

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

Pre-hospital Services Committee
Agenda

April 9, 2026
9:30 a.m.

I. Introductions	
II. Approve Agenda	
III. Approve Minutes	
IV. Old Business	
A. 504: BLS Equipment and Supplies	Adriane Gil-Stefansen
B. Cardiac Arrest Management (CAM) training update	Dr. Shepherd/Adriane Gil-Stefansen
V. New Business or Policy Review (<i>with Proposed Changes</i>)	
A. 310: Paramedic Scope of Practice	Adriane Gil-Stefansen
B. 716: Use of Preexisting Vascular Access Device (Propose Deleting)	Adriane Gil-Stefansen
C. 705.05: Bites and Stings	Adriane Gil-Stefansen
D. 705.12: Heat Emergencies	Dr. Shepherd/Adriane Gil-Stefansen
E. 710: Airway Management	Dr. Shepherd/Adriane Gil-Stefansen
F. 729: Supraglottic Airway Devices (Propose Deleting)	Dr. Shepherd/Adriane Gil-Stefansen
VI. Informational/Discussion Topics or Policies Approved at Specialty Care Committees	
A. None	
VII. Policy Review (<i>No proposed changes</i>)	
A. None	
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	

In Person Only
2240 E. Gonzales Road #200
Oxnard

Pre-hospital Services Committee
Minutes

March 12, 2026
9:30 a.m.

Topic	Discussion	Action	Approval
Opening Remarks	Please announce your name when voting and remember to sign in.		
I. Introductions	None		
II. Approve Agenda		Approved	Motion: Jaime Villa Second: Tom O'Connor Passed: Unanimous
III. Minutes		Approved	Motion: Kyle Blum Second: Tom O'Connor Passed: Unanimous
IV. Old Business (continued on next page)			

A. 705.07 Cardiac Arrest-Asystole/Pulseless Electrical Activity (PEA)	<p>Dr. Daniel Shepherd (VCEMSA)- After a long discussion at October PSC this was recommended to go back to subcommittee. Thank you to all of the agencies for spending a lot of time in meetings, bringing in EMTs and paramedics for simulation, and really engaging in the process. Policy 705.07 and 705.08 had some changes, CAM had a full overhaul. We are looking to reinforce principles that have been there since the inception. The core principals are high-quality consistent chest compressions, early defibrillation, early epinephrine, early communication and coordinated care as the foundation. We had simulation practice with field providers to see what worked for Lucas device integration and ultimately what was most streamlined was a 2-phase approach. We got real-time feedback from the providers in terms of rescuer roles and integration.</p> <p>Adriane Gil-Stefansen (VCEMSA)- Additional change proposed is to take the wording for DSD/vector change and move that under the BLS goals of care so that people don't read it as a paramedic level treatment, an EMT can do it as well. We wanted to have that lined up to see it with the right intent. Defibrillation is a BLS level of care. Range for 100-120 under chest compressions, we'd like to have it say, "preferred 112." If internal metronome is being used on the Zoll, the rate is different than 112 and if you are using the LUCAS, it's at 111. If we put the wording "preferred," we can get as close to that as possible, but that is why the range is there.</p> <p>Dr. Todd Larsen (SJRMC)- with the proposed changes where we're moving over DSD/vector change from ALS to BLS and putting a stated goal of 112, but leaving the range, could I have a motion to approve these policies?</p> <p>Kyle Blum (SJRMC)- I'll motion it, but I have a question regarding if you have one defibrillator, then switch vectors, but if you have two defibrillators, go straight to dual sequential?</p> <p>Adriane Gil-Stefansen- Yes.</p> <p>Kyle Blum- Okay, just making sure.</p> <p>Todd Larsen- Thank you all for putting in the hard work.</p>		<p>Motion: Kyle Blum Second: Dr. Neil Canby Passed: Unanimous</p>
B. 705.08 Cardiac Arrest-VF/VT			
C. 733: Cardiac Arrest Management (CAM) and Post Arrest (ROSC)			

V. New Business or Policies for Review (with Proposed Changes)			
<p>A. 735: Push Dose Epinephrine</p>	<p>Adriane Gil-Stefansen- The addition is to allow for using a vial to make your push dose EPI as opposed to only a preload. Either way it's 1 mg in the 100mL bag, but it keeps your ability to use either, as availability allows. Which we know every once in a while Epi goes on shortage.</p>	<p>Approved</p>	<p>Motion: Neil Canby Second: Erica Gregson Passed: Unanimous</p>
<p>B. 504: BLS and ALS Equipment and Supplies</p>	<p>Adriane Gil-Stefansen- Ventura County Fire reached out to request a change to policy 504, due to Bup that is stocked on their engines expiring. The ask is to make it "optional" for FRALS but keep a par level for any transport unit (MED/RA). Rober Miner (VCFD)- Bup hasn't been used on these units. The thought is, it's not an emergency medicine. It's something that comes down the road after the assessment and if every transport unit has it then we'll always have access to it on every call. We would keep it with our transport RA's. It all expires at the end of April. Dr. John Gillet (VCMC)- I don't want to belabor this, but do we have a system to share expired drugs that other hospitals would use? There has to be a way to make this work for all the agencies and most of the hospitals? Dr. Todd Larsen- I think with narcotics, it's too difficult. It can happen, but it's a lot of paperwork and the more people involved the more paperwork. Steve Carroll (VCEMSA)- To clarify, we are not going to have it on any fire engines, we are going to have on ambulances and RA's and engines will be optional. Want to make sure what we are proposing is not going to negatively impact other programs.</p> <p>There was additional discussion on the Bup countywide program and Substance Use Navigator coordination.</p> <p>Steve Carroll- This needs to be agendized under old business or informational for next agenda for people that may be interested or may oppose.</p> <p>Adriane Gil-Stefansen- We can add to the agenda, make the updated change to 504, and push it out after approval at next PSC.</p>	<p>Proposal to add to the Agenda and bring back to next PSC Meeting for approval</p>	<p>Motion: Neil Canby Second: Jaime Villa Passed: Unanimous</p>

VI. Informational/Discussion Topics or Policies Approved at Specialty Care Committees			
A. None			
VII. Policies Due for Review (No Proposed Changes)			
A. None		Approved with changes	Motion: Second: Passed: Unanimous
VIII. Agency Reports			
A. Fire departments	<p>VCFD – Robert Miner/Erica Gregson- Nothing to report, just a lot of training VFD – Tyler Morrison- We have 6 recruits in the academy right now, more than halfway through and should be done in May and we also have one lateral. We have a lot of training to get ready for MCI and CAM. OFD – Jaime Villa – Alejandro is being awarded tonight as the Uniformed Services Employee of the Year. We're very proud of him. He does a lot of great work. Alejandro Villasenor- A lot training, we are doing some internal work, trying to move some stuff around in MCI and how we approach MCI. We have some MCI training as well as CAM all of April. PHTLS on the 24th and 25th of March if anyone's interested. If you just want to come hang out for a few hours and check it out you're welcome to. FFD – John Everlove – Just finished an academy, adding more people and medics to the floor. Also doing a lot of training trying to get up to speed before the summer. VFF – Not present.</p>		
B. Ambulance Providers	<p>AMR/GCA - Jeffrey Schultz – We have a new hire orientation that just started on Monday. We have potentially 12 candidates, 6 medics and 6 EMT's. We are also in the process of revamping our orientation process, that is still due to come. We have a lot of training. For employees who are expiring soon for their CAM, are we going to extend them? Adriane Gil-Stefansen- The ones with CAM expiring now through June 30, we'll push out a memo that says they will be extended to Juine 30th. Any Initial CAM training will have to do it twice; we can't have them out there not knowing the basics of CAM. All Town – Nothing to report MedTrans – Nothing to report Premier Ambulance – Nothing to report</p>		
C. Base Hospitals	<p>AHSV – Nicole Fagan- We do have a new stroke coordinator who will be at the next stroke meeting. Dr. Andy Bourgeois will be our new Liaison Doctor and will be attending our next PSC meeting. LRH – Michelle Barry – On March 17th we have a trauma symposium from 8am to noon, 4 hours, it should be on the EMS calendar, we are offering EMS CE hours. We also have our case review on Thursday March 26th at 10:00am, it's virtual. VCMC – Nothing to report. SJRMC – Kyle Blum- St. Johns Regional hosting a "First Responders BBQ" next week on March 19^h, from 11a-1p.</p>		
D. Receiving Hospitals	<p>SJHC – Kyle Blum- St. Johns Camarillo hosting a "First Responders BBQ" next week on March 17th form 11a-1p. SPH – Nothing to report. CMH / OVCH – Nothing to report.</p>		
E. Law Enforcement	<p>AIR RESCUE – Dr. Ross Levin- We are getting new UEScopes. We are doing training for that now and should be in service in a couple of months. VCSO – Not present. CSUCI PD – Not present. State Parks – Not present.</p>		

F. ALS Education Programs	<p>Ventura College – Tom O’Connor- Clinical rotations for cohort 31 are wrapping up. Thanks everybody for hosting them. They've had really good experiences. Cohort 32 is halfway through their didactic, clinical starting early May and again we've got that coordinated timing to be able to move paramedics through the county without having the overlap. Cohort 33 will start at the end of May and they will end didactic in December.</p> <p>Moorpark College – John Everlove – We have our site visit for accreditation, the final step in the accreditation process coming up on May 7th/8th. The site visitors and accreditors may reach out to some of you as agency representative employers and other education programs. We'll have a couple of planned meetings leading up to that but would love your input. New class starting at the end of April, in coordination with Tom's calendar, so we shouldn't see any overlap in clinical rotations, which was obviously a big goal of the programs when we first started collaborating on this.</p>	
G. EMS Agency	<p>Steve Carroll – The commission will be having a presentation on ambulance strike teams. EMSAAC Conference for Memorial Day Week, May 26th-28th at Universal Studios at the Hilton Universal City. We will have The Salty Paramedic and Gordon Graham as keynote speakers. Registration is now open and also hotel reservations are available on the EMSAAC website. The revised version of RFP was sent to the state, to be determined if it will be approved. EMSA has decided to change to a new data platform. The first migration will be for their central registry, all which is the EMT and paramedic database. The state will be transitioning to this new product April 1st. Our office will be closed on March 31st and we will not be scheduling appointments during the transition week of April 1-3. Appointments will resume April 6th.</p> <p>Dr. Daniel Shepherd – EMSAAC next week, EMDAC Tuesday, EMS Commission Wednesday. For EMSA there is a lot going on at the state level with date and regulations. There has been a lot of back-and-forth data migration with the new DEA rulemaking for Patient Protection of certain medications. There will be a discussion on allowing/not allowing individual agencies to have their own DEA licenses. EMDAC had a lot of concerns about agencies procuring and dispensing narcotics without physician oversight and will be discussed as part of the agenda.</p> <p>Adriane Gil-Stefansen – Southwest RTCC Trauma Grand Rounds flyer was sent out for April 8th. There is approved CME now and EMS CE that will be two hours. Sign up using the link. I want to thank everybody again for really investing the time for going through CAM and then continuing to invest your time moving forward.</p>	
H. Other	No additional discussion.	
IX. Closing	<p>Meeting adjourned at 10:25am</p> <p>Meeting audio recording and transcript available upon request.</p>	<p>Motion: Neil Canby Second: Tom O’Connor. Passed: Unanimous</p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: BLS And ALS Unit Equipment And Supplies		Policy Number: 504	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January <u>July</u> 1, 2026	
APPROVED: Medical Director Daniel Shepherd, MD		Date: January <u>July</u> 1, 2026	
Origination Date: May 24, 1987		Effective Date: January <u>July</u> 1, 2026	
Date Revised: August 14, 2025 <u>April 9, 2026</u>			
Last Reviewed: August 14, 2025 <u>April 9, 2026</u>			
Review Date: August 31, 2027			

- I. PURPOSE: To provide a standardized list of equipment and supplies for response and/or transport units in Ventura County.
- II. POLICY: Each response and/or transport unit in Ventura County shall be equipped and supplied according to the requirements of this policy.
- III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218, 1797.221 and California Code of Regulations Sections 100066.02, 100091.02, 100091.03, 100091.04, 100096.03
- IV. DEFINITIONS:
 - BLS – Basic Life Support Unit
 - ALS – Advanced Life Support Unit
 - PSV – Paramedic Support Vehicle or Paramedic Supervisor Vehicle
 - CCT – Critical Care Transport Unit
 - BLS Command – Basic Life Support Staffed Command Vehicle
 - FR/ALS – First Responder Advanced Life Support Unit
 - VCAU – Ventura County Aviation Unit
- V. PROCEDURE:
 1. The following equipment and supplies shall be maintained on each response and/or transport unit in Ventura County.
 2. Deviation from the standards outlined in this policy shall only be authorized with written approval (see 504 Waiver Request form) from the VCEMS Medical Director. Mitigation attempts should be documented in the comment section on the waiver request form, such as what vendors were contacted, etc.

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS						
Bag valve units with appropriate masks • Adult (1,000 mL) • Child (500 mL) • Infant (240 mL)	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Adult
Nasal cannula	3 Adult	3 Adult	3 Adult	3 Adult	3 Adult	3 Adult
Nasopharyngeal airway • 14 French • 18 French • 20 French • 22 French • 24 French • 26 French • 28 French • 32 French • 34 French • 36 French	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Continuous positive airway pressure / Bi-level Positive Airway Pressure (CPAP/BiPap) device	1 Child 1 Small Adult 1 Adult	Optional	1 Child 1 Small Adult 1 Adult	1 Child 1 Small Adult 1 Adult	1 Child 1 Small Adult 1 Adult	1 Child 1 Small Adult 1 Adult
Nerve Agent Antidote (DuoDote Auto-Injector)	Optional	Optional	3	3	3	Optional
Blood glucose determination devices	1	Optional	2	1	1	1
Occlusive Dressing or Chest Seal	5	5	5	5	5	5
Oral glucose 15 g unit dose	1	1	1	1	1	1
Oropharyngeal Airways • 40 mm (Size 00) • 50 mm (Size 0) • 60 mm (Size 1) • 70 mm (Size 2) • 80 mm (Size 3) • 90 mm (Size 4) • 100 mm (Size 5) • 110 mm (Size 6)	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Oxygen with appropriate adjuncts (portability required)	15 L/min for 20 mins (40 mins for transport units)	15 L/min for 20 mins	15 L/min for 20 mins (40 mins for transport units)	15 L/min for 20 mins	15 L/min for 20 mins	15 L/min for 20 mins
Portable suction equipment	1	1	1	1	1	1
Nonrebreather oxygen masks • Adult • Child • Infant	3 3 2	2 2 2	3 3 2	2 2 2	2 2 2	2 2 2
Bandage scissors	1	1	1	1	1	1

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
Bandages						
• 4"x4" sterile compresses or equivalent	12	12	12	12	12	5
• 2",3",4" or 6" roller bandages	6	2	6	2	2	4
• 10"x 30" or larger dressing	2	0	2	0	0	2
Blood pressure cuffs: Thigh, Adult, Child, Infant	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Emesis basin/bag	1	1	1	1	1	1
Flashlight	1	1	1	1	1	1
Traction splint or equivalent device	1	N/A	1	1	1	1
Pneumatic or rigid splints (capable of splinting all extremities)	4	N/A	4	4	4	4
Potable water or saline solution	4 Liters	N/A	4 Liters	4 Liters	4 Liters	4 Liters
Cervical collar	2	N/A	2	2	2	2
Spinal immobilization backboard: 60" minimum with at least 3 sets of straps	1	N/A	1	N/A	1	1
Sterile obstetrical kit	1	1	1	1	1	1
Tongue depressor	4	Optional	4	Optional	Optional	Optional
Cold packs	4	2	4	4	4	4
Eye Shield	2	N/A	2	2	2	2
Tourniquet	2	2	2	2	2	2
1 mL,5 mL, and 10 mL syringes with IM needles	N/A	N/A	4	4	4	4
Automated External Defibrillator	1	1	N/A	N/A	N/A	N/A
Manual Defibrillator	N/A	N/A	1	1	1	1
Defibrillator pads	2 Adult 2 Peds	2 Adult 2 Peds	2 Adult 2 Peds	2 Adult 2 Peds	2 Adult 2 Peds	2 Adult 2 Peds
Stethoscope	1	1	1	1	1	1
Cellular telephone	1	1	1	1	1	1
CO ₂ monitor						
• Infant (<0.5 mL sidestream or <1 mL mainstream adaptor)	Optional	Optional	2 Each Size	2 Each Size	2 Each Size	2 Each Size
• Pediatric / Adult (6.6 mL sidestream or < 5 mL mainstream adaptor)						
CO ₂ monitor						
• Adult size EtCO ₂ sampling nasal cannula	Optional	Optional	1 Each Size	1 Each Size	1 Each Size	1 Each Size
• Pediatric size EtCO ₂ sampling nasal cannula						
Pediatric length and weight tape	1	1	1	1	1	1
Intranasal mucosal atomization device	Optional	Optional	2	2	2	2
SpO ₂ Monitor (If not attached to cardiac monitor)	1	1	1	1	1	1
SpO ₂ Adhesive Sensor (Adult, Pediatric, Infant)	Optional	Optional	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Thermometer	1	Optional	1	1	1	Optional
Personal Protective Equipment per State Guideline #216						
• Rescue helmet	2		2	1		
• EMS jacket	2		2	1		
• Work goggles	2		2	1		
• Tyvek suit	2 L / 2 XXL		2 L / 2 XXL	1 L / 1 XXL	N/A	N/A
• Tychem hooded suit	2 L / 2 XXL	N/A	2 L / 2 XXL	1 L / 1 XXL		
• Nitrile gloves	1 Med / 1 XL		1 Med / 1 XL	1 Med / 1 XL		
• Disposable footwear covers	1 Box		1 Box	1 Box		
• Leather work gloves	3 L Sets		3 L Sets	1 L Set		
• Field operations guide	1		1	1		

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
OPTIONAL EQUIPMENT (No minimums apply)						
Hemostatic gauze per EMSA guidelines						

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
B. TRANSPORT UNIT REQUIREMENTS						
Ambulance gurney	1	N/A	1	N/A	N/A	N/A
Collapsible stretcher or flat	1	N/A	1	N/A	N/A	2
KED or equivalent (One required for transport units)	1	N/A	1	N/A	N/A	N/A
Straps to secure the patient to the stretcher or ambulance cot and means of securing the stretcher or ambulance cot in the vehicle.	1 Set	N/A	1 Set	N/A	N/A	1 Set
Powered portable suction unit	1	N/A	1	N/A	N/A	N/A
Soft ankle and wrist restraints	1 Set of Each	N/A	1 Set of E a c h	N/A	N/A	N/A
Sheets, pillowcases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	N/A	1	N/A	N/A	N/A
Bedpan	1	N/A	1	N/A	N/A	N/A
Urinal	1	N/A	1	N/A	N/A	N/A

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
C. ALS UNIT REQUIREMENTS						
Supraglottic Airway Devices: I-Gel with passive oxygenation port Sizes: 1, 1.5, 2, 2.5, 3, 4, 5	N/A	N/A	2 Each Size	2 Each Size	2 Each Size	2 Each Size
I-Gel Airway Support Straps	N/A	N/A	2	2	2	2
Arm Boards						
• 9"	N/A	N/A	3	0	1	0
• 18"	N/A	N/A	3	0	1	0
Colorimetric CO2 Detector Device	N/A	N/A	1	1	1	1
EKG Electrodes	N/A	N/A	10 sets	3 sets	3 sets	6 sets
Endotracheal tubes with stylets, Sizes: 6.0, 6.5, 7.0, 7.5, 8.0	N/A	N/A	1 Each Size	1 Each Size	1 Each Size	1 Each Size
EZ-IO intraosseous infusion system	N/A	N/A	1 Each Size	1 Each Size	1 Each Size	1 Each Size
IV admin set - macrodrip	N/A	N/A	8	4	4	4
IV catheter, Sizes: 14, 16, 18, 20, 22, 24	N/A	N/A	6: 14, 16, 18, 20 3: 22 3: 24	2 Each Size	2 Each Size	2 Each Size
Laryngoscope, replacement bulbs and batteries			1 set	1 set	1 set	1 set
Curved blade: #2, 3, 4	N/A	N/A	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Straight blade: #1, 2, 3	N/A	N/A	1 Each Size	1 Each Size	1 Each Size	1 Each Size
Magill forceps						
• Adult	N/A	N/A	1	1	1	1
• Pediatric	N/A	N/A	1	1	1	1
Nebulizer	N/A	N/A	2	2	2	2
Nebulizer with in-line adapter	N/A	N/A	1	1	1	1
Needle Thoracostomy kit	N/A	N/A	2	2	2	2
Flexible intubation stylet	N/A	N/A	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)						
Blood Product and Equipment						
Cyanide Antidote Kit						
Needle Thoracostomy Anatomical Landmark Guide						

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
D. ALS MEDICATION, MINIMUM AMOUNT						
Acetaminophen, 1 g	N/A	N/A	2 g	Optional	2 g	Optional
Adenosine, 6 mg	N/A	N/A	5	5	5	5
Albuterol 2.5 mg/3ml	N/A	N/A	6	2	2	2
Aspirin, 81 mg	N/A	N/A	4 tablets	4 tablets	4 tablets	4 tablets
Amiodarone, 50 mg/ml (3 ml)	N/A	N/A	6	3	6	3
Atropine sulfate, 1 mg/10 ml	N/A	N/A	3	2	2	2
Buprenorphine, 8 mg	N/A	N/A	6 tablets	Optional	6 tablets/Optional	Optional
Diphenhydramine, 50 mg/ml	N/A	N/A	2	1	1	2
Calcium chloride, 1000 mg/10 ml	N/A	N/A	2	1	1	1
Dextrose						
• 5% 50 ml, AND	N/A	N/A	2	1	2	1
• 10% 250 ml			2	2	2	2
Epinephrine						
• Epinephrine , 1mg/ml						
o 1 mL ampule / vial (with syringe and needle), OR	N/A	N/A	5	5	5	5
o Adult auto-injector (0.3 mg) AND			Optional	Optional	Optional	Optional
Peds auto-injector (0.15 mg)						
• Epinephrine 0.1 mg/ml (1 mg/10 ml preparation)			6	3	6	4
Fentanyl, 50 mcg/mL	N/A	N/A	200 mcg	200 mcg	200 mcg	200 mcg
Glucagon, 1 mg/ml	N/A	N/A	2	1	2	1
Intravenous Fluids (in flexible containers)						
• Normal saline solution, 100 ml	N/A	N/A	2	1	1	1
• Normal saline solution, 500 ml			2	1	1	1
• Normal saline solution, 1000 ml			6	2	4	3
Lidocaine, 100 mg/5 ml	N/A	N/A	2	2	2	2
Magnesium sulfate, 1 g per 2 ml	N/A	N/A	4	4	4	4
Midazolam Hydrochloride						
• 5 mg/ml	N/A	N/A	5 mg/ml	5 mg/ml	5 mg/ml	5 mg/ml
• 2 vials			2 vials	2 vials	2 vials	2 vials
Morphine sulfate, 10 mg/ml (Only required during a Fentanyl shortage)	N/A	N/A	2	2	2	2
Naloxone Hydrochloride						
• IN concentration - 4 mg in 0.1 mL (with atomizer)	N/A	N/A	Optional	Optional	Optional	Optional
• IM / IV concentration – 2 mg in 2 mL preload			5	5	5	5
Nitroglycerine preparations, 0.4 mg	N/A	N/A	1 bottle	1 bottle	1 bottle	1 bottle
Normal saline flush, 5 or 10 ml	N/A	N/A	5	5	5	5
Ondansetron						
• 4 mg IV single use vial	N/A	N/A	4	4	4	4
• 4 mg oral	N/A	N/A	4	4	4	4
Sodium Bicarbonate 8.4%, 1 mEq/mL (50 mL)	N/A	N/A	4	2	2	2
Tranexamic Acid (TXA) 1 g/10 mL	N/A	N/A	2	1	1	1

	BLS Unit Minimum Amount	BLS Command Minimum Amount	ALS Unit Minimum Amount	PSV/CCT Minimum Amount	FR/ALS Minimum Amount	VCAU Minimum Amount
E. BLS MEDICATION, MINIMUM AMOUNT						
Epinephrine <ul style="list-style-type: none"> • Epinephrine , 1mg/ml <ul style="list-style-type: none"> ○ 1 mL ampule / vial (with syringe and needle), OR ○ Adult auto-injector (0.3 mg) AND ○ Peds auto-injector (0.15 mg) 	2	2	N/A	N/A	N/A	N/A
Naloxone Hydrochloride (Narcan) <ul style="list-style-type: none"> • IN concentration - 4 mg in 0.1 mL (with atomizer) OR • IM concentration – 2 mg in 2 mL preload 	2	2	N/A	N/A	N/A	N/A



Ventura County EMS Agency Equipment/Medication Waiver Request

Date: Form completed by:

Agency:

Equipment/Medication (name, concentration, supplied dose, packaging):

Lot # and Expiration:

In response to an ongoing, or imminent shortage of the single and specific medication/equipment listed above, the provider agency requests the following Action Plan (choose one):

A) One-time, 30-day waiver exempting the provider agency from minimum stocking standards listed in Policy 504 for the medication listed above requested to begin
Explain specific issue and mitigation attempt in comment section below:

B) 90-day window for a preapproved, one-time, 30-day waiver exempting provider agency from minimum stocking standards listed in Policy 504 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.
Explain specific issue and mitigation attempt in comment section below:

C) Request for substitution of medication with alternative (concentration & amount)
Explain specifics and mitigation attempts in comment section below:

Pending approval of this request, the requesting provider agency certifies an understanding, and compliance with each of the following:

The provider agency will immediately report any adverse impacts on patient care resultant of this shortage to the EMS Agency.

If a need for continuing waiver is expected beyond 30 days the provider agency will submit a new request no later than five days before this waiver's expiration.

The provider agency will notify the EMS Agency within 24 hours when medication restock becomes available and this waiver will become null and void, unless otherwise specified by EMS Agency.

Action B only - The provider agency will notify the EMS agency within 24 hours when medication stock falls below minimum stocking levels and preapproved ~~30-day~~**30-day** waiver is enacted.

The provider agency will provide any evidence required by EMS Agency of educational plan deemed necessary by EMS Agency to prepare field personnel to incorporate this shortage into patient care.

Submit to EMSA by email: EMSAgency@venturacounty.gov or fax to 805-981-5300

Comments:



Ventura County EMS Agency Equipment/Medication Waiver Request

EMS AGENCY USE ONLY

Requesting Agency

Date received:

Date Processed:

Equipment/Medication Shortage Mitigation and Response Strategies verified: Yes No

Waiver granted: Yes No

If yes, **Action Plan** granted: A B C

Waiver start date:

Expires:

Action plan B only - Preapproved period starts:

Expires:

Approved by

Medical Director:

EMS Administration:

Print:	
Sign:	Date:

Print:	
Sign:	Date:

Comments:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Scope of Practice		Policy Number: 310	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: January <u>July</u> 1, 2026	
APPROVED: Medical Director: Daniel Shepherd, M.D.		Date: January <u>July</u> 1, 2026	
Origination Date: May, 1984		Effective Date: January <u>July</u> 1, 2026	
Date Revised: August 14, 2025 <u>April 9, 2026</u>			
Date Last Reviewed: August 14, 2025 <u>April 9, 2026</u>			
Review Date: August 31, 2027			

- I. PURPOSE: To define the scope of practice of a Paramedic accredited and practicing in Ventura County.
- II. AUTHORITY: Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 3.3, Sections 100091.01, 100091.02 and 100091.03.
- III. POLICY:
 - A. The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician, or mobile intensive care nurse (MICN), provided that an EMSQIP is in place.
 - B. An accredited/accrediting paramedic may perform any activity identified in Ventura County Policy 300: Emergency Medical Technician Scope of Practice, without requiring a separate certification.
 - C. A licensed paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this policy.
 - D. A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.
 - E. Basic Scope of Practice:
 1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).
 2. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
 3. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.

4. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
5. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
6. Institute intraosseous (IO) needles or catheters and institute intravenous (IV) catheters, saline locks, needles, or other cannula (IV lines), in peripheral veins.
7. Access Central Line Pre-existing Vascular Access Devices (PVAD) with emergent need for fluid and/or medications when a peripheral IV/IO site is not available. (e.g. PICC, tunneled catheters, or temporary dialysis catheters).
 - a. PVADs that require puncture of the skin are **NOT** to be accessed by paramedics. This includes any device without a visible external access port.
8. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
9. Obtain venous blood samples.
10. Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).
11. Utilize Valsalva maneuver.
12. Perform needle thoracostomy
13. Perform nasogastric and orogastric tube insertion and suction.
14. Monitor thoracostomy tubes.
15. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.
16. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical.
17. Administer, using prepackaged products when available, the following medications:
 - a. 5%, 10%, 25% and 50% dextrose

- b. acetaminophen IV
- c. activated charcoal
- d. adenosine
- e. aerosolized or nebulized beta-2 specific bronchodilators
- f. amiodarone
- g. aspirin
- h. atropine sulfate
- i. calcium chloride
- j. diazepam
- k. diphenhydramine hydrochloride
- l. dopamine hydrochloride
- m. epinephrine
- n. fentanyl
- o. glucagon
- p. ipratropium bromide
- q. lidocaine hydrochloride
- r. lorazepam
- s. magnesium sulfate
- t. midazolam
- u. morphine sulfate
- v. naloxone hydrochloride
- w. nitroglycerin preparations
- x. ondansetron
- y. pralidoxime chloride
- z. sodium bicarbonate
- aa. tranexamic acid

D. Local Optional Scope of Practice (LOSOP)

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

2. Ventura County LOSOP Approvals:
 - a. buprenorphine
 - b. blood products for 911 response
 - c. heparin IV for interfacility transports
 - d. hydroxocobalamin
 - e. nitroglycerin IV for interfacility transports

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number: 716	
APPROVED: Administration: Steven L. Carroll, Paramedic		Date: December 1, <u>2024 July 1, 2026</u>	
APPROVED: Medical Director Daniel Shepherd, MD		Date: December 1, <u>2024 July 1, 2026</u>	
Origination Date: March 2, 1992			
Date Revised: <u>April 9, 2026</u> June 9, 2022		Effective Date: December 1, 2024 <u>July 1, 2026</u>	
Last Reviewed: <u>August 8, 2024</u> April 9, 2026			
Review Date: August 31, 2026			

I. ~~Purpose~~URPOSE: - To define the use of Pre-existing Vascular Access Devices (PVAD) by Paramedics~~Paramedics~~ in the prehospital setting.

~~I.~~

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

~~II.~~

III. ~~Policy~~POLICY: PVADs may be used in the prehospital setting as set forth by this document.

IV. ~~IV.~~ Definition:

A. ~~A~~PVAD: ~~is a~~A heparin/saline lock or an indwelling catheter/device placed into a vein, ~~to~~to provide vascular access for those patients requiring long term intravenous therapy or hemodialysis. ~~Internal subcutaneous indwelling devices are not to be accessed by prehospital field personnel.~~

V. ~~V.~~ Procedure:

A. After successful completion of an approved Ventura County training module, a Paramedic may access a PVAD ~~and administer normal saline and medications, for a patient with the following conditions:~~

B. PVADs that require puncture of the skin are NOT to be accessed by paramedics.

This includes any device without a visible external access port.

~~Paramedics may access a PVADs for patients with the following conditions:~~

C. ~~A.~~

~~1.~~ Peripheral ~~v~~Vein ~~h~~Heparin/~~s~~Saline ~~l~~Lock may be accessed for:

1.

PROPOSE DELETING THIS POLICY, IF POLICY 310 WORDING IS APPROVED

a. Any conditions requiring intravenous fluids and/or medications

~~Any conditions requiring intravenous fluids and/or medications~~

a.

2. B. Central line devices with externally visible access ports – (e.g. PICC, tunneled –catheters, or temporary dialysis catheters).

~~2.~~

a. Emergent need to administer fluids and/or medications which can only be given by the IV/IO route and a peripheral IV/IO site is not available.

~~1. Urgent need to administer fluids and/or medications which can only be given by the IV route and a peripheral IV site is not readily/immediately available.~~

~~C. Hemodialysis Fistula (to be used only in the absence of IO, peripheral, or central IV access):~~

~~1. Urgent need to administer fluids and/or medications which can only be given by the IV route and an alternate IV site is not readily/immediately available. Attempt to aspirate at least 5 ml of blood prior to administering any medications.~~

~~-~~

Bites and Stings

BLS Procedures

Animal/insect bites:

- Flush site with sterile water
- Control Bleeding
- Apply Bandage

Snake bites/envenomation:

- Mark the edge of the inflammatory process ASAP and then every 10-15 minutes
- Remove rings and constrictions
- Immobilize the affected part in a **neutral** position
- Avoid excessive activity

Bee stings:

- If present, quickly remove stinger
- Apply ice pack

Jellyfish stings:

- Rinse thoroughly with normal saline
 - **DO NOT:**
 - Rinse with fresh water
 - Rub with wet sand
 - Apply heat

All other marine animal stings:

- If present, remove barb
- Immerse in hot water if available

Monitor for allergic reaction or anaphylaxis

Administer oxygen as indicated

ALS Standing Orders

IV/IO Access

~~Monitor for allergic reaction or anaphylaxis~~

Pain Control – per Policy 705.19

Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Effective Date: July 1, 2024
~~Next Review Date: February 28, 2026~~

Date Revised: ~~February 8,~~
2024 April 9, 2026
Last Reviewed: ~~February 8,~~
2024 April 9, 2026

Additional Information

- For snake bites: **ALL** Ventura County hospitals stock antivenom. Early Base Hospital Contact is encouraged in order to verify current supply capabilities at the most accessible facility.

Effective Date: ~~July~~ ne 1, 2024
Next Review Date: ~~February 28, 2026~~

Date Revised: ~~February 8,~~
2024April 9, 2026
Last Reviewed: ~~February 8,~~
2024April 9, 2026

VCEMS Medical Director

Heat Emergencies	
ADULT	PEDIATRIC
BLS Procedures	
<ul style="list-style-type: none"> • Place patient in cool, shaded environment • <u>Cooling Measures</u> <ul style="list-style-type: none"> <u>Evaporative cooling</u> <ul style="list-style-type: none"> • Initiate active cooling measures ☐ Remove clothing ▪ Fan the patient, or turn on air conditioner ☐ <u>Cool misting/tepid water wipes</u> ☐ Apply ice packs to axilla, groin, back of neck Other active cooling measures as available <u>Immersive cooling for Heat Stroke (if available)</u> <ul style="list-style-type: none"> ▪ <u>Patients 13 and older with Tympanic temperature > 103.5° F and/or ALOC</u> ▪ <u>Attach defib pads prior to placing patient in immersive cooling bag</u> ▪ <u>Should be initiated prior to transport</u> • Administer oxygen as indicated 	
ALS Standing Orders	
IV/IO access Normal Saline <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Repeat x 1 for persistent hypotension 	IV/IO access Normal Saline <ul style="list-style-type: none"> • IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> ○ <u>Dosing per Handtevy</u> ○ Max single dose 1 Liter ○ Repeat x 1 for persistent hypotension
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<u>Additional Notes:</u> <ul style="list-style-type: none"> ▪ <u>Heat Stroke = Evidence of Heat Exposure & ALOC (Coma, Confusion, Ataxia, Seizure)</u> 	

Effective Date: July 1, 2026
 Next Review Date: ~~April 30, 2025~~

Date Revised: April ~~13, 2023~~, 2026
 Last Reviewed: April ~~13, 2023~~, 2026

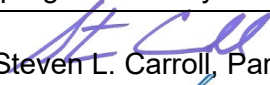

- Use caution when cooling patients age 12 and under, as these patients are likely to cool rapidly due to increased body surface area.

Effective Date: July 1, 2026
~~Next Review Date: April 30, 2025~~

Date Revised: April ~~13, 2023~~9,
2026
Last Reviewed: April ~~13, 2023~~9,
2026

VCEMS Medical Director

****PROPOSE DELETING THIS POLICY, IF POLICY 710 CHANGES ARE APPROVED****

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Supraglottic Airway Devices		Policy Number: 729	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2022	
Origination Date:	November 13, 2014	Effective Date: July 1, 2022	
Date Revised:	January 16, 2020		
Date Last Reviewed:	February 10, 2022		
Review Date:	February 28, 2024		

- I. Purpose: To define the indications and use of supraglottic airway devices.
- II. Authority: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170, and California Code of Regulations, Title 22, §100145 and §100146.
- III. Policy: Paramedics may utilize the VCEMSA approved supraglottic airway device (SAD) for adult and pediatric patients according to this policy and Policies 705 and 710. The VCEMSA approved SAD may be used as the primary advanced airway device by paramedics who opt to use it during the care of patients for whom they believe it would be the most appropriate airway management device. Alternately, the VCEMSA approved SAD shall be used if BVM ventilation is inadequate and attempts at endotracheal intubation have failed.
- IV. Procedure:
 - A. Indications:
 1. Cardiac arrest.
 2. Respiratory arrest or severe respiratory compromise AND absent gag reflex.
 - B. Contraindications:
 1. Intact gag reflex.
 2. Caustic ingestion
 3. Unresolved complete airway obstruction
 4. Trismus or limited ability to open the mouth such that the device cannot be Inserted
 5. Oral trauma
 6. Distorted anatomy that prohibits proper placement (e.g. oropharyngeal mass or abscess)

- C. Preparation:
 - 1. Sizing:
 - A. Choose correct size based on patient's weight and manufacturer's recommendations.
 - 2. There will be no more than 2 attempts, each no longer than 40 seconds.
 - 3. For patients in cardiac arrest, chest compressions will not be interrupted.
 - 5. Generously lubricate the cuff with a water-based lubricant.
- D. Placement:
 - 1. Remove dentures if present
 - 2. Tilt the patient's head back - unless there is a suspected cervical spine injury.
 - 3. Open the patient's mouth and insert the SAD per the manufacturer's recommendations. A laryngoscope may be used if laryngoscopy is performed to inspect for foreign body.
 - 4. Gently advance the SAD into position in the pharynx by applying forward pressure on the tip of the tube while lifting up on the jaw
 - 5. Return head to neutral position.
 - 6. Attach capnography airway adapter and bag-valve device and verify placement by capnography waveform.
 - 9. If 2 attempts at SAD placement are unsuccessful, attempt again to ventilate the patient with BVM.
 - 10. Secure the SAD with appropriate strap.
 - 11. If patient vomits, do not remove SAD. May turn patient on side, suction both SAD and oropharynx.
- E. Documentation:
 - 1. Documentation per Policy 1000.