

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

Pre-hospital Services Committee
Agenda

January 8, 2026
9:30 a.m.

I. Introductions

II. Approve Agenda

III. Approve Minutes

IV. New Business or Policy Review (*with Proposed Changes*)

A. 105: Prehospital Services Committee Operating Guidelines	Adriane Gil-Stefansen
B. 106: Development of Proposed Policies/Procedures; Amendments to Existing Policies	Adriane Gil-Stefansen
C. 1200: Air Unit Program	Chris Rosa
D. 1201: Air Unit Staffing Requirements	Chris Rosa
E. 1202: Air Unit Dispatch for Emergency Medical Responses	Chris Rosa
F. 1203: Criteria for Patient Emergency Transport	Chris Rosa
G. 1204: EMS Aircraft Classification	Chris Rosa
H. 1205: Air Unit Specifications Equipment and Supplies	Chris Rosa

V. Old Business

A. Cardiac Arrest Sub-group update	Dr. Shepherd
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VI. Informational/Discussion Topics or Policies Approved at Specialty Care Committees

A. Policy Review Dates	Steve Carroll
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VII. Policy Review (*No proposed changes*)

A. 110: County Ordinance No. 4099: Ambulance Business License Code	Adriane Gil-Stefansen
B. 330: EMT/Paramedic/MICN Decertification and Discipline	Adriane Gil-Stefansen
C. 1132: Continuing Education Attendance Roster	Adriane Gil-Stefansen
D. 1133: Continuing Education for EMS Personnel	Adriane Gil-Stefansen

VIII. 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

IX. Closing

Topic	Discussion	Action	Approval
I. Opening Remarks	Meeting called to order at 9:39 am Todd Larsen is acting chair for Heather Ellis.		
II. Introductions			
III. Approve Agenda		Approved	Motion: Jaime Villa Seconded: Dr. Ira Tilles Passed: Unanimous
IV. Minutes		Approved	Motion: Kyle Blum Seconded: Dr. Ira Tilles Passed: Unanimous
V. Medical Director Report - Dr. Daniel Shepherd (VCEMS)			
A. Local Optional Scope of Practice (LOSOP) Applications:			
1. Olanzapine	LOSOP approved, training pending.		
2. Droperidol	LOSOP approved, training pending.		
3. Prehospital Blood Transfusions	No issues to report.		
4. Buprenorphine	Additional guidance was included in Fall EMS Update		
5. New Business or Policies for Review (with Proposed Changes)			
A. 301: Emergency Medical Technician Initial Certification	Adriane Gil-Stefansen (VCEMSA) – Changed CCR numbering, updated language, and pulled out the reinstatement language out of the initial policy.		Motion: Jeffrey Winter Seconded: Erica Gregson Passed: Unanimous
B. 302: Emergency Medical Technician Renewal & Reinstatement	Adriane Gil-Stefansen – Changed CCR numbering, updated language, and provided CE clarification. Erica Gregson (VCFD) – Livescan question. What if a medic has their EMT certification lapsed more than one year they will need a livescan? VCEMSA - EMTs that are lapsed more than one year must redo their livescan. We will work with agencies to verify who is on file.		Motion: Jeffrey Winter Seconded: Erica Gregson Passed: Unanimous
C. 304: EMT Course Completion by Challenge Examination	Adriane Gil-Stefansen – Changed CCR numbering and updated language.		Motion: Jeffrey Winter Seconded: Erica Gregson Passed: Unanimous
D. 705.20: Seizures	Dr. Daniel Shepherd – Protocol updated. Training will include additional guidance on when to use versed.		Motion: Dr. Ira Tilles Seconded: Stephanie Gurry Passed: Unanimous
6. Old Business			

A. Cardiac Arrest Sub-group update	Dr. Daniel Shepherd – Most of the 705's are done. Next meeting will work on Cardiac Arrest Management policy.		
7. Informational/Discussion Topics or Policies Approved at Specialty Care Committees			
A. None.			
8. Policies Due for Review (No Proposed Changes)			
A. 300: EMT Scope of Practice	Adriane Gil-Stefansen – Changed CCR numbering.		Motion: Erica Gregson Seconded: Jeffrey Schultz Passed: Unanimous
B. 303: EMT Optional Skills	Adriane Gil-Stefansen – Changed CCR numbering.		Motion: Erica Gregson Seconded: Stephanie Gurry Passed: Unanimous
C. 303-B: EMT Optional Skills Plan	Adriane Gil-Stefansen – Changed CCR numbering. Strike the “not approved at this time” (in red). EMTs need to complete training and accredited in the skill first. Dr. Larsen – Can we take the Lompoc training for SGA and distribute locally? VCEMSA - We will push out the Lompoc training to agencies. Chris Rosa (VCEMSA) – Significant changes are coming to MCI, effective 07/01, need to be aware of training coordination.		Motion: Dr. Ira Tilles Seconded: Dr. Neil Canby Passed: Unanimous
D. 305: EMT Local Accreditation	Adriane Gil-Stefansen – Changed CCR numbering.		Motion: Dr. Neil Canby Seconded: Michelle Passed: Unanimous
9. Agency Reports			
A. Fire departments	<p>VCFD – Academy starting in February, 32 personnel. Some renumbering on the RAs. Looking at new equipment, new Slishman traction devices are on order. Agency training in January. Tim Phalen ECG training in February.</p> <p>VFD – Seven recruits starting academy in January, one lateral starting orientation next week. Four new EMS committee members.</p> <p>OFD – New academy is starting February/March. TECC January 24-25th in conjunction with some other stakeholders, geared toward EMS Corps. PHTLS in March, ALMS in April/May. Option for hybrid provider course to do lecture at home. Two new squad vehicles being outfitted. Lifepack 35 in late January, training in process. EMS Corps graduation last week. Cohort 3 with 22 students starts in January.</p> <p>VFF – Not present.</p> <p>FFD – Working on buprenorphine training.</p>		
B. Transport Providers	<p>AMR/GCA- We're hiring 10-12 folks a month. Four new ambulances. Standardizing GCA/AMR ambulances. Completed VL training and they are in the field.</p> <p>All Town – Not present.</p> <p>MedTrans – Opened more shifts out of Newbury Park to have better coverage.</p> <p>Premier – Not present.</p>		
C. Base Hospitals	<p>AHSV – Nothing to report.</p> <p>LRH – New lobby ribbon cutting is on December 16th. EMS jeopardy is on December 18th, followed by case review for CE. Thank you for those that helped our residents. EMS bay will be refurbished next year.</p>		

	<p>VCMC – Four new MICNs. SJRMC – Nothing to report.</p>
D. Receiving Hospitals	<p>SJHC – Nothing to report. SPH – Nothing to report. CMH / OVCH – Yearly training for RN, incorporated I/O. Phlebotomy license now required for EMTs.</p>
E. Law Enforcement	<p>AIR RESCUE – Not present. VCSO – Not present. CSUCI PD – Not present. Parks – Not present.</p>
F. ALS Education Programs	<p>Ventura College - PM Cohort 31 is completing the didactic portion of the program. They will be entering the clinical setting in January and hit the field in March. PM Cohort 32 starts the program in January. We've included the NAEMT PHTLS and AMLS courses to the schedule. If there is any interest in attending PHTLS or AMLS with plans to become an instructor, we have a few seats open. Contact Tom directly for information. Applicants to PM Cohort 33, starting May 2026, are accepted on a first-come first-served while we test the proposed multicriteria selection process. Over 140 application requests and 90 completed applications were received. Demand for attending the program is well documented with this test. Within the first 48 hours of the application window, we received over 90 eligibility requests and over 50 completed applications were received within a few days. The amount of administrative time has increased fivefold, and we haven't even processed the information received. Early reactions are that this process will need some significant AI processing to streamline. Thank you to the Ventura County Fire Department and Oxnard Fire Department for their participation in the paramedic simulation event last week. The event continues to connect high school students in health academies with EMT students, paramedic students, and working paramedics with 75 participants each day. Moorpark College – Paramedic application is open through the end of the month.</p>
G. EMS Agency	<p>Adriane Gil-Stefansen – SB 34 changes will be implemented on 01/01; law enforcement has already pushed out their training and we will forward as a training bulletin. Dr. Daniel Shepherd – EMS update is out. Prodigy tech support seems to be resolved now. Each SNFs and assistant living have their own regulatory authorities. We are forwarding complaints to the appropriate entity. Working on communication with facilities and offering training. Steve Carroll (VCEMSA) – EMSAAC this week, chapter 6 approved to go to office of administrative law. Once approved, it will be pushed out and will figure out how they are going to impact our system. IFTs were a concern, don't anticipate a huge change for Ventura County. Chapter 1 is an overhaul of the EMS System Regulations; it's going through the fine tuning to be presented in the future. It will have a lot of changes and reporting requirements, 201 rights, it will hopefully clean up some ambiguity or interpretations in EMS law. RFP, state says any day. Still waiting to hear back on the review that was sent in August for any changes. EMSAAC Conference is coming along, it will be at the Universal Hilton for the next two years. Registration is now open.</p>
H. Other	No additional discussion.
10. Closing	<p>Meeting adjourned at 10:37am</p> <p>Meeting audio recording and transcript available upon request.</p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Prehospital Services Committee Operating Guidelines		Policy Number 105	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: July 1, 2022	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: July 1, 2022	
Origination Date: March, 1999		Effective Date: July 1, 2022	
Date Revised: April 14, 2022			
Date Last Reviewed: April 14, 2022			
Review Date: April 30, 2025			

~~I. Committee Name~~

~~The name of this committee shall be the Ventura County (VC) Prehospital Services Committee (PSC).~~

~~II. Committee Purpose~~ PURPOSE:

~~The purpose of this committee shall be to~~ provide input to the VC Emergency Medical Services (EMS) Medical Director and VC-EMS administration on matters pertaining to emergency medical services, including, but not limited to, dispatch, first responders, ambulance services, communications, medical equipment, training, personnel, facilities, and disaster medical response. The name of this committee shall be the Ventura County Prehospital Services Committee (PSC).

~~II. AUTHORITY: Health and Safety Code Division 2.5, Chapter 4, Article 1, including but not limited to Section 1797.200, 1797.204, and 1797.220~~

III. Membership

A. Voting Membership

Voting membership in the committee shall be composed of 2 representatives, as appointed by the organization administrator, from each of the following organizations:

Type of Organization	Member	Member
Base Hospitals	PCC	PLP
Receiving Hospitals	ED Manager	ED Physician
First Responders	Administrative	Field (provider of "hands-on" care)
Ambulance Companies	Administrative	Field (provider of "hands-on" care)
Emergency Medical Dispatch Agency	Emergency Medical Dispatch Coordinator (1 representative selected by EMD Agency coordinators)	
Air Units	Administrative	Field (provider of "hands-on" care)
Paramedic Training Programs	Director (1 representative from each program.)	

B. Non-voting Membership

Non-voting members of the committee shall be composed of VC-EMS staff to be determined by the VC-EMS Administrator and the VC-EMS Medical Director.

C. Membership Responsibilities

Representatives to PSC represent the views of their agency. -Representative should ensure that agenda items have been discussed/reviewed by their agency prior to the meeting.

D. Voting Rights

Designated voting members shall have equal voting rights.

E. Attendance

1. Members shall remain as active voting members by attending 75% of the meetings in a (calendar) year. -If attendance falls below 75%, the organization administrator will be notified and the member will lose the right to vote.

(a) Physician members may have a single designated alternate attend in their place, no more than two times per calendar year.

(b) Agencies may designate one representative to be able to vote for both representatives, no more than two times per calendar year.

2. The member whose attendance falls below 75% may regain voting status by attending two consecutive meetings.

3. If meeting dates are changed or cancelled, members will not be penalized for not attending.

IV. Officers

A. The chairperson of PSC is the only elected member. -The chairperson shall perform the duties prescribed by these guidelines and by the parliamentary authority adopted by the PSC.

B. A nominating committee, composed of 3 members, will be appointed at the regularly scheduled March meeting to nominate candidates for PSC Chair. -The election will take place in May, with duties to begin at the July meeting.

C. The term of office is two (2) years. -A member may serve as Chair for up to two (2) consecutive terms.

V. Meetings

A. Regular Meetings

The PSC will meet on the second Thursday of each month, unless otherwise determined by the PSC membership. -VCEMS will prepare and distribute electronic PSC Packet no later than one week prior to a scheduled meeting.

B. Special Meetings

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

C. Quorum

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

VI. Task Forces and Ad-hoc Committees

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

VII. Calendar Year

The Prehospital Services Committee will operate on a calendar year

VIII. Parliamentary Authority

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

IX. Submission of Agenda Items

Agenda items shall be submitted using the PSC Agenda Item Request form found in VCEMS Policy 106: Development of Proposed Policies/Procedures; Amendments to Existing Policies. ~~received by the Ventura County EMS Office 14 days before the meeting it is to be presented. Items may be submitted by US mail, fax or e-mail and must include the following information:~~

~~A. Subject~~

~~B. Reason for request~~

~~C. Description/Justification~~

~~D. Supporting medical information/other research as applicable~~

~~E. List of affected VC EMS policies, if a requested policy change~~

~~F. Agenda Category:~~

~~1. Operational~~

~~2. Medical~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Development Of Proposed Policies/Procedures; Amendments To Existing Policies		Policy Number 106	
APPROVED: Administration	Steven L Carroll, Paramedic	Date: December 1, 2018	
APPROVED: Medical Director	Daniel Shepherd, M.D.	Date: December 1, 2018	
Origination Date:	March 7, 1990	Effective Date: December 1, 2018	
Date Revised:	September 13, 2018		
Last Reviewed:	September 13, 2018		
Review Date:	September 30, 2021		

- I. PURPOSE: To establish procedures to be followed when proposing new policies or amendments to existing policies
- II. AUTHORITY: Health and Safety Code [Division 2.5, Chapter 4, Article 1, including but not limited to](#) Section [1797.200, 1797.204, and](#) 1797.220
- III. POLICY: Development/revision of policies and proposals for projects will follow the sequence outlined below
- IV. PROCEDURE:
 - A. New Policies and/or Procedures
 1. Proposals for new or revised policies and/or procedures will be considered from any interested agency or individual and will be submitted to Ventura County EMS ([VCEMS](#)) using the attached form. -Proposals shall include a complete description of the request and a system analysis including: advantages, disadvantages and any potential fiscal impact.
 2. The proposal or amendment will be placed on the Prehospital Services Committee (PSC) agenda as an information item. -The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement. -The PSC will review, amend, and make recommendations to the EMS Agency regarding adoption.
 3. A first draft will be developed from the proposal by VC-EMS staff for presentation at the PSC meeting.
 4. The proposal and draft policy will be evaluated for need, impact on other policies, training needs, impact on Base Hospitals and Providers, etc. -If necessary, special committees will be assigned for further evaluation. Composition of special committees will be determined by the type of policy/procedure to be assessed.
 5. If special committees are assigned:

- a. The evaluation will take place as quickly as possible.
Representatives of the special committees will confer as needed.
 - b. The consensus evaluation and consensus recommendations will be presented to the PSC for further action.
6. The EMS Medical Director and EMS Administrator will receive copies of all comments to proposals and draft policies for review and comment.
 7. Proposals and policies may be distributed to potentially affected provider agencies and/or organizations, as appropriate for review and comment.
- C. Amendments/Revisions to Existing Policies
1. Suggestions for amendment/revision to an existing policy will be submitted to VC-EMS for review by the EMS Medical Director and EMS Administrator using the attached form.
 2. The time interval between date of submission and the date of the next meeting will be considered when determining agenda placement.~~The item will be placed on the agenda of the next meeting of the PSC.~~
 3. Information regarding discussion and recommendations will be submitted to the EMS Medical Director for appropriate action.
- D. Individuals submitting a proposed policy/procedure, or an amendment to an existing policy/procedure must be present at PSC to discuss.



Prehospital Services Committee Agenda Item Request

Upon completion of this form, submit to the EMS Agency for review.

Submitted by: _____ Date: _____

Representing: _____

A. Description

Title of Agenda Item: _____

Description of Item

B. Analysis

How will this enhance the Ventura County EMS System?

Advantages

Disadvantages

Financial Impact

Who has this item been presented to or reviewed by?

Attach any proposals or supportive documentation to this form.

~~C. EMS Agency Review~~

~~Received by VC EMS Agency: _____~~

~~Reviewed by EMS Administrator: _____~~

~~Assigned to:~~

~~_____ Purpose: _____~~
~~_____ Purpose: _____~~
~~_____ Purpose: _____~~
~~_____ Purpose: _____~~

~~EMS Staff Review Summary~~

~~_____

_____~~

~~D. Disposition~~

- ~~Add as PSC Agenda item on: _____~~
- ~~Inadequate or incomplete information – return submission~~
- ~~Not to be addressed at this time, resubmit in _____.~~
- ~~Adopt item~~
- ~~Refer to: (for review and comment)~~
 - ~~CQI Subcommittee~~
 - ~~EMD Subcommittee~~
 - ~~Prehospital Educators~~
 - ~~MCI Subcommittee~~
 - ~~Other: _____~~

~~EMS Administrator Signature: _____ Date: _____~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Program		Policy Number 1200	
APPROVED: Administration: Steven L. Carroll, EMT-P Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Angelo Salvucci, M.D. Daniel Shepherd, MD		Date: <u>DRAFT</u>	
Origination Date: <u>5/1/1999</u>		Effective Date: <u>DRAFT</u>	
Date Revised: <u>12/11/2025</u>			
Date Last Reviewed: <u>12/11/2025</u>			
Review Date: <u>12/31/2028</u>			

- I. PURPOSE: ~~The Ventura County Emergency Medical Services agency recognizes the need for air transport of patients in certain circumstances.~~ This policy will establish minimum standards for the integration of Emergency Medical Services (EMS) aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.
- II. AUTHORITY: Health and Safety Code Section 1797.200 and California Code of Regulations Division 9, Chapter ~~78, Section 100300.~~
- III. POLICY:
EMS aircraft must be authorized by Ventura County (VC) EMS in order to provide prehospital patient transport within Ventura County. Authorized air unit service providers will comply with this and other VC-EMS Policies and Procedures relating to provision of air transport for emergency patients.
- IV. ~~Definitions utilized for Prehospital EMS Aircraft~~DEFINITIONS:
The following definitions will be used when referring to air units in the VC-EMS system. These shall be applicable for all VCEMS policies and procedures pertaining to any prehospital aircraft program operating in the County of Ventura.
 - A. Advanced Life Support (ALS) means those procedures and skills contained in the Paramedic ~~s~~Scope of ~~p~~Practice as listed in VC-EMS Policy 310. ~~1~~
 - B. Basic Life Support (BLS) means those procedures and skills contained in the EMT-~~4~~ scope of practice as listed in VC-EMS Policy 300.
 - C. Medical Flight Crew means the individual(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
 - D. Emergency Medical Services Aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
 - E. Air Ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or

- injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
- F. Rescue Aircraft means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with VC EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.
1. Advanced Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant who is an authorized Independent Practice Paramedic, a Registered Flight Nurse, Advanced Practice Care Provider or Flight Physician who has also obtained training and experience in flight rescue operations. certified or licensed in advanced life support authorized by VC EMS as an Independent Practice Paramedic, in accordance with VC EMS Policy 318 and who has obtained training and experience in flight rescue operations.
 2. Basic Life Support Rescue Aircraft means a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT+ who is trained and experienced in flight rescue operations.
 3. Auxiliary Rescue Aircraft means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in CCR Title 22 Section 100283 outlined for ALS or BLS rescue aircraft. Examples of this may include United States Coast Guard, California Air National Guard, United States Navy, etc.
- H. Air Ambulance Service means an air transportation service which utilizes air ambulances.
- I. Air Rescue Service means an air service used for emergencies, including search and rescue.
- J. Air Ambulance or Air Rescue Service Provider means the individual or group that owns and/or operates an air ambulance or air rescue service.
- K. Classifying EMS Agency means the agency which categorizes the EMS aircraft into the groups identified in CCR Section 100300(c)(3)-types identified above. For the County of Ventura, the classifying agency shall be VC EMS. This shall be VC EMS in Ventura County and, for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard-, the Classifying Agency shall be the California EMS Authority. It should be noted that military aircraft outside of the California Air National Guard are not under the purview of VC EMS or the California EMS Authority.

L. Designated Dispatch Center means an agency which has been designated by VC-EMS for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within Ventura County.

V. PROCEDURE:

A. VC EMS Policies and Procedures for medical control shall apply to air unit service providers and medical flight crews. ~~This includes approval by the VC-EMS Medical Director of provider Medical Director medical control policies and procedures.~~

B. The VC EMS Policies and Procedures for record keeping, quality assurance, and continuous quality improvement shall apply to EMS aircraft operations in Ventura County.

C. Any air unit program operating authorized by VCEMS and operating in the County of Ventura shall be subject to the requirements outlined in VCEMS policies and procedures manual.

CD. VC-EMS ~~shall~~ Responsibilities:

1. Classify EMS aircraft.

a. EMS aircraft classifications shall be limited to the following categories:

1) Air Ambulance.

2) Rescue Aircraft.

a) Advanced Life Support Rescue Aircraft.

b) Basic Life Support Rescue Aircraft.

3) Auxiliary Rescue Aircraft

b. EMS aAircraft classification shall be reviewed at 2 year intervals.

Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category.

2. Maintain an inventory of the number and type of authorized EMS aircraft, the patient capacity of authorized EMS aircraft, the level of patient care provided by EMS aircraft personnel, and receiving facilities with landing sites approved by the State Department of Transportation, Aeronautics Division.

3. Establish policies and procedures to assure compliance with Federal, State and local statutes.

4. Develop written agreements with air unit service providers specifying conditions to routinely serve the County.

DE. ~~Representation of provision of air unit transport services~~

No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services unless that person or organization has aircraft which

have been classified by VC-EMS or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the California EMS Authority.

~~EF. Operation of State or Federal aircraft in Ventura County~~

~~A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government.~~

~~FG. Responsibilities of Ventura County Sheriff's Office (VCSO) Air Aviation Unit~~

- ~~1. Respond to all requests for dispatch response requests per VC-EMS policies.~~
- ~~2. Respond to all scenes when ground personnel determine the need for air transport that meets VC-EMS policies.~~
- ~~3. **Consider requests for interfacility transfers from hospitals within Ventura County when use of an air or ground ambulance is inappropriate or unavailable.**~~

~~GH. Medical Flight Crew Less Qualified than Ground Personnel.~~

~~Prehospital ground personnel may be required to maintain patient care responsibility and fly-in with the patient in situations where patient care warrants and the flight crew is not medically qualified to assume responsibility for care.~~

~~In situations where the medical flight crew is less medically qualified than the ground crew personnel from whom they receive patients, they may assume patient care responsibility when the care required is within scope of practice of flight crew or a higher medically qualified person joins crew.~~

~~HJ. Mutual Aid~~

~~If air rescue/transport services are needed and VCSO SAR is the Ventura County Aviation Unit is not available, VCSO/VCFD a mutual aid procedures will be activated request from a neighboring jurisdiction may be required.~~

~~I. Addressing and Resolving Formal Complaints~~

~~Formal complaints will be directed to the Medical Director and Administrator of the Ventura County Emergency Medical Services Agency.~~

~~J. Integration of aircraft into prehospital patient transport system~~

~~In order to be integrated into the prehospital patient transport system, an air transport service will have a written agreement with VC EMS. Any air transport service operating in the County of Ventura shall enter into a written agreement with VC EMS prior to integrating into the formal EMS system.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Staffing Requirements		Policy Number: 1201	
Approved Administration: Steven L. Carroll, Paramedic		Date: DRAFT	
Approved Medical Director: Daniel Shepherd, MD		Date: DRAFT	
Origination Date: <u>5/30/1988</u>		Effective Date: DRAFT	
Date Revised: <u>12/11/2025</u>			
Date Last Reviewed: <u>12/11/2025</u>			
Review Date: <u>12/31/2028</u>			

- I. PURPOSE: To provide guidelines for classification and staffing level for air unit(s) authorized or licensed to operate in Ventura County as a part of the Emergency Medical Services system.
- II. AUTHORITY: Health and Safety Code: 1797.103, 1797.206, 1797.218, 1797.220, 1797.252, 1798.2 and 1798.102. California Code of Regulations, Title ~~XXII~~22, Division 9, Chapter ~~78: Prehospital EMS Air Regulations~~.
- III. POLICY: ~~Ventura County helicopters~~Agencies authorized by VCEMS to provide EMS services in the County of Ventura will be classified and staffed with medical personnel appropriate to the needs of the patient, according to this policy.

IV DEFINITIONS:

~~A. Air Ambulance Service~~An air transportation service, which utilizes air ambulances.~~B. EMS~~

~~Aircraft Classifications:~~

~~1. Air Ambulance~~

~~Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum two attendants certified or licensed in advanced life support (ALS).~~

~~2. Rescue Aircraft~~

~~An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.~~

~~"ALS Rescue Aircraft": a rescue aircraft whose medical flight crew has at least one (1) attendant licensed and/or accredited to provide ALS.~~

~~"BLS Rescue Aircraft": a rescue aircraft whose medical flight crew has at least one (1) attendant certified as an EMT~~

~~Auxiliary Aircraft:~~

~~Auxiliary Aircraft: a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established.~~

~~C. Medical Flight Crew: The individuals(e), excluding the pilot, specifically assigned to care for the patient during aircraft transport.~~

~~D. Classifying EMS Agency: The agency, which categorizes the EMS aircraft into the groups identified in Section 100300(e)(3) of Title 22, California Code of Regulations. This shall be the local EMS agency in the jurisdiction of origin except for aircraft operated by the California Highway Patrol, the California Department of Forestry or the California National Guard which shall be classified by the EMS Authority.~~

~~Note: Military Aircraft are not in the EMS Authority's purview.~~

~~E. Authorizing EMS Agency: The local EMS agency which approves utilization of specific EMS aircraft within its jurisdiction.~~

IV. PROCEDURE

A. Aircraft Staffing Requirements

1. Air Ambulance: The medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
2. Advanced Life Support (ALS) Rescue Aircraft: ~~The medical flight crew has at a minimum one attendant who is an authorized Independent Practice Paramedic, a Registered Flight Nurse, Advanced Practice Care Provider or Flight Physician who has also obtained training and experience in flight rescue operations.~~
3. Basic Life Support (BLS) Rescue Aircraft: The medical flight crew has at a minimum one attendant certified as an EMT ~~with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section 100074 (c) of Title 22, California Code of Regulations, is in the air methods transport of patients who is trained and experienced in rescue flight operations.~~
4. Auxiliary Aircraft: An aircraft that does not have a medical flight crew.

B. Criteria for EMS Personnel to Staff Air Unit

1. ~~Emergency Medical Technician-Paramedic (PARAMEDIC) Paramedic~~
 - a. When staffing an ~~SAR air unit aircraft~~ based in Ventura County, a paramedic shall be:
 - 1) Accredited in Ventura County ~~in accordance with VCEMS Policy 315, and~~
 - 2) ~~Designated Authorized as a level II PARAMEDIC, per VC EMS Policy 318~~ ~~n Independent Practice Paramedic, in accordance with VCEMS Policy 318.~~

-
- ~~b. When accompanying an RN on an air ambulance, a paramedic shall be accredited in Ventura County.~~
- ~~be. An Paramedic who meets the requirements of IV.B.1.a.1)-2) and is selected to staff an air unit a rescue aircraft may work with an EMT who meets the requirements for a SAR-EMT. The names of all paramedics selected to work with SAR-EMT will be submitted to VCEMS.~~
2. ~~SAR Emergency Medical Technician~~ Emergency Medical Technician
- a. While assigned to work with a paramedic on a Ventura County based ~~air unit~~ rescue aircraft, an ~~SAR-EMT~~ shall:
- ~~1) Successfully complete the training module described in VCEMS Policy 306. The SAR-EMT is not required to complete the arrhythmia/defibrillation component of the module.~~
 - ~~2) Meet skill maintenance requirements.~~ 3) Complete mandatory training requirements outlined in VCEMS Policy 334
 - 3) Perform duties as described below.
- b. ~~SAR-EMT~~ Duties and Responsibilities
- 1) Those functions within the EMT Scope of Practice.
 - 2) May transmit information to a Base Hospital regarding paramedic activity and transport information, but may not ask for, receive, or pass on ALS orders.
3. Registered Nurses
- a. RN with a minimum of two (2) years of experience in a critical care or emergency department setting area within the previous three (3) years, prior to employment with the provider agency.
 - b. Current BLS and ACLS certification from the American Heart Association or equivalent course that meets/exceeds all current minimum ECC/ILCOR guidelines. Nurses staffing the air unit shall also be required to complete the VCEMS Cardiac Arrest Management training course.
 - c. ~~Minimum of 384 hours of critical care area (including time worked as a CCT RN) experience per year, unless employed full time as a critical care transfer nurse.~~
 - d. Successful completion of an in-house orientation program provided by the Ventura County Aviation Units ~~sponsored by the provider agency.~~
 - f. ~~Endotracheal intubation training~~ Advanced airway training (Endotracheal and iGel), as approved by the VCEMS Medical Director.

-
- h. Certification in any of the following: Certified Emergency Nurse (CEN); Critical Care Registered Nurse (CCRN); Mobile Intensive Care Nurse (MICN); Certified Nurse Anesthetist (~~CRNA~~); ~~Post Anesthesia Recovery Nurse (PAR)~~; ~~or~~ Certified Flight Registered Nurse (CFRN); ~~Certified or Transport Nurse (CTRN); Certified Trauma Nurse (TCRN)~~-~~or challenge/pass Ventura County MICN test.~~
 - i. ~~Additional training/certifications as deemed appropriate by Ventura County Aviation Unit leadership, to include Prehospital Trauma Life Support (PHTLS), Trauma Nurse Core Course (TNCC)~~
 - j. ~~Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG)/Independent Practice Paramedic Examination. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may reattempt test one additional time. This requirement will be waived for MICNs currently authorized by the Ventura County EMS Agency.~~
 - k. Successful completion of competency assessments
 - 1) Scenario based skills assessment conducted by Ventura County Aviation Unit Medical Director or designee
 - 2) Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG)/Independent Practice Paramedic Examination. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may reattempt test one additional time.
4. ~~Advance Practice Providers~~~~Mid-Level~~ Practitioners (Nurse Practitioner, Physician Assistant)
- a. ~~Current California License~~
 - b. ~~Minimum ~~one~~ two years' experience in a critical care or emergency department setting~~
 - c. ~~Successful completion of an in-house orientation program administered by the Ventura County Aviation Unit~~
 - d. ~~Orientation to the Ventura County Prehospital Care System – including all applicable policies and procedures~~
 - e. ~~Airway management training to be conducted by the Aviation Unit Medical Director to include performance of advanced airway procedures.~~

~~supraglottic airway procedures and performance of at least X number of airway procedures on an appropriate airway manikin. Advanced airway training (Endotracheal and iGel).~~

Commented [DS1]: Needs clearer guidelines, some may have zero airway training

- f. ~~Additional training/certifications as deemed appropriate by Ventura County Aviation Unit leadership, to include Prehospital Trauma Life Support (PHTLS), Trauma Nurse Core Course (TNCC)~~
- f.g. ~~Demonstrated proficiency in VCEMS policies and procedures through successful passing of the VCEMS cognitive examinations (policy and ECG)/Independent Practice Paramedic Examination. The minimum passing score is 80%. Candidates who do not successfully complete either examination with at least an 80% score may reattempt test one additional time~~

5. Physicians

- a. Current California Medical License
- b. Actively practicing Emergency Medicine at a Ventura County hospital
- c. Successful completion of an in-house orientation program administered by the Ventura County Aviation Unit.
- d. Orientation to the Ventura County Prehospital Care system – including all applicable policies and procedures
- e. Physician staffing for the Ventura County Sheriff's Medical Team will be considered at the discretion of the team's medical director.

4. Initial Education for Medical Flight Crews

- 1. All ~~m~~Medical ~~f~~Flight ~~c~~Crew personnel shall receive training in air methods transportation, including but not limited to the following:
 - a. General patient care in-flight.
 - b. Changes in barometric pressure, and pressure related maladies.
 - c. Changes in partial pressure of oxygen.
 - d. Other environmental factors affecting patient care.
 - e. Aircraft operational systems.
 - f. Aircraft emergencies and safety.
 - g. Care of patients requiring special consideration in the airborne environment.
 - h. EMS system and communications procedures.
 - i. ~~The prehospital care system(s) within which they operate, including local medical and procedural protocols.~~Orientation to the Ventura County Prehospital Care system – including all applicable policies and procedures
 - j. Use of onboard medical equipment.

2. Air Unit service providers will provide documentation of training to VC EMS.

D. ~~Continuing Education~~ Mandatory Training Requirements

1. All medical flight crews shall participate in ~~such mandatory~~ continuing education requirements as required by their licensure or certification and as defined in VC EMS Policy 334.

- a. All ~~registered nurses~~ air unit providers, regardless of the certification which qualifies them to serve ~~on air unit as flight nurses~~ within Ventura County, must attend EMS updates twice yearly.
 - b. ~~Flight Nurses who challenge and pass the MICN examination to comply with this policy must meet the continuing education requirements of thirty-six (36) hours per recertification cycle, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals.~~
 - (1) ~~Field Care Audits (Field care audit): Twelve hours per two years.~~
 - (2) ~~Periodic training sessions (Lecture/Seminar): Twelve hours per two years.~~
 - (a) ~~EMS Updates (Mandatory, two times per year)~~
 - (b) ~~ACLS recertification — 2 hours credit~~
 - (c) ~~Self-Study/Video CE~~
 - (3) ~~Miscellaneous Education: Twelve hours per two years.~~
 - e. ~~SAR EMT Requirements (In addition to EMT recertification requirements)~~
 - (1) ~~Skills Update — 2 hours per certification period~~
 - (2) ~~EMS Updates — Mandatory, two times per year —~~
2. ~~Air Unit service providers will provide documentation of continuing education to VC EMS.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Helicopter Dispatch for Emergency Medical Responses		Policy Number: 1202	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: <u>Daniel Shepherd</u> , MD		Date: <u>DRAFT</u>	
Origination Date: <u>5/30/1988</u>		Effective Date: <u>DRAFT</u>	
Date Revised: <u>12/11/2025</u>			
Date Last Reviewed: <u>12/11/2025</u>			
Next Review Date: <u>12/31/2028</u>			

- I. PURPOSE: To define dispatch procedures for helicopter emergency medical responses.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, and 1798. California Code of Regulations, Title 22, Division 9, Section 400276 Chapter 7.
- III. DEFINITIONS:
 - A. ~~EMS Aircraft: any aircraft utilized for the purpose of pre-hospital emergency patient response and transport. This includes "Air Ambulances" and all categories of "Rescue Aircraft."~~
 - B. ~~Air Ambulance: Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum two attendants certified or licensed in advanced life support (ALS).~~
 - C. ~~Rescue Aircraft: An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.~~
 1. ~~ALS Rescue Aircraft: a rescue aircraft whose medical flight crew has at least one (1) attendant licensed and/or accredited to provide ALS.~~
 2. ~~BLS Rescue Aircraft: a rescue aircraft whose medical flight crew has at least one (1) attendant certified as an EMT~~

~~3. Auxiliary Aircraft: a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established.~~

D. ~~Helicopter-Designated~~ Dispatch Center: The ~~helicopter-designated~~ dispatch center ~~for air unit programs based in the County of Ventura will be~~ is the Ventura County Fire Protection District Fire Communications Center (FCC).

E. Automatic Response Area(s): Any remote area where the response time for ground ambulance personnel exceeds ~~twenty-five (25)~~ minutes as determined by the FCC ~~Computer Aided Dispatch (CAD)~~ system.

IV. POLICY: Helicopters will be dispatched when an incident is located in an Automatic Response Area or when requested by ~~on-scene VCEMS-prehospital~~ personnel ~~on scene or enroute to an incident~~.

V. PROCEDURE

A. Helicopters, staffed and equipped ~~according to~~ in accordance with VCEMS policies and procedures, will be dispatched by the designated dispatch center in the following manner:

1. All requests for and cancellations of EMS helicopters ~~at the scene of an emergency~~ shall be made through FCC. The authority for requesting the dispatch of a helicopter for patient transport shall be vested with the on-scene public agency or ~~Ventura County EMS~~ ~~other prehospital~~ personnel ~~that are authorized to function with the organized EMS system~~. This policy does not preclude the Ventura County ~~Sheriff's~~ Aviation Unit from responding to incidents requiring law enforcement response ~~- including Search and Rescue (SAR) operations~~.
2. FCC ~~personnel~~ will determine the appropriate aviation resources using information from on-scene public safety/~~EMS-prehospital~~ personnel or from the reporting party if the patient is located in an Automatic Response Area.
3. No EMS helicopter shall respond to an incident without the request of ~~and/or notification~~ of FCC. All responding public safety/EMS personnel shall be notified of the dispatch of a helicopter
4. ~~An air ambulance will be dispatched to incidents when a suitable landing site is available and the victim is accessible from the landing site. If the designated air ambulance is unavailable, the Ventura County Sheriff's~~

~~Department Search and Rescue (VCSD SAR) helicopter will be dispatched. Specific procedures will be drafted to account for the dispatch and utilization of air ambulance versus rescue aircraft, if/when an air ambulance service is licensed to operate by VCEMS for operations within the County of Ventura.~~

5. ~~The A VCSD Ventura County Aviation Unit (VCAU) helicopter~~SAR helicopter will be dispatched to incidents that describe the need for the specialized skills and capabilities of a rescue aircraft. If the ~~VCSD VCAU SAR~~ helicopter is unavailable, mutual aid resources ~~will~~may be ~~contacted~~requested. Incidents that require a rescue helicopter may involve the need for:
 - a. Hoist operations: use of a mechanical device (“hoist”; attached to the helicopter) to lift a patient from a location inaccessible to ground personnel, and transfer him/her into the cabin of the helicopter.
 - b. Short haul operations: use of a long line (attached to the helicopter) to lift a patient from a location inaccessible to ground personnel, and transport him/her to a location on the ground a short distance away where care may be provided.
 - c. The need for search capabilities, including the utilization of Night Vision Goggles (NVG).
- B. Helicopter transportation should be considered for all cases that meet criteria per VCEMS Policy 1203 ~~-(Criteria for Patient Emergency Transport by Helicopter)~~
 1. Helicopter transportation will not be used ~~for diversion purposes unless the closest hospital is on internal disaster as a means of mitigating/bypassing hospital diversion guidelines.~~
- C. A helicopter response may be terminated:
 1. By FCC if on-scene ~~VCEMS prehospital~~ personnel determine that the helicopter is not needed.
 2. If the helicopter pilot and/or flight crew determine the call should be terminated for safety considerations.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Criteria For Patient Emergency Transport by Helicopter		Policy Number 1203	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: <u>DRAFT</u>	
APPROVED: Medical Director: Angelo Salvucci Daniel Shepherd, M.D.		Date: <u>DRAFT</u>	
Origination Date: 10/31/1994			
Date Revised: <u>12/11/2025</u>			
Date Last Reviewed: <u>12/11/2025</u>		Effective Date: <u>DRAFT</u>	
Review Date: <u>12/31/2028</u>			

- I. PURPOSE: To define criteria for patient transport via helicopter
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, and 1798. California Code of Regulations, Title 22, Division 9, Chapter 7
- III. POLICY: Patients shall be transported to hospitals via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport, ~~and this difference in time may would~~ negatively impact the patient's condition. For the purposes of this policy, significantly is defined as at least a 15 minute ground transport time.
- IV. PROCEDURE:
 - A. If a helicopter is being considered for patient transport, early recognition (including request for a helicopter while enroute to the call) will help decrease delay in patient transport.
 - B. Helicopter transportation of patients ~~should will~~ be considered for cases that meet ~~ALL~~ all three of the following criteria. Transport decisions will be determined jointly by the Base Hospital (BH), if BH contact is established, and on-scene personnel.
 1. A minimum of 15 minutes ground travel time to the *appropriate* hospital,
 2. The helicopter can deliver the patient to the hospital in a shorter time than the ground unit based on the time that the patient is ready for transport.
 This decision should be based on the following formula:

$$\begin{aligned}
 & \text{___ minutes for ETA of the helicopter to the scene} \\
 & + \text{___ minutes for air transport time to the hospital} \\
 & + \text{10 minutes for loading/unloading/transfer of patient to ED} \\
 & \hline
 & = \text{___ ETA to hospital for the helicopter}
 \end{aligned}$$

- a. Medical-related complaints:
 - 1) Hypotension/shock (non-traumatic)
 - 2) Snake bite with signs of significant envenomation
 - 3) Unstable near drowning
 - 4) Status epilepticus refractory to medications
 - 5) Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation)
 - 6) Critical burns or electrical burns
 - 7) Critical respiratory patients (use caution with altitude)
 - 8) SCUBA-related emergencies or barotrauma (use caution with altitude)
 - 9) Any other medical problems in areas inaccessible to, or with prolonged ETA times, for responding ground units
 - 10) Other conditions subject to the approval of the BH physician or the highest medical authority on-scene
- b. Traumatic injuries – Patients with traumatic injuries who are to be transported by helicopter shall be triaged prior to transport according to VCEMS Policy 1405 (Trauma Triage and Destination Criteria)
 - 1) Trauma Step 1-3 criteria:
 - a) All trauma patients to be transported by helicopter that meet Step 1-3 criteria ~~SHALL~~will be transported to a designated trauma center
 - b) Helicopter personnel may determine on a case-by-case basis which trauma center is the closest and most appropriate destination
 - c) BH contact with the destination trauma center shall be initiated by the caregiver(s) staffing the helicopter and coordination with the ground units.
 - d) On rare occasion, the most appropriate destination hospital may be outside the county. However, it is preferred that trauma patients involved in incidents within Ventura County are transported to a designated Ventura County trauma center

- 2). Trauma Step 4 criteria:
 - a) An on-scene paramedic shall contact the base hospital in whose catchment area the incident occurred
 - b) A BH order is required for all patients meeting Step 4 criteria, unless the patient is located within an inaccessible area or if patient transport will be prolonged
 - c) If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report
- c. ~~Mass-Multi~~-Casualty Incidents (MCI) or multi-patient incidents
 - 1) Helicopter transport may be utilized during MCI responses
 - 2) Patient transport should be coordinated by ~~the BH and on-scene personnel~~ between the Medical Communications Officer (MEDCOMM) at the scene and the managing base hospital.
 - 3) The highest priority patients should be transported by helicopter ~~should and~~ be taken to a farther facility (ies), allowing for ground providers to transport lower category patients to the closer facility (ies)
- C. Contraindications to air transport
 1. Patients contaminated with hazardous materials regardless of decontamination status.
 2. Violent or potentially violent patients who have not been ~~chemically restrained~~ sedated.
 3. Stable patients (except in backcountry areas inaccessible to ground units or ~~it-if~~ patient transport will be prolonged).
 4. When ground transport time is ~~equal to or~~ shorter than air transport time
 - a. Circumstances exist in which the lack of an established landing zone and/or the risk of additional approach and landing maneuvers are deemed unsafe by the pilot and flight crew. In these events, the patient may be transported to the most appropriate receiving facility

by air. It should be noted that these events should be the exception to the standard (ground transport) and not the rule.

D. Relative contraindications to transport

1. Asystole, not responding to appropriate therapy and not meeting any criteria of an exceptional situation (e.g., cold water drowning, lightning strike or electrocution)

2. Transports from heavily populated areas

3. Transports for which, prior to departing the scene, conditions exist such that helicopter arrival at the intended destination is uncertain. Pilot and/or flight crew at the scene are unable to determine conditions at the receiving facility prior to initiating transport.

a. Factors influencing this could include weather conditions, helipad status, lighting, etc.

3.4. Other safety conditions as determined by pilot and/or flight crew

~~E. Information about the patient(s) condition, level of medical personnel staffing the helicopter, and ambulance staffing is reviewed by medical and public safety personnel.~~

~~F.E.~~ BH contact ~~should~~will be attempted to establish standard medical control. If ALS personnel are unable to establish BH contact, ~~Communication Failure~~Standing Order Protocols ~~should~~will be followed per VCEMS Policy 705.

~~G.F.~~ Provider agencies ~~which that~~ utilize medical flight crew members who have an expanded scope of practice beyond the ~~p~~Paramedic scope of practice may utilize specific treatments/procedures only upon prior written approval by the VCEMS ~~Agency~~Medical Director. ~~In such cases, notification to the receiving hospital shall be made and BH medical direction is not required.~~

~~H.~~ ~~Staffing decision for transport will be determined jointly by the BH (if BH contact is established) and on-scene personnel~~

~~I.G.~~ A minimum of one independent practice paramedic (~~Level II~~) must accompany the patient if ALS procedures are initiated and no physician is present.

a. ~~Exception - In an~~ MCI situation, a patient who has had an IV started that does not contain any additives may be transported/monitored by a BLS flight crew~~n EMT.~~.

b.a. Destination will be determined by the pilot and flight crew, taking into consideration the patient(s) condition, flight conditions, and any other factors necessary

J.H. Complications during patient transport via helicopter:

1. If a helicopter is transporting a patient to the hospital and is unable to complete the transport due to weather, mechanical/safety issues, or any other factor that was impossible to predict prior to the helicopter lifting from the scene, the helicopter will notify FCC as soon as possible to arrange an alternate LZ and for a ground ambulance to rendezvous with the helicopter
2. Medical personnel staffing the helicopter shall retain responsibility for patient care until transfer of care to ground ambulance personnel is accomplished. If the final destination for the helicopter was to be a trauma center, ground personnel shall complete the transport to the designated trauma center within that catchment area.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Aircraft Classification		Policy Number 1204	
APPROVED: _____ Administration: _____ Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: _____ Medical Director: _____ Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: _____ May 1999 Date Revised: _____ July 9, 2007 Last Reviewed: _____ August 9, 2012 Review Date: _____ August, 2015		Effective Date: December 1, 2007	

**PROPOSE REMOVAL OF POLICY FROM MANUAL. INFORMATION IS
DUPLICATIVE AND CAN BE FOUND IN POLICY 1200 – AIR UNIT PROGRAM**

~~I. PURPOSE:~~

~~To determine the types of aircraft available to provide emergency air transport for a patient in Ventura County.~~

~~II. POLICY:~~

~~All EMS Aircraft shall be classified as an Air Ambulance, a Rescue Aircraft or an Auxiliary Rescue Aircraft.~~

~~III. PROCEDURE:~~

~~A. EMS aircraft classifications shall be limited to the following categories:~~

- ~~1. Air Ambulance. An air ambulance is an aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.~~
- ~~2. Rescue Aircraft. A rescue aircraft is an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.~~
 - ~~a. Advanced Life Support Rescue Aircraft. An Advanced Life Support (ALS) rescue aircraft is a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.~~

- ~~b. — Basic Life Support Rescue Aircraft. A Basic life Support Rescue aircraft is a rescue aircraft whose medical flight crew has at a minimum one attendant certified as an EMT-I, or an EMT-I with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section 100074 (c) of Title 22, California Code of Regulations, is in the aeromedical transport of patients.~~
- ~~3. — Auxiliary Rescue Aircraft. Auxiliary rescue aircraft is a rescue aircraft which does not have a medical flight crew.~~
- ~~B. — EMS Aircraft classification shall be reviewed at 2 year intervals. Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Air Unit Specifications, Equipment and Supplies		Policy Number 1205	
APPROVED: Administration: Steven L. Carroll, <u>Paramedic</u>		Date: <u>DRAFT</u>	
APPROVED: Medical Director: <u>Daniel Shepherd</u> , M.D.		Date: <u>DRAFT</u>	
Origination Date: <u>5/1/1999</u>		Effective Date: <u>DRAFT</u>	
Date Revised: <u>12/11/2025</u>			
Last Reviewed: <u>12/11/2025</u>			
Review Date: <u>12/31/2028</u>			

I. PURPOSE: To define air unit specifications, equipment and supplies.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, and 1798. California Code of Regulations, Title 22, Division 9, Chapter 7

~~II.~~ III. POLICY: All air units transporting patients in Ventura County shall meet the requirements of this policy.

III. PROCEDURE:

A. EMS Aircraft Configuration

1. Air ambulances shall be accredited by the Commission on Accreditation of Medical Transport Systems
2. All EMS aircraft shall be configured so that: There is sufficient space in the patient compartment to accommodate a minimum of one (1) patient on the stretcher and a minimum of one (1) patient attendant.
3. There is sufficient space for medical personnel to have adequate access to the patient in order to carry out necessary procedures including CPR on the ground and in the air.
4. There is sufficient space for all medical equipment and supplies required for aviation resources, as outlined in VCEMS Policy 504 – ALS and BLS Equipment and Supplies.
5. Any Aadditional VC-EMS minimum requirements outlined in air unit operations policies 1200-1203 are met.

B. Safety Equipment.

1. Each EMS aircraft shall have adequate safety belts and tie-downs for all personnel, patient(s), stretcher(s) and equipment to prevent inadvertent movement.
2. Providers shall assure that adequate safety equipment is available for the flight and medical crews to meet any Federal, State or local statutes, regulations or policies.

C. Each EMS aircraft shall have on-board equipment and supplies commensurate with the scope of practice of the medical flight crew as specified in VC-EMS Policy 504. This

requirement may be fulfilled through the utilization of appropriate medical kits (cases/packs) which can be carried on a given flight to meet the needs of a specific type of patient and/or additional medical personnel not usually staffing the aircraft.

D. Communications

1. In accordance with VC-EMS policies, all EMS aircraft shall have the capability of communicating with:
 - a. Designated dispatch center(s).
 - b. EMS ground units at the scene of an emergency.
 - c. Designated base hospitals.
 - d. Receiving hospitals.
 - e. Other appropriate facilities or agencies.
2. All EMS aircraft shall utilize radio frequencies ~~in accordance with the Ventura County EMS established operational area fire c~~ in accordance with the Ventura County EMS established operational area fire c ~~Communications p~~ Plan, for dispatch, routing and coordination of flights as they relate to the dispatch, routing and coordination of flights.
3. ~~Radio equipment may be inspected to assure compliance with the requirements of VC-EMS.~~

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: County Ordinance No. 4099: Ambulance Business License Code		Policy Number 110	
APPROVED: Administration Steven L. Carroll, Paramedic		Date: July 1, 2023	
APPROVED: Medical Director Daniel Shepherd, M.D.		Date: July 1, 2023	
Origination Date: July 10, 1994 Revised Date: September 13, 2007 Last Reviewed: January 12, 2023 Review Date: January 31, 2026		Effective Date: July 1, 2023	

See following pages.

ORDINANCE NO. 4099

AN ORDINANCE AMENDING SPECIFIED PROVISIONS OF THE VENTURA COUNTY ORDINANCE CODE RELATING TO REGULATION OF EMERGENCY MEDICAL SERVICES.

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 2421 - DEFINITIONS - Unless otherwise specified, the term:

- (a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.
- (b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.
- (c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.
- (d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.
- (e) "COUNTY" or "VC" shall mean County of Ventura.
- (f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.
- (g) "EMERGENCY CALL" shall mean any of the following:
 - 1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.
 - 2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.
 - 3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.
- (h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.
- (i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.
- (j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.
- (k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.
- (l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

- (m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.
- (n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.
- (o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

Section 2423 - GENERAL PROVISIONS

Section 2423-I - Ambulance Company License Required - No person, either as owner, agent, or otherwise, shall operate an ambulance or conduct, advertise, or otherwise be engaged in or profess to be engaged in the provision of emergency or non-emergency ambulance service upon the streets or any public way or place of the County, unless he holds a current valid license for an ambulance issued pursuant to this ordinance. An ambulance operated by or contracted for by an agency of the United States or the State of California shall not be required to be licensed hereunder.

Section 2423-1.1 - Application for Ambulance Company License -An application for an ambulance company license shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.

Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

Section 2423-1.3 - Exception - Licensing requirements of this article - Licensing requirements of this article shall not apply to an ambulance company or to the EMT-IAs or EMT-Ps who are:

- (a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.
- (b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.
- (c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura, or with the approval of the County of Ventura.
- (d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

Section 2423-2 - Ambulance Operators and Personnel

Section 2423-2.1 - Ambulance EMT-IA and EMT-P Certification - Ventura County Requirements - Ambulance personnel in Ventura County shall be certified as EMT-IA or EMT-P pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.2 - Ambulance Operations Requirements - No vehicle shall be operated for ambulance purposes and no person shall drive, attend or permit to be operated for such purpose on the streets, or any public way or place of County unless it shall be under the immediate supervision and direction of two (2) people who are at least EMT-IA certified and authorized by the Ventura County, except under conditions cited in Section 2423-1.3. Applications shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.3 - EMT-IA AND EMT-P Certification and California State Ambulance Driving Certificate requirements - No person shall drive an ambulance vehicle unless he or she is holding a currently valid California State Ambulance Driver's Certificate and is also at least EMT-IA certified.

Section 2423-2.4 - Certification Fees - The VCEMSA may charge a certification fee, the rate for which is to be established by the Board of Supervisors.

Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a licensee, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

Section 2424 - SUSPENSION AND REVOCATION - Any license or permit issued pursuant to the provisions of this Article may be suspended or revoked by the Director of the Health Care Agency upon grounds and after following the procedures outlined in the VC EMSD P/P Manual.

Section 2424-1 - Mandatory License Denial, Suspension or Revocation - The DIR-HCA shall deny, suspend or revoke the license of an ambulance company if the operator:

- (a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or
- (b) Habitually or excessively uses or is addicted to the use of narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or
- (c) Has falsified or failed to disclose a material fact in his application; or

- (d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or
- (e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

Section 2424-2 - Discretionary License Denial, Suspension or Revocation - The DIR-HCA may deny, revoke or suspend the license of an ambulance company if the operator has violated the standards and regulations set out in the VCEMSA P/P Manual.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions

Section 2120-1 - Hearing - A license issued pursuant to the provisions of this division may be suspended or revoked only after complying with the following procedures.

Section 2120-1.1 - Statement of Charges - Upon an alleged violation of any of the regulations set forth in the VCEMSA P/P Manual, the VCEMSA Admin/MedDir shall file with the Clerk of the Board a statement of charges.

Section 2120-1.2 - Acts or Omissions Charged - It shall specify the ordinance code sections, policies or regulations allegedly violated.

Section 2120-1.3 - Notice and Request for Hearing - Upon the filing of a statement of charges, the Clerk of the Board shall serve a copy thereof upon the respondent named therein in a manner provided by Ordinance Code Section 14. It shall be accompanied by a statement that respondent may request a hearing by filing a written request with the Clerk of the Board within ten (10) days after service.

Section 2120-1.4 - Waiver of Hearing - If no request for a hearing is received, the hearing is deemed waived and the VC EMSD may proceed with suspension or revocation. Notice shall be sent respondent of suspension or revocation.

Section 2120-1.5 - Hearing Officer - The Tax Collector or his deputy is hereby designated as hearing officer for any hearing conducted pursuant to this article. The hearing officer shall hear all evidence presented and at the conclusion of the hearing, rule on the charges presented.

Section 2120-1.6 - Time, Place and Notice of Hearing - Upon receipt of request for hearing, the Clerk of the Board shall contact the hearing officer and arrange a date, time and place for the hearing. Notice thereof shall be given all parties at least ten (10) days prior to the hearing.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions
Section 2133 - Appeals

Any person whose application for a license is disapproved or whose license is suspended or revoked after a hearing, may appeal to the Board of Supervisors within thirty (30) days after the date of such denial, suspension or revocation by filing with the Clerk of the Board of Supervisors a request that the Board review denial, suspension or revocation. The appeal shall be in the form of a written notice filed with the Clerk of the Board of Supervisors and signed by the appellant. The notice shall have attached a copy of the written application, suspension or revocation, and shall state clearly and concisely the reasons upon which the appellant relies for his appeal. The Clerk of the Board of Supervisors shall set the matter for hearing within fifteen (15) days after the notice is filed, and shall notify the appellant and VC EMSD of the setting. At the hearing, the appellant shall have the burden of establishing to the satisfaction of the Board that he is entitled to relief, or otherwise the denial of the application, the suspension, or revocation of the license or permit shall stand.

AN ORDINANCE OF THE COUNTY OF VENTURA
AMENDING VENTURA COUNTY ORDINANCE CODE
SECTION 2423-3 RELATING TO SETTINGS OF AMBULANCE RATES

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 1. Section 2423-3 of the Ventura County Ordinance Code is hereby amended to read as follows:

"Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a licensee, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except for consumer price index or other changes as provided for in ambulance provider agreements or as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA except that consumer price index or other changes provided for in ambulance provider agreements shall be in accordance with such agreements. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the informational Agenda of any changes made pursuant to this subsection (c). the Board of Supervisors, after public hearing, may overrule any changes made by the VCEMS pursuant to this subsection (c).

Section 2. This Ordinance shall take effect thirty (30) days following final passage and adoption.
PASSED AND ADOPTED this day of , 1996, by the following vote:

AYES: Supervisors

NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

ATTEST:
RICHARD D. DEAN, County Clerk
County of Ventura, State of
California, and ex officio
Clerk of the Board of Supervisors
thereof:

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMT/Paramedic/MICN Decertification and Discipline		Policy Number 330	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: July 1, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: July 1, 2023	
Origination Date: April 9, 1985		Effective Date: July 1, 2023	
Date Revised: February 9, 2023			
Date Last Reviewed: February 9, 2023			
Review Date: February 28, 2026			

- I. **PURPOSE:** Defines the disciplinary process regarding prehospital emergency care certificates including provision of counseling, placing certificate holder on probation or suspension, revocation of certificate, denial of renewal of certificate, or denial of certification.
 - II. **AUTHORITY:** California Health and Safety Code, Section 1798.200
 - III. **POLICY:** The Ventura County Emergency Medical Services Agency (VCEMS) may provide counseling, place on probation, suspend from practice for a designated time period, deny or revoke certification or deliver reprimands to Ventura County Certified EMT, Paramedic, or MICN if their actions, while providing prehospital care, constitutes a threat to public health and safety upon the finding by VCEMS medical director.
- GROUND FOR DISCIPLINARY ACTION:**
- A. Evidence that one or more of the following actions that is substantially related to the qualifications and constitute a threat to public health and safety has/have occurred:
 1. Fraud in the procurement of any certification, license or authorization.
 2. Gross negligence or repeated negligent acts
 3. Incompetence
 4. Commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 5. Conviction of any crime, which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction shall be considered conclusive evidence of conviction.
 6. Violation of or an attempt to violate directly or indirectly, or assistance in or abetting the violation of, or conspiring to violate, any provision of Division 2.5 of the Health and Safety Code, or of the regulations promulgated by the California

State Emergency Medical Services Authority, or the County of Ventura pertaining to prehospital care personnel.

7. Violation of or an attempt to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs or controlled substances.
 8. Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs or controlled substances.
 9. Functioning as a Ventura County certified EMT, accredited Paramedic, or authorized MICN while under the influence of alcoholic beverages, narcotics, dangerous drugs or controlled substances.
 10. Functioning outside the scope of the held certificate or independent of medical controls in the local prehospital emergency medical care system except as authorized by other license or certification.
 11. Unprofessional conduct exhibited by any of the following:
 - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT or Paramedic from assisting a peace officer, or a peace officer that is acting in the dual capacity of peace officer and EMT or Paramedic, from using that force that is reasonably necessary to affect a lawful arrest or detention.
 - b. The failure to maintain confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law in Section 56 to 56.6, inclusive, of the California Civil Code.
 - c. The commission of any sexually related offense specified under Section 290 of the California Penal Code.
 12. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- B. Failure to pass a certifying or recertifying examination shall be sufficient grounds for the denial of a certificate or the denial of the renewal of a certificate without a formal appeal process.

IV. PROCEDURE:

A. Reporting Process

When any of the grounds for disciplinary action are exhibited by a certificate holder, any individual observing such grounds may submit a written claim relative to the infraction as

well as any other supporting evidence to the VCEMS. Discovery through medical audit shall be considered as a source of information for action.

B. Notification of Claim against Certificate Holder.

Before any formal investigation is undertaken, VCEMS shall evaluate the claim(s) relative to the potential threat to the public health and safety and determine if further action appears to be warranted.

When such a claim is submitted to VCEMS, the PCC and ED medical director at the appropriate base hospital shall be notified, in addition to the ALS provider management (if the certificate holder is an EMT or paramedic) of the claim. Notification of such a claim shall be given verbally within twenty-four (24) hours, or as soon as possible, followed by written notification within ten (10) days. The written notice shall include:

1. A statement of the claim(s) against the certificate holder.
2. A statement which explains that the claim(s), if found to be true, constitute a threat to the public health and safety and are cause for VCEMS to take disciplinary action pursuant to Section 1798.200 of the Health and Safety Code.
3. An explanation of the possible actions, which may be taken if the claims are found to be true.
4. A brief explanation of the formal investigation process.
5. A request for a written response to the claim(s) from the certificate holder.
6. A statement that the certificate holder may submit in writing any information, which she/he feels is pertinent to the investigation, including statements from other individuals, etc.
7. The date by which the information must be submitted.
8. A statement that if she/he so chooses, the certificate holder may designate another person, including legal counsel or the certificate holder's employer, to represent him/her during the investigation.

This notification may be combined with notification of disciplinary action if the certificate holder's certificate is being immediately suspended.

The claim shall be responded to by the appropriate individual(s) and relevant information shall be submitted to VCEMS within fifteen (15) days after receipt of written notification.

C. Review of Submitted Material

VCEMS shall review the submitted material and determine the appropriate disciplinary action.

1. The nature of the disciplinary action shall be related to the severity of the risk to the public health and safety caused by the actions of the certificate holder or applicant for a prehospital care certificate.
2. The types of action, which may be taken prior to or subsequent to formal investigation, include:
Immediate suspension: VCEMS may immediately suspend a prehospital emergency medical care certificate at any point in the investigative or appeal process if there is evidence which indicates in the expert opinion of the VCEMS Medical Director that a continuing threat to the public health and safety will exist if the certificate is not suspended. The certificate holder's relevant employer shall be notified prior to or concurrent with initiation of the suspension. An expedited appeal hearing shall be convened if the certificate holder requests, in writing, such a hearing. Written notification shall be sent by certified mail.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Attendance Roster		Policy Number 1132	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January 3, 2023	
Origination Date: January 1, 1993		Effective Date: January 3, 2023	
Date Revised: October 13, 2022			
Date Last Reviewed: October 13, 2022			
Review Date: October 31, 2025			

- I. PURPOSE: To define the use of a continuing education attendance roster by continuing education provider programs approved by the Ventura County EMS Agency (VCEMS).
- II. AUTHORITY: Health and Safety Code 1797.208, and California Code of Regulations, Division 9, Chapter [3.544](#).
- II. POLICY: A continuing education attendance roster shall be completed for all approved lectures or field care audits. In addition, the approved electronic CE roster issued by VCEMS will be utilized for continuing education that is required for prehospital personnel, including Mobile Intensive Care Nurses (MICNs).
- III. PROCEDURE:

The form will be completed by an approved continuing education provider. The attendance roster will be retained by the approved continuing education provider for a minimum of four years.

 - A. The following information will be completed by the sponsoring agency or designated liaison:
 1. Sponsoring agency name (Base Hospital, CE Provider, etc.)
 2. Lecture Title - .Name of program/lectures, or field care audit
 3. Lecturer(s):
 - a. Name of person(s) presenting lecture, including title(s), or
 - b. Name of person presenting field care audit
 4. Date
 5. Hours approved for CE presentation
 6. Instructor or non-instructor based

7. Continuing education provider number

B. Mandatory Education

1. The MICN, Paramedic or EMT name, employer, and certification number will be entered on the attendance roster by each MICN/ Paramedic or EMT. Each MICN, Paramedic or EMT shall sign his/her name.

2. _____

The VCEMS approved electronic CE roster shall be utilized for all CE that is required for prehospital personnel to attend, as outlined in VCEMS Policy 334 – Mandatory Education Requirements.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education for EMS Personnel		Policy Number 1133	
APPROVED: Administration: Steve L. Carroll, Paramedic		Date: January 3, 2023	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January 3, 2023	
Origination Date: January 11, 2018			
Date Revised: October 13, 2022		Effective Date: January 3, 2023	
Date Last Reviewed: October 13, 2022			
Review Date: October 31, 2025			

- I. **PURPOSE:** To identify acceptable continuing education topics for prehospital providers, in addition to outlining acceptable delivery formats and limitations related to continuing education.
- II. **AUTHORITY:** California Health and Safety Code – Title 22, Division 2.5, Sections 1797 – 1979.207; California Code of Regulations – Title 22, Division 9, Chapter [3.544](#).
- III. **DEFINITIONS:**

EMS Continuing Education Provider: EMS Continuing Education Provider means an individual or organization approved by the requirements of VCEMS Policy 1130 – Continuing Education Provider Approval to conduct continuing education courses, classes, activities or experiences and issue earned continuing education hours to EMS Personnel for the purposes of maintaining certification/licensure or re-establishing lapsed certification or licensure.

Continuing Education (CE): A course, class, activity, or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as knowledge to enhance individual and system proficiency in the practice of pre-hospital emergency medical care.

Continuing Education Unit (CEU): Shall be any one of the following:

 1. Every fifty minutes of approved classroom or skills laboratory activity.
 2. Each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS service provider, or receiving/base hospital.
 3. Each hour of media based / serial production CE as approved by VCEMS
- IV. **POLICY:**
 - A. CE Provider Approving Authority

1. VCEMS shall be the agency responsible for approving EMS Continuing Education Providers whose headquarters are located within the County of Ventura, if not otherwise approved by an item listed below.
 - a. Courses and/or CE providers approved by the Commission on Accreditation for Prehospital Continuing Education (formerly CECBEMS) or approved by EMS offices of other states are approved for use in California and need no further approval.
 - b. Courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology) offered by accredited colleges and universities are approved for CE and need no further approval.
 - 1) Ten (10) CEHs will be awarded for each academic quarter unit
 - 2) Fifteen (15) CEHs will be awarded for each academic semester unit
 - 3) Unofficial transcripts from the accredited college / university shall be the only method of verification when issuing CEH for these types of courses.
 - c. The California EMS Authority shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state if not otherwise approved according to one of the above items.
- B. Continuing Education Topics
 1. Continuing education for EMS personnel shall be in any of the topics contained in the respective National Standard Curricula for training EMS personnel, including advanced topics in subject matter outside the scope of practice of the certified or licensed EMS personnel but directly relevant to emergency medical care (e.g. surgical airway procedures).
- C. Continuing Education Delivery Formats
 1. Classroom - didactic and/or skills laboratory where direct interaction with instructor is possible.
 2. Organized field care audits of base hospital communication and/or patient care records;
 3. Courses offered by accredited universities and colleges, including junior and community colleges;
 4. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.

5. Media based and/or serial productions (e.g. films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules).
 6. Precepting EMS students or EMS personnel as a field preceptor or as a hospital clinical preceptor, as assigned by an approved EMS training program, an authorized EMS service provider, or as a receiving/base hospital that is approved as a continuing education provider, in accordance with VCEMS Policy 1130.
 - a. CE for precepting can only be given for actual time precepting a student and must be issued by the EMS training program or EMS service provider that has an agreement or contract with the field preceptor or with the preceptor's employer.
 - b. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider must be a CE provider approved in accordance with VCEMS Policy 1130.
 7. Precepting EMS students or EMS personnel as a hospital clinical preceptor, as assigned by an EMS training program, an EMS service provider, or a receiving/base hospital that is approved as a CE provider program in accordance with VCEMS Policy 1130.
 - a. In order to issue CE for precepting EMS students or EMS personnel, an EMS service provider, hospital or alternate base station must be a CE provider approved according to this Chapter.
 - b. CE for precepting can only be given for actual time spent precepting a student or EMS personnel and must be issued by the EMS training program, EMS service provider, or receiving/base hospital that has an agreement or contract with the hospital clinical preceptor or with the preceptor's employer.
- D. Limitations
1. CE courses shall not be approved for less than one hour of credit.
 - a. For CE courses greater than one (1) CEH, credit may be granted in no less than half-hour increments.
 2. No more than twelve (12) hours of continuing education, in any form, will be accepted within any twenty-four (24) hour period.

3. An individual may receive credit for taking the same CE course/class/activity no more than two times during a single certification or licensure cycle.
4. At least fifty percent of the required CE hours must be in a format that is instructor based, which means that instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).
 - a. This provision shall not include precepting or magazine articles for CE credit. VCEMS will determine whether a CE course, class or activity is instructor based.
5. During a certification or licensure cycle, an individual may receive credit, one time only, for service as a CE course/class/activity instructor.
 - a. Credit received shall be the same as the number of CE hours applied to the course/class/activity.
6. During a certification or licensure cycle, an individual may receive credit, one time only, for service as an instructor for an approved EMT or paramedic training program
 - a. The hours of service shall not exceed fifty percent of the total CE hours required in a single certification or licensure cycle.
7. When guided by the EMS service provider's quality improvement plan, an EMS service provider that is an approved CE provider may issue CE for skills competency demonstrations to address any deficiencies identified by the service provider.
 - a. Skills competency demonstration shall be conducted in accordance with the respective National Standard Curriculum skills outline or in accordance with the policies and procedures of the VCEMS medical director.
8. If it is determined through a quality improvement plan that EMS personnel need remediation or refresher in an area of the individual's knowledge and/or skills, the VCEMS medical director or an EMS service provider may require the EMS personnel to take an approved CE course with learning objectives that addresses the remediation or refresher needed, as part of the individual's required hours of CE for maintaining certification or licensure.

9. Because paramedic license renewal applications are due to the California EMS Authority thirty days prior to the expiration date of a paramedic license, a continuing education course(s) taken in the last month of a paramedic's licensure cycle may be applied to the paramedic's subsequent licensure cycle, only if that CE course(s) was not already applied to the licensure cycle during which the CE course(s) was taken.
 10. VCEMS shall not require additional continuing education hours for paramedic accreditation, beyond the state required minimum of forty-eight (48) hours.
- E. Continuing Education Records
1. In order to receive credit, CE shall be completed during the current certification/licensure cycle, except as provided in Section IV.D.9 of this policy.
 2. CE shall be valid for a maximum of two years prior to the date of a completed application for certificate/license renewal.
 3. EMS personnel shall maintain for four years all CE certificates issued to them by any CE provider.
 4. In order to verify the authenticity of continuing education certificates, or as part of a CE provider's approval process, CE certificates may be audited by VCEMS.
 5. Any/all continuing education records issued by a CE provider program shall meet the minimum requirements outlined in VCEMS Policy 1130.