

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

Pre-hospital Services Committee
Agenda

December 11, 2025
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Minutes

IV. Medical Director Report – Dr. Shepherd

- A. Local Optional Scope Of Practice (LOSOP) Applications:
1. Olanzapine
 2. Droperidol
 3. Prehospital blood transfusions
 4. Buprenorphine

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

- | | |
|--|-----------------------|
| A. 301: Emergency Medical Technician Initial Certification | Adriane Gil-Stefansen |
| B. 302: Emergency Medical Technician Renewal & Reinstatement | Adriane Gil-Stefansen |
| C. 304: EMT Course Completion by Challenge Examination | Adriane Gil-Stefansen |
| D. 705.20: Seizures | Dr. Shepherd |

VI. Old Business

- | | |
|------------------------------------|--------------|
| A. Cardiac Arrest Sub-group update | Dr. Shepherd |
|------------------------------------|--------------|

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

- A. None

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

- | | |
|------------------------------------|-----------------------|
| A. 300: EMT Scope of Practice | Adriane Gil-Stefansen |
| B. 303: EMT Optional Skills | Adriane Gil-Stefansen |
| C. 303-B: EMT Optional Skills Plan | Adriane Gil-Stefansen |
| D. 305: EMT Local Accreditation | Adriane Gil-Stefansen |

IX. Agency Reports

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

X. Closing

Topic	Discussion	Action	Approval
I. Introductions	Happy Nurses' Week! Premier Ambulance: Daniel Santillan and Bob Buslik Ventura City Fire: Kyle Tong, Colby Morrison, Christian Kay, Tyler Morrison Ventura County Medical Center: Matthew-Leadership Student	Welcome	N/A
II. Approve Agenda	None	Approved	Motion: Tom O'Connor Seconded: Joe Dullam Passed: Unanimous
III. Minutes	Corrections of names (Canby, Shepherd), remove "?", change "improved" to "approved" for EMS Plan, Update Report Section	Approved with changes	Motion: Dr. Ira Tilles Seconded: Dr. Todd Larsen Passed: Unanimous
IV. Medical Director Report - Dr. Daniel Shepherd (VCEMS)			
A. Buprenorphine	Nothing to report.	N/A	N/A
B. Safety Event Reports	Nothing to report.	N/A	N/A
C. Whole Blood	Continue to meet locally and with the state, state is still supportive. Logistics can be challenging. More jurisdictions looking to move forward with programs.	N/A	N/A
D. Cardiac Arrest Survival	Flyers available on the cabinets up front for statistics.	N/A	N/A
V. New Business or Policies for Review (with Proposed Changes)			
A. 733 - Cardiac Arrest Management (CAM) and Post Arrest (ROSC) Resuscitation	After lengthy discussion this will go to Cardiac Arrest Sub-group to discuss needed changes.	*Moved to Cardiac Arrest Sub-group for review	Motion: Seconded: Passed:
B. 705.07 - Cardiac Arrest - Asystole/Pulseless Electrical Activity (PEA)	Dr. Todd Larsen (Oxnard Fire Department) – CAM does not have impact on the 705s, I think we should proceed with the 705s. Dr. Daniel Shepherd (VCEMS) – Minor changes will be reflected in EMS Update. Will confirm changes in Cardiac Arrest Sub-group discussion.	*Moved to Cardiac Arrest Sub-group for review	Motion: Seconded: Passed:
C. 705.08 - Cardiac Arrest – VF/VT	Dr. Neil Canby (Ventura County Fire Department) - Dual-sequential to add one second. Dr. Todd Larsen (Oxnard Fire Department) – CAM does not have impact on the 705, I think we should proceed with the 705s. Dr. Daniel Shepherd (VCEMS) – Minor changes will be reflected in EMS Update.	*Moved to Cardiac Arrest Sub-group for review	Motion: Seconded: Passed:

	<p>Changes include: 1. wording for refractory V-fib when you only have one machine available. 2. Anterior/posterior pad placement preferred for initial placement. 3. Define delay between shocks with dual sequential (1 second?).</p> <p>Will confirm changes in Cardiac Arrest Sub-group discussion.</p>		
D. 705.16 - Neonatal Resuscitation	<p>Heather Ellis – If ventilation is necessary, place neonate in bag to preserve warmth.</p> <p>Will confirm changes in Cardiac Arrest Sub-group discussion.</p>	Approved with changes	<p>Motion: Jaime Villa Seconded: Dr. Neil Canby Passed: Unanimous</p>
E. 631 - Mechanical CPR	<p>After lengthy discussion this will go to Cardiac Arrest Sub-group to discuss needed changes.</p>	*Moved to Cardiac Arrest Sub-group for review	<p>Motion: Seconded: Passed:</p>
VI. Old Business			
A. None	N/A	N/A	N/A
VII. Informational/Discussion Topics or Policies Approved at Specialty Care Committees			
A. Premier Ambulance Application	<p>Steve Carroll (VCEMSA) – Their application was sent back to them in June with missing information. They fixed the errors and completed the application. Current application for BLS and CCT. Minor irregularities were reported from Orange County when references checked. They have acquired a location in Thousand Oaks. They provided all their financial information, they did have a cash flow issue (deficient), due to acquisition of another entity, not a risk for Ventura County. They're required to have MDCs on all approved ambulances for location tracking. Provided four letters of support that were required. Their CCT application shows 24-hour RN coverage.</p> <p>Dr. Ira Tilles-Is there a way to require that they take certain calls. Steve replied that those details are what each facility can negotiate in transfer agreements with the provider.</p> <p>Dr. Todd Larsen – What is the opinion of VCEMSA. Steve replied there is no reason to not approve their application.</p>	Approved-Will now go to EMS Advisory Committee	<p>Motion: Stephanie Gurry Seconded: Dr. John Gillett Passed: Unanimous Objection: Dr. Ira Tilles</p>
B. 451 - Stroke Triage and Destination	<p>Adriane Gil-Stefansen (VCEMSA) – No changes from Stroke Committee</p>		Policy approved in Stroke Committee
C. 705.26 - Suspected Stroke	<p>Adriane Gil-Stefansen (VCEMSA) - No changes from Stroke Committee</p>		Policy approved in Stroke Committee

VIII.Policies Due for Review (No Proposed Changes)			
A. 803 - Emergency Medical Technician (EMT) Automatic External Defibrillation (AED) Service Provider Program Standards	Adriane Gil-Stefansen (VCMESA) – No proposed changes. Will look to transition any of the sheets that get filled out manually and sent in via fax or email, to an online submission and tracking tool.	Approved	Motion: Erica Gregson Seconded: Joe Dullam Passed: Unanimous
B. 1301 - Automated External Defibrillation (AED) Service Provider Standards	Adriane Gil-Stefansen (VCMESA) - No proposed changes. Will look to transition any of the sheets that get filled out manually and sent in via fax or email, to an online submission and tracking tool.	Approved	Motion: Erica Gregson Seconded: Joe Dullam Passed: Unanimous
C. 504 - BLS And ALS Unit Equipment And Supplies (last look to make sure nothing was missed)	Adriane Gil-Stefansen (VCMESA) – No additional changes proposed, just a last look before EMS Update to make sure nothing was missed with policy changes. The 504 in the packet was the previous version that didn't include the already approved changes from August PSC, will make sure those changes are reflected.	Approved	Motion: Erica Gregson Seconded: Dr. Chris Sykes Passed: Unanimous
IX. Agency Reports			
A. Fire departments	VCFD – Joe Dullam - Looking forward to RFP, Teleflex training in December, 8 coming out of VC Paramedic School-with another planned 8 coming up. Using UCLA for Prep class. VFD – Dr. Todd Larsen – nothing to report OFD – Jaime Villa - Cohort 2, 19 students progressing well. Coort 3 in interviews (20-24 expected). VFF – No rep present FFD – Dr. Ira Tilles – nothing to report		
B. Transport Providers	AMR/GCA - Jeff Winter – new vacuum splints in service, please don't cut them. Jeff Shultz – reiterated ER Happy Nurses Week. Continuing to hire, some new ambulances put in service. Just finished training for all personnel. Dr. Heidi Hutchison - will be moving to Australia-likely last PSC. GMR is in process of hiring for a soft transition time and warm hand-off. All Town – nothing to report MedTrans – nothing to report		
C. Base Hospitals	AHSV – Nicole Fagan – had TJC survey last week. LRH – Stephanie Gurry - Hosting MICN class mid-October. Thank everyone for their help and AMR/GCA for the ride-a-longs. VCMC – Tom Gallegos – MCI classes and individual review to improve MCI performance. Will send 4 to upcoming MICN class. SJRMC – Kyle Blum – nothing to report		
D. Receiving Hospitals	SJHC – nothing to report SPH – nothing CMH / OVCH – Bret McClure - We are working on APOT time really stress the importance of early notification for the hospitals, the earlier the better. Potential strike from KAISER next week on the 14 th , we are expecting a volume increase, strike includes the clinics but not urgent care.		
E. Law Enforcement	AIR RESCUE – no rep present VCSO – no rep present CSUCI PD – no rep present Parks – no rep present		

<p>F. ALS Education Programs</p>	<p>Ventura College – Tom O’Connor - Thank you to the field providers - cohort 30 field internships have been stellar experiences! PM Cohort 30 graduation is on 11/14/25 from 1500-1600 at the Ventura College Performing Arts Center. PM Cohort 31 is entering the final phase of didactic and preparing for clinicals starting in January. The program is incorporating the NAEMT PHTLS and AMLS courses into Cohort 32’s class schedule. The multicriteria selection process continues refinement. The next subcommittee meeting is scheduled for 11/3 from 1230-1430 via Zoom. Reach out to Tom O’Connor if you want to participate. The application process for PM Cohort 33 (PT-track program starting May 2026) was initiated. Testing the whole process to determine any unexpected issues. Data collected from this cycle will be used to benchmark the listed criteria. We don't want to inadvertently create blocking points for candidates. The application process opened on Monday morning. We've had 56 applicants in the first 48 hours. The demand for the class remains well above capacity. Preceptor availability remains the limiting factor. Moorpark College – Kristen Shorts - About 17 coming out into internship and will be starting in a couple of weeks. EMT classes are going well, and Cohort 3 will be going into internship.</p>	
<p>G. EMS Agency</p>	<p>Adriane Gil-Stefansen - Blood drive 10/29 at VCMC campus, see flyer to sign up to donate blood, costumes are encouraged. (Denise Richardson added that VCSO is having a trunk-or-treat the same day at the Community Center in Camarillo). Dr. Daniel Shepherd - Thank you for all the engaged discussion, appreciate everyone. We’ll continue the discussions. Steve Carroll - RFP still at the state, they will have questions for us and that is what we are waiting for, no timeline. Yesterday our VCHCC hosted a human trafficking seminar at Ventura County Fire, two representatives from task force presented, it was really good and very informative, looking into sharing and having it be shared to the hospital providers. Will work to have countywide training moving forward. EMSAAC Conference, we are in the planning stages for the same time frame next year, Memorial Day 2026 and moving the venue to Universal Studios (Back to the Future Theme). Andrew- Outdoor AED concept is being implemented by the Rotary Club in Ojai. 911 can share code, they coordinate with dispatch, and they will get a prompt and will provide a code to get into the lock. (Erica Gregson relayed that Camarillo has AEDs at Freedom Park).</p>	
<p>H. Other</p>	<p>No additional discussion</p>	
<p>X. Closing</p>	<p>Meeting adjourned at 1150</p> <p>Meeting audio recording and transcript available upon request.</p>	<p>Motion: Tom O’Connor Seconded: Dr. Ira Tilles Passed: Unanimous</p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Medical Technician Initial Certification		Policy Number 301	
APPROVED: EMS Administrator: Steven L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January 3, 2023	
Origination Date: June 1, 1984		Effective Date: January 3, 2023	
Date Revised: November 10, 2022			
Date Last Reviewed: November 10, 2022			
Review Date: November 30, 2025			

- I. PURPOSE: -To identify the procedure for certification of Emergency Medical Technician.
- II. AUTHORITY: —California Code of Regulations (CCR) Section 10007968 and 10008469.02; California Health and Safety Code Sections 1797.50 and 1797.175.
- III. POLICY:
 - A. General Eligibility

An individual who meets one of the following criteria shall be eligible for initial certification:

 1. Pass the cognitive examination and psychomotor skills examination of the National Registry of Emergency Medical Technicians within two (2) years from the date of application for EMT certification, and have:
 - a. A valid EMT course completion record or other documented proof of successful completion of any initial EMT course approved pursuant to Section 1000667.02 of the CCR within two (2) years of the date of application, or
 - b. Have documentation of successful completion of an approved out of state initial EMT training course that meets the requirements outlined in Section 100079 of the California Code of Regulations within two (2) years of the date of application, or
 - c. A current and valid out-of-state EMT certificate, ~~or~~ OR.
 2. Possess a current and valid National Registry EMT, Advanced EMT, or Paramedic registration certificate, or
 3. Possess a current and valid out-of-state Advanced EMT or Paramedic certificate, or.

4. Possess a current and valid California Advanced EMT certification or a current and valid California Paramedic license.
- B. In addition to meeting one of the criteria listed in Section III.A, to be eligible for initial certification, an individual shall:
1. Be eighteen (18) years of age or older,
 2. Complete a background investigation via “Live Scan” through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit a copy of the “Request for Live Scan Services” form ~~along with your application for certification~~ as proof the service has been completed,
 3. Complete the Ventura County EMS (VCEMS) Personnel Application. VCEMS must be notified within 30 days of any change in personal contact information.
 4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code),
 5. ~~Have successfully~~ Submit proof of a valid CPR certification by ~~completing~~ **both cognitive and skills testing** ~~from~~ through a Professional Rescuer or Healthcare Provider level CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), ~~within the previous two years,~~
 7. Provide a current government issued form of identification, and
 8. Pay the established fee
- C. The individual will be issued a wallet size card, pursuant to Section 100344, subdivisions (c) and (d) of Chapter 10 of the ~~CC~~ California Code of Regulations, after the above steps are completed and the applicant has passed the criminal background clearance.
1. The effective date of initial certification shall be the day the certificate is issued.
 2. The certification expiration date for an initial EMT certificate shall be the last day of the month two (2) years from the effective date of the initial certification.
 3. An EMT shall only be certified by one (1) certifying entity during a certification period.
 4. It is the responsibility of the certified EMT 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-).
- D. Reinstatement of an Expired California EMT Certificate:

1. ~~The following requirements apply to individuals who wish to be eligible for reinstatement after their California EMT certificates have expired:~~
 - a. ~~For a lapse of less than six months, the individual shall comply with the requirements by complying with VCEMS Policy 302, III.A 2-9a.~~
 - b. ~~For a lapse of six months or more, but less than twelve months, the individual shall:~~
 1. ~~Comply with the requirements of VCEMS Policy 302, III.A 2-9a, and~~
 2. ~~Complete an additional twelve (12) hours of continuing education.~~
 - c. ~~For a lapse of twelve months or more, but less than 24 months, the individual shall:~~
 1. ~~Comply with the requirement in VCEMS Policy 302, III.A 2-9a, and~~
 2. ~~Complete an additional twenty-four (24) hours of continuing education, and~~
 3. ~~Pass the NREMT cognitive and psychomotor skills certification exams within two (2) years of the date of application for EMT reinstatement, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Renewal <u>& Reinstatement</u>		Policy Number 302	
APPROVED: EMS Administrator: Steven L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, MD		Date: January 3, 2023	
Origination Date: June 1, 1984		Effective Date: January 3, 2023	
Date Revised: October 13, 2022			
Date Last Reviewed: October 13, 2022			
Review Date: October 31, 2025			

- I. PURPOSE: —To identify the procedure for recertification of the Emergency Medical Technician.
- II. AUTHORITY: -Health and Safety Code, Sections 1797.220, 1798. California Code of Regulations (CCR), Sections 1000~~69.0180~~ and 1000~~69.0284~~.
- III. POLICY: —To maintain certification, an EMT shall participate in either continuing education courses or complete a refresher course approved by the Agency. -Approved continuing education courses shall be accepted statewide.
 - A. To renew certification, an EMT shall:
 1. Possess a current EMT Certification issued in California.
 2. Meet one of the following continuing education requirements:
 - a. Successfully complete a twenty-four (24) hours refresher course from an approved EMT training program within the ~~24 months prior to applying for current certification cycle renewal~~, or
 - b. ~~Obtain Complete at least~~ twenty-four (24) hours of continuing education (CE), within the ~~24 months prior to applying for renewal~~current certification cycle, from an approved CE provider program, as defined in VCEMS Policy 1130 – Continuing Education Provider Program Approval.
 3. Complete the Ventura County EMS (VCEMS) Personnel Application. -VCEMS must be notified within 30 days of any change in personal contact information.
 4. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code).⁵
 5. A new applicant to VCEMS, or an applicant whose certification has lapsed (1 year or more), must complete a background investigation via “Live Scan” through the California Department of Justice and Federal Bureau of Investigation for

VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit ~~the second a~~ copy of the "Request for Live Scan Services" form as proof the service has been completed, along with the EMS Personnel aApplication for certification and Eligibility Statement, as proof the service has been completed.

6. ~~Have successfully Submit proof of a valid CPR certification by~~ completeing ~~both cognitive and skills testing from through~~ a Professional Rescuer or Healthcare Provider level CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC),; ~~within the previous two years,~~

7. Provide a current government issued form of identification.;

8. Pay the established fee.

9. Submit a completed skills competency verification form, EMSA-SCV (01/17).

Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by a VCEMS approved CE, EMT, Paramedic training program, or an approved VC EMS provider agency. -Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

a. a.—Starting July 1, 2019, an EMT renewing his or her certification for the first time shall submit documentation of successful completion of the training outlined in Section 100080(a)(B)(6)(A-C) of the California Code of Regulations by an approved EMT training program or approved CE provider program, which includes training in the administration of naloxone, epinephrine, and the use of finger stick blood glucose testing by a glucometer.

b. If an individual possesses a current California-issued paramedic license or California Advanced EMT certificate, the individual need not comply with III.A.9.a.

- B. The individual will be issued a wallet size certificate card, pursuant to Section 100221.01, subdivisions (c) and (d), of Chapter 9 of the CCR, after the above renewal requirements are completed.

- C. If the EMT renewal requirements are met within six (6) months prior to the expiration date, VCEMS shall make the effective date of recertification the date immediately following the expiration date of the current certificate. -The certificate will expire two (2) years from the day prior to the effective date.
- D. If the EMT renewal requirements are met greater than six (6) months prior to the expiration date, VCEMS shall make the effective date of renewal the date the certificate was issued. -The certification expiration date will be the last day of the month two (2) years from the effective date.
- E. A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active-duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active-duty deployment to complete the requirements outlined in Section III. A 2-9a of this policy. -To qualify for this exception, the individual shall:
1. Submit proof of their membership in the Armed Forces of the United States, and
 2. Submit documentation of their deployment starting and ending dates.
 3. Continuing education credit may shall be given for documented training -in any of the topics contained in the current National Standard Curricula for training EMS personnel. While the individual was deployed on active duty.
 4. The continuing education documentation shall include verification from the individual's Commanding Officer attesting to the training attended.
- F. Reinstatement of an Expired California EMT Certificate.
1. The following requirements apply to individuals who wish to be eligible for reinstatement after their California EMT ~~C~~certificates ~~has~~ve expired:
 - a. For a lapse of less than six (6) months, the individual shall complete the requirements outlined in Section III.A.2-9a of this policy.
 - b. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall:
 1. Complete the requirements outlined in Section III.A.2-9a of this policy.
 2. Complete an additional twelve (12) hours of continuing education.
 - c. For a lapse of twelve (12) months or more, the individual shall:
 1. Complete the requirements outlined in Section III.A.2-9a of this policy.

2. Complete an additional twenty-four (24) hours of continuing education, ~~and~~.
3. ~~Pass the~~ assess a current and valid NREMT cognitive and psychomotor skills certification exams within two (2) years of the date of application for EMT reinstatement certificate, unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.

COUNTY OF VENTURA		EMERGENCY MEDICAL SERVICES	
HEALTH CARE AGENCY		POLICIES AND PROCEDURES	
Policy Title: EMT Course Completion by Challenge Examination		Policy Number 304	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January 3, 2023	
Origination Date: June 1, 1984		Effective Date: January 3, 2023	
Date Revised: November 10, 2022			
Date Last Reviewed: November 10, 2022			
Review Date: November 30, 2025			

- I. PURPOSE: —To identify the procedure for certification of the Emergency Medical Technician by challenge examination.
- II. AUTHORITY: California Code of Regulations (CCR) Title 22, Division 9, Article 1, Sections 1000~~6667.02~~, 1000~~7867.14~~ – and Health and Safety Code Sections 1797.107, 1797.170, 1797.208 and 1797.210.
- III. POLICY:
 - A. General Eligibility

An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed and/or approved by the Ventura County EMS Agency in accordance with Section 1000~~6667.02~~ of the ~~CCR~~California Code of Regulations, a course challenge examination if s/he meets the following eligibility requirements:

 1. ~~Have successfully Submit proof of a valid CPR certification by~~ completing both cognitive and skills testing from through a Professional Rescuer or Healthcare Provider level CPR course, which is consistent with the current American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC), ~~within the previous two~~ 1. (2) years; AND,
 2. Be currently licensed ~~in the United States as a~~ Physician, Registered Nurse, Physician Assistant, Vocational Nurse or ~~Licensed Practical Nurse.~~; OR,
 3. The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets

the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, the EMT certifying entity may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.

B. Challenge Process

1. An approved EMT training program shall have a defined process for any EMT challenge request/application and shall offer the EMT challenge skills and written examination in conjunction with regularly scheduled testing times.
2. The course challenge examination shall consist of a competency based written and skills examination (~~National Registry~~) to test knowledge of the topics and skills per CCR 10007867.14.
3. An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.
 - a. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.
 - b. Upon successful completion of the written and skills challenge examination, the challenge applicant will be eligible to take the National Registry written examination.
4. Proof of ~~passing successful completion of the~~ cognitive and psychomotor skills examination of the National Registry of Emergency Medical Technicians ~~written and skills examination~~ will make the applicant eligible to apply for EMT certification in California, in accordance with VCEMS Policy 301 – EMT Initial Certification.

Seizures	
ADULT	PEDIATRIC
BLS Procedures	
<p>Protect from injury.</p> <p>Maintain patent airway, and administer oxygen as indicated.</p> <p>For suspected pediatric febrile seizures begin passive cooling measures.</p>	
ALS Standing Orders	
<p>Consider IV/IO access</p> <p><u>Anticonvulsant Treatment - Initial</u> <i>For active and persistent seizure activity.</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg <p><u>Anticonvulsant Treatment - Repeat</u> <i>For continued or recurring seizure activity post initial anticonvulsant treatment</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM– 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.05 mg/kg, Max 2 mg <p><u>Eclampsia Treatment</u> <i>In addition to any indicated anticonvulsant treatment, Patients 20 weeks gestation to six one six weeks postpartum (rare after 48 hours post-delivery), with active or resolved seizure activity.</i></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV 10 – 4 g in 50 mL D₅W over 420 min <ul style="list-style-type: none"> • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur. ○ IM - 10 g (5 g in each buttock) <ul style="list-style-type: none"> • Consider mixing 5 g Magnesium Sulfate with 1 mL 2% Lidocaine to reduce discomfort • Utilize IM dosing if IV access cannot be obtained • <u>Midazolam as above, for active seizure not responding to magnesium</u> 	<p>Consider IV/IO access</p> <p><u>Anticonvulsant Treatment - Initial</u> <i>For active and persistent seizure activity.</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.2 mg/kg, Max 10 mg ○ IV / IO – 0.1 mg/kg, Max 4 mg <p><u>Anticonvulsant Treatment - Repeat</u> <i>For continued or recurring seizure activity post initial anticonvulsant treatment</i></p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ IM – 0.1 mg/kg, Max 5 mg ○ IV / IO – 0.05 mg/kg, Max 2 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • Route for anticonvulsant treatment – <ul style="list-style-type: none"> ○ The initial priority is cessation of seizure activity. -When IV/IO access is not available IM is the preferred route to avoid delays in care. ○ When IV or IO access is available this is the preferred route. ○ Repeat doses should be administered IV/IO whenever possible. • Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may not require ALS intervention. 	

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician Scope of Practice		Policy Number 300	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January 3, 2023	
Origination Date: August 1988		Effective Date: January 3, 2023	
Date Revised: November 10, 2022			
Date Last Reviewed: November 10, 2022			
Review Date: November 30, 2025			

- I. PURPOSE: To define the scope of practice of an Emergency Medical Technician (EMT) practicing in Ventura County.
- II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 1000~~66.0263~~, and 1000~~65.1064~~.
- III. POLICY:
 - A. During training, while at the scene of an emergency and during transport of the sick or injured, or during interfacility transfer, a supervised EMT trainee or certified EMT is authorized to do any of the following:
 1. Evaluate the ill and injured
 2. Render basic life support, rescue and emergency medical care to patients.
 3. Obtain diagnostic signs to include, but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status.
 4. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
 5. Administer oxygen
 6. Use the following adjunctive airway and breathing aids:
 - a. Oropharyngeal airway
 - b. Nasopharyngeal airway
 - c. Suction devices
 - d. Basic oxygen delivery devices for supplemental oxygen therapy, including but not limited to, humidifiers, partial rebreathers, and venturi masks; and

- e. Manual and mechanical ventilating devices designed for prehospital use, including continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP).
 7. Use various types of stretchers and spinal immobilization devices.
 8. Provide initial prehospital emergency care of trauma, including, but not limited to:
 - a. Bleeding control through the application of tourniquets;
 - b. Use of hemostatic dressings from a list approved by the California EMS Authority
 - c. Spinal motion restriction or immobilization;
 - d. Seated spinal motion restriction or immobilization;
 - e. Extremity splinting; and
 - f. Traction splinting.
 9. Administer oral glucose or sugar solutions.
 10. Extricate entrapped persons.
 11. Perform field triage.
 12. Transport patients.
 13. Apply mechanical patient restraint
 14. Set up for ALS procedures, under the direction of a Paramedic.
 15. Perform automated external defibrillation
 16. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- B. In addition to the activities outlined in the EMT Basic Scope of Practice, the VCEMS Medical Director may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS System and in the prehospital setting and/or during interfacility transport to:
1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary, in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
 2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
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3. Administer naloxone by intranasal and/or intramuscular routes for suspected narcotic overdose;
 4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;
 5. Perform finger stick blood glucose testing, and;
 6. Administer over the counter medications, when approved by the VCEMS medical director, including but not limited to:
 - a. Aspirin
- C. During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by VCEMS within the jurisdiction where the EMT is employed as part of the organized EMS system.
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COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT Optional Skills		Policy Number 303	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: June 1, 2024	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: June 1, 2024	
Origination Date: July 13, 2017		Effective Date: June 1, 2024	
Date Revised: December 14, 2023			
Date Last Reviewed: December 14, 2023			
Review Date: December 31, 2025			

- I. PURPOSE: To define the process related to authorizing EMT optional skills and EMT trial studies
- II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section ~~100065.10~~100064
- III. POLICY:
 - A. In addition to the basic and expanded skills outlined in VCEMS Policy 300 – EMT Scope of Practice, the VCEMS Medical Director may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills specified in this policy. Accreditation for EMTs to practice optional skills shall be granted in accordance with VCEMS Policy 305 – EMT Accreditation, and will be limited to those whose:
 1. EMT certification is active,
 2. have completed the minimum required education and training outlined in this policy,
 3. and are employed by a VCEMS approved optional skills provider.
 - B. Use of perilaryngeal airway adjuncts
 1. Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:
 - a. Anatomy and physiology of the respiratory system.
 - b. Assessment of the respiratory system.

- c. Review of basic airway management techniques, which includes manual and mechanical.
 - d. The role of the perilaryngeal airway adjuncts in the sequence of airway control.
 - e. Indications and contraindications of the perilaryngeal airway adjuncts.
 - f. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.
 - g. Perilaryngeal airway adjuncts insertion and assessment of placement.
 - h. Methods for prevention of basic skills deterioration.
 - i. Alternatives to the perilaryngeal airway adjuncts.
2. At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.
- C. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.
1. Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:
 - a. Names
 - b. Indications and contraindications
 - c. Complications
 - d. Side/adverse effects and interactions
 - e. Routes of administration
 - f. Dosage calculation
 - g. Mechanisms of drug actions
 - h. Medical asepsis
 - i. Disposal of contaminated items and sharps
 - j. Medical administration

2. At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include:
 - a. Assessment of when to administer epinephrine,
 - b. Managing a patient before and after administering epinephrine,
 - c. Using universal precautions and body substance isolation procedures during medication administration,
 - d. Demonstrating aseptic technique during medication administration,
 - e. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
 - f. Proper disposal of contaminated items and sharps
- D. Administration of the following medications through the use of an auto-injector for the purposes of treating exposure to a nerve agent:
 1. Atropine
 2. Pralidoxime Chloride
 3. In addition to a basic weapons of mass destruction training, the nerve agent antidote training shall consist of no less than two (2) hours of didactic and skills training to result in competency. Training in the profile of the medications contained in the DuoDote/Mark I auto-injector and atropine auto-injector shall include, but not limited to:
 - a. Indications and contraindications
 - b. Side/adverse effects
 - c. Routes of administration
 - d. Dosages
 - e. Mechanisms of drug action
 - f. Disposal of contaminated items and sharps
 - g. Medication administration
 4. At the completion of this training, the student shall complete a competency based written and skills examination for the administration of the Duo-dote/Mark I and atropine auto-injector.
 - a. Assessment of when to administer the auto-injector,
 - b. Managing a patient before and after administering the auto-injector

- c. Using the universal precautions and body substance isolation precautions during medication administration,
 - d. Demonstrating aseptic technique during medication administration,
 - e. Demonstrating the preparation and administration of medications by the intramuscular (IM) route, and
 - f. Proper disposal of contaminated items and sharps.
- E. Competency training in procedures and skills for all EMT optional skills shall be completed at least every two (2) years. At a minimum, ongoing training and demonstration of competency shall be comprised of the following:
 - 1. Review of indications and contraindications
 - 2. Patient assessment and management before and after medication administration
 - 3. Demonstration of appropriate aseptic technique
 - 4. Appropriate preparation and administration of the medication by the intramuscular route utilizing the Ventura County EMS psychomotor skills evaluation form
 - 5. Demonstration of proper disposal of contaminated items sharps.
- F. VCEMS shall develop and maintain a plan for each EMT optional skill allowed. This plan will include:
 - 1. A description of the need for use of the optional skill
 - 2. A description of the geographic area within which the optional skills will be utilized
 - 3. A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill
 - 4. The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill
- G. For an accredited EMT who fails to demonstrate competency in any of the optional skills outlined in this policy:
 - 1. EMT accreditation shall be immediately suspended pending clinical remediation
 - 2. Employer agency will submit a written plan of action to VCEMS to include: method of remediation, course curriculum, date(s) and location(s) of remediation training.
 - 3. VCEMS will review and approve written plan of action prior to commencement of remediation training

4. Once complete, evidence of satisfactory training and minimum competency in the optional skills will be submitted to VCEMS prior to the reinstatement of the EMT accreditation.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT Optional Skills Plan		Policy Number 303-B	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2023	
Origination Date: September 14, 2023			
Date Revised:		Effective Date: December 1, 2023	
Date Last Reviewed:			
Review Date: September 30, 2024			

- I. PURPOSE: This plan is intended to outline the optional skills utilized by EMTs, in accordance with VCEMS Policies and Procedures.
- II. AUTHORITY: California Health and Safety Code 1797.80, 1797.184, 1797.214, 1798; California Code of Regulations, Title 22, Sections 1000~~65.0964~~ and 1000~~65.1064~~
- III. PLAN:
 - A. Skills Allowed
 1. Certified EMTs, accredited in Ventura County in accordance with policy 305, will be allowed to perform the following optional skills:
 - a) Use of perilaryngeal airway adjuncts (**Not approved at this time**)
 - b) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma
 - c) Administration of atropine and/or pralidoxime chloride using prepackaged products
 2. In order to perform the allowed optional skills a certified EMT must be:
 - a) employed by an agency that is authorized by VCEMS and that delivers prehospital care as part of the organized EMS system, and
 - b) must be accredited by Ventura County EMS in accordance with VCEMS Policy 305 – EMT Accreditation to Practice.
 3. In order to acquire accreditation EMTs must complete, and provide completion of, the training requirements detailed in VCEMSA policy 303 - EMT Optional Skills and section 100064 of the California Code of Regulations, as well as any additional mandatory training requirements outlined in VCEMS Policy 334 – Prehospital Personnel Mandatory Training Requirements. In addition, the EMT shall complete the accreditation process detailed in policy 305 - EMT Optional Skills Accreditation.

B. Need for Optional Skills

1. The optional skills listed above allow EMTs in Ventura County to perform critical, potentially lifesaving, interventions. The allowed skills are narrow in scope, but when indicated, should be performed as quickly as possible. The available research suggests that appropriately trained EMTs can perform these interventions safely and effectively.

C. Geographic Area of Skills Deployment

1. EMTs accredited to perform optional skills by VCEMS, in accordance with policies 303 and 305, and who work for authorized prehospital provider agencies, will be allowed to do so in all operational areas of the County.

D. Data Collection

1. Any EMT performing optional skills must document the intervention in the Ventura County Electronic Patient Care Report (VCePCR) in accordance with VCEMS Policy 1000 - Documentation of Prehospital Care
2. Optional skills will be monitored as part of VCEMS's quality improvement program (EMSQIP). All uses of optional skills will be reviewed to ensure they are performed safely and effectively.

E. Applicable Policies and Procedures

1. 303 - EMT Optional Skills
2. 305 - EMT Optional Skills Accreditation
3. 334 - Prehospital Personnel Mandatory Training Requirements
4. 705.02 - Allergic Reaction and Anaphylaxis
5. 705.17 - Nerve agent / Organophosphate Poisoning
6. 705.22 - Shortness of Breath – Wheezes/other
7. 733 - Cardiac Arrest Management (CAM) and Post Arrest (ROSC) Resuscitation
8. 1000 - Documentation of Prehospital Care

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician (EMT) Optional Skills Accreditation		Policy Number 305	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: December 1, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2023	
Origination Date: September 14, 2023			
Date Revised:		Effective Date: December 1, 2023	
Date Last Reviewed:			
Review Date: September 30, 2024			

- I. PURPOSE: To establish a mechanism for an EMT to become accredited to practice Optional Skills in Ventura County. The purpose of accreditation is to ensure that the EMT:
 - A. Completed the minimum required education and training, and
 - B. Is oriented to the local EMS system, and
 - C. Adheres to the standards and guidelines outlined in all applicable VCEMS policies and procedures
- II. AUTHORITY: California Health and Safety Code 1797.80, 1797.184, 1797.214, 1798; California Code of Regulations, Title 22, Sections 100065.0964 and 100065.1064
- III. POLICY:
 - A. An EMT must be accredited by the Ventura County EMS Agency (VCEMS) in order to perform EMT optional skills
 - B. An EMT must be employed by an VCEMS approved optional skills provider in order to practice
- IV. PROCEDURE:
 - A. Application
 1. In order to be eligible for accreditation, the EMT applicant will:
 - a. Possess a current and valid California EMT certification;
 - b. Provide written documentation of employment with a prehospital provider agency that is approved by VCEMS
 - c. Complete a VCEMS personnel application form, if not already on file with VCEMS
 - d. Verification by employer that all training and education related to the EMT optional skills outlined in VCEMS Policy 303 – EMT Optional Skills has been completed.
 - i. This will include any skills approved by VCEMS Medical Director that are added to the policy in the future.

B. Accreditation

1. Upon successful completion of the application and training requirements, the EMT will be issued an accreditation letter. A copy will be placed in VCEMS certification file for tracking purposes
2. The accreditation cycle will be the same as the individuals EMT certification, as long as all maintenance requirements are current

C. Paramedics functioning as EMTs

1. Paramedics licensed in the State of California who function as EMTs and who are employed by a VCEMS approved prehospital provider agency shall be granted EMT accreditation upon completion of the following:
 - a. Verification by employer that all training and education requirements have been met
 - b. Submission of a VCEMS personnel application if not already on file

D. Accreditation Period

1. EMT accreditation shall be continuous as long as the following conditions are met:
 - a. Maintain current certification/licensure in the State of California, and;
 - b. Maintain continuous employment with a VCEMS approved prehospital provider agency, and;
 - c. Completion of all ongoing mandatory training requirements outlined in VCEMS Policies 303 – EMT Optional Skills and in VCEMS Policy 334 – Mandatory Training Requirements outlined in VCEMS

E. Lapse of Accreditation

1. EMT accreditation will be considered lapsed when any of the following circumstances occur:
 - a. An EMT is longer employed by a VCEMS approved prehospital provider agency, or;
 - b. Certification or licensure as an EMT or Paramedic lapses, or
 - c. An individual fails to meet the minimum requirements outlined in this policy.
2. If EMT accreditation lapses, the following requirements shall be submitted to VCEMS in order to reestablish eligibility:
 - a. Verification of employment by a VCEMS approved prehospital provider agency
 - b. Verification that certification / licensure as an EMT or Paramedic in the State of California is current and valid

- c. Verification by employer that all mandatory training requirements have been completed, to include demonstration of psychomotor skills proficiency in approved optional skills.