

VCEMS TRAINING BULLETIN

Bulletin 024
Date: May 13, 2014

IMPROVING QUALITY...CONTINUOUSLY



Ventura County Emergency Medical Services Agency

Spring 2014 EMS UPDATE INFORMATION

Spring 2014 EMS Update was cancelled due to the small amount of information from PSC, however, there are some policy changes effective June 1 that you need to be aware of. This Training Bulletin is being created for that purpose. Please read carefully.

VCEMS Policy 111-Ambulance Company Licensing Procedure:

Significant changes were applied throughout the policy to clarify the process and increase/improve requirements for prospective ambulance companies looking to apply for an ambulance license in the future. *This policy outlines procedures at the administrative level and does not impact day-to-day EMS providers.*

VCEMS Policy 131-Mass Casualty Incident Response:

Most of the changes made to this policy consist of minor formatting changes and grammar/spelling corrections. Basic MCI training will now be required for all MICNs. This training shall be a 4 hours initial and a 2 hour refresher that is required every 2 years. In addition, the response narrative for MCI/Level III in the MCI plan was updated to include priorities related to the triage, treatment, and transport of patients. The glossary of terms was also updated to include current terms and definitions.

VCEMS Policy 321-Mobile Intensive Care Nurse Authorization Criteria:

This policy was updated to include Basic MCI training mandate to the MICN development course as a requirement for authorization. PALS, PEPP or ENPC have been added as a condition of initial MICN authorization. Other formatting and spelling problems were corrected, and the policy was updated to better reflect current terminology. **SEE ATTACHED POLICY**

VCEMS Policy 322-Mobile Intensive Care Nurse Reauthorization Requirements:

Basic MCI training mandate was added to this policy as a requirement for reauthorization. PALS, PEPP or ENPC have been added as a condition of initial MICN authorization. Other formatting and spelling problems were corrected, and the policy was updated to better reflect current terminology. **SEE ATTACHED POLICY**

VCEMS Policy 334-Prehospital Personnel Mandatory Training Requirements:

Basic MCI training for the MICN was added as a mandatory training requirement. Additionally, minor changes were made throughout the policy to better reflect current terminology. **SEE ATTACHED POLICY**

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VCEMS Policy 504-BLS and ALS Unit Equipment and Supplies:

Formatting changes were applied throughout the policy. Lasix was removed from the policy. In addition, the following items were added to reflect current treatment standards and practices:

AED has been added to transport resources that are not equipped with an ALS cardiac monitor/defibrillator

Tourniquets added to BLS equipment

Hemostatic Gauze added to optional equipment (*refer to CalEMSA guidelines for a list of permissible items*).

VCEMS Policy 701-Medical Control: Paramedic Liaison Physician:

Minor formatting and spelling changes were applied throughout the policy.

VCEMS Policy 705.17-Nerve Agent Poisoning:

Significant changes applied throughout this treatment protocol to simplify process/procedures related to the administration of nerve agent antidote kits, and to better reflect dosages for adults and pediatric patients. **SEE ATTACHED POLICY**

VCEMS Policy 705.18-Overdose/Poisoning:

Treatment protocol updated to reflect current dosages and treatment priorities related to organophosphate poisoning. **SEE ATTACHED POLICY**

VCEMS Policy 905-Ambulance Provider Response Units Required Frequencies:

Policy language was updated to reflect current standards related to ambulance agency specific radio programming requirements.

All remaining policies not attached to this training bulletin will be distributed prior to June 1.

VENTURA COUNTY EMS AGENCY

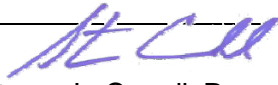

Phone: 805-981-5301

Fax: 805-981-5300

Web Page: www.vchca.org/ems

These updated policies will be posted on the VCEMS Web Site:

<http://www.vchca.org/ems/policies>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Authorization Criteria		Policy Number: 321	
APPROVED:  Administration: Steven L. Carroll, Paramedic		Date: June 1, 2014	
APPROVED:  Medical Director: Angelo Salvucci, MD		Date: June 1, 2014	
Origination Date: April 1, 1983		Effective Date: June 1, 2014	
Date Revised: May 8, 2014			
Last Date Reviewed: May 8, 2014			
Next Review Date: June 30, 2017			

- I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.
- III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Paramedics at the scene of an emergency.
- IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:
 - A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
 - B. Successfully completes an approved MICN Developmental Course.
 - C. Ride with an Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 - D. Be recommended for MICN authorization by his/her employer.
 - E. Successfully complete the authorization examination process.
 - F. Complete an MICN internship.
- V. AUTHORIZATION REQUIREMENTS
 - A. Professional Experience:
The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - B. Prehospital Care Exposure

The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the previous six calendar months, the candidate shall have one or more of the following assignments.

1. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six-(6) months' critical care experience. A Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

1. The MICN developmental course shall include a four (4) hour Mass Casualty Incident (MCI)-Basic training module to be administered by a VCEMS or authorized representative.

D. Field Observation

Candidates shall ride with an approved Ventura County Paramedic unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response patient contact or simulated drill.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Prehospital Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.

3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

The recommendation shall include:

- a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).
- b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.
- c. Verification that each candidate has successfully completed an approved MICN Developmental Course.
- d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.

F. Examination Process

1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. The examination shall be scheduled in conjunction with class completion dates.
2. Examination Failure
 - a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.
 - b. A minimum score of 80% must be attained on repeat examination.
 - c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.
3. Failure to Appear
 - a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.

- b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.
- c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

- 1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
- 2. Upon successful completion of at least ten (10) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
- 3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
- 4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
- 5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period

or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse
Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of
the MICN Authorization Criteria

_____ Has been employed by _____ in the Emergency Department for at
least 520 hours gaining prehospital care exposure.

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

Appendix B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301		
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>			
Name:			
Street Address:			
City:	State:	Zip code:	
Home phone: ()	Work Phone: ()		
Base Hospital:			
Current/Prior Authorization Number:			Expiration Date:
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) 			
Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 			
Applicant Signature: _____ Date _____			
Prehospital Care Coordinator Signature: _____ Date _____			

POLICY 321
APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

Paramedic Signature

Paramedic Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
<p>MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.</p>		

Date	Incident # (and Pt # of Total as needed)	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VERIFICATION OF INTERNSHIP COMPLETION

_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows: <table border="0" style="width: 100%;"> <tr> <td>1. Poor</td> <td>4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
Signatures: _____ <div style="text-align: right;"> BH Medical Director/Paramedic Liaison Physician Prehospital Care Coordinator </div>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322	
APPROVED: Administration: Steven L. Carroll, PARAMEDIC		Date: June 1, 2014	
APPROVED: Medical Director Angelo Salvucci, MD		Date: June 1, 2014	
Origination Date: April 1983		Effective Date: June 1, 2014	
Date Revised: May 8, 2014			
Date Last Reviewed: May 8, 2014			
Next Review Date: June 30, 2017			

- I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).
- II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.
- II. POLICY:
Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
 - a. Field Care Audits (Field care audit): Twelve hours per two years.
 - b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
 - 1) EMS Updates (Mandatory, up to two times per year, as offered).
 - 2) ACLS recertification - 4 hours credit
 - 3) PALS, PEPP, or ENPC recertification – 4 hours credit
 - 3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.

- a) Self-study CE shall be documented by a certificate from the sponsor of the self-study opportunity (e.g., EMS journals mail courses, etc.).
 - b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A posttest shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.
 - c) Ride along with an approved Ventura County Paramedic unit may be required at PCC discretion.
- c. Basic MCI Training for the MICN:
 - 1) Four (4) hour initial training required no later than December 31, 2014 for all new and existing MCINs.
 - 2) Two (2) hour refresher training required for MICN re-authorization every two years after the initial training has been completed.
- d. Miscellaneous Education: Twelve hours per two years.
Miscellaneous education Includes:
 - 1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,
 - 2) ALS level teaching, maximum of 8 hours.
 - 3) Additional field care audit and/or lecture/ seminar, or
 - 4) Administrative assistance to PCC.
- e. Verification of attendance must be retained by the MICN.
 - 1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.
 - 2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the Paramedic/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.
 - 3) Credit shall be given only for actual time in attendance at CE.

- 4) Credit may be received for a class one time only in an authorization cycle.
 2. To Maintain MICN Authorization
 - a. Function as an MICN for an average of 32 hours per month over a six-month period or
 - b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.
 3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
 4. Maintain current ACLS and PALS, PEPP or ENPC certification.
- B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

NAME: _____

EMPLOYER: _____ Authorization #: M_____

Ventura County Authorization Requirements Continuing Education Log



This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reauthorization. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all MICN's reauthorizing and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

The EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your MICN authorization.

Field care audit Hours				
(12 hours)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours					
Required Courses		Date	Location	# Of Hours	Provider Number
1.	EMS UPDATE #1 (1 hour)				
2.	EMS UPDATE #2 (1 hour)				
3.	EMS UPDATE #3 (1 hour)				
4.	EMS UPDATE #4 (1 hour)				
EMS Updates are completed as the new or changed policies are put into place. This is usually done every 6 months in May and November.					
5.	ACLS Course (4 hours – additional hours please record in miscellaneous hours section)				
6.	PALS, PEPP or ENPC Course (4 hours – additional hours please record in miscellaneous hours section)				
7.	Basic MCI for the MICN-Refresher (2 Hours)				

Miscellaneous Hours					
(16 hours are required)					
These hours can be earned with any combination of additional field care audit, lecture, etc.)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Pre-Hospital Personnel Mandatory Training Requirements		Policy Number: 334	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: June 1, 2014	
APPROVED: Medical Director  Angelo Salvucci, MD		Date: June 1, 2014	
Origination Date: September 14, 2000		Effective Date: June 1, 2014	
Date Revised: May 8, 2014			
Date Last Reviewed: May 8, 2014			
Review Date: April 31, 2017			

- I. PURPOSE: To define the requirements for mandatory training sessions for EMTs, Paramedics, EMT-ALS Assist SAR EMTs, MICNs and Flight Nurses in Ventura County.
- II. AUTHORITY: Title 22, California Code of Regulation, Division 9, Section 100175 and Chapter 6. Health and Safety Code Section 1797.214, 1797.220 and 1798.200.
- III. POLICY: All pre-hospital personnel have requirements for on-going authorization or accreditation to provide pre-hospital care in Ventura County. These requirements are outlined in VCEMS Policy 318 for Paramedics, 306 and 803 for EMTs, 1201 for Flight Nurses and SAR EMTs and 322 for MICNs.
- III. PROCEDURE:
 - A. EMS Updates – Applies to all personnel listed above except EMTs.
Personnel shall attend mandatory education and/or testing on updates to local policies and procedures (EMS Update), which will be presented by the Base Hospitals in May and November each year (minimum of 12 opportunities to attend each session).
Prehospital Services Committee members who attend 75% of the scheduled meetings over the previous 6 months may have this requirement waived.
 - B. MCI Training – Applies to all personnel listed above.
Personnel shall attend initial Basic or Advanced MCI training within 6 months of initially starting the certification or accreditation process and complete bi-annual refreshers as indicated in VC EMS Policy 131.
 - C. Grief Training – Applies to all personnel listed above except MICNs.
All personnel shall be provided the self-study packet titled “Dealing with Grief: A Workbook for Prehospital Personnel.” After finishing the self-study packet, personnel shall complete the post-test and evaluation and mail them to VC EMS for a course completion and 2 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.

- D. Emergency Response to Terrorism – Applies to all personnel listed above.
All personnel shall be provided the self-study packet titled “Emergency Response to Terrorism.” After finishing the self-study packet, personnel shall complete the post-test and mail it to VC EMS for a course completion and 3 hours CE credit. This requirement shall be completed within 6 months of initially starting the certification or accreditation process.
- E. Paramedic Skills Refresher – Applies to Paramedics only
1. Paramedics shall attend one skills refresher session during the first year of licensure and one skills refresher in the second year of licensure.
 2. Skills Refreshers will be offered at least 4 times in March and 4 times in September and will be offered over a 3 week period. Dates, times, and locations for the Skills Refreshers will be published one year in advance. Late arrivals will not be admitted into the Skills Refresher.
- F. Nerve Agent Training – Applies to Paramedics only
All personnel shall be provided the self study PowerPoint presentation entitled “Ventura County EMS Nerve Agents: Recognition and Treatment”. Providers shall forward a copy of the attendance roster to VCEMS to verify completion of the training. New employees shall complete training within 6 months of initially starting the accreditation process.
- G. Field Intubation Refresher Training– Applies to Paramedic and SAR Flight Nurses only
One intubation refresher session per six (6) month period based on license cycle as described in Policy 318.
- H. Advanced Cardiac Life Support (ACLS) - Applies to all personnel listed above except EMTs and SAR-EMTs.
ACLS course completion certificate shall be obtained within three months of initially starting the certification or accreditation process and remain current.
- I. Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP) - Applies to Paramedics and MICNs.
PALS or PEPP course completion certificate shall be obtained within six months of initially starting the accreditation process and remain current. Emergency Nurse Pediatric Course (ENPC) is also an acceptable pediatric course for the purposes of MICN authorization / reauthorization.
- J. Failure to complete mandatory requirements:
1. Level II Paramedics who fail to complete any of these requirements will immediately revert to a Level I Paramedic according to VCEMS Policy 318. The Paramedic’s accreditation to practice in Ventura County will be suspended after

the State required 15 day notice until the following remediation criteria has been met. All other required personnel who fail to complete these requirements will have their authorization immediately suspended.

2. Reinstatement of authorization or accreditation:

- a. Personnel who have not completed MCI Training, Grief Training or Emergency Response to Terrorism must complete the requirements and provide documentation of completion to VC EMS for determination on reinstatement.
- b. Personnel not attending EMS Update must complete the following remediation criteria.
 - 1) Personnel will attend a make-up session to be scheduled by VC EMS within 2 weeks of the last regularly scheduled EMS Update session.
 - 2) Personnel will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
 - 3) Submit a \$125.00 fine.
 - 4) A written post-test will be administered, and must be successfully completed by achieving a minimum passing score of 85%.
 - 5) If the VC EMS make up session is not attended, the employer may elect to assist the person in completing the requirement.
 - a) The employer shall use the materials and test supplied by VC EMS.
 - b) The employer will be responsible to forward the written statement and \$125.00 fine to VC EMS.
 - c) The employer will administer the written test and will forward it to VC EMS for scoring. Minimum passing score will be 85%.
 - d) A make up session arranged by an employer will be approved by VC EMS before it is presented.
- c. Paramedics not attending Skills Refresher must complete the following remediation criteria.
 - 1). Paramedic will submit a written statement to VC EMS explaining the circumstances why this requirement could not be met.
 - 2) Submit a \$125.00 fine.
 - 3) Paramedic will attend a remediation session on documentation and review of VC EMS Policy 318 to be administered by VC EMS.

- 4) ALS provider will confirm paramedic has read and reviewed VC EMS Policy and Procedure Sections 6 & 7.
- 5) ALS provider will be responsible to coordinate a Skills Refresher make-up session conducted by either an ALS Service Provider Medical Director, base hospital physician or their designee. Skills Refresher make-up will include all skills covered at the most recent Skills Refresher.
- 6) ALS provider will submit a written plan of action to VC EMS to include: course curriculum, date and location of Skills Refresher make-up, equipment to be used and names of instructors.
- 7) Completed reinstatement checklist, will be submitted to VC EMS for review and determination on reinstatement of paramedic accreditation.

PARAMEDIC SKILLS REFRESHER REINSTATEMENT CHECKLIST

Paramedic Name: _____

CA License No.: _____

Action	Date	Signature
1. Read and reviewed EMS Policy and Procedure Sections 6 & 7 (signed by provider).		
2. Orientation at EMS Office, Policy 318 review.		
3. Documentation Station: Administered by EMS		
4. Skills refresher verification: The skills must be signed off by a BH physician or Medical Director associated with your employer.		
a.		
b.		
c.		
d.		
e.		
f.		
g.		

After the above is completed, please forward the checklist to the EMS Agency for review and determination on reinstatement of paramedic accreditation.

Nerve Agent Poisoning	
The Incident Commander is in charge of the scene and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.	
ADULT	PEDIATRIC
BLS Procedures	
<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p> <p>DuoDote for self or other rescuers</p>	<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <p>Maintain airway and position of comfort</p> <p>Administer oxygen as indicated</p>
ALS Prior to Base Hospital Contact	
<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i> <i>If not administered BLS:</i></p> <p>Mild Exposure: Mark 1 or DuoDote Antidote Kit IM X 1</p> <p>Moderate Exposure: Mark 1 or DuoDote Antidote Kit IM X 1</p> <ul style="list-style-type: none"> May repeat in 10 minutes if symptoms persist <p>Severe Exposure: Mark 1 or DuoDote Antidote Kit IM X 3 in rapid succession, rotating injection sites.</p> <p><u>For seizures:</u></p> <ul style="list-style-type: none"> Midazolam <ul style="list-style-type: none"> IV/IO – 2 mg <ul style="list-style-type: none"> Repeat 1 mg q 2 min as needed Max 5 mg IM – 0.1 mg/kg <ul style="list-style-type: none"> Max 5 mg 	<p><i>Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents</i></p> <ul style="list-style-type: none"> Mark 1 or DuoDote Antidote Kit IM x 1 <ul style="list-style-type: none"> May repeat x 1 in 10 minutes for patients greater than 40kg if symptoms persist May use Atropen 0.5mg IM for patients up to 25kg or Atropen 1.0mg IM for patients up to 50kg <ul style="list-style-type: none"> Repeat until symptoms are relieved Requires a CHEMPACK deployment <p><u>For seizures:</u></p> <ul style="list-style-type: none"> Midazolam <ul style="list-style-type: none"> IM – 0.1 mg/kg <ul style="list-style-type: none"> Max 5 mg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
<ul style="list-style-type: none"> Refer to VCEMS Policy 705.18-Overdose/Poisoning for organophosphate poisoning treatment guidelines. DuoDote contains 2.1mg Atropine Sulfate and 600mg Pralidoxime Chloride. EMTs may administer DuoDote to themselves and other responders Paramedics may administer DuoDote to themselves or other responders and to exposed, symptomatic public. Diazepam is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure. Paramedics may administer diazepam using the following dosages for the treatment of seizures: <ul style="list-style-type: none"> Adult: 5 mg IM/IV/IO q 10 min titrated to effect (<i>max 30 mg</i>) Pediatric: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect (<i>max total dose 10 mg</i>) Mild exposure with symptoms: <ul style="list-style-type: none"> Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, bradypnea or tachypnea, nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia Moderate exposure with symptoms: <ul style="list-style-type: none"> Miosis, rhinorrhea, SOB, wheezing, secretions, soft muscle weakness and fasciculations, GI effects Severe exposure with symptoms: <ul style="list-style-type: none"> Strange confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils involuntary defecation, urination 	

Overdose/Poisoning	
ADULT	PEDIATRIC
BLS Procedures	
Decontaminate if indicated and appropriate Administer oxygen as indicated	Decontaminate if indicated and appropriate Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
<p>IV/IO access (IO per Policy 717)</p> <p>Oral ingestion less than 1 hour, AND GCS greater than or equal to 14, AND expected transport interval greater than 15 min:</p> <ul style="list-style-type: none"> • Activated Charcoal <ul style="list-style-type: none"> ◦ PO – 1 gm/kg • Max 50 gm <p>Suspected opiate overdose with respirations less than 12/mi and significant ALOC:</p> <ul style="list-style-type: none"> • Narcan <ul style="list-style-type: none"> ◦ IM – 2 mg ◦ IV – 0.4 mg q 1min • Initial max 2 mg ◦ May repeat as needed to maintain respirations greater than 12/min <p>Organophosphate Poisoning</p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit <ul style="list-style-type: none"> ◦ Mild Exposure: IM x 1 ◦ Moderate Exposure: IM x1 • May repeat in 10 minutes if symptoms persist ◦ Severe Exposure: IM x 3 in rapid succession, rotating injection sites 	<p>IV/IO access (IO per Policy 717)</p> <p>Oral ingestion less than 1 hour, AND GCS greater than or equal to 14, AND expected transport interval greater than 15 min:</p> <ul style="list-style-type: none"> • Activated Charcoal <ul style="list-style-type: none"> ◦ PO – 1 gm/kg • Max 50 gm <p>Suspected opiate overdose with respirations less than 12/min:</p> <ul style="list-style-type: none"> • Narcan <ul style="list-style-type: none"> ◦ IV/IM/IO – 0.1 mg/kg • Initial max 2 mg ◦ May repeat as needed to maintain respirations greater than 12/min <p>Organophosphate Poisoning</p> <ul style="list-style-type: none"> • Mark I or DuoDote Antidote Kit x 1 <ul style="list-style-type: none"> ◦ May repeat x 1 in 10 minutes for patients greater than 40kg if symptoms persist • May use Atropen 0.5mg IM for patients up to 25kg or Atropen 1.0 mg IM for patients up to 50kg <ul style="list-style-type: none"> ◦ Repeat until symptoms are relieved ◦ Atropen requires a CHEMPACK deployment
Base Hospital Orders only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ◦ IV – 1 mEq/kg <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ◦ IV – 2 mg • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ◦ IV – 1 gm over 1 min • Glucagon <ul style="list-style-type: none"> ◦ IV – 2 mg • May give up to 10 mg if available <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ◦ IV – 2 mg • Repeat 1 mg q 2 min as needed • Max 5 mg ◦ IM – 0.1 mg/kg • Max 5 mg 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> ◦ IV/IO – 1 mEq/kg <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ◦ IV/IO – 0.1 mg/kg • May give up to 10 mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ◦ IV/IO – 20 mg/kg over 1 min • Glucagon <ul style="list-style-type: none"> ◦ IV/IO – 0.1 mg/kg • May give up to 10 mg if available <p>Stimulant/Hallucinogen Overdose</p> <ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ◦ IM – 0.1 mg/kg • Max 5 mg
<p>ED Physician Order Only: Ondansetron</p> <p>Consult with ED Physician for further treatment measures</p>	<p>ED Physician Order Only: Ondansetron</p> <p>Consult with ED Physician for further treatment measure</p>
<p>Additional Information:</p> <ul style="list-style-type: none"> • Refer to VCEMS Policy 705-17-Nerve Agent Poisoning for nerve agent exposure treatment guidelines. • For Caustic/Corrosive or petroleum distillate ingestions, DO NOT GIVE CHARCOAL OR INDUCE VOMITING • For Tricyclic Antidepressant Overdose, DO NOT GIVE CHARCOAL • If chest pain present, refer to chest pain policy. DO NOT GIVE ASPIRIN • Organophosphate poisoning – SLUDGE <ul style="list-style-type: none"> ◦ S – Salivation ◦ L – Lacrimation ◦ U – Urination ◦ D – Defecation ◦ G – Gastrointestinal Distress ◦ E – Elimination (vomiting) • Narcan – it is not necessary that the patient be awake and alert. Administer until max dosage is reached or RR greater than 12/min. When given to chronic opioid patients, withdrawal symptoms may present. IM dosing is the preferred route of administration. 	

Effective Date: June 1, 2014

Next Review Date: April 30, 2016

Date Revised: May 8, 2014

Last Reviewed: May 8, 2014

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VCEMS Medical Director