 315 (+140 since last update) cardiac arrests incidents, of which 26 (+14 since last update) are pending outcome. The most recent cardiac arrest case with complete outcome data occurred on 7/15/2025. Considering only those with complete outcome data 28/315(8%) have survived. Considering only those with complete outcome data, and non-traumatic etiology, 28/310 (8%) have survived. CARES national average is 10%, local average is 11%. **Utstein** - 30 (+20 from last update) of the 315 records meet Utstein criteria, 1 (no change) are pending		

	outcome. The most recent Utstein cardiac arrest case with complete outcome data occurred on 7/10/2025. Considering only those with complete outcome data 13/30 (43%) have survived. 10 Year Benchmarks – CARES national average is 32%, local average is 40%.		
VI. New Business	Policies for Review		
A. 403 – Ambulance Patient Offload Time	Chris Rosa (VCEMSA) – CAEMSA pushed out regulations for offload delays/regulations to monitor APOT. State standard set as 30 minutes, along with the LEMSAs are required to set a local standard, we've been waiting and watching. They went into effect in June, with that we are presenting our APOT policy. Nothing really new in there, reference the regs and go from there. A lot of discussion on the 20-minute standard among agencies, hospitals. Maybe something in the middle like 25 minutes would be a way to go. Dr. Ira Tilles (ASVH) – 20 min 90% percentile time? Erika Rosa (LRH) – Is there a reason to not have it at 30 minutes, if it's something out of our control? What are the repercussions? There has to be a space for error. Chris Rosa – Four of our facilities are above the APOT, four are below. The weak point is that it is a manual entry time, room for error. Dr. John Gillette (VCMC) – What is the enforcement? Compliance? Dr. Daniel Shepherd – There is an online portal to report in, it just opened in July. The law says 30 minutes. LEMSA can establish a lower time. Jaime Villa (OFD) – Audits have to be submitted within the last 10 days of the months. Stated state regulations. Dr. Ira Tilles – There are room for irregularities? Chris Rosa - Adjudicate the calls that are outside the standard and work to fix. Intent is to keep the times down and trend downwards which is working. Denise Richards (SJH) – There are already three hospitals not meeting the standard at 20 minutes. Something to consider APOT with diversion changes. Heather Ellis (VFD) – Aside from time in policy are there any issues? Erica Rosa – Language with clear definitions how to be held accountable? Dumb it down to the nurse so they are accountable to those pieces. Whether it's an	Approved with proposed changes.	Motion: Tom O'Connor Seconded: Eric Eckels (All Town) Passed: Unanimous

	educational bullet something to make it clear to hold a standard. Tom O'Connor (VCCC) – Add 20 minutes or less? Exceeds is a failure. Stephanie Curry (LRH) - If the hospitals are held to APOT time, it's important to have a good relationship with the agencies to fix errors/times. Who's doing the education – hospital or agencies? Jaime Villa – State level is pushing out education Chris Rosa – There is education being pushed out; we will continue with agencies and hospitals. Brand new policy and brand-new process, it will be reviewed in one year. Will evolve, it is being implemented with the diversion policy we are about to discuss. Would like to have it in place before this season's surge. Heather Ellis – We need a motion for proposed changes outside of grammatical changes. Jaime Villa – Makes sense this policy to go active in 60 days? Will go into effect August 23rd. Denise Richards – References appropriate strategies…have those been discussed? Facility, situation specific? Chris Rosa – Language is also in diversion policy, it's vague and open for a reason.		
VII. Old Business			
A. 0310 – Paramedic Scope of Practice	Adriane Gil-Stefansen (VCEMSA) – A lot of the red is from formatting. Adding and catching up with medications we already have, acetaminophen, etc. Specifically calling out the medications. Aligned in a better flow. Policy 3A – direction from a physician or MICN… Dr. Todd Larsen (OFD) – E6 and 7? Institute iv caths, and IO in same line. Tom O'Connor – Change saline to isotonic solution. Steve Carroll (VCEMSA) – 3b page 1, saying any paramedic can perform any activity for Policy 300, "needs to say an accredited paramedic or an accrediting paramedic".	Approved with proposed changes.	Motion: Tom O'Connor Seconded: Jaime Villa Passed: Unanimous
B. 0318 – Independent Practice Paramedic	Chris Rosa – Due for review, updated California code formatting changes. Appendix b – added two new policies. Dr. Daniel Shepherd – Wanted to discuss ALS contacts, in SB moving toward a competency-based component.	*Tabled for next meeting*	Motion: Seconded: Passed: Unanimous
C. 0335 - Out of County Internship	Tom O'Connor – Being aware of using the local programs		Motion: Tom O' Connor Seconded: Captain Robert Minor

	Steve Carroll - In the past they are already in a program that is approved by Ventura County. We can look into other programs and add them to tracking. Captain Robert Minor (VCFD) – Contracts in other counties? Can you establish more? Coverage issue when we do interns. Tom O'Connor - LA county is a no. Kern ($3000), SLO ($1500) and some other counties are financial barriers. Chris Rosa – What do we want to do? Trying to help the two paramedic programs. Jaime Villa – Vetting something, would there be a value in the agencies, MOU language is a barrier. Is there an opportunity to create an MOU for outside interns. Bigger conversation but would eliminate that piece on the statutory side? EMS Corps in mind. What barriers can we remove to get more people to be preceptors. Chris Rosa – That would be a bigger discussion. Dr. Todd Larsen – Short answer is we need more preceptors. We need encouragement from all agencies to do precepting. Chris Rosa – Maybe send out a survey to see what the obstacles are (pay, time, etc.) at a system level.		Passed: Unanimous
D. 0402 – Patient Diversion and ED Closures	Chris Rosa – A lot of discussion between the LEMSAs, Hospital Association and 8 area hospitals. This version is several versions in, sent out two weeks ago for final public comment, only received one comment back. Steve Carroll spoke with the Hospital Association yesterday; they requested several changes but not informed what they are. Try to come up with conditions and factors that make it tighter standard than where we are now. Finding a balance for receiving facilities. Giving more operational control back to the facilities, we do not have the regulative authority. Working to lower the impact on the EMS system. Steve Carroll – Audra Strickland's (VCHA) comment was regarding the severity index and ER status page 3, saturation number 2…CDPH would somehow tie data to RN/patient ratios. I think that the way this is not including waiting room patients. Dr. Todd Larsen – 30% is a high threshold? Chris Rosa – Trying to identify standardized criteria the hospital uses. A 3 generally is on the lower acuity end. Is 30% too high?	Approved.	Motion: Dr. Todd Larsen Seconded: Mark Martinez (VCFD) Passed: Unanimous

	Erica Rosa – Trying to find something that is more consistent across all facilities. Dr. Daniel Shepherd – Try to find the compromise and balance. Move more toward to improve our current situation, use objective scoring systems. Dr. Todd Larsen – What is the reason to go off what we are doing now? Why do we have to reinstate the ED saturation part again. Steve Carroll - The goal of being time limited, we're getting away from the diversion just because we are busy. This is for a hospital having a true influx with an unusual surge. Dr. Ira Tilles – We should just do away with it. It should be to protect the smaller hospitals. Diversion should not exist. The policy is well written, if the button is being hit more than once a month, if that's the case then maybe catchment areas or something else needs to be changed. The two-hour time limit to adjust the diversion and come back off is reasonable. Chris Rosa - There has to be criteria established. Dr. Daniel Shepherd – Collaborative, honoring patient requests, empowering the medics, non-divertible conditions. We should be tracking diversions with exact reasons listed. Steve Carroll – Tracking and reports will be monitored to make sure the intent is correct. Denise Richards – Page 8, 3b. not being allowed to push the button twice (2 hours up to 2x in 24-hour period), it discourages a facility to come off diversion early. Chris Rosa – That may be a Reddinet issue. I'll look at some rewording options to make a 4-hour total, not how many times you can hit the button. Stephanie Gurrie (LRH) – Page 2 – specialty care, trauma cannot be diverted? Chis Rosa – No specialty should not be diverted. Andrea Casey – Let the specialty care triage process work. Dr. Todd Larsen – There are specialty care patients that may need to be divertible. Occasionally a trauma patient that cannot ventilate can end up at a non-trauma center. Adriane Gil-Stephansen - Clarified concern was in the policy already. Chris Rosa - Our intent is to put this in effect by October 1. We will monitor like crazy through the		

	winter months. Anticipate there will be adjustments, tune some things up. We have to work with Reddinet for development on their side, it's coming. There are so many variables in this policy, we need to get this approved today. I ask if there are strong options, please share them with EMS and use this current policy to start. Denise Richards – We finally got the information on the Cal docs. Need to address 30% and T-pass, including the appropriate number of patients, lobby, patients holding up rooms. Steve Carroll – It is going to be adjustable; we will be able to flex and adjust, ultimately the goal is to have something, a relief valve for a short a period of time. We are addressing the impact of EMS and patients; we want to serve the patients to where best they need to be served.		
E. 0504 – ALS and BLS Equipment and Supplies	Adriane Gil-Stephansen – Adding acetaminophen and buprenorphine. Changing air unit from being just Sheriff, formatting changes.		Motion: Tom O'Connor Seconded: Jeff Winters (GMR) Passed: Unanimous
F. 1100 – EMT Training Program Approval	Chris Rosa – Due for review. The actual psychomotor skills, now have set skills, added to this policy. Had a bunch of catch-up items either poorly worded or not in line with state regulations. The checklist is updated to a cleaner format.		Motion: Tom O'Connor Seconded: Jaime Villa Passed: Unanimous
G. 1130 – EMS Continuing Education Provider Programs	Chris Rosa – A lot of the same catching up and putting items in line with state regulations Adding some stipulations on reporting. Adding the psychomotor skills checklist.		Motion: Tom O'Connor Seconded: Dr. Todd Larsen Passed: Unanimous
VIII. Informational			
A. 11:00 a.m. – VCEMS Psychomotor Skills Verification Packet	Chris Rosa – Manual is attached to the PSC packet. This will be revised; we are currently doing training. Future trainings to be pushed out. Create video content for guide. Goal is to improve the training and education for existing and upcoming EMTs. Thank you to all the members of the working group.		
IX. Policies for review			
A. None			
X. Agency Reports			
A. Fire departments	**VCFD** – Captain Robert Minor – Started RA 42 in city of Moorpark. Will be having blood all the time and expand to air unit soon. Dr. Todd Larsen – Self reported one of our Lucas devices. **VFD** – Heather Ellis – Summit this afternoon **OFD –** Jaime Villa - EMS Corps cohort 2 of 19 students under way, a couple folks in cohort 1 waiting		

	for testing. 500 applications for next cohort. Over 10 went to AMR/Gold Coast. Hired one student as a skills instructor. **VFF** – Not present. **FFD** – Not present.		
B. Transport Providers	**AMR/GCA/LMT**- Scope live in October. **All Town** – Nothing to report. **Med Trans** – Not present.		
C. Base Hospitals	**AHSV** – Nothing to report. **LRH –**. Erica Rosa – MICN class in October, Trauma and Health Expo September 27th, still in construction for another year. **VCMC** – Dr. John Gillette – Thank you Dr. Thomas Duncan for the help with STB with Junior Lifeguards and participation with the whole blood program. Fall prevention.		
D. Receiving Hospitals	**SJHC** – Case review for SAR coming up. **SPH** – Nothing to report. **CMH** / **OVCH** – Aware of policies coming along, we're adjusting our NEDOCS score.		
E. Law Enforcement	**AIR RESCUE** – Not present. **VCSO –** Not present. **CSUCI PD** – Not present. **Parks –** Not present.		
F. ALS Education Programs	**Ventura College** – 80 applications for next cohort. Class 30 are out in the field, have 3 pending internship placements in the field here, 2 up in Santa Barbara. Class 31 is halfway through the didactic portion. New schedules. **Moorpark College** – Not present.		
G. EMS Agency	Traci Holt (VCEMSA) – Huge multi-agency lift to teach three cohorts of Junior Lifeguards this summer (900 kids), thank you to everyone that helped (VCMC Trauma Team, Ventura County Medical Reserve Corps (VCMRC) volunteers, Ventura City Fire, Ventura City Police Department Resource Officers). We are also actively recruiting for VCMRC and will be presenting with Julie Frey (VCEMSA) on MRC/Peer Support at EMT classes this fall. Chris Rosa – Chempak training on November 6th all day. Dr. Daniel Shepherd – Number of EMSAs putting out new regulations through. Andrew Casey – APOT note, if anyone needs access, please let me know. Steve Carroll – Sent out a notification for Premier Ambulance, there was a bunch of stuff missing but they have now jumped through the hoops to proceed with auditor controller, risk management, etc. Expect to see that come up in September / October. Do not have a timeline on RFP that was sent in on August 5th. We will know more in upcoming months.		
H. Other			
XI. Closing	**Meeting adjourned at 12:08pm**		Motion: Tom O'Connor

	Meeting audio recording and transcript available upon request.	Seconded: Jaime Villa Passed: Unanimous

VCEMS Universal Patient Care Guidelines 705.00

I. PURPOSE: To establish a standard for patient assessment and treatment that integrates scene and patient assessments to form a field impression. This includes developing a list of differential diagnoses and formulating a treatment plan.

II. PRINCIPLES:

A. Team Dynamics – the effective use of all available resources for healthcare personnel to ensure safe and efficient patient care, reduce error, and increase efficiency.

- Clearly define the team leader
- Utilize clear, concise, closed-loop communication; inform the team when changes are observed, or safety issues arise
- Task delegation to improve efficiency
- Always maintain situational awareness and respond as needed to maintain scene control.

B. Scene Control – an active, ongoing process throughout incident.

- Safety is always the priority. An initially safe scene may deteriorate at any time.
- Create an optimal patient care environment; remove distractions/threats, provide proper lighting, and access to patients.

C. Diagnostics – Consider all possible differentials, supported by relevant findings and pertinent negatives (patient complaints, scene findings, signs, symptoms, vital signs), before establishing a working diagnosis. Thorough patient assessment and differential diagnosis are paramount to reducing risk in patient care. Prioritize consideration of diagnoses that, if missed, could lead to serious harm, even if they are less likely.

III. POLICY: Universal Patient Care will be followed for all EMS patient contacts. Reference 705 policies for specific treatments.

IV. PROCEDURE:

A. Response and Arrival

1. Review dispatch information and plan response to scene.
    a. Plan Response - Consider potential response issues (weather, scene access, equipment failure, etc.). Communicate potential delays or suggest alternative assignments to FCC as appropriate. Stage when advised or determined necessary with the information available.

b. Anticipate Clinical Needs – Consider differential diagnoses and the relevant clinical care priorities.

2. Don basic PPE (Gloves) – High-visibility vest, helmet, etc.
3. Size up – Number of patients, request additional resources, MCI considerations.

B. Scene Safety and Control

1. Identify and correct threats or hazards to EMS personnel, patients, and/or bystanders.
2. Position vehicles to allow for optimum ingress/egress and safety of EMS crew and patient(s).
    a. Blocking and traffic control - Safe working zone.
    b. Gurney and equipment ingress, egress, loading, and unloading.
3. Address Body Substance Isolation/Personal Protection Equipment (BSI/PPE).
4. Control all aspects of scene to provide environment conducive to safe and effective patient care: Provide lighting outdoors/indoors (e.g., entryways, hallways, path of travel, patient area), confine animals, remove obstacles from path of travel, eliminate distractions, relocate to a better working environment (larger space, transport unit, etc.)

C. Preliminary "Across the Room" Assessment

1. Immediately identify and control severe bleeding.
2. Formulate a general impression based on work of breathing, skin signs, and behavior.
3. Survey scene for mechanism(s) of injury and/or other factors related to patient condition.

D. Primary Assessment

1. Determine level of responsiveness (AVPU).
2. Implement spinal motion restriction as indicated if traumatic injury is suspected.
3. Airway
    a. Open airway as needed.
    b. Insert appropriate airway adjunct if indicated.
    c. Suction airway if indicated.
    d. Utilize appropriate interventions if a partial or complete Foreign Body Airway Obstruction (FBAO) is present.
4. Breathing
    a. Assess Respiratory Effort – Present or not present. Work of breathing.
        - Assist ventilations with positive pressure ventilation if respiratory effort inadequate.
    b. Assess lung sounds – Present bilateral or not. Adventitious sounds.
    c. Initiate airway management and oxygen therapy as indicated.

5. Circulation
    a. Assess pulse – Present or not present; fast or slow.
    b. Assess skin - Color, temperature, and condition.
6. Disability
    a. Determine level of orientation.
    b. Evaluate gross motor and sensory function.
7. Determine chief complaint and acuity (critical, emergent, non-emergent).

E. Secondary Assessment
1. **EXPOSE** patient to allow for proper, unimpeded assessment and treatment.
    a. Maintain patient modesty as circumstances permit, but do not allow such concerns to interfere with effective assessment and treatment.
2. **DELEGATE** tasks to team as applicable:
    a. Pulse oximetry
    b. Cardiac monitor
    c. 12-lead ECG (refer to VCEMS Policy 726)
    d. Blood glucose measurement
    e. Vital signs:
        - Blood pressure
        - Heart rate, rhythm (regular or irregular), and quality (strong or weak)
        - Respiratory rate, rhythm (regular or irregular), work of breathing (labored or non-labored), and tidal volume (good or shallow tidal volume)
3. **INTERVIEW** patient and other reliable sources of information):
    a. History of present illness (OPQRST and/or SAMPLE)
    b. General medical history
    c. Current medications/past medications/patient compliance with medications
    d. Allergies
    e. Family history (if applicable), e.g., MI, stroke, cardiovascular disease
    f. Social/lifestyle history (if applicable), e.g., smoking, alcohol/recreational drug use
4. **EXAMINE** patient via a complete, comprehensive physical examination. Note DCAPBTLS.
    a. Inspect head, eyes, ears, nose, and oral cavity. Assess for abnormalities, e.g. unequal pupils, fluids, obstructions.
    b. Inspect/auscultate/palpate trachea. Assess position/ presence of stridor.
    c. Inspect/palpate clavicles and chest. Assess for paradoxical movement.
    d. Auscultate lungs. Note changes/update findings from primary assessment.

e. Inspect/palpate abdomen. Note any distension, tenderness, rigidity, or rebound tenderness.
f. Inspect and palpate pelvis. Note any instability, tenderness, or crepitus.
g. Inspect and palpate upper and lower extremities.
h. Inspect and palpate spinal column and posterior trunk.

F. Treatment and Reassessment
1. Formulate a clinical impression based on observations/information from sections C (preliminary assessment), D (primary assessment), and E (secondary assessment).
2. Treat other conditions as indicated per scope of team lead.
3. Reassess
a. Level of consciousness
b. Vital signs
c. Status of current condition: improvement, deterioration, unchanged
4. Continue, modify, or implement treatment(s) and assessment as needed.

G. Base Hospital contact shall be made for all ALS patients in accordance with VCEMS Policy 704.

H. Transport to the appropriate facility per VCEMS guidelines
1. Transport and Destination Guidelines – Policy 604
2. STEMI Receiving Center Standards – Policy 430
3. Stroke System Triage and Destination – Policy 451
4. Post cardiac arrest with ROSC – Policy 705 (Cardiac Arrest)
5. Trauma Triage and Destination Criteria – Policy 1405
6. Hospital Diversion – Policy 402

I. Documentation
1. Complete patient care documentation per VCEMS policy 1000.
2. Document all assessment findings, pertinent negatives, vital signs, interventions/treatments (both initial and ongoing), responses to treatments, and all changes in patient status.
3. Maintain patient confidentiality.

Supraventricular Tachycardia

ADULT	PEDIATRIC

BLS Procedures

Administer oxygen as indicated

ALS Standing Orders

ADULT

12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)

Valsalva maneuver

IV/IO access

Stable ~~- Mild to moderate chest pain/SOB~~

- **Adenosine**
  - IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush

No conversion or rate control

- **Adenosine**
  - IV/IO –12 mg rapid push immediately followed by 10-20 mL NS flush
  - May repeat x 1 if no conversion or rate control

Unstable ~~- – ALOC, signs of shock or CHF~~hypotension with signs of hypoperfusion

- **Synchronized Cardioversion**
  - **Zoll** 100, 120, 150, 200 ~~j~~Joules
  - **Lifepak** 100, 200, 300, 360 ~~j~~Joules

- **Fentanyl (Prior to cardioversion)**
  - ~~Consider sedation prior to cardioversion for special circumstances.~~

~~Special Circumstances*~~
~~**Fentanyl**~~
- Consider for sedation in patients who are awake and alert.
  - Can be given with SBP less than 90, if there will be no delay in cardioversion.
- 1 mcg/kg IV/-IO-/-IN ~~prior to electrical therapy.~~

PEDIATRIC

12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)

Valsalva maneuver

IV/IO access

Stable ~~- Mild to moderate chest pain/SOB~~

- **Adenosine**
  - IV/IO – 0.1 mg/kg (max 6 mg) rapid push immediately followed by 10-20 mL NS flush

No conversion or rate control

- **Adenosine**
  - IV/IO – 0.2 mg/kg (max 12 mg) -rapid push immediately followed by 10-20 mL NS flush
  - May repeat x 1 if no conversion or rate control

Unstable – hypotension with signs of hypoperfusion
~~Unstable - ALOC, signs of shock or CHF~~

- **Synchronized Cardioversion**
  - 0.5, 1, 2, 4, 6, 8 ~~j~~joules/kg

~~Consider sedation prior to cardioversion for special circumstances.~~

- **Fentanyl (Prior to Cardioversion)**
  - Consider for sedation in patients who are awake and alert.
    - Can be given with SBP less than Handtevy minimum if there will be no delay in cardioversion.
  - 1 mcg/kg IV/IO/IN

~~Special Circumstances*~~
~~**Fentanyl**~~
- ~~1 mcg/kg IV/ IO / IN prior to electrical therapy.~~

BBase Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- ~~*Special circumstances for sedation prior to cardioversion include fully awake and alert, patients with unstable vital signs.~~
- Adenosine temporarily blocks AV nodal conduction with the goal of terminating AVNRT.
    - Administration should be reserved for cases with a high suspicion of electrical dysfunction and where heart rate is suspected to be the cause of symptoms. Generally, treatment should be reserved for heart rates greater than 150 bpm.
    - Consider patient potential underlying causes of tachycardia (i.e. sepsis, hypovolemia, heart failure) to aid in identifying cases where transport without Adenosine administration may be appropriate.
- Synchronized cardioversion is indicated for unstable patients with any tachycardic dysrhythmia including rapidly conducting atrial fibrillation and rapidly conducting atrial flutter.
- Document all ECG strips during adenosine administration and/or synchronized cardioversion.

Ventricular Tachycardia Sustained – Not in Arrest

Adult	Pediatric

BLS Procedures

Administer oxygen as indicated

ALS Standing Orders

Adult

12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)

IV/IO Access

Stable ~~– Mild to moderate chest pain/SOB~~

- **Amiodarone**
  - IVPB/IOPB **-** 150 mg in 50mL D_5W infused over 10 minutes~~.~~

Unstable – ~~ALOC, signs of shock or CHF~~hypotension with signs of hypoperfusion

- **Fentanyl (Prior to cardioversion)**
  - Consider for sedation in patients who are awake and alert.
    - Can be given with SBP less than 90, if there will be no delay in cardioversion.
  - 1 mcg/kg IV/IO/IN

Monomorphic VT

- **Synchronized Cardioversion**
  - **Zoll** 100, 120, 150, 200 joules
  - **Lifepak** 100, 200, 300, 360 joules
  - ~~Consider sedation prior to cardioversion for special circumstances*~~

P~~Unstable p~~olymorphic (irregular) VT~~:~~

- **Defibrillate**
  - ~~Defibrillate as indicated~~
  - **Lifepak** 360 jJoules
  - **Zoll** 200 jJoules

If recurrent VT, perform synchronized cardioversion or defibrillation at last successful joules setting.

~~Consider sedation prior to defibrillation as outlined below for special circumstances*~~

Torsades de Pointes

- **Magnesium Sulfate**
  - IVPB/IOPB – 2 g in 50 mL D_5W infused over 5 min
  - May repeat x 1 if Torsades continues or recurs

~~Special Circumstances*~~

- ~~**Fentanyl**~~
  - ~~1 mcg/kg IV/ IO / IN prior to electrical therapy.~~

Pediatric

12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)

IV/IO Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
  - IVPB/IOPB **–** 5 mg/kg (max 150 mg) in 50mL D_5W infused over 10 minutes~~.~~

Unstable – ~~ALOC, signs of shock or CHF~~ hypotension with signs of hypoperfusion

- **Fentanyl (Prior to Cardioversion)**
  - Consider for sedation in patients who are awake and alert.
    - Can be given with SBP less than Handtevy minimum if there will be no delay in cardioversion.
  - 1 mcg/kg IV/IO/IN

Monomorphic VT

- **Synchronized Cardioversion**
  - 0.5, 1, 2, 4, 6, 8 joules/kg
  - ~~Consider sedation prior to cardioversion for special circumstances*~~

~~Unstable p~~P~~olymorphic (irregular) VT~~:~~

- **Defibrillate**
  - ~~Defibrillate as indicated using escalating joules doses~~
  - ~~2~~, 4, 6, 8 joules/kg

~~Consider sedation prior to defibrillation as outlined below for special circumstances*~~

If recurrent VT, perform synchronized cardioversion or defibrillation at last successful joules setting.

Torsades de Pointes

- **Magnesium Sulfate**
  - IVPB/IOPB – 50 mg/kg (max 2 g) in 50 mL D_5W infused over 5 min
  - May repeat x 1 if Torsades continues or recurs

~~Special Circumstances*~~

Effective Date: ~~December 1, 2024~~
Next Review Date: ~~October 31, 2026~~
Date Revised: ~~October 8, 2020~~
Last Reviewed: ~~October 10, 2024~~

VCEMS Medical Director

If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting. After successful cardioversion, obtain an ECG per Policy 726.	• **Fentanyl** ○ 1 mcg/kg IV / IO / IN prior to electrical therapy. If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting. After successful cardioversion, obtain an ECG per Policy 726.

Base Hospital Orders only

ED Physician Order Only: After synchronized cardioversion or defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone – 150 mg IVPB/IOPB in D_5W infused over 10 minutes.

Additional Information:

- *Special circumstances for sedation prior to cardioversion include Fully awake and alert, patients with unstable vital signs.
- Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.
- Ventricular tachycardia (VT) is a rate greater than 150 bpm.

Symptomatic Bradycardia	
ADULT (HR less than 40 bpm)	**PEDIATRIC (HR less than 60 bpm)**
BLS Procedures	
Administer oxygen as indicated ~~Supine position as tolerated~~	Administer oxygen as indicated ~~Assist ventilations if needed~~ If significant ALOC, initiate CPR
ALS Standing Orders	
12 Lead ECG IV/IO access ~~Obtain 12-lead ECG~~ • **Atropine** ○ IV/IO – 1 mg May repeat q 5 min to a total max dose of 3 mg. ○ ~~I~~if initial Atropine is transiently effective, or patient remains bradycardic without hemodynamic compromise. Hypotension with signs of hypoperfusion Initiate electrical and medical therapy concurrently, tailor additional therapy to patient response. ~~• May repeat Atropine 1 mg IV/IO q 5 min to a total max dose of 3 mg.~~ • **Transcutaneous Pacing (TCP)** ~~• Should be initiated only if patient has signs of hypoperfusion~~ ○ Should be started immediately for 3º heart blocks and 2º Type 2 (Mobitz II) heart blocks ○ **Pain Control** – per Policy 705.19 ~~•~~ Only needed if pain present during TCP ~~If pain is present during TCP~~ ~~○ **Pain Control** – per policy 705.19~~ • **Epinephrine 10 mcg/mL** ~~If patient remains hypotensive (SBP less than 90mmHg)~~ ~~**Epinephrine 10 mcg/mL**~~ ~~•~~○ 1 mL (10 mcg) q 2 minutes, slow IV/IO push ~~•~~○ Titrate to SBP ≥ 90 mm/Hg ~~When patient presents or becomes hypotensive without signs of heart failure.~~ • **Normal Saline** ~~•~~○ ~~500 mL IV/IO bolus~~500 mL IV/IO bolus ○ May repeat x 1 for total of 1,000 mL ○ Withold if signs of heart failure Consider potential underlying causes for bradycardia:	If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol ~~•~~ IV/IO access (only if patient in extremis) • **Atropine** ○ IV/IO – 0.02 mg/kg ○ Minimum single dose 0.1 mg ○ Maximum single dose 1 mg ○ May repeat q 5 min to a max total dose of 0.04 mg/kg • **Epinephrine 10 mcg/mL** ○ 0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push ○ Max single dose of 1 mL or 10 mcg ○ Titrate to SBP ~~of greater than or equal to 80 mm/Hg~~to greater than Handtevy minimum Consider potential underlying causes for bradycardia: For suspected Overdose/Medication related bradycardia • Refer to Policy 705.18

~~For suspected hyperkalemia~~ For suspected hyperkalemia

- **Calcium Chloride**
  - IV/IO – 1 g
  - Repeat x 1 in 10 min
  - ~~Withhold if suspected digitalis toxicity~~
- **Sodium Bicarbonate**
  - IV/IO – 1 mEq/kg
  - Repeat 0.5 mEq/kg x 2 q 5 min

For suspected Overdose/Medication related bradycardia

- Refer to Policy 705.18

Base Hospital Orders Only

~~Atropine~~

- ~~IV/IO – 0.02 mg/kg~~
- ~~Minimum dose – 0.1 mg~~

Consult with ED Physician for further treatment measures

Additional Information:

- ~~Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP)~~
- ~~Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.~~

Effective Date: ~~December 1, 2024~~
Next Review Date: ~~October 31, 2026~~
Date Revised: ~~October 10, 2024~~
Last Reviewed: ~~October 10, 2024~~

VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Transcutaneous Cardiac Pacing	Policy Number: 727
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: ~~June 1, 2024~~
APPROVED: Medical Director Daniel Shepherd, MD	Date: ~~June 1, 2024~~
Origination Date: December 1, 2008 Date Revised: January 27, 2022 Date Last Reviewed: February 28, 2024 Next Review Date: ~~February 28, 2026~~	Effective Date: ~~June 1, 2024~~

I. PURPOSE: To define the indications, procedure and documentation for the use of transcutaneous cardiac pacing by paramedics

II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and 100169.

III. POLICY: Paramedics may utilize transcutaneous cardiac pacing (TCP) on adult patients (age 14 or greater) in accordance with Ventura County Policy 705 – Symptomatic Bradycardia, Adult.

IV. PROCEDURE:

A. Training: Prior to using TCP the paramedic must successfully complete a training program approved by the VC EMS Medical Director, which includes operation of the device to be used.

B. Indications: Symptomatic bradycardia (heart rate less than 40 bpm with one or more of the following signs or symptoms):

1. Altered level of consciousness
2. Chest pain
3. Abnormal skin signs
4. Profound weakness
5. Shortness of breath
6. Hypotensive (Systolic BP less than 90mm Hg)

C. Contraindications:

1. Absolute
   a. Asystole
2. Relative:
   a. Hypothermia – patient warming measures have precedence. (Base Hospital contact required).

D. Patient Treatment

1. ~~1.~~ Patient assessment and treatment per 705: Bradycardia treatment protocol. ~~If IV/IO access not promptly available, proceed to pacing.~~
2. ~~2.~~ Explain the TCP procedure to the patient.
3. ~~3.~~ Place pacing electrode pads~~s~~ and attach pacing cable to pacing device per manufacturer's recommendations.
4. ~~3.~~4. Attach 4-Lead to the patient.
5. ~~4.~~ Set pacing mode to demand mode, pacing rate to 70 BPM, and current at 40 milliamps (mA), or manufacturer recommendation.
   a. Demand mode requires that the 4-Lead be on the patient.
   ~~a.~~
~~5. If required, provide patient pain relief. Patients with profound shock and markedly altered level of consciousness may not require pain relief~~
6. ~~4.~~6. ~~6.~~ Activate pacing device and increase the current in 10 mA increments until electrical capture is achieved (~~i.e.,~~ each pacemaker ~~produces~~ impulse produces a ~~pulse with each paced~~ QRS complex).
7. ~~5.~~7. ~~7.~~ Assess patient for mechanical capture (pacemaker produces a pulse with each QRS complex) and clinical improvement (BP, pulses, skin signs, LOC).

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

E. Transfer of Care

1. Communicate – this is a key component when transferring care of a patient who has TCP in place. There should be direct communication between the paramedic and hospital provider who will be taking over patient care.
2. Pause – Paramedic should be familiar with the cardiac monitor TCP pausing capabilities.
   a. Utilizing the pause feature allows for the underlying rhythm to be observed without completely shutting off the TCP.
3. Plan – The healthcare team should formulate a plan together for how the patient will be safely transitioned from the EMS gurney to the hospital bed without interrupting pacing.

4. Transfer - Once a plan is in place, transfer the patient.

~~a.~~

F. ~~E.~~ Documentation

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

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Accreditation to Practice	Policy Number 315
APPROVED Administration: Steven L. Carroll, Paramedic	Date: ~~December 1, 2023~~DRAFT
APPROVED Medical Director: Daniel Shepherd, M.D.	Date: DRAFT~~ecember 1, 2023~~
Origination Date: January 1, 1990 Date Revised: ~~June 8, 2023~~ Date Last Reviewed: ~~June 8, 2023~~ Review Date: ~~June 30, 2026~~	Effective Date: DRAFT~~ecember 1, 2023~~

I. PURPOSE: To establish a mechanism for a p~~P~~aramedic to become accredited to practice in Ventura County. ~~-~~The purpose of accreditation is to ensure that the p~~P~~aramedic has: ~~-~~1) completed the minimum required education and training, and 2) is oriented to the local EMS system.

II. AUTHORITY: ~~-~~Health and Safety Code Sections 1797.84, 1797.185, 1797.214, 1798 and California Code of Regulations, Title 22, Section 100166.

~~I.~~III. DEFINITIONS:

A. ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310 – Paramedic Scope of Practice, with the exception of central line monitoring, blood glucose testing, 3 or 4-lead cardiac monitoring, and pulse oximetry.

B. Field Training Officer (FTO): An agency designation for those personnel qualified to train/evaluate prehospital personnel on job-related tasks, policies, and procedures.~~.~~

C. Paramedic Preceptor: A p~~P~~aramedic, as identified ~~in California Code of Regulations Title 22, Division 9, Chapter 4, Article 3, Section 100150,~~VCEMS Policy 319 – Paramedic Preceptor, qualified to train p~~P~~aramedic s~~S~~tudent i~~I~~nterns. ~~-~~A Paramedic Preceptor may also be an FTO ~~Field Training Officer~~, when designated by that individual's agency.

D. Paramedic Accreditation Applicant: ~~-~~ ~~-~~A California licensed p~~P~~aramedic ~~in the State of California w~~who is in the process of applying for local accreditation in Ventura County through the Ventura County EMS Agency~~. An accreditation application shall only be authorized to practice the basic scope of practice for a Paramedic while in the presence of a field training officer.~~.

~~D.~~E. Field Evaluation: Timeframe within the accreditation process where a Paramedic Accreditation Applicant is assigned to a paramedic FTO/Paramedic Preceptor for direct observation of required ALS Patient Contacts.

F. Independent Practice Paramedic: A paramedic accredited in Ventura County to perform the paramedic basic and local optional scope of practice ~~full scope of practice of a Paramedic~~ and who is authorized to function independently in accordance with VCEMS Policy 318 – Independent Practice Paramedic.

IV. ~~IV.~~ POLICY: ~~-~~Each p~~P~~aramedic employed by a Ventura County ALS Provider shall be accredited to practice in Ventura County. ~~-~~A p~~P~~aramedic shall apply for accreditation prior to working on an ALS Unit.

~~II.~~V. ~~V.~~ PROCEDURE:

A. ~~A.~~ Application~~:-~~ Prior to beginning the Field Evaluation ~~an Accreditation Internship and/or assignment to function as a Paramedic in the Basic Scope of Practice on an ALS Unit~~ in Ventura County,

1. ~~1.~~ The p~~P~~aramedic shall,

a. ~~a.~~ Possess a current California p~~P~~aramedic license.

1) Verification of licensure through the Emergency Medical Services Authority (EMSA) website will be allowed provided a copy of the ~~wallet size~~ paramedic license is received ~~by EMS~~ within 45~~30~~ days of the Paramedic Accreditation A~~a~~pplication date.

b. ~~b.~~ Possess a government issued form of identification.

c. Submit a Ventura County EMS Personnel Application.

1) Paramedics must notify VCEMS within 30 days of any contact information change.

d. Submit a signed Eligibility Statement.

1) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200.

e. Pay the established fee.

f. Complete a local system orientation. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:

1) Policies and procedures, treatment protocols, radio communications, hospital/facility destination policies, and other unique system features.

2) VCEMS Orientation

3) PCC Orientation (may be done concurrently with the Field Evaluation)

g. Complete local optional scope of practice (LOSOP) training: Submit completion of applicable training as outlined in each LOSOP. The applicant may be exempted from some or all of these requirements if documentation is provided of previous completion of VCEMS LOSOP training.

~~c. Complete the Ventura County accreditation application process. (Note: Falsification of information on the application will result in immediate suspension of accreditation to practice as a Paramedic in Ventura County.)~~

~~1) Fill out a Ventura County EMS Personnel application.. Paramedic must notify VCEMS within 30 days of any contact information change.~~

~~2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code.~~

~~3) Pay the established fee.~~

~~4) It is the responsibility of the accredited paramedic to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)~~

2. The ALS Service Provider shall.~~:~~

a. ~~a.~~ Provide the Paramedic Accreditation A~~a~~pplicant with ~~his/her~~their schedule for orientation, training, and ~~and testing in skills and~~Paramedic Field Evaluation. ~~field evaluation.~~

B. Field Evaluation: Upon completion of the requirements of Section V.A.1-2, the applicant is authorized to begin their Field Evaluation in Ventura County. ~~B. Accreditation Internship:~~

1. ~~1. Upon completion of the requirements of Section V.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic accreditation applicant in Ventura County.~~The Field Evaluation will consist of a minimum of five (5) and a maximum of ten (10) ALS Patient Contacts, with continuous supervision by a paramedic FTO/Paramedic Preceptor, from the beginning of assessment to transfer of patient care to hospital staff.

a. A Paramedic Accreditation Applicant who, with the approval of the Paramedic Training Program Director, and having completed their internship in Ventura County within the past 12 months, may use the last five (5) ALS Patient Contacts for accreditation purposes. In order to use these ALS Patient Contacts; an applicant must have received a rating of three (3) in all categories on each of the five (5) ALS Patient Contacts.

2. ~~2.~~ During the Field Evaluation~~evaluation for accreditation~~, the Paramedic A~~a~~ccreditation A~~a~~pplicant shall be the third assigned ~~VCEMS~~ responder on an ALS unit ~~at the call and shall be~~ under the direct supervision of a~~n~~ paramedic FTO/Paramedic Preceptor who is ultimately responsible for ~~the~~ patient care rendered by the Paramedic Accreditation Applicant. Paramedic Accreditation Applicants may perform the local optional scope of practice only when under this direct supervision. ~~Intern.~~

a. ~~3.~~ A Paramedic A~~n a~~ccreditation ~~a~~Applicant may also work as the second p~~P~~aramedic of a two (2) p~~P~~aramedic team on an ALS unit, as long as ~~if~~ the second paramed~~med~~ic is ~~an~~ authorized as an Independent Practice ~~Paramedic, but~~Paramedic. In this circumstance the Paramedic Accreditation Applicant ~~-~~shall be limited to perform in ~~performance of t~~the paramedic b~~b~~asic s~~Paramedic s~~cope of p~~p~~ractice, as defined in VCEMS Policy 310

– Paramedic Scope of Practice. ~~-~~Shifts worked as a second p~~P~~aramedic, and any ALS Patient Contacts obtained~~skills performed~~ during those shifts, will not be considered part of the ~~accreditation application~~ Field Evaluation process~~process~~.

C. Accreditation Application Submission

1. Upon completion of V.A and V.B, the paramedic shall make an appointment with VCEMS to complete the accreditation process.

2. The Paramedic Accreditation Applicant shall successfully complete and provide written verification of completion of the Ventura County accreditation process within 45 days of the date of the Paramedic Accreditation Application date. If the accreditation process is not completed within 45 days, a new accreditation period will automatically begin. If the accreditation process cannot be completed within the two forty-five-day periods, a new Paramedic Accreditation Application and fee to begin a third 45-day period may be required. The applicant may not apply more than three (3) times in one year.

Paramedic

~~4. ALS agency Medical Director / designee shall review accreditation documentation and provide written approval to VCEMS prior to formal accreditation.~~

~~5. The applicant shall successfully complete and provide written verification of satisfactory completion of a Ventura County accreditation process within 45 days of the date of the applicant's hire/start date. If the accreditation process is not completed within 45 days, a new accreditation period will automatically begin. If the accreditation process cannot be completed within the two forty-five day periods, a new application and fee to begin a third 45 day period may be required. The applicant may not apply more than three (3) times in one year.~~

~~a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:~~

~~1) Orientation of ALS Service Provider responsibilities and practices.~~

~~2) PCC Orientation~~

~~3) VCEMS Orientation~~

~~a. Complete a supervised pre-accreditation field evaluation consisting of a minimum of five (5) and maximum of ten (10) ALS patient contacts as the third assigned VCEMS responder with~~

~~continuous supervision by an FTO from the beginning of assessment to transfer of patient care to hospital staff. An FTO/Clinical Coordinator/Operations Manager will sign off documentation of ALS patient contacts. The FTO will determine that the response included ALS assessment and treatment skills for all ALS patient contacts submitted for accreditation.~~

~~b. An applicant who, with the approval of the Paramedic Training Program Director, and having completed their internship in Ventura County (40 contacts) within the past 12 months, may use the last five (5) ALS patient contacts for accreditation purposes. In order to use these ALS patient contacts, an applicant must have received a rating of three (3) in all categories on each of the five (5) ALS patient contacts.~~

~~c. Successful completion of training and testing of the applicant's knowledge of VCEMS optional scope of practice skills, policies, procedures and medications. The applicant may be exempted from some or all of these requirements if s/he provides documentation of previous successful completion of a training program in any other jurisdiction.~~

D. ~~C.~~ Accreditation~~. Upon completion of the above requirements, the Paramedic shall call the EMS office for an appointment to complete the accreditation process or may submit the required documentation by mail.~~

1. If all requirements are met, a VCEMS A~~a~~ccreditation card will be issued.

2. If requirements are not successfully completed, the application will be submitted to the VCEMS Medical Director for further action. ~~-~~The VCEMS Medical Director shall notify the Paramedic Accreditation A~~a~~pplicant of their~~his/her~~ findings within 5 working days.

E. Accreditation Period

1. The Accreditation Period shall coincide with the individual's California paramedic license.

2. Paramedic Accreditation shall be continuous as long as the following is maintained:

a. California Paramedic licensure.

b. Continuous employment with a VCEMS Approved ALS Service Provider Agency.

1) The Paramedic Accreditation will end when the paramedic is no longer employed with a VCEMS Approved ALS Service Provider Agency.

c. The paramedic continues to meet all requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.

1) This includes any mandatory training, as defined in VCEMS Policy 334 – Mandatory Training Requirements.

F. Paramedic Accreditation Reverification Process: A Ventura County accredited paramedic is required to submit documentation to VCEMS every 2 years verifying that they have maintained the requirements listed in V.E.2

1. Submit an EMS Personnel Application and Eligibility Statement as described in Section V.A.

2. Submit their renewed California paramedic licensure.

3. Submit completed Policy 334 – Mandatory Training Requirements Appendix A.

~~2.~~

G. ~~D.~~ Adverse Paramedic Accreditation Action~~.~~

1. ~~1.~~ Denial of Paramedic Accreditation

a. The VCEMS medical director shall evaluate any Paramedic Accreditation Applicant who fails to successfully complete the Field Evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the paramedic's competency to practice is questionable, then the medical director shall notify the California EMS Authority.

b. Paramedic ~~a.~~ Accreditation may be denied for failure to complete ~~application~~any requirements listed in Section V.A-C. ~~or for failure to successfully complete the accreditation requirements listed in Section V.B.~~

1) The VCEMS Medical Director will inform the applicant of the denial of Paramedic Accreditation by certified mail or hand delivery, with a complimentary copy to the ALS

employer, in addition to the EMS Authority as noted above. The notice will include the specific facts and grounds for denial.

~~b. The VCEMS medical director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the paramedic's competency to practice is questionable, then the medical director shall notify the California EMS Authority.~~

~~c. Upon failure to successfully complete the requirements of Section V.A or V.B, the VCEMS Medical Director will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a complimentary copy to the ALS employer, in addition to the EMS Authority as noted above. The notice will include the specific facts and grounds for denial.~~

2. ~~2.~~ Suspension of Paramedic Accreditation

a. Paramedic ~~a.~~ Accreditation may be suspended for failure to meet the requirements listed in Section V.E~~E~~.

b. ~~b.~~ The VCEMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.

c. Paramedic ~~c.~~ Accreditation will be suspended until such time as the deficiencies are completed and documented to VCEMS.

3. ~~3.~~ Due Process

a. ~~.~~ This will apply to the decision of the VCEMS Medical Director to either deny or suspend an accreditation.

b. The paramedic may request reconsideration in writing, by certified mail or hand delivery. The VCEMS Medical Director will respond to the request by certified mail or hand delivery within 5 working days.

~~a. The Paramedic may request reconsideration in writing, by certified mail or hand delivery. The VCEMS Medical Director will respond to the request by certified mail or hand delivery within 5 working days.~~

~~E. Accreditation Period~~

~~The accreditation to practice period shall coincide with the individual's Paramedic license. Accreditation to practice shall be continuous as long as the following is maintained:~~

~~1. California State Paramedic Licensure~~

~~2. Continuous employment with a VCEMS Approved ALS Service Provider Agency.~~

~~a. The accreditation to practice as a Paramedic will end when the Paramedic is no longer employed with the ALS agency.~~

~~3. The Paramedic continues to meet all requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.~~

~~a. This includes any mandatory training, as defined in VCEMS Policy 334 – Mandatory Training Requirements, that was issued/released during the period the individual's accreditation was lapsed.~~

~~ADD REVERIFICATION WORDING HERE**~~**

H. ~~F.~~ Lapse of Paramedic Accreditation~~.~~

1. ~~-~~If a p~~P~~aramedic does not maintain Ventura County Paramedic A~~a~~ccreditation requirements, the following requirements must be met to re-establish eligibility:

a. ~~Completion of application as described in Section V.A.~~Pay the established fee to reinstate lapsed accreditation.

b. In addition, the following shall be met~~.~~:

1) ~~a.~~ If the period of lapse of accreditation is 1-31 days, the p~~P~~aramedic shall complete the requirements for reverification~~continuing accreditation~~ as defined in Section V.F~~E~~, including mandatory training issued/released during the timeframe the paramedic's accreditation was lapsed.~~.~~

2) ~~b.~~ If the period of lapse of accreditation is greater than 31 days and less than one-year, the paramedic shall complete requirements described in Section V.B.1~~5~~., complete the requirements for reverification as defined in Section V.F.~~b~~ and complete any training issued/released during the timeframe~~items which are new since the Param the paramedic's accreditation was lapsed.edic was last accredited.~~

3) ~~c.~~ If the period of lapse of accreditation is greater than one year, the paramedic shall ~~applicant must~~ complete all the requirements specified in Section V.A-C.~~B.~~

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Pre-Hospital Personnel Mandatory Training Requirements	Policy Number: 334
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: ~~December 1, 2023~~DRAFT
APPROVED: Medical Director Daniel Shepherd, MD	Date: ~~December 1, 2023~~DRAFT
Origination Date: September 14, 2000 Date Revised: ~~September 14, 2023~~ Date Last Reviewed: ~~September 14, 2023~~ Review Date: ~~September 30, 2026~~	Effective Date: DRAFT~~ecember 1, 2023~~

I. PURPOSE: ~~-~~To define the requirements for mandatory training sessions for EMTs employed by an approved prehospital provider agency, Paramedics, MICNs and Flight Nurses in Ventura County.

II. AUTHORITY: ~~-~~Title 22, California Code of Regulation, Division 9, Section 100175 and Chapter 6. Health and Safety Code Section 1797.214, 1797.220 and 1798.200.

III. POLICY: ~~-~~All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. ~~-~~These requirements are outlined in VCEMS Policies 315 and 318 for Paramedics, 301, 303, 803 for EMTs, and 1201 for Flight Personnel (Nurses and EMTs) and 322 for MICNs.

Unless specifically stated on a course completion or some other correspondence from VCEMS, a mandatory training course is viewed as valid for two years through the end of the month during which the course completion was issued.

IV. PROCEDURE:

A. EMS Updates – Applies to all personnel listed above.

Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the Ventura County EMS Agency in the Spring and the Fall of each year.

~~1.~~ ~~Prehospital Services Committee members who attend 75% of the scheduled meetings over the previous 6 months may have this requirement waived.~~

1.

B. MCI Training – Applies to all personnel listed above.

1. Personnel shall attend MCI training within 6 months of initially starting the certification or accreditation process and complete an MCI Refresher every 2 years~~bi-annual refreshers~~ as indicated in VCEMS Policy 131.

C. Resuscitation Training

1. Cardiac Arrest Management (CAM) – EMTs, Paramedics and Flight Nurses shall be required to complete the CAM initial training within three months of employment and will be required to complete a CAM refresher every two years.
2. Adult Resuscitation – Paramedic, MICN, and Flight Nurse ~~providers must~~shall obtain AHA ACLS certification or American Red Cross ALS certification within three months of initially starting the certification or accreditation process (requires both cognitive and skills testing). ~~-~~ Adult resuscitation certification must be maintained as current while practicing in Ventura County.
3. Pediatric – Paramedics and Flight Nurses shall obtain a Handtevy Pediatric Provider course completion certification within 3 months of initially starting the accreditation/authorization process. ~~-~~Handtevy may be repeated every two years as a means of maintaining pediatric training requirements.

Pediatric Advanced Life Support (AHA or American Red Cross), Pediatric Education for Prehospital Providers (PEPP), or Emergency Nurse Pediatric Course (ENPC) may also be maintained every two years after the initial Handtevy course completion as a means of meeting this pediatric training requirement.

D. Paramedic Skills Verification~~Refresher~~ – Applies to Paramedics only.

1. Paramedics are required to demonstrate competency in skills and assessment, as well as VCEMS policies and procedures. ~~Paramedics shall attend one skills refresher session during the first year of licensure and one skills refresher in the second year of licensure.~~
2. ~~Skills Refreshers will be offered at least 4 times in March and 4 times in September and will be offered over a 3 week period. Dates, times, and locations for the Skills Refreshers will be published one year in advance. Late arrivals will not be admitted into the Skills Refresher.~~ The LEMSA Medical Director will establish requirements for demonstration of competency in coordination with ALS Agencies.

E. Failure to complete mandatory requirements:

1. Independent Practice Paramedics who fail to complete any of these requirements will have their authorization suspended in accordance with VCEMS Policy 318. The Paramedic's accreditation to practice in Ventura County maybe suspended after the State required 15-day notice until the ~~following remediation~~ reinstatement criteria has been met.

2. All other required personnel who fail to complete these requirements will have their authorization ~~immediately~~ suspended until the reinstatement criteria has been met.~~.~~

3. Reinstatement of authorization or accreditation:

   a. Personnel who have not completed or maintained ~~MCI,~~ Resuscitation Training (CAM, Adult, or Pediatric requirements), EMS Update, MCI, or Paramedic Skills~~adult resuscitation, or pediatric resuscitation training requirements~~ Verification as outlined above must complete the needed requirements and provide documentation of completion to VCEMS for ~~determination on~~ reinstatement.

~~b. Personnel not attending EMS Update must complete the following remediation criteria.~~

~~1) Personnel will attend a make-up session and complete a post-test as part of the online education and course evaluation process.~~

Appendix A

PARAMEDIC NAME		AGENCY		LICENSE #	

RESUSCITATION TRAINING		TARGET DATE	DATE ATTENDED	PROVIDER NUMBER
1.	ACLS	EMS Office Use		
2.	Pediatric Course	EMS Office Use		
3.	CAM Course	EMS Office Use		
EMS UPDATE (Held in **Spring** and **Fall** each year)		**TARGET DATE**	**DATE ATTENDED**	
4.	EMS Update #1	EMS Office Use		
	EMS Update #2	EMS Office Use		
	EMS Update #3	EMS Office Use		
	EMS Update #4	EMS Office Use		
MCI COURSE (Refresher course required every 2 years)		**TARGET DATE**	**DATE ATTENDED**	
5.	Ventura County MCI Course	EMS Office Use		
PARAMEDIC SKILLS VERIFICATION		**TARGET DATE**	**DATE VERIFIED**	
6.	Agency Skills Verification	EMS Office Use		

This tracking sheet must be submitted at time of Paramedic Accreditation Reverification as outlined in VCEMS Policy 315.

~~c. Paramedics not attending the skills refresher training will be required to complete a make-up process, to include the following:~~

~~1) ALS provider will be responsible to coordinate a Skills Refresher make-up session that is similar in content and structure to the education provided during the primary skills training sessions provided by VCEMS. EMS will work with make-up session coordinator as needed to help ensure consistency in material and training delivered.~~

~~2) Employer will submit verification to VCEMS that the make-up process has been completed. This information will include basic info (course date and time, location, instructor(s), etc.) in addition to stations completed, signature of individual coordinating make-up session.~~

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Responder (EMR) Training Program Approval	Policy Number 1102
APPROVED: Administration: Steve L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: April 13, 2017 Date Revised: September 11, 2025 Date Last Reviewed: September 11, 2025 Review Date: September 30, 2028	Effective Date: DRAFT

I. PURPOSE: As the Ventura County EMS Agency has primary responsibility for approving and monitoring the performance of EMR training programs located with the County of Ventura, this policy has been established to outline the process for approval of Emergency Medical Responder training programs to ensure their compliance with local policy, as well as national standards and guidelines.

II. AUTHORITY: California Health and Safety Code, Title 22, Division 2.5, Sections 1797.204, 1797.210, and 1797.212; California Code of Regulations, Title 22, Division 9, Chapter 2.3~~1.5~~, ~~Section 100026~~

III. POLICY: The approving authority for Emergency Medical Responder (EMR) training programs operating within the County of Ventura will be the Ventura County EMS Agency (VCEMSA). This does not apply to statewide public safety agencies such as California Highway Patrol, California State Parks, etc.

A. Programs eligible for program approval shall be limited to:

1. Accredited universities and colleges including junior and community colleges, school districts, or 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.
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 Division 5; and
   b. Provide continuing education to other healthcare professionals.
4. Agencies of government
5. Public safety agencies

6. Local EMS Agencies

IV. PROCEDURE:

A. Program Approval

1. Eligible training programs shall submit a written request for EMR program approval to VCEMSA.
2. VCEMSA shall review and approve the following prior to approving an EMR training program.
   a. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at http://www.ems.gov/pdf/811077b.pdf).
   b. A statement verifying CPR training equivalent to the current Emergency Cardiovascular Care guidelines.
   c. Samples of lesson plans including:
      1) At least two lecture or didactic sessions, and
      2) At least two practical (skills or psychomotor) sessions.
   d. Samples of periodic examinations or assessments including:
      1) At least two written examinations or quizzes.
      2) Statement of utilization of the National Registry EMR Skills Check-Off Sheets
   e. A final psychomotor skills competency examination
   f. A final cognitive (written) examination
   g. Educational Staff:

      Each EMR training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.

      1) Program Director:

         Each EMR training program shall have an approved program director who shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be

documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential. Duties of the Program Director shall include but not be limited to:

a) Administering the training program
b) Approving course content
c) Approving all written examinations and the final skills examination.
d) Approving the principal instructor(s) and teaching assistant(s).
e) Signing all course completion records.
f) Assuring that all aspects of the EMR training program are in compliance with applicable California Code of Regulations, local VCEMS policies and procedures and any other applicable regulations, guidelines, or laws.

2) Principal Instructor:

Each training program shall have principal instructor(s), who may also be the program director, who shall be qualified by education and experience with at least forty (40) hours of documented adult teaching methodology instruction or a k-12 teaching credential and shall meet the following qualifications:

a) Be a Physician, Registered Nurse, Physician Assistant or Paramedic licensed in California; or,
b) Be an EMT, Advanced EMT, who is currently certified in California.
c) 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.
d) Be approved by the program director as qualified to teach the topics to which s/he is assigned.
e) All principal instructors from an approved EMR training programs shall meet the minimum qualifications outlined in this policy.

3) Teaching Assistants

Each training program may have teaching assistants who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director 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 and the program director.

k. Course Location, Time, and Instructor Ratios
   1) Each EMR Training Program shall submit an annual listing of course dates and locations.
   2) In the event that an approved EMR Training Program wishes to add a course to the schedule, notification must be received in writing by VCEMSA no less than sixty days prior to the proposed start date.
   3) No greater than ten students shall be assigned to one instructor during the practical portion of course.

l. A table of contents listing the required information detailed in this policy with corresponding page numbers

m. Facilities and Equipment
   1) Facilities must comfortably accommodate all students, including those with disabilities.
   2) Restroom access must be available.
   3) Must permit psychomotor skills testing so that smaller break-out groups are isolated from one another.
   4) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.

n. Quality Assurance and Improvement
   1) Each program shall submit a Quality Assurance and Improvement Plan that addresses the following:
      a) Methods of student remediation.
      b) A plan for continuous update of examinations and student materials.
      c) Identify the text and resource materials that will be utilized by the program.

d) Student course evaluations

o. Research Agreement Decree

1) Each approved training program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services systems in Ventura County.

3. Program Approval Time Frames

a. Upon receipt of a complete application packet, VCEMS shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:

1) The request for approval has been received,

2) The request does or does not contain all required information, and

3) What information, if any, is missing from the request.

b. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program, within a reasonable period of time, after receipt of all required documentation, not to exceed three (3) months.

c. VCEMS shall establish an effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

d. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified by VCEMS in this policy.

4. Withdrawal of Program Approval

Noncompliance with any criterion required for EMR training program approval, use of any unqualified personnel, or noncompliance with any other applicable regulation, guidelines or laws may result in suspension or revocation of program approval by VCEMS. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

a. VCEMS shall notify the EMR training program director in writing, by registered mail, of the provisions of this policy with which the EMR training program is not in compliance.

b. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by registered mail, to VCEMS one of the following:
   1) Evidence of compliance with the provisions outlined in this policy, or
   2) A plan for meeting compliance with the provisions outlined in this policy within sixty (60) calendar days from the day of receipt of the notification of noncompliance.

c. Within fifteen (15) working days of the receipt of the response from the approved EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, VCEMS shall notify the approved EMR training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMR training program approval.

d. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in this policy shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of VCEMS' letter of decision to the EMR training program.

B. Program Review and Reporting

1. All program materials are subject to periodic review by VCEMSA.
2. All programs are subject to periodic on-site (scheduled or unscheduled) evaluation by VCEMSA.
3. VCEMSA shall be advised of any program changes in course content, hours of instruction, or instructional staff.
4. Approved programs shall issue a tamper resistant Course Completion Record to each student who successfully meets all requirements for certification. This Course Completion Record shall include:
   a. The name of the individual
   b. The date the course was completed

c. The name of the course completed "Emergency Medical Responder"

d. Number of hours of instruction completed.

e. The name and signature of the Program Director.

f. The name and location of the training program issuing the course completion.

g. The name of the approving authority (ie; Approved by the Ventura County EMS Agency)

h. The following statements in bold print:

1) "THIS IS NOT AN EMR CERTIFICATE"

2) This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and shall be recognized statewide.

5. The EMR 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, course hours of instruction, additional classes/cohorts, etc.

6. The EMR 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.

b. Total cost of attendance (include tuition and fees, books, uniforms, Equipment and supplies, etc.)

c. Changes to any teaching staff and/or program leadership. This does not replace the requirement outlined in item 4 above

d. A listing of course dates and locations for the coming year.

e. 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.

V. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen (15) days following the completion of the program. This roster shall include the name and address of each person receiving a course completion record and the date of course completion.

Ventura County Emergency Medical Services Agency
Emergency Medical Responder 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 1102 – EMR Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address

2. Training Program Affiliation	
a. Training program is affiliated with a: ☐ Accredited University or College ☐ Junior or Community College ☐ School District ☐ Private Post-Secondary School *(Submit Post-Secondary School Approval Document)* ☐ Armed Forces Medical Unit ☐ Licensed Acute Care Hospital *(Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals)* ☐ Agency of Government ☐ Public Safety Agency ☐ Local EMS Agency	Name of Affiliated Agency, Institution, or Business
3. Program Administration and Staff	
a. Program Director ☐ Documentation of education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty (40) hours in adult teaching methodology or a k-12 teaching credential.	Name of Program Director
b. Principal Instructor(s) ☐ Copy of Current License(s) Received ☐ 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) ☐ Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received ☐ Approval by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.	Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic, Advanced EMT, EMT)

****Checklist Continued on Next Page****

c. Teaching Assistant(s) ☐ Copy of current license(s) received (if applicable) ☐ Qualified by training and experience to assists with teaching ☐ Approval by program director in coordination with the clinical coordinator	Names(s) and Title(s) of Teaching Assistant(s)

4. Program Representative Completing Application	
Name of Program Representative Completing Application	
Signature	Date
Phone Number	Email Address

VCEMS Office Use Only

1. Submission Checklist	
Required Item	**Date Received**
☐ Written request for program approval	
☐ A statement verifying usage of the US DOT National Highway Traffic Safety Administration (NHTSA) National EMS Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077B, January 2009	
☐ Statement verifying implementation of current ECC / ILCOR guidelines	
☐ Session guides and/or lesson plans	
☐ Samples of skills and written exams used for periodic testing	
☐ Final psychomotor skills competency exam	
☐ Final cognitive (written) exam	
☐ Location and proposed dates at which the course(s) are to be offered	
☐ Copy of Course Completion Certificate	
☐ Statement verifying program will comply with all reporting requirements outlined in Section IV.B of this policy	

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

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Training Program Approval	Policy Number 1135
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: DRAFT
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: DRAFT
Origination Date: October 20, 1993 Date Revised: September 11, 2025 Date Last Reviewed: September 11, 2025 Next Review Date: September 30, 2028	Effective Date: DRAFT

I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.

II AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797,202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Sections 100137, 100148 - 100156, 100159, and 100162.

III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support (ALS) within an organized Emergency Medical Services (EMS) system. The following procedure shall be followed when applying for approval for a paramedic training program approval.

IV. DEFINITION(S): Paramedic training program approving authority means an agency or person authorized by the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 1, Section 100137 to approve a paramedic training program, as follows:

A. The approving authority for a paramedic training program that is conducted by a qualified statewide public safety agency shall be the Director of the California EMS Authority.

B. The approving authority for any paramedic training program(s) based in the County of Ventura shall be the Ventura County Emergency Medical Services Agency (VCEMS).

V. PROCEDURE:

A. Approved Training Programs

1. Eligibility for paramedic training program approval shall be limited to the following institutions:

a. Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the Department of Consumer Affairs, Bureau for Private Postsecondary Education

b. Medical training units of the United States Armed Forces or Coast Guard

c. Licensed general acute care hospitals which meet the following criteria:
    1) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5;
    2) Provide continuing education (CE) to other health care professionals; and
    3) Are accredited by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association
d. Agencies of government

2. All approved paramedic training programs shall be accredited and shall maintain current accreditation or be in the process of receiving accreditation approval by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) in order to operate as an approved paramedic training program.
3. All approved paramedic training programs shall:
    a. Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes; and
    b. Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation; and
    c. Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to CoAEMSP for accreditation
4. Paramedic training programs approved according to the provisions outlined in this policy shall provide the following information in writing to all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:
    a. The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP.
    b. The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.
5. Failure of the paramedic training program to maintain its LoR, submit their RAS form and ISSR to CoAEMSP, or obtain and maintain its accreditation

with CAAHEP, as described above, by the date specified shall result in withdrawal of program approval as outlined in Section V.K of this policy.

6. Students graduating from a paramedic training program that fails to apply for, receive, or maintain CAAHEP accreditation by the dates required will not be eligible for state licensure as a paramedic.
7. Paramedic training programs shall submit to VCEMSA all documents submitted to, and received from CoAEMSP and/or CAAHEP, including but not limited to the RAS form, ISSR, and documents required for maintaining accreditation.
8. Paramedic training programs shall submit to the California EMS Authority the date their initial RAS form was submitted to CoAEMSP and copies of documentation received from CoAEMSP and/or CAAHEP verifying accreditation.

B. Student Eligibility

1. To be eligible to enter a paramedic training program an individual shall meet the following requirements:
   a. Possess a high school diploma or general education equivalent; and
   b. possess a current basic cardiac life support (CPR) card equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the healthcare provider level; and
   c. possess a current EMT certificate or NREMT-Basic registration; or
   d. possess a current AEMT certificate in the State of California; or
   e. be currently registered as an Advanced-EMT with the NREMT.

C. Teaching Staff

1. Each paramedic training program shall have a medical director who is a physician currently licensed in the State of California, has experience in emergency medicine, and has education experience or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following:
   a. Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
   b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
   c. Approval of hospital clinical and field internship experience provisions.
   d. Approval of principal instructor(s).

2. Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include, but not be limited to the following:
    a. Administration, organization, and supervision of the educational program.
    b. In coordination with the training program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
    c. Ensure training program compliance with all aspects of this policy, applicable sections of the California Code of Regulations, and other related laws.
    d. Sign all course completion records.
    e. Ensure the preceptors are trained according to VCEMS Policy 319 – Paramedic Preceptor.
3. Each training program shall have a principal instructor(s), who is responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria:
    a. Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.
    b. Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E; and
    c. Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
    d. 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.

4. A principal instructor may also be the training program medical director or training program director.
5. Each training program may have a clinical coordinator(s) who is either a physician, registered nurse, physician assistant or paramedic currently licensed in the State of California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the clinical coordinator shall include, but not be limited to, the following:
    a. The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section V.C.8 of this policy
    b. Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contracts established by the paramedic training program as required for continued CAAHEP accreditation.
    c. The tracking of student internship evaluation and terminal competency documents.
6. Each training program may have teaching assistant(s) who has training and experience to assist with teaching the course. The teaching assistant(s) shall be supervised by a principal instructor, the program director and/or the program medical director.
7. Each paramedic training program shall have a field preceptor(s) who meet all criteria outlined in VCEMS Policy 319 – Paramedic Preceptor.
8. Each paramedic training program shall have a hospital clinical preceptor(s) who shall meet the following criteria:
    a. Be a physician, registered nurse or physician assistant currently licensed in the State of California.
    b. Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
    c. Be under the supervision of a principal instructor, the program director, and/or the program medical director.
    d. Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to:
        1) Evaluate a student's ability to safely administer medications and perform assessments.
        2) Document a student's performance.
        3) Review clinical preceptor requirements outlined in this policy

4) Assess student behaviors using cognitive, psychomotor, and affective domains.
5) Create a positive and supportive learning environment.
6) Identify appropriate student progress.
7) Counsel the student who is not progressing.
8) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous materials.

D. Education and Training for Paramedic Students

1. Paramedic training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory
2. Hospital Clinical Education and Training
   a. An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the VCEMS Medical Director. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section V.E of this policy
   b. Paramedic training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).
   c. Paramedic training programs in nonhospital institutions shall enter into written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.

d. Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include performance of procedures or administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.

3. Field Internship
   a. A field internship shall provide emergency medical care training and experience to paramedic students under continuous supervision, instruction, and evaluation by an authorized preceptor and shall promote student competency in medical procedures, techniques, and the administration of medications as specified in VCEMS Policy 310 – Paramedic Scope of Practice, in the prehospital emergency setting within an organized EMS system.
   b. An approved paramedic training program shall enter into a written agreement with Advanced Life Support (ALS) service provider(s) that provide field internship services to students. This agreement shall include provisions to ensure compliance with this policy.
   c. The VCEMS Medical Director shall have medical control over the paramedic intern
   d. The assignment of a student to a field preceptor shall be a collaborative effort between the paramedic training program and the provider agency
      1) The assignment of a student to a field preceptor shall be limited to duties associated with the student's training or the student training program
   e. In the event the ALS service provider is located outside the jurisdiction of the County of Ventura, the paramedic training program shall do the following:
      1) Ensure the student receives orientation in collaboration with the LEMSA where the field internship will occur. The orientation

shall include that LEMSA's local policies, procedures, and treatment protocols,

2) Report to the LEMSA, where the field internship will occur, the name of the paramedic intern, the name of the field internship provider, and the name of the preceptor.

3) Ensure the field preceptor has the experience and training as required in VCEMS Policy 319 – Paramedic Preceptor.

4) The LEMSA Medical Director where the internship is located shall have medical control over the paramedic intern

f. The paramedic training program shall enroll only the number of students it is able to place in field internships within ninety (90) days of completion of their hospital clinical education and training phase of the training program. The paramedic training program director and a student may agree to start the field internship at a later date in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.). This agreement shall be in writing.

g. The internship, regardless of the location, shall be monitored by the training program staff, in collaboration with the assigned field preceptor.

h. Training program staff shall, upon receiving input from the assigned field preceptor, document the progress of the student. Documentation shall include the identification of student deficiencies and strengths and any training program obstacles encountered by, or with, the student.

i. Training program staff shall provide documentation reflecting student progress to the student at least twice during the student's internship.

j. No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.

E. Required Course Hours

1. The total paramedic training program shall consist of not less than one thousand and ninety-four (1094) hours. These training hours shall be divided into:

a. A minimum of four-hundred and fifty-four (454) hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in tactical casualty care principles as provided in Section V.F of this policy

b. The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours

c. The field internship shall consist of no less than four-hundred and eighty (480) hours

2. The student shall have a minimum of forty (40) documented ALS patient contacts during the field internship as specified in V.C.3 of this policy. An ALS patient contact shall be defined as the student performance of one or more ALS skills identified in VCEMS Policy 310 – Paramedic Scope of Practice, with the exception of 3 or 4 lead cardiac monitoring and CPR, on a patient

   a. When available, up to ten (10) of the required ALS patient contacts may be satisfied through the use of high fidelity adult simulation patient contacts.

      1) High Fidelity Simulation means using computerized manikins, monitors, and similar devices or augmented virtual reality environments that are operated by a technologist from another location to produce audible sounds and to alter and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest sounds, and saturation of oxygen.

   b. Under the supervision of the preceptor, students shall document patient contacts utilizing the Ventura County electronic Patient Care Reporting system (VCePCR) in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care.

      1) The ALS Service provider hosting the paramedic student will provide access to VCePCR through a username and password that is unique to that student.

   c. For at least half of the ALS patient contacts the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.

3. The student shall have a minimum of twenty (20) documented experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operation in the field including, at least, the following:

   a. Lead coordination of field personnel,

   b. Formulation of field impression,

c. Comprehensively assessing patent conditions and acuity.
d. Directing and implementing patient treatment,
e. Determining patient disposition, and
f. Leading the packaging and movement of the patient.

4. The minimum hours outlined in this subsection shall not include the following:
   a. Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
   b. Examination for student eligibility.
   c. The teaching of any material not prescribed in Section V.F of this policy.
   d. Examination for paramedic licensure.

F. Required Course Content

1. The content of a paramedic course shall meet the objectives contained in the January 2009 U.S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077E, and be consistent with the paramedic basic scope of practice specified VCEMS Policy 310 – Paramedic Scope of Practice
2. In addition to the above, the content of the training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles. The minimum competency-based topics and skills for this TCC requirement are outlined in California Code of Regulations, Title 22, Division 9, Chapter 4, Article 3, Section 100155(b).

G. Required Testing

1. Approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this policy.
2. Documentation of successful student clinical and field internship performance shall be required prior to course completion

H. Course Completion Record

1. A tamper resistant course completion record shall be issued to each person who has successfully completed the paramedic training program. The course completion record shall be issued no later than ten (10) working days from the date the student successfully completes the paramedic training program.
2. The course completion record shall contain the following:

a. The name of the individual.
b. The date of completion.
c. The following statement:
    1) "The individual named on this record has successfully completed an approved paramedic training program."
d. The signature of the training program director
e. The name and location of the training program issuing the card
f. A list of optional scope of practice procedures and/or medications approved by the VCEMS Medical Director taught in the course.

I. Procedure for Paramedic Training Program Approval

1. Eligible training programs, as outlined in Section V.A of this policy shall pay the established paramedic training program application fee and submit a written request, in addition to the completed application checklist attached to this policy, to VCEMS for program approval. The following documentation shall be submitted along with written request for approval and application checklist:
    a. A statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.
    b. An outline of course objectives.
    c. Performance objectives for each skill.
    d. The names and qualifications of the training program director, program medical director, and principal instructors.
    e. Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
    f. Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
    g. The location at which the courses are to be offered and their proposed dates.
    h. Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.
    i. Written contracts or agreements between the paramedic training program and a provider agency (ies) for student placement for field internship training.

j. A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.

k. Samples of written and skills examinations administered by the training program.

l. Samples of a final written examination(s) administered by the training program.

m. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

J. Program Approval / Disapproval

1. VCEMS shall, within thirty (30) working days of receiving a request for training program approval, notify the applicant that the request has been received, and shall specify if any additional information is needed to satisfy the requirements outlined in Section V.I
2. The materials submitted will be reviewed and evaluated by VCEMS staff, an educator with a medical/nursing background who is not associated with the applicant, and an MD who is not associated with the submitting applicant
3. Program approval or disapproval shall be made in writing by VCEMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed ninety (90) days.
4. VCEMS shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.
5. Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval outlined in this policy.

K. Withdrawal of Training Program Approval

1. Failure to comply with the requirements of this policy may result in denial, probation, suspension or revocation of program approval by VCEMS.
2. The requirements for training program noncompliance notification and actions are as follows:
    a. VCEMS shall provide written notification of noncompliance with this policy to the paramedic training program provider found in violation. The notification shall be in writing and sent by certified mail to the paramedic training program director.

b. Within fifteen (15) days from receipt of the noncompliance notification, the approved training program shall submit in writing, by certified mail, to VCEMS one of the following:
   1) Evidence of compliance with the provisions of this policy, or
   2) A plan to comply with the provisions of this policy within sixty (60) days from the day of receipt of the notification of noncompliance.

c. Within fifteen (15) days from receipt of the approved training program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the approved paramedic training program, VCEMS shall issue a decision letter by certified mail to the California EMS Authority and the approved paramedic training program. The letter shall identify the VCEMS' decision to take one or more of the following actions:
   1) Accept the evidence of compliance provided.
   2) Accept the plan for meeting compliance provided.
   3) Place the training program on probation.
   4) Suspend or revoke the training program approval.

d. The decision letter shall also include, but need not be limited to, the following information:
   1) Date of the program training approval authority's decision;
   2) Specific provisions found noncompliant by the training approval 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;
   5) The revocation effective date, if applicable;

e. VCEMS shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter.

L. Program Review and Reporting

1. All program materials specified in this policy shall be subject to review by VCEMS and shall also be made available for review upon request by the California EMS Authority.
2. All programs shall be subject to on-site evaluation by VCEMS and may also be evaluated by the California EMS Authority

3. Paramedic training program shall provide VCEMS with written notification of changes to course objectives, hours of instruction, program director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.

4. Paramedic training program shall provide VCEMS a list of Paramedic Preceptors being utilized for the purposes of field internships no later than thirty (30) days prior to the internship rotations beginning.

5. The Paramedic 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, course hours of instruction, additional classes/cohorts, etc.

6. The Paramedic 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.

   b. Total cost of attendance (include tuition and fees, books, uniforms, Equipment and supplies, etc.)

   c. Changes to any teaching staff and/or program leadership. This does not replace the requirement outlined in item 4 above

   d. A listing of course dates and locations for the coming year.

   e. 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. Training Program Expansion

1. Approved paramedic training programs shall request approval to add additional training classes or to enlarge class size. The training program shall provide written confirmation guaranteeing clinical and internship placement as outlined in Sections V.D.2 and V.D.3 of this policy.

Ventura County Emergency Medical Services Agency
Paramedic Training Program

Application Checklist

Sections 1-10 to be completed by training program

For additional information on requirements and approval process, please refer to VCEMS Policy 1135 – Paramedic Training Program Approval

1. General Information		
Training Program Name:		
Program Address	Program City	Program Zip
Program Phone Number	Program Fax Number	Program Email Address

2. Type of Institution	
☐ Accredited University or College ☐ Junior College or Community College ☐ School District ☐ Private Post-Secondary School ***(Submit Post-Secondary School Approval Document)***	Name of Institution or Agency

☐ Medical training unit of the United States Armed Forces or Coast Guard ☐ Licensed general acute care hospital, with proof that facility meets the following criteria: ☐ Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of the California Code of Regulations, Title 22, Division 5; ☐ Provide continuing education (CE) to other health care professionals; and ☐ Current accreditation by a Centers for Medicare and Medicaid Services (CMS) accreditation organization with deeming authority, such as the Joint Commission or the Healthcare Facilities Accreditation Program of the American Osteopathic Association ☐ Agency of Government	

3. Program Accreditation

☐ Copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.
☐ Sample of letter to training program applicants containing the following:
- ☐ The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR or the date their application for accreditation renewal was sent to CoAEMSP.
- ☐ The date the paramedic training program must be initially accredited or the date its accreditation must be renewed by CAAHEP.

☐ Copies of all documents submitted to, and received from CoAEMSP and/or CAAHEP including but not limited to the RAS form, ISSR, and any/all documents required for maintaining accreditation.

4. Teaching Staff

a. Program Medical Director ☐ Copy of current license and certifications received ☐ Evidence of experience in emergency medicine ☐ Evidence of experience in education and/or methods of instruction	Name of Program Medical Director
b. Program Director ☐ Copy of current license and certifications received ☐ Evidence of baccalaureate degree ☐ Evidence of education and experience in methods, materials, and evaluation of instruction ☐ Evidence of one (1) year experience in an administrative or management level position ☐ Evidence of three (3) years academic or clinical experience in prehospital care education	Name of Program Director
c. Principal Instructor(s) ☐ Copy of current license(s) and certifications received ☐ Evidence that individual(s) is knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E ☐ Evidence of six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. ☐ Evidence of education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.	Name(s) and Title(s) of Principal Instructor(s) (MD, RN, PA, Paramedic)
d. Clinical Coordinator(s) (*if applicable*) ☐ Copy of current license and certifications received ☐ Documentation of at least two (2) years of academic and/or clinical experience in emergency medicine or prehospital care	Name(s) and Title(s) of Clinical Coordinator(s) (MD, RN, PA, Paramedic)
e. Teaching Assistant(s) ☐ Copy of current license and certifications received ☐ Evidence of qualification by training and experience to assist with teaching ☐ Approval by program director in coordination with the program medical director	Names(s) and Title(s) of Teaching Assistant(s)

5. Hospital Clinical Education and Training

☐ Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

☐	Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.

6. Field Internship

☐	Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
☐	Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.

7. Required Course Hours and Content

☐	Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.
☐	Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.
☐	Outline of course objectives.
☐	Performance objectives for each skill.
☐	Samples of written and skills examinations administered by the training program.
☐	Samples of a final written examination(s) administered by the training program.

8. Training Program Facilities

☐	The location at which the courses are to be offered and their proposed dates.
☐	Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

9. Administrative Requirements

☐	Statement verifying program will comply with any/all reporting requirements outlined in Section V.L of this policy
☐	Provide copy of course completion record
☐	Provide copy of fee schedule
☐	Provide copy of liability insurance for students

10. Program Representative Completing Application

Name of Program Representative Completing Application	
Signature	Date
Phone Number	Email Address

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

1. Submission Checklist

	Required Item	Date Received
☐	Written request for program approval	
☐	Training program application checklist	
☐	Payment of established fee	
☐	Statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.	
☐	Statement verifying program meets or exceeds required course hours outlined in Section V.E of this policy.	
☐	An outline of course objectives.	
☐	Performance objectives for each skill.	
☐	Names, CV/Resume, and copies of license(s)/cert(s) for each of the following: ☐ Training program director ☐ Program medical director ☐ Principal instructor(s) ☐ Clinical Coordinator(s) ☐ Teaching Assistant(s)	
☐	Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
☐	Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.	
☐	The location at which the courses are to be offered and their proposed dates.	
☐	Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.	
☐	Written contracts or agreements between the paramedic training program and ALS provider agencies for student placement for field internship training.	

☐ A copy of a CoAEMSP LoR issued to the training institution applying for approval or documentation of current CAAHEP accreditation.	
☐ Samples of written and skills examinations administered by the training program.	
☐ Samples of a final written examination(s) administered by the training program.	
☐ Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	
☐ Statement verifying program will comply with any/all reporting requirements outlined in Section V.L	
☐ Copy of Course Completion Record	
☐ Copy of Liability Insurance for Students	
☐ Copy of Fee Schedule	

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

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: DRAFT
APPROVED: Medical Director	Daniel Shepherd, MD	Date: DRAFT
Origination Date: Date Revised: Date Last Reviewed: Review Date:	June 1, 1997 ~~August 14, 2025~~ ~~August 14, 2025~~ ~~August 30, 2028~~	Effective Date: DRAFT

I. ~~I.~~ PURPOSE: To establish medical control standards for initial and ongoing competency of Ventura County Independent Practice Paramedics. ~~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 p~~P~~aramedic 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 – Paramedic Scope of Practice, ~~,~~ 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~~A Paramedic accredited in Ventura County to perform the paramedic basic and local optional scope of practice and who is authorized to function independently in accordance with this policy. ~~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 p~~P~~aramedic, as identified in VCEMS Policy 319 – Paramedic Preceptor, qualified to train ~~P~~paramedic s~~S~~tudent i~~I~~nterns. ~~-~~A Paramedic Preceptor may also be an 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 paramedics ~~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 p~~P~~aramedic 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 p~~P~~aramedic's overall competency and ~~readiness, and~~readiness and will sign the Independent Practice Paramedic Authorization Form~~Procedure~~ (Appendix A~~B~~).

V. PROCEDURE:

A. A p~~P~~aramedic will be authorized as an inde~~granted inde~~pendent practice paramedic ~~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 p~~P~~aramedic FTO

a. This will include a minimum of 30 patient contacts, at least half of which will be ALS Patient Contacts ~~(minimum 15 ALS contacts)~~.

1) The ALS ~~p~~Patient C~~c~~ontacts obtained during the Paramedic A~~a~~ccreditation ~~a~~Application process may be included as part of the ALS Patient C~~c~~ontact~~s~~ 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 p~~those P~~aramedics 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 p~~P~~aramedic 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 p~~P~~aramedic~~'s~~ FTO/Paramedic 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).

1) The minimum passing score is 80%. ~~-~~Candidates who do not successfully complete either examination with at least an 80% score may complete additional training with the ALS agency medical director / designee prior to re-attempting the examination.

B. In order to maintain independent practice status, the p~~P~~aramedic will remain an active prehospital ALS provider for their particular ALS agency and will demonstrate ongoing proficiency in ALS assessment and care, as well as VCEMS policies and procedures.

1. Demonstration of proficiency may be achieved in a variety of ways including direct observation of ALS assessment and care, case reviews,

and ongoing testing of skills and proficiency in VCEMS policies and procedures.

2. As part of the pParamedic's ongoing authorization, the ALS agency medical director / designee will attest that pParamedic continues to meet minimum performance standards outlined above.

C. Independent practice status will lapse in the following circumstances:

1. The Ppparamedic is no longer employed by an approved ALS provider agency in Ventura County.
2. The paramedic is unable to maintain accreditation requirements outlined in VCEMS Policy 315 – Paramedic Accreditation to Practice.
3. The pParamedic has not functioned in a paramedic n ALS capacity for at least six months.
4. The pParamedic has not met mandatory continuing education and training requirements, as outlined in VCEMS Policy 334 – Prehospital Personnel Mandatory Training Requirements.

D. Maintaining Re-authorization to function as an independent practice pParamedic for an ALS agency will require the pParamedic to demonstrate competency in skills and assessment, as well as VCEMS policies and procedures. -The LEMSA Medical Director will establish requirements for demonstration of competency prior to re-authorization, in coordination with ALS Agencies.

E. The ALS agency will provide quarterly reports to VCEMS. -The reports will contain updates on status changes for independent practice paramedics, in addition to training (cognitive and/or psychomotor skills) completed that would be required to maintain independent practice status.

F. VCEMS will maintain an ongoing QA/QI program related to records review, EMS Safety Event reporting, specialty care system(s).

1. VCEMS, under the guidance of the LEMSA Medical Director, will work with ALS Agency representatives and ALS agency medical director / designee if an issue related to patient care and/or overall clinical performance of an independent practice paramedic is observed.
    a. Specific issues of concern will be reported and a plan to correct observed issue(s) will be conducted with all parties involved.

Appendix A

INDEPENDENT PRACTICE PARAMEDIC ~~EMPLOYER~~ AUTHORIZATION FORM

~~**Employer: Please instruct the employee**~~**Independent Practice Paramedic Candidate:** ~~to c~~Complete the requirements in the order listed. Your ~~E~~employer will submit to VCEMS once all requirements are completed.

_____has been evaluated and has met all criteria for authorization as an Independent Practice Paramedic.~~to function in an ALS capacity.~~

Independent Practice Paramedic Candidate

_____ Completion of 240 hours of direct field observation by an authorized Paramedic FTO

_____ Approval by Paramedic FTO

_____ Submit all appropriate documentation to VCEMS

	Date	**Hours**	**FTO** (Print legibly)		**Date**	**Hours**	**FTO** (Print legibly)
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
					Total Hours Completed		

~~**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)
Shift 1: Cardiac				
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			
Shift 2: Cardiac (continued)				
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			
Shift 3: Respiratory / Airway Management				
710	Airway Management			
711	Waveform Capnography			
705.21	Shortness of Breath – Pulmonary Edema			
705.22	Shortness of Breath – Wheezes/other			
729	Supraglottic Airway Devices			

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)
Shift 4: Trauma				
614	Spinal Motion Restriction			
705.01	Trauma Assessment/Treatment Guidelines			
705.11	Crush Injury			
705.19	Pain Control			
734	Tranexamic Acid Administration			
738	Out of Hospital Transfusion of Blood Products			
1404	Guidelines for Inter-facility Transfer of Patients to a Trauma Center			
1405	Trauma Triage and Destination Criteria			
Shift 5: MCI / Air Medical				
131	MCI			
1202	Air Unit Dispatch for Emergency Medical Response			
1203	Criteria for Patient Emergency Transportation			
Shift 6: Medical: Neurological				
451	Stroke System Triage			
460	IFT for Stroke			
705.03	Altered Neurological Function			
705.20	Seizures			
705.26	Suspected Stroke			
705.04	Behavioral Emergencies			
Shift 7: Environmental Emergencies				
607	Hazardous Material Incident Response~~Exposure Prehospital~~			
612	~~Protocol 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)
Shift 8: Medical - General				
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			
Shift 9: Administrative				

310 334 402 603 618 704 720 1000	Paramedic Scope of Practice Prehospital Personnel Mandatory Training Requirements Patient Diversion/ED Closure Refusal of EMS Services Unaccompanied Minor Guidelines for Base Hospital Contact Guidelines for Limited Base Contact Documentation of Prehospital Care			
Shift 10: Review				
	Review Policies and Procedures ALS Agency Medical Director / designee a~~A~~ssessment			
	Complete VCEMS Policy and Arrhythmia Exams			

METHOD OF EVALUATION KEY

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

Please sign and date below for approval.

These signatures verify that all supporting documentation has been reviewed. The Independent Practice Paramedic Candidate is recommended for Independent Practice Paramedic Authorization:

Paramedic FTO Signature	Print FTO Name Legibly	Date
Agency Medical Director Signature	Print Agency Medical Director Name Legibly	Date
Employer Representative Signature	Print Employer Representative Name Legibly	Date

~~**Paramedic Name: _____ License. # _____ Date: _____**~~

~~**FTO Signature _____ Date: _____**~~

~~**ALS Agency Medical Director Signature _____ Date: _____**~~

Employer Signature: _____ **Date:** _____

			METHOD OF EVALUATION KEY		
			E = VCePCR Review		DO = Direct Observation the field or clinical setting
			S = Simulation/Scenario		V = Verbalizes Understanding to Precep
			D = Demonstration		NA = Performance Skill applicable to this employ
			T = Test/Self Learning Module		

Appendix C

NAME		Agency		License #	

Lecture Hours

	Required Courses	# of Hours	Date	Provider Number
1.	ACLS (4 hours)			
2.	Pediatric Course			
3.	CAM Course			

EMS Updates are held in May and November each year. **EMS Updates** are completed as new or changed policies become effective. Enter ***ACTUAL*** Date of class attendance below:

	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**	

Skill Refreshers are held in **March** and **September** each year. The following requirements must be completed in each year of your license cycle (***for example***: 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).

	Paramedic Skills Lab	Target Dates	Enter ***ACTUAL*** 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**	

Field Care Audits / Miscellaneous Hours **(12 hours)**

	Date	# of Hours	Location	Provider Number
1.				
2.				
3.				
4.				

~~5.~~				
~~6.~~				
~~7.~~				
~~8.~~				
~~9.~~				
~~10.~~				
~~11.~~				
~~12.~~				