Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	February 12, 2009 9:30 a.m.

I.	**Approve Agenda**			
II.	**Minutes**			
III.	**Medical Issues**			
	A.	STEMI Update		
	B.	CARES Project Update – A. Salvucci		
		1.	Ventura County Comparison Report	
		2.	National Utstein Survival Report	
		3.	Ventura Utstein Survival Report	
		4.	Calculations for Utstein Report	
	C.	Cardiac Arrest Initiative 2009		
	D.	Other		
IV.	**New Business**			
	A.	CPR Competencies Project – A Salvucci		
	B.	EMT and paramedic Policies to add CPR Competencies – A. Salvucci		
		1.	Policy 301:	EMT-I Certification
		2.	Policy 302:	EMT-I Recertification
		3.	Policy 318:	EMT-P Training Standards
		4.	Policy 334:	Mandatory Training Standards
	C.	Policy 350:	PCC Job Duties	
	D.	Policy 410:	ALS Base Hospital Standards	
	E.	Policy 1000:	Documentation Policy	
	F.	EMD Response Modification – “Obvious Death Unquestionable”		
	G.	Other		
V	**Old Business**			
	A.	ART/BART Report – A. Salvucci		
	B.	Trauma System Update – B. Fisher		
	C.	Pacing Training – Update – A. Salvucci		
	D.	Impedance Threshold Device/King Airway Study – D. Chase		
	E.	Other		
VI	**TAG Report**			
VII	**Policies for Review**			
	A.	Other		
VIII.	**Agency Reports**			
	A.	ALS Providers		
	B.	BLS Providers		
	C.	Base Hospitals		
	D.	Receiving Hospitals		
	E.	ALS Education Programs		
	F.	EMS Agency		
	G.	Other		
IX.	**Informational Topics**			
	A.	Other		
X.	**Closing**			

Special thanks to Los Robles Hospital and Medical Center for providing refreshments

TEMPORARY
PARKING PASS
Expires February 12, 2009

Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, EXCLUDES Patient parking areas

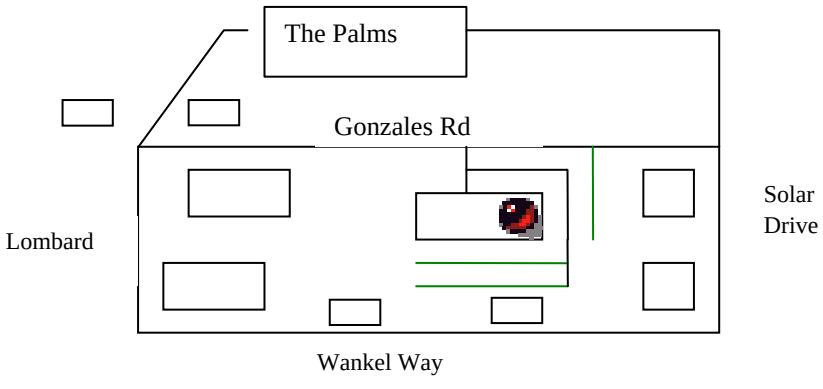
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location
If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

2100 Solar Drive
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall
Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	January 8, 2009 9:30 a.m.

Item	Discussion	Action	Assigned
I. Approve Agenda		Policy 705: Bradycardia was added to the agenda It was M/S/C (L. Tadlock/N. Clay) to approve the agenda with the addition.	
II. Minutes		It was M/S/C (L. Tadlock/N. Clay) to approve the minutes as submitted.	
III. Medical Issues			
A. Policy 625: Physician Orders for Life-Sustaining Treatment (POLST)		Supplemental POLST form was distributed. Please ensure that providers have trained staff on the current form. There was a lengthy discussion regarding the check boxes on the form. DNR and POLST forms will both be acceptable as valid forms for DNR. If a patient has both forms, the form with the most recent date will be honored. It was M/S/C (T. Norton, R. Sebree) to approve the policy with changes.	Policy approved. Final version will be sent out by Monday via e-mail and will be effective immediately.
B. Policy 613: Do Not Resuscitate		POLST information was added into this policy. It was M/S/C to approve the policy with changes.	Policy approved. Final version will be sent out by Monday via e-mail and will be effective immediately.
C. STEMI Update	No update at this time.		
D. Impedance Threshold Device Report	Funding for this project is an issue. County Fire is talking about funding the purchase of the initial stock for the study for Ventura County itself. This is with the hope that it could be replaced by the transporting agency when used. Providers should speak with their financial staff regarding purchase. This will be a topic for the provider group that will meet to discuss future equipment purchases.		To Equipment Task Force
E. Policy 705: Bradycardia	The policy was approved with changes.		Approved.

Item	Discussion	Action	Assigned
			Policy will be sent out via e-mail.
IV. New Business			
A. PSC Attendance Report	The attendance report was approved as presented.		Approved
B CPR Competencies Project – A Salvucci	Dr. Salvucci reported that the results of the study shows that we need to work on CPR compliance. EMS has purchased a mannequin that measures CPR compliance. The mannequin is available for provider use. Several providers have already tested their staff. Dr. Salvucci encourages all providers to test their staff regularly (at least every 6 months) on CPR performance. EMS will start testing personnel prior to recertification or reaccreditation. By next meeting Dr. Salvucci would like feedback from the providers on how they will bring their staff into compliance with CPR performance. EMS will go out in a few months to assess CPR compliance. A cardiologist approached Dr. Salvucci a couple weeks ago and asked what had changed. He had 5 patients over the last couple months who came in with spontaneous circulation and no brain function who woke up and walked out of the hospital.		Providers need to come up with a plan for training their staff by next meeting.
C. Other	None		
V Old Business			
A. CARES Project Update – A. Salvucci	Dr. Salvucci will meet with the PCCs after PSC. Will meet with CARES Group in the next couple months and will report back.		
B. ART/BART Report – A. Salvucci	Los Angeles and San Diego are willing to work with us on this project. No date has been sett. AHA has realized weaknesses in their training system and is willing to work on them.		
C. Trauma System Update – B. Fisher	We are still awaiting official approval of the Trauma Plan. RFP will go to the interested facout once we get approval.		
D. Pacing Training – Update – A. Salvucci	No update.		
E. Other	None		
VI TAG Report	We have 7 CQI teams that meet monthly. They work on short and long term goals. Dr. Salvucci asked that Cardiac Arrest be looked at. The team is developing a tracking mechanism that looks at the same data, same collection style, etc. ALS still looking at critical policies. BLS finished DOD policy and now working on education. Base Hospital – Standardizing data collection EMD – Status quo		

Item	Discussion	Action	Assigned
	Education – Still looking at updating skills refresher CQI Newsletter has been completed and distributed.		
VII Policies for Review			
A. Policy 705: Anaphylaxis		O2 sat added. Change * to footnote #s.	Approved with change
B. Policy 705: Behavioral Emergencies			Approved as submitted
C. Policy 705: Burns		Change Under yes, change 500 to 1000.	Approved with change
D. Policy 705: Cardiac Arrest, Pediatric		• Communication Failure, Epi under BH Contact Asystole and PEA added to above (will be in both places. • Numbering in column one reordered	Approved with change.
E. Policy 705 Crush Injury/Syndrome		Changes • Under potential – add adult in front of IV • Under actual, move pain control to treatment prior to BH contact. • Move footnote #4 to bolus • Remove arrow under BH contact Albuterol.	Approved with changes
F. Policy 705: Heat Exhaustion/Heat Stroke		Change Cc changed to ml	Approved with change
G. Policy 705: Insect and Spider Bites			Approved as submitted
H. Policy 705: Marine Animals		Change O2 sat added	Approved with change
I. Policy 705: Nerve Agent Poisoning			Approved as submitted.
J. Policy 705: Overdose/Poisoning			Approved as submitted
K. Policy 705 Ventricular Tachycardia, Sustained Not in Arrest		Change Make 5 in 1.5… superscript	Approved with change
L. Other			
VIII. Agency Reports			
A. ALS Providers	VNC: Introduced Norm Plott as the new EMS BC. K. Hadduck announced		

Item	Discussion	Action	Assigned
	that there is a paramedic nurse survey on the EMS website. She asked that the providers to encourage their staff to complete it. VEN – ordered new Lifepak a couple months ago. AMR – Completing TCP training.		
B. BLS Providers	No report		
C. Base Hospitals	VCMC – FCA on the 30th from 9-11. SJRMC – MICN class next month		
D. Receiving Hospitals	SPMH – Back entrance to hospital is receiving new paving OVCH – Breaking ground for new ER		
E. ALS Education Programs	Paramedic students will be starting their hospital clinical time next week and then with the ALS providers in March.		
F. EMS Agency	**Zoll** –training will be held on the 22nd for ALS Providers and Hospitals. Admin reporting in the morning and TabletPCR in the afternoon. Need representation from each agency as the training will be done in train the trainer format. RSVP to Steve Carroll. **Advanced MCI:** There was a question raised by one of the fire department regarding who has to attend. The personnel who have to attend are BC, supervisor and EMS Managers level. The training needs to be completed every two years. The personnel above the levels mentioned above do not have to attend MCI training unless they maintain an EMT Certification. If they maintain an EMT Certification, they need to attend one of the MCI courses. The Advanced MCI course is being held on two different days. You only need to attend one of them. Initial courses, personnel need to attend the full day, if you are attending as a refresher; you only have to attend the afternoon course. **Medical Marijuana:** The EMS Agency has been given the Medical Marijuana Program for the County. We are trying to ensure that this program does not impact EMS. **First Watch**: When we purchased Zoll we purchased First Watch as a surveillance program. They have now improved the First Watch program to allow additional system triggers. We are looking at using this for ambulance compliance reporting. We will offer this as an add-on to the providers if you would like to use the survey tools. **CE Provider Reports**: Need the reports sent to Steve Carroll. **AED Report**: Will be sending out an e-mail shortly asking for data. **CPR Card**: We received a CPR card that is an on-line only CPR Card. This card looks very similar to AHA card. The on-line course has no skills component. We will not be accepting		
G. Other	None		

Item	Discussion	Action	Assigned
IX. Informational Topics			
A. Policies in which BG was changed to <60 1. Policy 705: Apnea 2. Policy 705: Seizures 3. Policy 705: Non Traumatic Focal Neuro 4. Policy 720: Limited Base Hospital Contact			
X. Closing			

Respectfully submitted
Debora Haney

Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/8/2009	2/12/2009	3/12/2009	4/9/2009	5/14/2009	6/11/2009	7/9/2009	8/13/2009	9/10/2009	10/8/2009	11/12/2009	12/10/2009	%
AMR	Clay	Nick	NC												
AMR	Stevens	Ambrose	RS												
CMH - ER	Canby	Neil													
CMH - ER	Howery	Jennifer													
FFD	Davis	Royce													
FFD	Hall	Jim													
GCA	Norton	Tony	TN												
GCA	Stillwagon	Mike	MS												
Lifeline	Frank	Steve	SF												
Lifeline	Winter	Jeff	JW												
LRRMC - ER	David	Paul	PD												
LRRMC - ER	Tadlock	Lynn	LT												
OFD	Carroll	Scott	SC												
OFD	Huhn	Stephanie	SH												
OVCH	Boynton	Stephanie	SB												
OVCH	Patterson	Betsy	PBP												
SJPVH	Bumblis	Debbie	DB												
SJRMC	Gregson	Erica													
SJRMC - SJPVH	Handin	Richard	RH												
SPFD	Dowd	Andrew	DB												
SVH - ER	Yu	Alfred													
SVH - ER	Hoffman	Jennifer	JH												
V/College	Mundell	Meredith	MM												
VCFD	Merman	Nancy	NM												
VCFD	Hansen	Jack	JH												
VNC	Hadduck	Katy	KH												
VNC	Pina	Mark													
VNC	Shedlosky	Robin	RS												
VCMC - ER	Chase	David	DC												
VCMC - ER	Utley	Dede	DU												
VCMC-SPH	Daucett	Michelle	MD												

Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/8/2009	2/12/2009	3/12/2009	4/9/2009	5/14/2009	6/11/2009	7/9/2009	8/13/2009	9/10/2009	10/8/2009	11/12/2009	12/10/2009	%
VCMC-SPH	Pelkola	Marie	MP												
VCSO SAR	Hadland	Don	DH												
VCSO SAR	Patterson	Carl													
VFF	Rhoden	Crystal													
VFF	Grap	Edward	EG												
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
EMS	Carroll	Steve	SC												
AMR	Drehsen	Charles	CD												
EMS	Fisher	Barry													
EMS	Haney	Debora	DH												
AMR	Kedrowski	Butch	BK												
VNC	Komins	Mark	MK												
EMS	Lara-Jenkins	Stephanie	SL												
AMR	Norman	Mark	MN												
EMS	Salvucci	Angelo	AS												
LMT	Tibbs	Phillip	PT												
VNC	Plott	Norm	NJP												

Benchmarking Utilizing the Cardiac Arrest Registry to Enhance Survival (CARES) Surveillance Database

Bryan McNally, MD, MPH, Comilla Sasson, MD, MS, Allison Crouch, MPH, Amanda Bray-Perez, BS, Arthur Kellermann, MD, MPH

EMORY UNIVERSITY SCHOOL OF MEDICINE

CDC SAFER·HEALTHIER·PEOPLE

BACKGROUND

- Among victims of out-of-hospital cardiac arrest (OHCA) who are witnessed to collapse and are found in ventricular fibrillation, reported rates of Utstein survival* range from 2% in Detroit (2004) to 46% in Seattle (2006).
- Nationwide, the overall median reported survival rate for all cardiac arrests (witnessed and unwitnessed) is 6.4%.
- In 2008 the American Heart Association (AHA) recommended that OHCA be made a reportable event and recommended that any surveillance system designed to monitor OHCA should collect data on hospital outcomes
- CARES is a model OHCA surveillance registry that is designed to enable communities of any size to collect data on cardiac arrest events, ascertain outcomes, and use this information to improve the quality of emergency cardiac care.
- CARES collects and links data from three complimentary sources – 911 dispatch, EMS providers, and hospitals

- Benchmarking an EMS system in relation to national statistics can help identify areas of variation and quality improvement.

OBJECTIVE

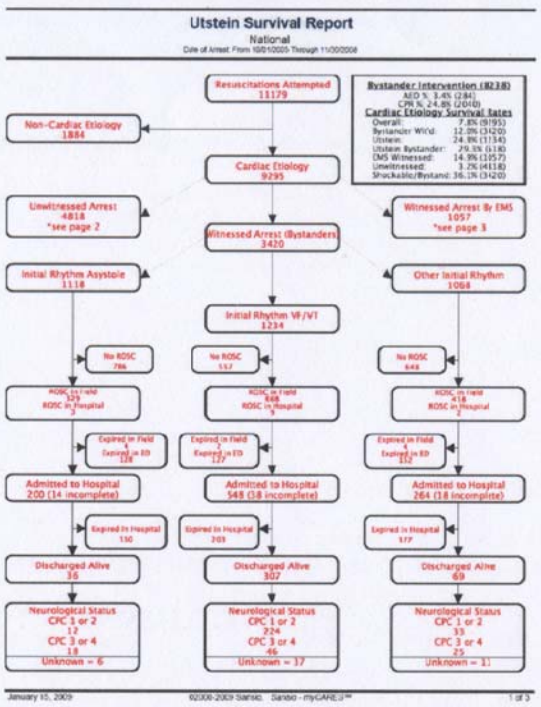
To utilize a national surveillance registry to benchmark the performance of a large, urban county, with regional and national statistics.

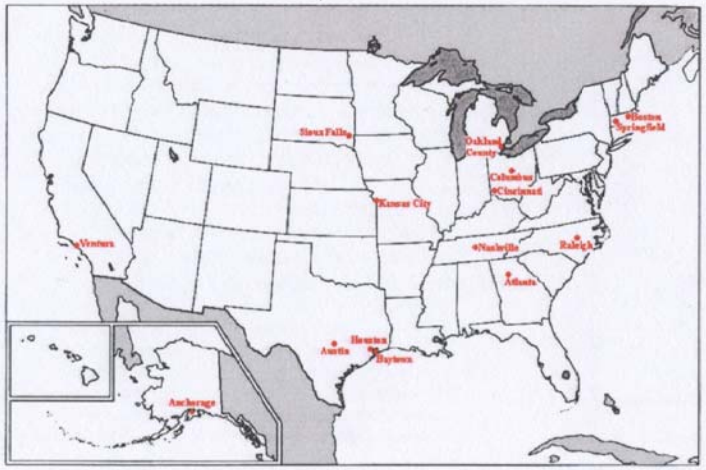
METHODS

1. A secondary analysis of data prospectively submitted to the Cardiac Arrest Registry to Enhance Survival (CARES) between October 1, 2005 to November 30, 2008 was conducted.
2. Descriptive statistics were determined for:
   - Fulton County (Atlanta, Georgia)
   - Region III - Seven out of the eight counties that comprise metropolitan Atlanta (including Fulton County)
   - The current CARES national registry includes all out-of-hospital cardiac arrest cases from 15 U.S. cities including:

Anchorage, Alaska	Nashville, Tennessee
Atlanta, Georgia	Oakland County, Michigan
Austin, Texas	Raleigh, North Carolina
Baytown, Texas	Sioux Falls, South Dakota
Boston, Massachusetts	Springfield, Massachusetts
Cincinnati, Ohio	Ventura County, California
Columbus, Ohio	
Houston, Texas	
Kansas City, Missouri	

RESULTS





RESULTS

- The table provides comparison of summary data for all three sites (Fulton County, Region III, and National).
- Of 9,295 cases of out-of-hospital cardiac arrests of presumed cardiac etiology, the overall national rate of survival to hospital discharge was 7.8%, which is comparable with other large national databases.

Site	Number of Cases	Overall Survival %	Utstein Survival %	Utstein Bystander Survival %	AED Use %	Bystander CPR %
Fulton County	1645	4.1	15.5	20.0	3.6	19.9
Region III	3606	4.9	13.9	18.9	2.6	20.8
National	9295	7.8	24.9	29.3	3.4	24.8

*Definitions for the metrics in the table include:

- Overall Survival: Survival for all attempted resuscitations of cardiac etiology.
- Utstein Survival : Survival for patients with the greatest likelihood of having a successful resuscitation - those that have a witnessed arrest by bystanders who are found in a shockable rhythm.
- Utstein Bystander Survival: Survival of Utstein patients who have had some bystander intervention (CPR by bystander and/or AED applied by bystander)
- AED use: The percent of cardiac arrest patients that have an AED applied by a bystander prior to EMS arrival.

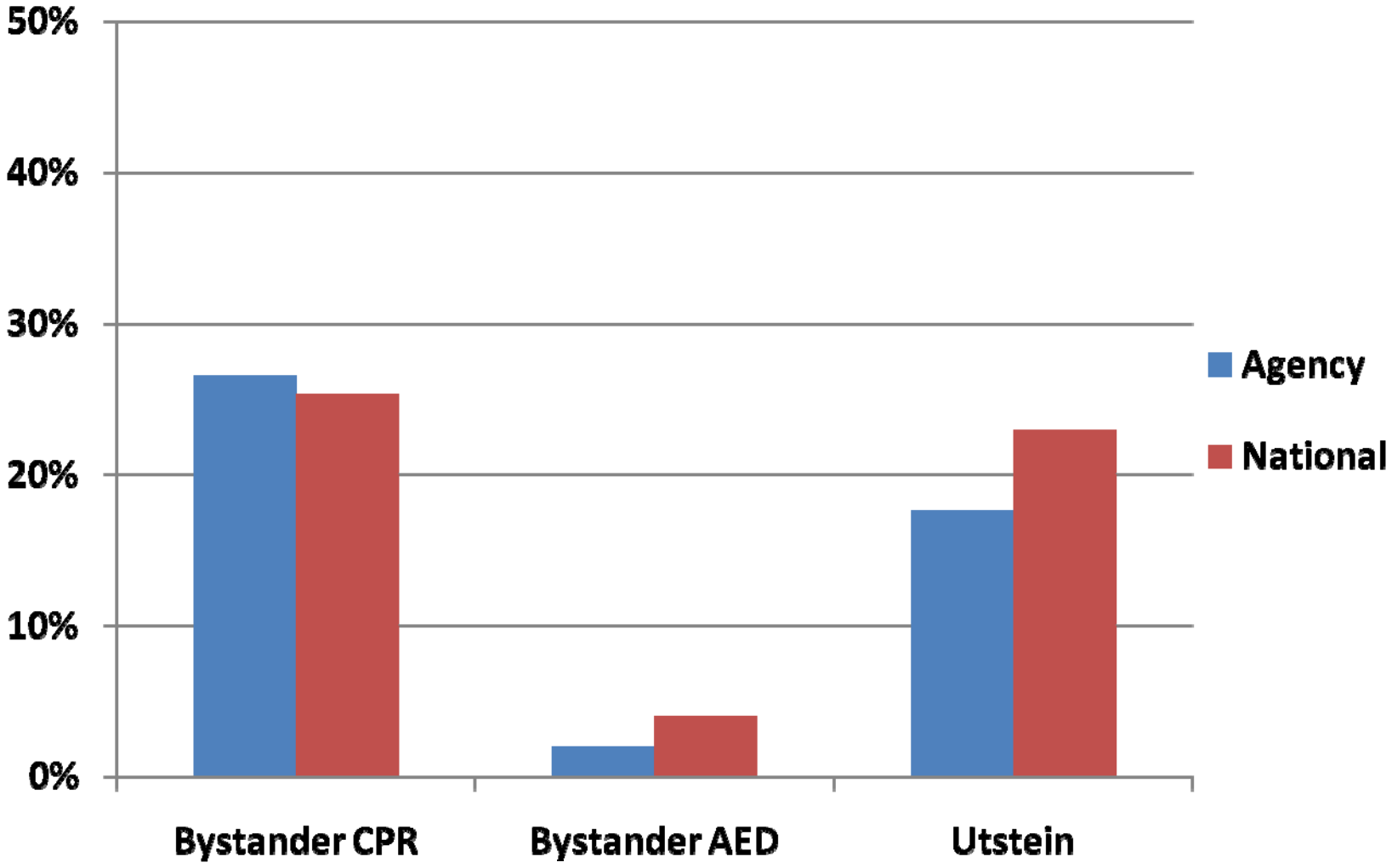
LIMITATIONS

- As the CARES program expands, sites are added to the registry on an ongoing basis. Therefore, not all of the sites that were included in this analysis contributed data through the entire date range.
- Determining that cardiac arrest is due to heart disease is subjective. In general, OHCA is ascribed to heart disease unless there is an obvious alternate cause, such as major trauma, drowning, electrocution, drug overdose, asphyxia, or exsanguinations. Because few victims are autopsied, it is often impossible to assign a definitive cause of death.

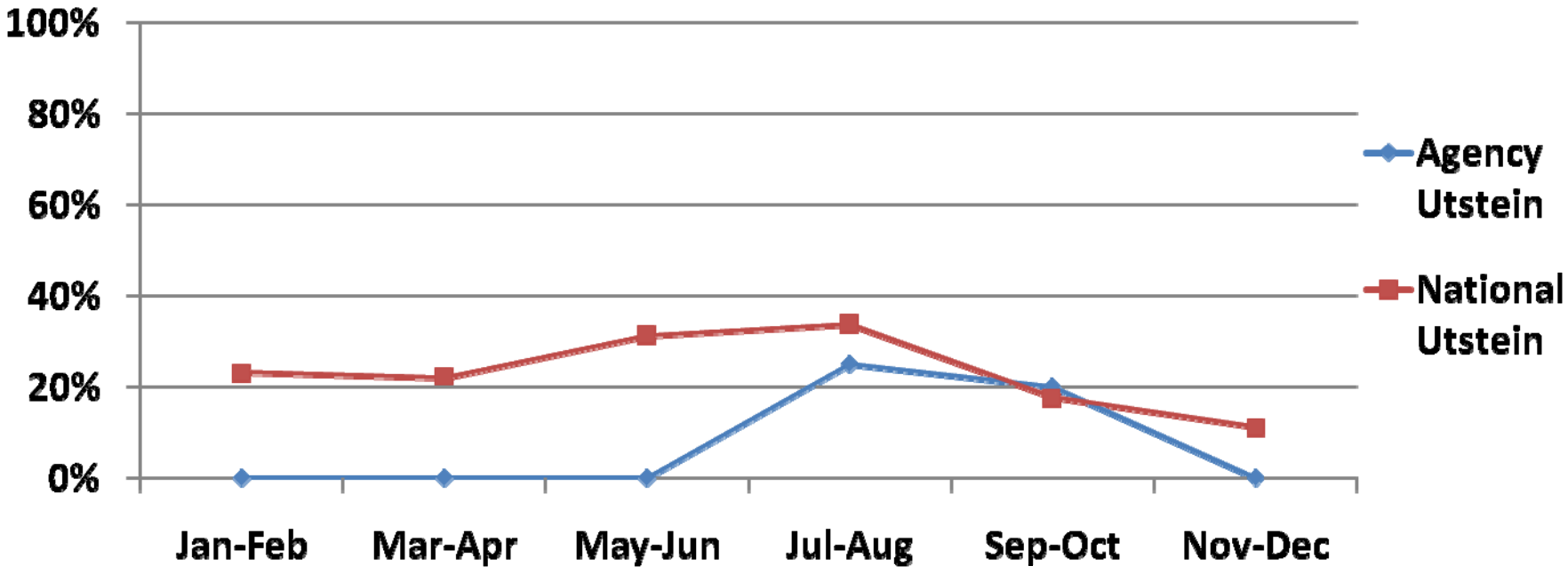
CONCLUSIONS

- CARES is designed to enable EMS systems of any size to measure their performance relative to national guidelines, and link prehospital care to hospital outcomes. Using CARES, communities may identify opportunities to improve the delivery of care and hopefully, increase rates of survival.

CARES Summary Report – Ventura County

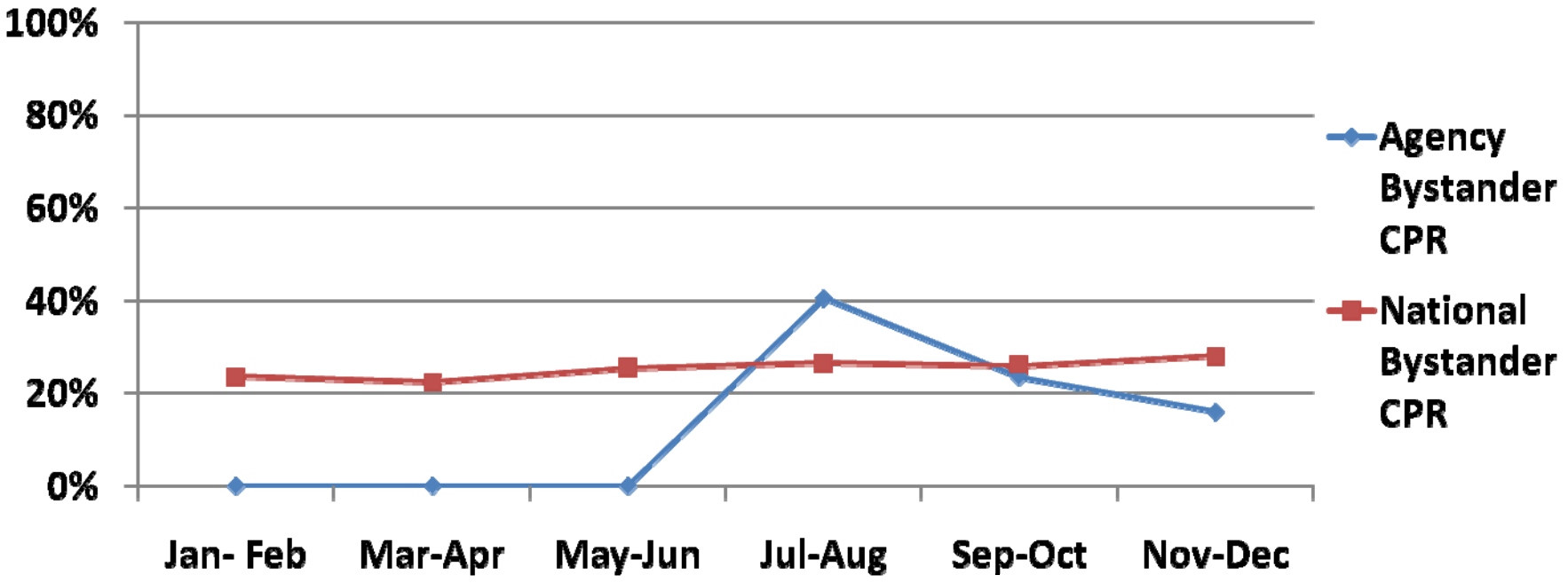


CARES Summary Report – Ventura County



* Nov and Dec data may be incomplete due to lag time for hospital outcomes to be entered.

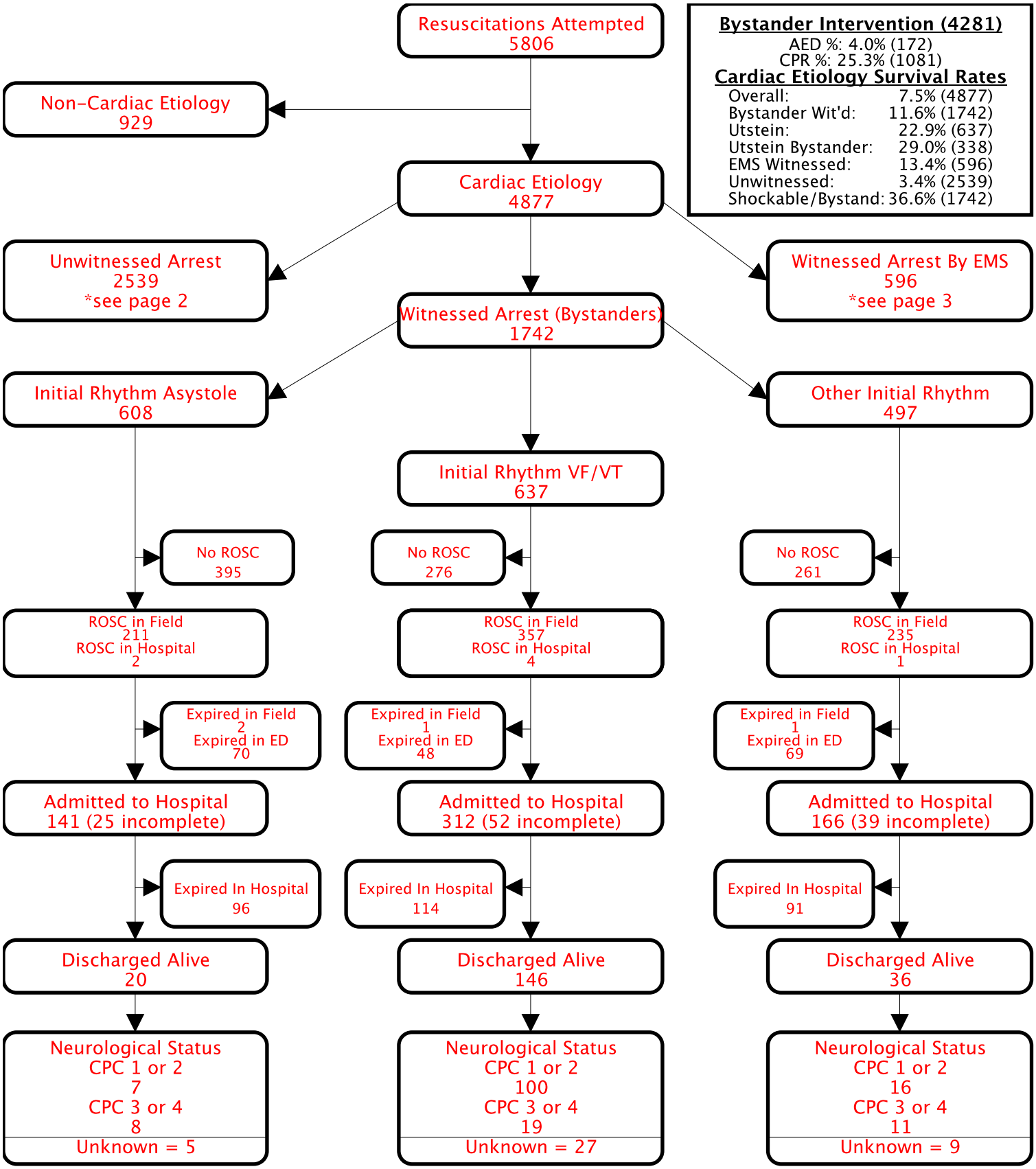
CARES Summary Report – Ventura County



Utstein Survival Report

National

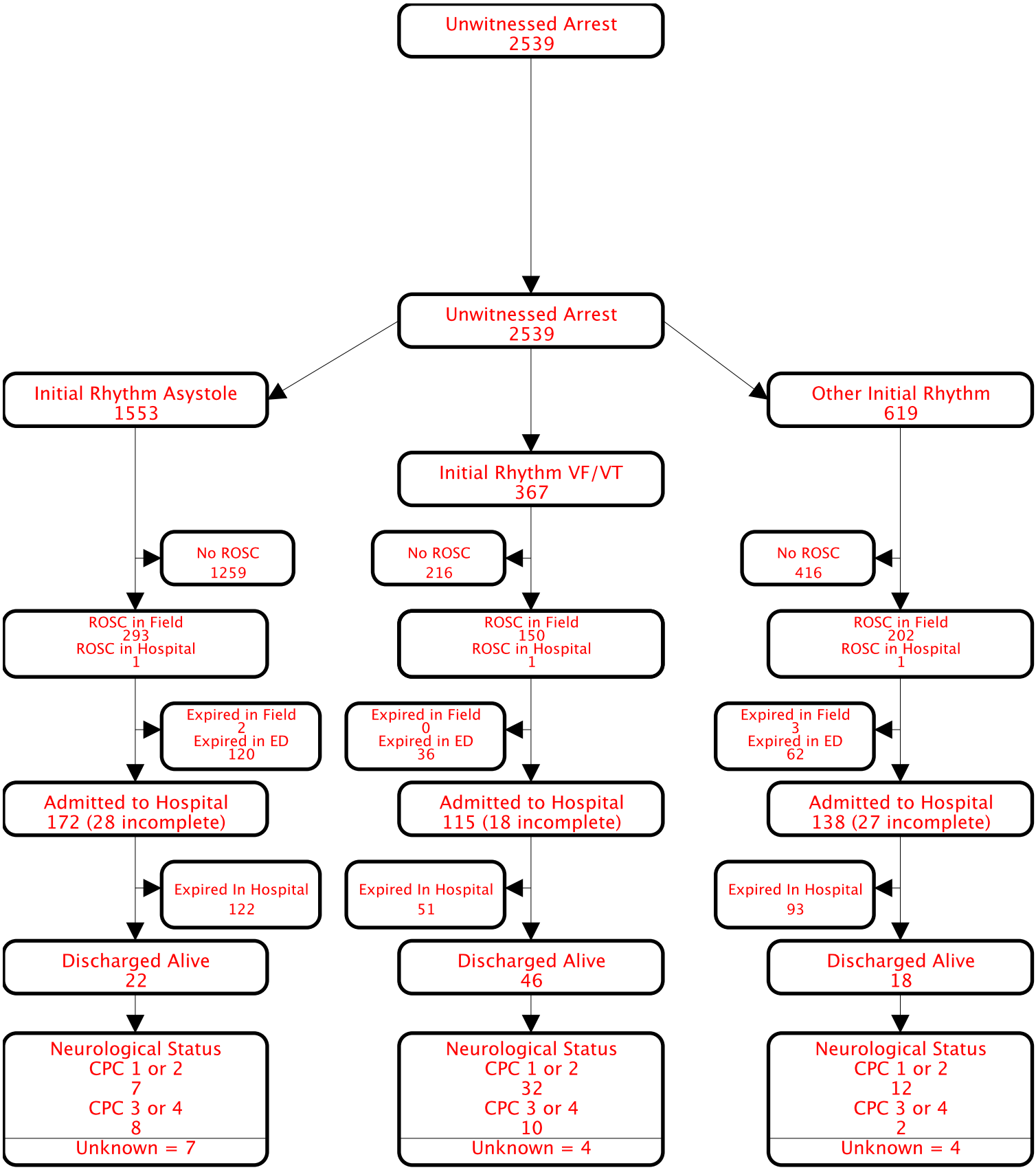
Date of Arrest: From 01/01/2008 Through 12/31/2008



Utstein Survival Report

National

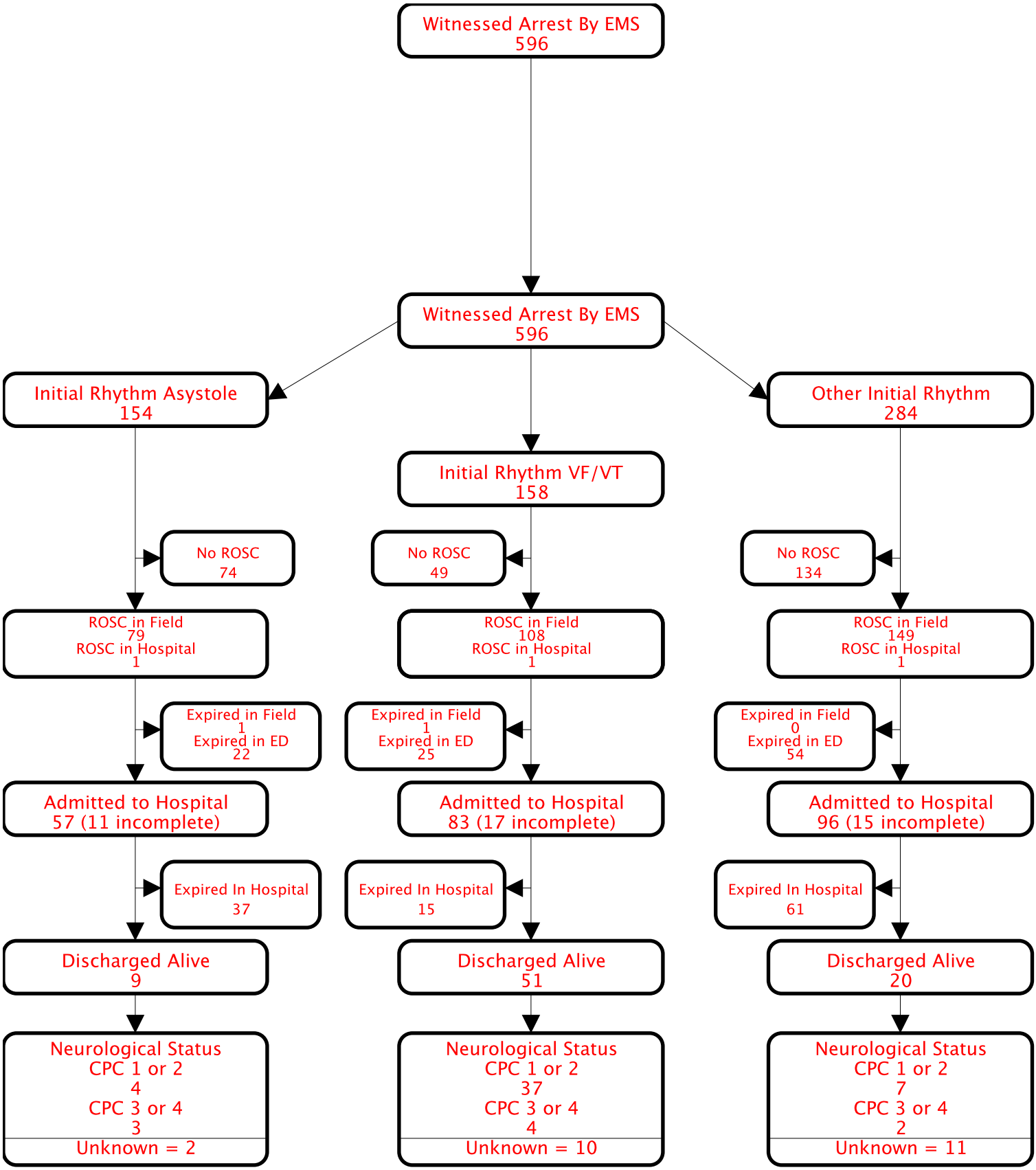
Date of Arrest: From 01/01/2008 Through 12/31/2008



Utstein Survival Report

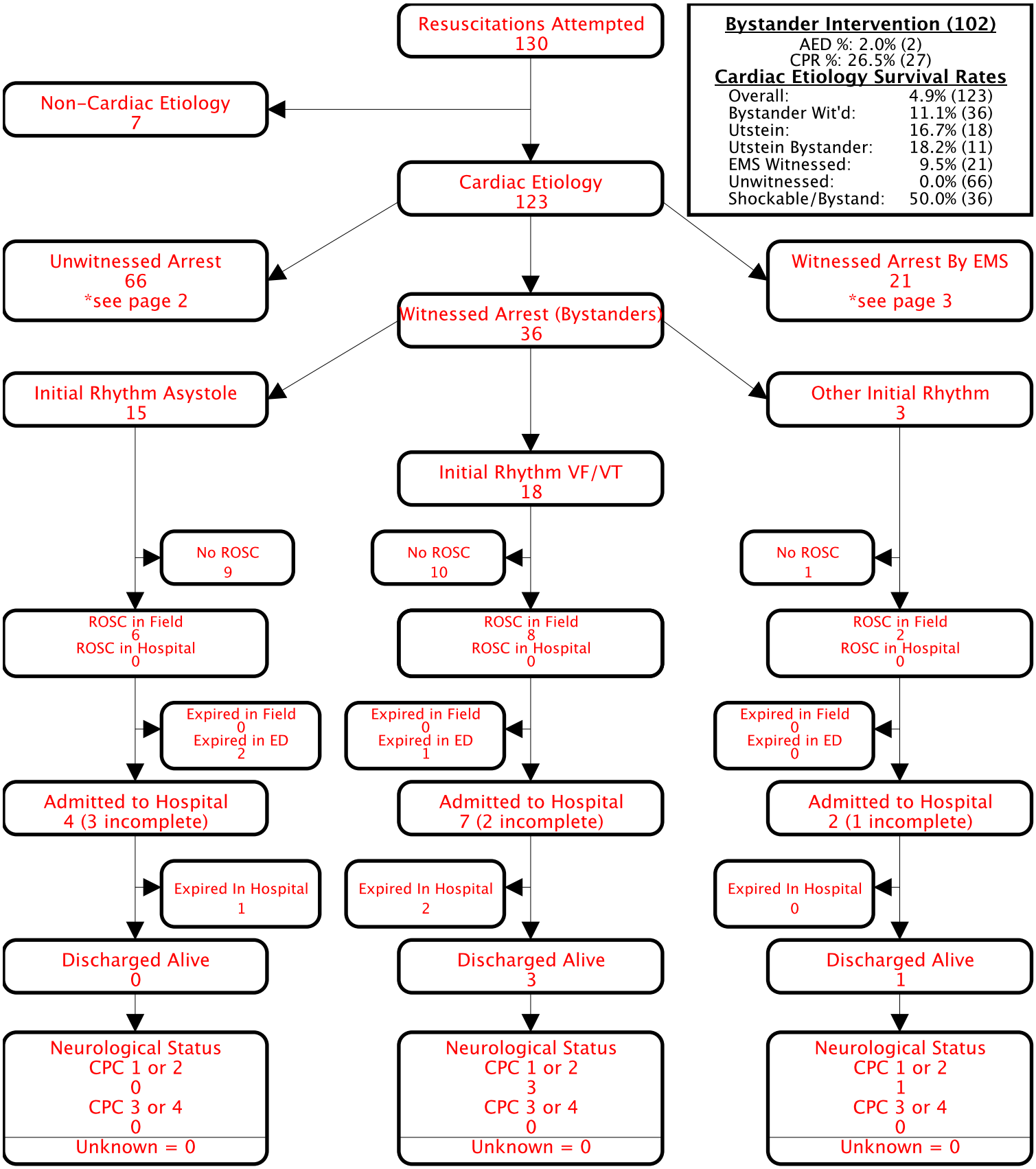
National

Date of Arrest: From 01/01/2008 Through 12/31/2008



Utstein Survival Report

Agency Group: Ventura County | Date of Arrest: From 07/01/2008 Through 12/31/2008



Bystander Intervention (102)

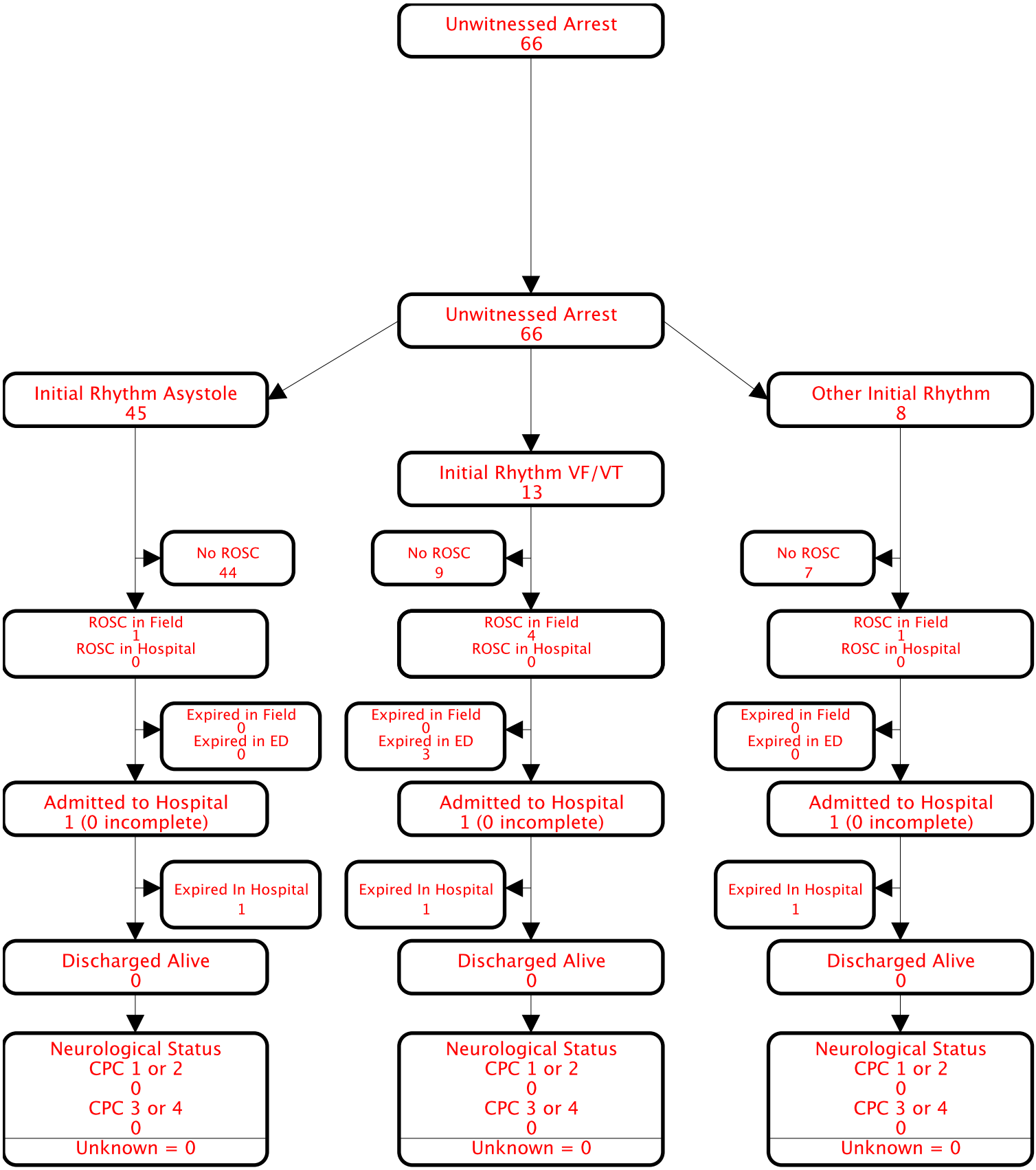
AED %: 2.0% (2)
CPR %: 26.5% (27)

Cardiac Etiology Survival Rates

Overall:	4.9% (123)
Bystander Wit'd:	11.1% (36)
Utstein:	16.7% (18)
Utstein Bystander:	18.2% (11)
EMS Witnessed:	9.5% (21)
Unwitnessed:	0.0% (66)
Shockable/Bystand:	50.0% (36)

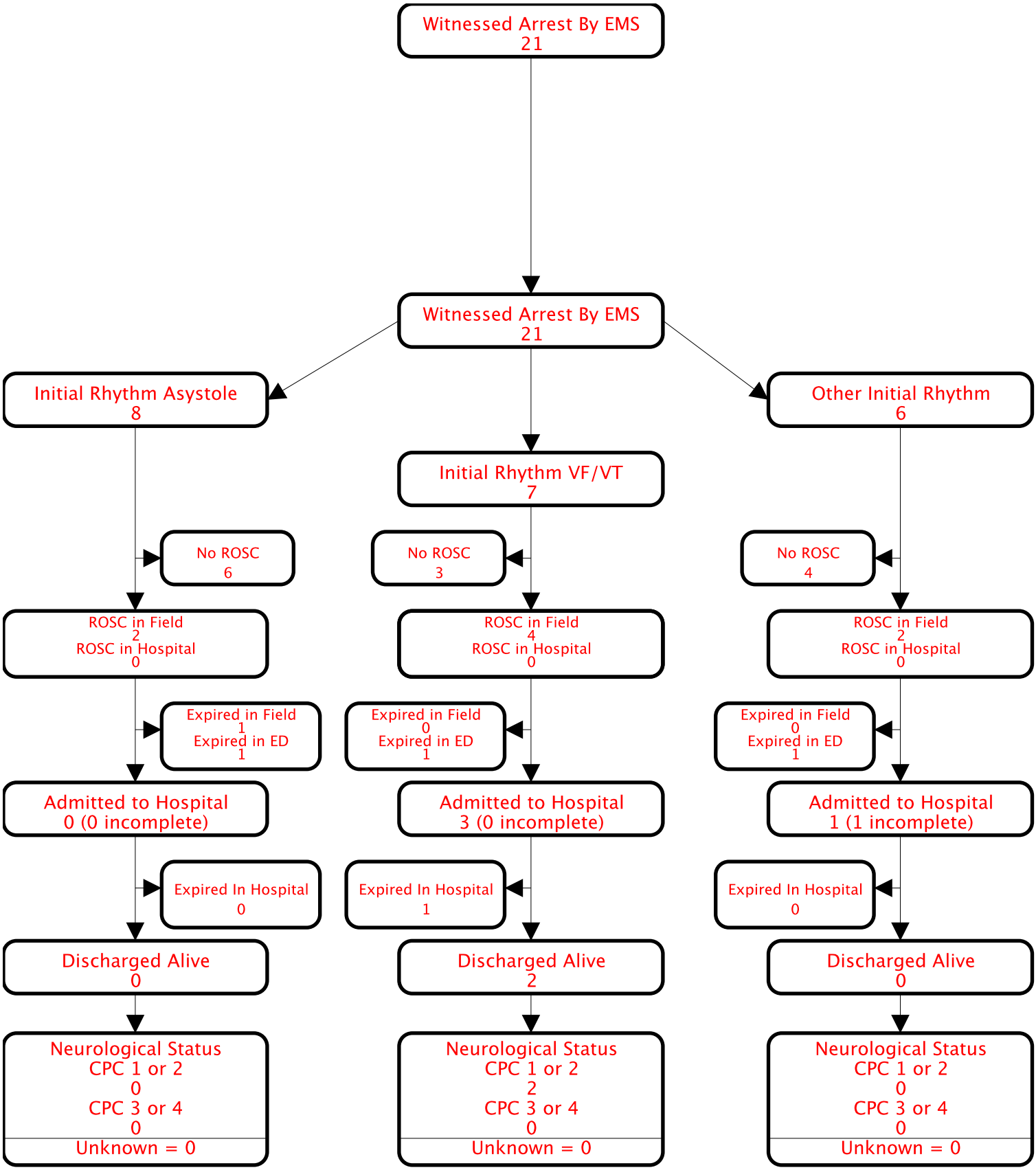
Utstein Survival Report

Agency Group: Ventura County | Date of Arrest: From 07/01/2008 Through 12/31/2008



Utstein Survival Report

Agency Group: Ventura County | Date of Arrest: From 07/01/2008 Through 12/31/2008



Definitions & Calculations for CARES Utstein Report

Overall Survival:
Defn: Survival for all attempted resuscitations of cardiac etiology
Numerator = overall number of survivors
Denominator = Resuscitations attempted of cardiac etiology

Bystander Witnessed:
Defn: Survival for arrests that are witnessed by bystanders
Numerator = survivors of bystander witnessed arrests (0+4+1)
Denominator = Total arrests witnessed by bystanders

Utstein:
Defn: Survival for patients with the greatest likelihood of having a successful resuscitation - those that have a witnessed arrest by bystanders who are found in a shockable rhythm.
(Witnessed arrests by EMS are excluded in the Utstein calculations and are found on page 3)
Numerator = Number of Utstein survivors
Denominator =Total Utstein patients – those that have a bystander witnessed arrest that are found in Vfib, Vtach or unknown shockable rhythm.

Utstein Bystander:
Defn: Survival of Utstein patients who have had some bystander intervention (CPR by bystander and/or AED applied by bystander)
The numbers for this calculation do not appear on the report.
Numerator = Number of survivors.
Denominator = Number of Utstein patients who have a bystander perform CPR or apply an AED.

EMS Witnessed (page 3):
Defn: Survival for arrests that are witnessed by EMS. This includes all presenting rhythms (not just shockable).
Numerator = Survivors of EMS witnessed events
Denominator = Total of arrests witnessed by EMS

Unwitnessed (page 2):
Defn: Survival for arrests that are unwitnessed (all rhythms)
Numerator = Survivors of unwitnessed events
Denominator = Total of unwitnessed arrests

Shockable Bystander:
Defn: This is a ratio, not a survival percentage. This is the number of bystander witnessed arrests that are found in a shockable rhythm (vfib/vtach)
Numerator = Number of bystander witnessed arrests that are found in a shockable rhythm.
Denominator = Total number of bystander witnessed arrests

Cardiac Arrest Initiative – 2009

DRAFT – 6Feb09

Goal: To improve neurologically intact (CPC 1 or 2) survival after sudden cardiac arrest and to exceed national benchmarks.

A. 911/Dispatch

1. RED project – improving wireless 911 call response by routing calls directly to the local primary PSAP.
2. MPDS – shorter caller interrogation to reduce Call-to-CPR and Call-to-dispatch times
3. Dispatch – quicker call processing and dispatch for "E" calls

B. Bystander

1. CPR Training. Increasing the number of CPR-trained individuals, from grammar school students through seniors. Identify target groups.

C. EMS Response

1. Measuring and improving call-to-enroute times.
2. Critical calls will receive closest ALS response.

D. Treatment

1. ART/BART training programs to be implemented by end of year.
2. CPR – improved training w/ competency testing. Has begun, plan completion of first round within 3 months.
3. Minimizing chest compression interruptions. Improved training, possible mandatory rhythm strip review and debriefing.
4. Emphasize immediate and aggressive on-scene treatment – with transport primarily after ROSC.
5. Consider IO – begin discussion.
6. Evaluate King as primary airway in SCA.
7. Evaluate patients on whom resuscitation begun re: determination of death policy.

E. Transport

1. Transport of patients who were successfully defibrillated and now with ROSC to SRCs.

F. Hospital

1. Evaluate therapeutic hypothermia as treatment option

G. Evaluation/Feedback

1. CARES
2. Establish VC SCA database – to include items not in CARES (e.g., times)

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Technician-1 Certification		Policy Number 301
APPROVED: Administration:	~~Barry R. Fisher, MPPA~~Steven L. Carroll, EMT-P	Date: ~~05/10/07~~
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: ~~05/10/07~~
Origination Date: Date Revised: Review Date:	June 1, 1984 ~~May 10, 2007~~February 6, 2009 ~~June~~March, ~~2009~~2010	Effective Date: ~~June 2, 2007~~ DRAFT

I. PURPOSE: To identify the procedure for certification of Emergency Medical Technician – 1.

II. AUTHORITY: California Code of Regulations Title 22, Division 9, Article 4, Section 100079 – Health and Safety Code Section 1797.50 and 1797.175.

III. POLICY:

A. General Eligibility

In order to be eligible for certification, an individual shall:

1. Have a valid EMT-I course completion record or other documented proof of successful completion of an approved EMT-I course or
   Have documentation of successful completion of an approved out of state EMT-I training course, within the last two years which meets the requirements of the California EMT Program Content as identified in Title 22.~~,~~
2. Apply for certification within two years of the date of completion.~~,~~
3. Pass a competency based written and skills certifying examination approved by the EMS Authority.~~,~~
4. Be eighteen years of age or older.~~,~~
5. Complete the Ventura County EMS Personnel Application.
6. Complete the Ventura County Eligibility Statement (a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code).~~,~~
7. ~~-~~Have s~~S~~uccessfully completed a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2005 Guidelines for CPR and ECC, within the previous two years.~~,~~
8. Submit printed documentation of successful completion of a CPR skills evaluation using a recording/reporting manikin within the previous 30 days.
9. Provide a government issued form of identification.

~~9.~~10. Pay the established fee~~.~~ and;

~~10~~11. Complete a background investigation via "Live Scan" through the California Department of Justice with VCEMS as the requesting agency.

~~11~~12. It is the responsibility of the certified EMT to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

B. Challenge and Reciprocity

1. An individual currently licensed in California as a Paramedic or is certified in California as an EMT-II (except when the paramedic license or EMT-II certification is under suspension) is deemed to be certified as an EMT-1 with no further testing. In the case of a paramedic license which is under suspension, the paramedic shall apply for certification.
2. An individual who possesses a current and valid National Registry EMT Basic, Intermediate or Paramedic certificate or out of state paramedic license shall be eligible for certification upon fulfilling the requirements of III.A.4-10.
3. An individual who possesses a current and valid out of state EMT-I certificate shall be eligible for certification upon fulfilling the requirements of III.A. 2-10.
   a. An eligible person shall be permitted to take the EMT-I Course Challenge Exam only one time.
   b. An individual who fails to achieve a passing score on the EMT-I recertification course challenge examination shall successfully complete an EMT-I course to receive an EMT-I course completion record.

C. Lapse in EMT-II Certification or Paramedic License:

1. In order for an individual whose California EMT-II certification or Paramedic License has lapsed, to be eligible for certification as an EMT-I the individual shall:
   a. For a lapse of less than six months, the individual shall comply with the requirements by complying with VCEMS Policy 302, III. A or B.
   b. For a lapse of six months or more, but less than twelve months, the individual shall comply with the requirements of VCEMS Policy 302, III A or B and complete an additional twelve hours of continuing education for a total of 36 hours of training.
   c. For a lapse of twelve months or more, but less than 24 months, the individual shall comply with the requirement in VCEMS Policy 302, III, A

or B and complete an additional twenty-four hours of continuing education for a total of 48 hours of training and the individual shall pass the EMT-I written and skills certification exam.

d. For a lapse of greater than twenty four months or more the individual shall complete an entire EMT-I course and comply with the requirements of Section III A of this policy.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medical Technician-I Recertification		Policy Number 302
APPROVED: Administration:	~~Barry R. Fisher, MPPA~~Steven L. Carroll, EMT-P	Date: ~~05/10/07~~DRAFT
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: ~~05/10/07~~DRAFT
Origination Date: Date Revised: Review Date:	June 1, 1984 ~~May 10, 2007~~February 6, 2009 ~~June, 2009~~	Effective Date: ~~June 2, 2007~~DRAFT

I. PURPOSE: To identify the procedure for recertification of the Emergency Medical Technician-I.

II. AUTHORITY: Health and Safety Code, Sections 1797.220, 1798. California Code of Regulations, Title 22 Article 5.

III. POLICY: In order to maintain certification, an EMT-I shall participate in either continuing education courses or complete a refresher course approved by the Agency. Approved continuing education courses shall be accepted statewide.

A. Continuing Education Method: Continuing education shall be in any of the topics contained in the United States Department of Transportation EMT Basic National Standard Curriculum, DOT HS 808149, August 1994. All approved CE shall contain a written and/or skills competency based evaluation related to course, class or activity objectives.

1. Completion of a minimum of twenty-four hours of education in basic life support knowledge and skills per the following guidelines:

a. Examples of applicable C.E.:

1) Courses offered by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). Course completion record is required.

2) Courses with a California EMS Agency provider number. Course completion record is required.

3) Courses approved by EMS Offices in other States. Course completion document is required.

4) Courses in physical, social or behavioral sciences (e.g., anatomy, physiology, sociology, psychology) offered by accredited colleges and universities. Official Transcript must be submitted.

a) Ten continuing education hours will be awarded for each academic quarter unit or fifteen continuing education hours will be awarded for each academic semester unit.

5) Out of State C.E. not approved by an EMS Office in another State must be approved by the California EMS Authority.

b. CE Limitations

1) At least fifty percent of the required C.E. hours must be in a format that is instructor based.

2) An individual may receive credit for taking the same CE course, class or activity no more than two times during a single certification period.

3) Credit as an instructor for an EMT-I training program, not to exceed 50% of the total required hours and may only be credited one time during any single certification period.

4) C.E. records are valid for no more than two years.

2. Submit a completed EMT-I Skills Competency Verification form, EMSA-SCV (07/03). Original form must be submitted, copies will not be accepted. (Skills competency is not included in the twenty-four hours of required continuing education). Skills competency shall be verified by an individual who is currently certified or licensed as an EMT-I, EMT-II, Paramedic, RN, PA, or physician and who shall be designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education provider) or an EMS service provider; (EMS service providers include, but are not limited to public safety agencies, private ambulance providers and other EMS providers). The skills requiring verification of competency are:

a. Patient examination – Trauma patient
b. Patient examination – Medical patient
c. Airway emergencies
d. Automated external defibrillation
e. Circulation emergencies
f. Neurological emergencies
g. Soft tissue injuries
h. Musculoskeletal injuries
i. Obstetrical emergencies

3. Successfully complete a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2005 Guidelines for CPR and ECC, within the previous two years.

4. Unless employed by a VC EMS provider, submit printed documentation of successful completion of a CPR skills evaluation using a recording/reporting manikin within the previous 30 days.

~~4~~5. Applicants for recertification may attain CE at anytime through the valid certification period. If the applicant applies for recertification within the 6 months prior to the end of the current expiration date, the new expiration date shall be two years from the previous expiration date. If the applicant applies for recertification greater than 6 months prior to the end of the current certification period, the expiration date shall be the final day of the month of the 2 year period in which certification requirements are met.

a. Applicants shall provide original course completion records at time of application. VCEMS will verify continuing education, copy and return originals to the applicant.

b. Approved Ventura County ALS and BLS Provider Agencies may submit documentation of continuing education for their staff on the attached continuing education roster provided they were the provider of the education. Continuing education not obtained by a Ventura County provider must be documented by submission of course completion records. Continuing education may be audited.

~~5~~6. Applicants must possess a valid EMT-I Certificate, which has been expired for no more than two-years to be eligible for recertification.

~~6~~7. Completion of recertification application, background investigation via Live Scan fingerprints with VCEMS as the requesting agency if needed and payment of applicable fees.

~~7~~8. VCEMS will obtain a computer generated photograph of each applicant at time of application for issuance of photo certification card. For those applicants with a current photograph in the VCEMS database, this requirement may be waived.

~~8~~9. It is the responsibility of the certified EMT to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

Refresher Course Method

1. Completion of a twenty-four hour refresher EMT-1 course, not including testing.

2. Submit a completed EMT-I Skills Competency Verification form, EMSA-SCV (07/03). (Skills competency is not included in the twenty-four hours of required continuing education). Skills competency shall be verified by an individual who is currently certified or licensed as an EMT-I, EMT-II, Paramedic, RN, PA, or physician and who shall be designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education provider) or an EMS service provider; (EMS service providers include, but are not limited to public safety agencies, private ambulance providers and other EMS providers). The skills requiring verification of competency are:
   a. Patient examination – Trauma patient
   b. Patient examination – Medical patient
   c. Airway emergencies
   d. Automated external defibrillation
   e. Circulation emergencies
   f. Neurological emergencies
   g. Soft tissue injuries
   h. Musculoskeletal injuries
   i. Obstetrical emergencies
3. Completion of Agency required updates.
4. Successful completion of a Professional Rescuer or Healthcare Provider level BLS & CPR course, which is consistent with the American Heart Association 2005 Guidelines for CPR and ECC, within the previous two years.
5. Unless employed by a VC EMS provider, submit printed documentation of successful completion of a CPR skills evaluation using a recording/reporting manikin within the previous 30 days.

~~5~~6. Applicants must possess a valid EMT-I certificate which has been expired for no more than two years to be eligible for recertification.

~~6~~7. Completion of recertification application, background investigation via Live Scan fingerprints with VCEMS as the requesting agency, if needed and payment of applicable fees.

~~7~~8. VCEMS will obtain a computer generated photograph of each applicant at time of application for issuance of photo certification card. For those applicants with a current photograph in the VCEMS database, this requirement may be waived.

~~8~~9. It is the responsibility of the certified EMT to notify VCEMS within 7 days of any change in their eligibility status as outlined in Health and Safety

Code, Division 2.5, Section 1798.200. (For items that this Section applies to, see EMS Personnel Application, Eligibility Statement.)

C. Recertification after Lapse in Certification:

In order to be eligible for recertification for an individual who's EMT-I Certification has lapsed, the following requirements shall apply.

1. For a lapse of less than six months, the individual shall comply with the requirements contained in III A or B above.
2. For a lapse of six months or more, but less than twelve months, the individual shall comply with the requirements contained in 3, A or B above and complete an additional twelve hours of continuing education for a total of 36 hours of training.
3. For a lapse of twelve months or more, but less than 24 months, the individual shall comply with the requirements contained in 3 A or B above and complete an additional twenty-four hours of continuing education; for a total of 48 hours of training and the individual shall pass the National Registry written and skills exam.
4. For a lapse of greater than twenty-four months the individual shall complete an entire EMT-I course and comply with the requirements contained in VCEMS Policy 301.

State of California
EMT-I Skills Competency Verification Form
EMSA – SCV (07/03)

See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.

Skill	Verification of Competency	
1. Patient examination, trauma patient;	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Automated external defibrillation	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

A completed EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I certification with a lapse in certification less than one year.

1a. Name of Certificate Holder
Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.

1b. Certificate Number
Provide the EMT-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.

1c. Signature
Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section the EMT-I is verifying that the information contained on this form is accurate and that the EMT-I certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority
Provide the name of the EMT-I certifying authority for which the individual will be certifying through.

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the EMT-I Skills Competency Verification Form (EMSA-SCV 07/03) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date- Enter the date that the individual demonstrates competency in each skill.
6. Print Name: Print the name of the individual verifying competency in the skill.

Ventura County Emergency Medical Services Agency
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036
805-981-5301

APPLICANTS EMPLOYED BY AN APPROVED VENTURA COUNTY ALS/BLS PROVIDER MAY UTILIZE THIS FORM TO DOCUMENT CONTINUING EDUCATION OBTAINED BY THEIR EMPLOYER

ATTACH ORIGINAL COURSE COMPLETION FOR ANY COURSE NOT COMPLETED BY YOUR EMPLOYER AGENCY.

EMT Recertification by Continuing Education

Documentation of Hours

Name: _____ **Date:** _____ **EMT Certification #:** _____

24 Hours of approved EMS continuing education is required for EMT Recertification (course completion must have an EMS provider number). EMT ALS Assist monthly skills demonstrations do not count towards EMT Refresher hours. Please see policy 302 if your certification has lapsed, as extra continuing education hours are required. In addition to continuing education you must submit the EMT-I Skills Competency Verification Form.

Date of Course	Course Title	Provider	Provider #	# of Hours
			TOTAL HOURS	

I certify that I have completed all the hours and courses identified above. I further understand that no less than 10% of submitted C.E will be audited by the Ventura County EMS Agency. I further understand that if audited, I will be required to submit proof of all courses listed above.

Signature: _____ **Date:** _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ALS Response Unit Staffing		Policy Number: 318
APPROVED: Administration:	~~Barry R. Fisher, MPPA~~Steven L. Carroll, EMT-P	Date: 06/01/2008
APPROVED: Medical Director	Angelo Salvucci, MD	Date: 06/01/2008
Origination Date: Date Revised: Review Date:	June 1, 1997 February 3, 2009 ~~January, 2010~~	Effective Date: ~~June 1, 2008~~DRAFT

I. PURPOSE: To establish medical control standards for ALS response unit paramedic staffing.

II. AUTHORITY: Health and Safety Code, Sections 1797.214, 1797.220, 1798, and 1798.200
22 CCR Division 9, Chapter 4, Sections 100175, 100179

III. DEFINITIONS:

A. ALS Response Unit: First Response ALS Unit, Ambulance Support Vehicle, or ALS Ambulance per VC EMS Policies 506 and 508.

B. ALS Patient Contact: a patient contact where the paramedic successfully performs an ALS skill listed in VC EMS Policy 310, with the exception of glucose testing, cardiac monitoring, and pulse oximetry.

IV. POLICY:

A. All ALS Response Units must be staffed with a minimum of one Level II paramedic who meets the requirements in this policy.

B. Additional ALS Response Unit staff may be a Level I or II paramedic meeting the requirements in this policy and/or an EMT-1 meeting requirements in VC EMS Policy 306.

C. An ALS Response Unit may be staffed with a paramedic who is not authorized as a Level I or II only if is also staffed by an authorized Ventura County Paramedic Preceptor.

V. PROCEDURE:

A. Level I

1. A paramedic will have Level I status upon completion of the following:
   a. Current Paramedic Licensure by the State of California
   b. Current Accreditation in the County of Ventura per VC EMS Policy 315.
2. To maintain Level I status, the paramedic shall:
   a. Maintain employment with an approved Ventura County ALS service provider.

b. Complete a minimum of 288 hours of practice as a paramedic or 30 patient contacts (minimum of 15 ALS) every six month period (January 1 – June 30 and July 1 – December 31);

c. Complete VC EMS continuing education requirements, as described in Section V.C.

3. If the paramedic fails to meet these requirements, s/he is no longer authorized as a Level I paramedic.

4. To be reauthorized as a Level I paramedic, the paramedic must complete a minimum of 48 hours as a second or third crewmember of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 5 ALS contacts.

B. Level II

1. A paramedic will have Level II status upon completion of the following:

a. Employer approval.

b. All of the requirements of Level I.

c. A minimum of 288 hours of direct field observation by an authorized Ventura County Paramedic Preceptor.

1) This will include a minimum of 30 patient contacts, (minimum 15 ALS contacts).

2) If a paramedic has a minimum of 4000 hours of prehospital field experience performing initial ALS assessment and care, Ventura County Preceptor observation with the approval of the Paramedic Preceptor and PCC may be reduced to 144 hours or 20 patient contacts (minimum 10 ALS).

d. Approval by the paramedic preceptor who evaluated the majority of contacts.

e. Successful completion of competency assessments:

1) Scenario based skills assessment conducted by the candidate's preceptor, provider's clinical coordinator, PCC and PLP when possible.

2) Written policy competency assessment administered by VC EMS. Passing score will be 80%.

3) Arrhythmia recognition and treatment assessment administered by VC EMS. Passing score will be 80%.

4) Candidates who fail to attain 80% on either section V.B.e.2)-3) shall attend a remediation session with the Base Hospital PLP or

designee or the provider's Medical Director prior to retaking either assessment. Written documentation of remediation will be forwarded to VC EMS.

f. Obtain favorable recommendations of the PCCs who have evaluated the paramedic during the upgrade process. The PCC's recommendations will be based upon a review of the completed performance evaluation standards, review of patient contacts and direct clinical observation. Appeals may be made to the VC EMS Medical Director.

g. Forward Appendix A, Appendix B and copies of the 30 patient contacts to VC EMS.

1) Appendix A shall include all dates and times the upgrading paramedic has spent with the preceptor to total a minimum of 288 hours.

2) Appendix B shall be completed each shift per the Method of Evaluation Key at the bottom of the form.

3) Submit 30 patient contacts, 15 meeting criteria as defined in Section IV, Definitions, ALS Patient Contact.

2. To maintain Level II status, the paramedic shall:

a. Maintain employment with an approved Ventura County ALS service provider.

b. Function as a paramedic for a minimum of 576 hours, or have a minimum of 60 patient contacts (minimum 30 ALS), over the previous six-month period (January 1 – June 30 and July 1 – December 31).

1) For those paramedics with a minimum of 3 years field experience, no more than 144 hours of this requirement may be met by documentation of actual instruction at approved PALS, PEPP, ACLS, PHTLS, BTLS, EMT-1 or Paramedic training programs.

2) With the approval of the EMS Medical Director, for those paramedics with a minimum of 3 years of field experience in Ventura County, are employed as a field paramedic in another county or work in an acute care setting (RN or LVN) on a full time basis, complete a minimum of 288 hours of practice, or 30 patient contacts (minimum 15 ALS), in the previous 6 month period in Ventura County.

3) A paramedic whose primary duties are administering the ALS Program (90% of the time) for his/her agency and with approval of the EMS Medical Director may maintain his/her level II status by performing a minimum of 5 ALS calls per 6 months (January 1 – June 30 and July 1 – December 31).

4) If the paramedic fails to meet this requirement:

a) His/her paramedic status reverts to Level I.

b) If Level II authorization has lapsed for less than six months, reauthorization will require completion of a minimum of 96 hours of direct field observation by an authorized Ventura County Paramedic Preceptor, to include a minimum of 10 ALS patient contacts.

c) If Level II authorization has lapsed for less than one year and the paramedic has not worked as a paramedic for 6 months or more during the lapse interval OR if Level II authorization has lapsed for greater than one year, reauthorization will require completion of all of the requirements in Section V.B.1. These requirements may be reduced at the discretion of the VC EMS Medical Director.

d) If the paramedic has been employed as a paramedic outside of Ventura County or has worked in an acute care setting (RN or LVN) during the period of lapse of authorization, these requirements may be reduced at the discretion of the VC EMS Medical Director.

e) Complete VC EMS continuing education requirements, as described in Section V.C.

C. Continuing Education Requirements

Fifty percent (50%) of all CE hours shall be obtained through Ventura County approved courses and 50% of total CE hours must be instructor based.

1. Advanced Cardiac Life Support (ACLS) certification shall be obtained within three months and either Pediatric Advanced Life Support (PALS) certification or Pediatric Education for Prehospital Providers (PEPP) shall be obtained within six months, and remain current.

2. Field Care Audits (Field care audit): Twelve (12) hours per two years, at least 6 of which shall be attended in Ventura County. Base Hospitals will offer Field care audit sessions.
3. Periodic training sessions or structured clinical experience (Lecture/ Seminar) as follows:
   a. Attend one skills refresher session in the first year of the license period, one in the second year, and one every year thereafter.
   b. Education and/or testing on updates to local policies and procedures.
   c. Completion of Ventura County Multi-Casualty Incident training per VCEMS Policy 131.
   d. Successful completion of any additional VC EMS-prescribed training as required. These may include, but not be limited to:
      1) Education, and/or testing, in specific clinical conditions identified in the quality improvement program.
      2) Education and/or testing for Local Optional Scope of Practice Skills.
      3) The remaining hours may be earned by any combination of field care audit, Clinical hours, Self-Study/Video, Lecture, or Instruction at ALS/BLS level. Clinical hours will receive credit as 1-hour credit for each hour spent in the hospital and must include performance of Paramedic Scope of Practice procedures. The Clinical Hours form will be submitted for credit. (Attachment D.) The paramedic may be required by his/her employer to obtain Clinical Hours. The input of the Base Hospital Prehospital Care Coordinator and/or Paramedic Liaison Physician shall be considered in determining the need for Clinical Hours.
      4) One endotracheal intubation refresher session per six (6) month period based on license cycle, to be held by a Base Hospital, ALS Provider Medical Director approved by the VC EMS Medical Director, or the VC EMS Medical Director.
      5) Successfully complete a CPR skills evaluation using a recording/reporting manikin once per six (6) month period based on license cycle.

~~3~~4. Courses shall be listed on the Ventura County Accreditation Continuing Education Log and submitted to VC EMS upon reaccredidation. All continuing education listed on this log is subject to audit.

D. The VC EMS Medical Director may temporarily suspend or withdraw Level I or Level II authorization pending clinical remediation.

E. Failure to comply with the standards of this policy will be considered to be operating outside of medical control.

F. ALS Service Providers must report any change in Level I/II status to VC EMS within 5 days of taking action.

Appendix A

PARAMEDIC UPGRADE EMPLOYER RECOMMENDATION FORM

Employer: Please instruct the paramedic to complete the requirements in the order listed. Employer shall contact PCC to schedule appointment.

_____, paramedic has been evaluated and has met all criteria for upgrade to Level II status as defined in Ventura County EMS Policy 318.

Level II Paramedic

_____ All the requirement of level I met.
_____ Completion of 288 hrs of direct field observation by an authorized VC Paramedic Preceptor
_____ Approval by Paramedic preceptor
_____–Submit all appropriate documentation to VCEMS including

	Date	**Hours**	**Preceptor** Print legibly		**Date**	**Hours**	**Preceptor** Print legibly
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			
Total Hours Completed							

Please sign and date below for approval.

I have reviewed all supporting documentation and it is attached to this recommendation.

Paramedic Preceptor Signature	Print preceptor name legibly	Date:
Employer Signature	Print Employer name legibly	Date

Appendix B

Ventura County EMS Upgrade Procedure			**288 hours or 12 shifts 30 patient contacts (minimum of 15 ALS)**		
Shift	**Policy**	**Procedure/Policy Title to Review**	**Date**	**Preceptor Signature**	**Method of Evaluation (see key)**
1	310 704 705* 334 1005	Paramedic Scope of Practice Base Hospital Contact SVT VT Cardiac Arrest Bradycardia Chest Pain Prehospital Personnel Mandatory Training Requirements Communication Failure			
2	720 705 614	Limited Base Contact ALOC Apnea Overdose Seizures Non Traumatic Focal Neurological Changes Spinal Immobilization			
3	705*	Behavioral Emergencies Burns Childbirth Decompression Injuries Heat Exhaustion/Heat Stroke Hypothermia Hypovolemic Shock - Non Trauma Hypovolemic Shock – Trauma Insect Bites Marine Animals Nerve Agent Pain Control Snake Bites			
4	705* 1000	Airway Obstruction Anaphylaxis Neonatal Resuscitation Shortness of Breath Documentation of Prehospital Care			
5	709 710 713 715 716 717 722	Alt. ALS Airway Mgmt. Devices Endotracheal Intubation Intralingual Injection Needle Thoracostomy Pre-existing Vascular Access Device Intraosseous Infusion Transport of Pt. with IV Heparin and NTG			
6	600-601 603 606 613 306	Medical Control on Scene Against Medical Advice Determination of Death Do Not Resuscitate EMT-I: Req. to Staff an ALS Unit			
**		Notify PCC of progress and set dates for tests and ride-a-long.			
7	402	Patient Diversion/ED Closure			

Ventura County EMS Upgrade Procedure			**288 hours or 12 shifts 30 patient contacts (minimum of 15 ALS)**		
Shift	**Policy**	**Procedure/Policy Title to Review**	**Date**	**Preceptor Signature**	**Method of Evaluation (see key)**
	612 618	Notification of Exposure to a Communicable Disease Unaccompanied Minor ECG Review Radio Communication			
8	 131 607 1202 1203	Mega Codes MCI Hazardous Material Exposure-Prehospital Protocol Air Unit Dispatch for Emergency Medical Response. Criteria for Patient Emergency Transportation			
9		Multiple System Evaluation Review Head to Toe Assessments			
10		Practice Tests			
11		Review Policies and Procedures			
12		Review Policies and Procedures			
	*	Review Drugs, rates and routes that are present in that policy			
	**	PCC ride-a-long			
	**	PCC, Clinical Coordinator, Preceptor and Base Hospital Medical Director interview and scenario			
		Written Test			

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

Preceptor Signature_____ **Date**_____

PCC Signature_____ **Date**_____

Employer Signature: _____ **Date:** _____

METHOD OF EVALUATION KEY

E = EMEDS Review
S = Simulation/Scenario
D = Demonstration

T = Test/Self Learning Module

DO = Direct Observation in the field or clinical setting
V = Verbalizes Understanding to Preceptor
NA = Performance Skill not applicable to this employee

Appendix C

NAME: _____

EMPLOYER: _____LICENSE #: P_____

Ventura County Accreditation 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 reaccredidation. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all paramedics reaccrediting 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.

When you complete the Ventura County continuing education standards per Policy 318 you will automatically meet the State of California requirements for re-licensure.

Remember that the Skills Refresher and intubation requirements are to be completed yearly based on license cycle.

The Skills Refresher, Intubation refresher session and the EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your paramedic training level.

Field care audit hours (12 hours are required, 6 hours must be completed in Ventura County)				
	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.	**ACLS** (4 hours)				
2.	**PALS** (4 hours)				
EMS Updates are held in May and November each year. EMS Updates are completed as new or changed policies become effective.					
3.	**EMS UPDATE #1** (1 hour)				
	EMS UPDATE #2 (1 hour)				
	EMS UPDATE #3 (1 hour)				
	EMS UPDATE #4 (1 hour)				
4.	**Ventura County MCI COURSE** (2 hours)				
Any hours that are in addition to the noted amounts in the above categories, should be noted in the additional hours section of this log.					
Skill Refreshers are held in March and September each year. The following requirements must be completed in each year of your license cycle (for example: If your re-licensure month is June 2006, you must complete year one requirement between June 2004 and June 2005 and year two requirement between June 2005 and June 2006).					
5.	**Skills Refresher year 1** (3 hours)				
	Skills Refresher year 2 (3 hours)				
6.	**Endotracheal intubations refresher session (1 session every 6 months based on your license expiration date.)**				
	#1				
	#2				
	#3				
	#4				
Additional Hours (16 hours) 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: ~~Barry R. Fisher, MPPA~~Steven L. Carroll, EMT_P	Date: December 1, 2008
APPROVED: Medical Director Angelo Salvucci, MD	Date: December 1, 2008
Origination Date: September 14, 2000 Date Revised: ~~June 8, 2006~~February 3, 2009 Date Last Reviewed: ~~August 14, 2008~~ Next Review Date: August, 2011	Effective Date: ~~December 1, 2008~~DRAFT

I. PURPOSE: To define the requirements for mandatory training sessions for EMT-1s, Paramedics, EMT-ALS Assist SAR EMT-1s, 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 EMT-1s and 322 for MICNs.

III. PROCEDURE:

A. EMS Updates – Applies to all personnel listed above except EMT-1's.
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).

B. MCI Training – Applies to all personnel listed above except MICN's.
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 MICN's.
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 EMT-1's and SAR-EMT-1's.

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 only.

PALS or PEPP course completion certificate shall be obtained within six months of initially starting the accreditation process and remain current.

J. CPR : Applies to all personnel listed above except MICNs.

Successful completion of a CPR skills evaluation using a recording/reporting manikin once per six (6) month period.

~~J~~H. 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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Prehospital Care Coordinator Job Duties		Policy Number 350
APPROVED: Administration:	~~Barry R. Fisher, MPPA~~ Steven L. Carroll, EMT-P	Date: ~~12/01/07~~
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: ~~12/01/07~~
Origination Date: Revised Date: Review Date:	June 15, 1998 ~~September 13, 2007~~ ~~September, 2007~~	Effective Date: ~~December 1, 2007~~

I. PURPOSE: To provide guidelines for the role of the Prehospital Care Coordinator (PCC) in Ventura County.

II. POLICY: A PCC will perform his/her role according to the following.

III. DEFINITION: A PCC is a Registered Nurse designated by each Bb~~b~~ase Hh~~h~~ospital to coordinate all prehospital and Mobile Intensive Care Nurse (MICN) activities sponsored by that Bb~~b~~ase Hh~~h~~ospital in compliance with Ventura County Emergency Medical Services (VC EMS) policies, procedure and protocols and in accordance with the Health and Safety Code, Sections 1797-1799 et al, and in accordance with Title 22 of the California Code of Regulations.

The PCC evaluates prehospital care, ~~care providers~~prehospital personnel and MICNs and collaborates with the Base Hospital Paramedic Liaison Physician (PLP) in medical direction.

IV. PROFESSIONAL QUALIFICATIONS:

A. Licensed as a Registered Nurse in the State of California.

B. Current authorization as a Ventura County Mobile Intensive Care Nurse (MICN).

C. One year experience as an MICN in Ventura County. For those nurses with one year work experience as an MICN within the last 18 months, this may be reduced to 6 months.

D. Have at least three years emergency department experience.

V. SPECIFIC RESPONSIBILITIES:

A. Serve as Liaison by maintaining effective lines of communication with base hospital personnel, VC EMS, prehospital care providers and local receiving facilities.

B. In compliance with VC EMS Policies and Procedures the PCC will:

1. Ensure a high level of competence and training by developing and instituting prehospital care education programs for MICNs and prehospital

personnel. Programs shall include, but not be limited to, specific issues identified by the VC EMS Ccontinuous Qquality Iimprovement pPlan.

a. Provide continuing education per policy requirements
b. Coordinate clinical experience as requested
c. Provide special mandatory programs such as EMS Update classes, Paramedic Skills Labs and Paramedic Orientation.
d. Provide off-site continuing education.
e. Participate in process improvement teams as designated by VC EMS

2. Provide training for probationary MICNs and newly accrediting paramedics by coordinating necessary clinical experience and evaluating performance.
3. Evaluate the performance of MICNs and submit recommendations for ~~certification and~~ authorization and reauthorization to VC EMS. Such evaluation shall include, but not be limited to:
   a. Direct observation of radio performance.
   b. Audit of ~~taped~~ recorded communications
   c. Observation of patient assessment and clinical judgment skills (in conjunction with the Emergency Department Nursing Supervisor).
   d. Review of written documentation.
   e. Provide written evaluation of the MICNs for hospital performance review.
4. In conjunction with the Base Hospital PLP provide ongoing evaluation of assessment~~ing~~, reporting, communication and technical skills of assigned paramedics. Such evaluation shall include, but not be limited to:
   a. Audit of ~~taped~~ recorded communications
   b. Review of EMS report forms
   c. Direct field observation during the ride-along, including observation of the transfer of patient care upon arrival at the receiving facility.
   d. Assess performance during scheduled clinical hours in the Emergency Department.
   e. Evaluation of paramedic personnel for level advancement, through direct observation, ~~tape~~ recorded communication and paperwork audit, according to VC EMS Policy 318.

f. Provide written evaluation of the paramedics.

g. Provide post-incident critiques for hospital and prehospital personnel as identified through the continuous quality improvement process.

5. Investigate prehospital care unusual occurrences as requested by VC EMS. Such review shall include but not be limited to:

a. Patient assessment

b.. Appropriateness of care

c. Patient outcomes

d. Adherence to Ventura County protocol/policies

e. Response times

f. Scene times

g. Correct documentation

~~6. Participate as chair or co-chair of the Base Hospital Paramedic Committee.~~

~~a. This committee shall meet at least every other month.~~

~~b. The purpose of the committee is to provide evaluation of the Advanced Life Support (ALS) services and to provide input to the Ventura County Prehospital Care Committee.~~

~~c. Reference VC EMS Policy 410.~~

7. Ensure the operation of the base hospital communication equipment.

a. In conjunction with the Base Hospital PLP, ensure that all personnel assigned to communicate with paramedics in the field have attended an MICN developmental course approved by VC EMS.

b. Ensure that the ~~AH~~ radio equipment is operational.

c. Ensure that ReddiNet System is operational and up to date.

8. Comply with data collection requirements as directed by VC EMS.

9. Ensure compliance with requirements for retention of ~~tapes~~recordings, MICN and prehospital care forms, logs and information sheets and maintaining retrieval systems in collaboration with hospital's Medical Records Department.

10. Develop and maintain education records as required by EMS.

11. In conjunction with the Base Hospital PLP, report to the EMS agency any action of certified/licensed personnel which results in an apparent

deficiency in medical care or constitutes a violation under Section 1798.200 of the Health and Safety Code.

12. Represent the Bbase ~~hospital~~ Hospital at the Prehospital Care Committee, PCC meeting and other associated task forces and special interest committees as directed by the EMS ~~agency~~Agency. The PCC will actively participate in the development of Ventura County Policies and Procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ALS Base Hospital Standards		Policy Number: 410
APPROVED: Administration:	~~Barry R. Fisher, MPPA~~ Steven L. Carroll, EMT-P	Date: ~~12/01/07~~
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date: ~~12/01/07~~
Origination Date: Date Revised: Review Date:	August 22, 1986 ~~September 2002~~ ~~November 2004~~	Effective Date: ~~November 30, 2002~~

I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Base Hospital designation.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.

III. POLICY:

A. An Advanced Life Support (ALS) Base Hospital (BH), approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:

1. Meet all requirements of an ALS Receiving Hospital per Ventura County Emergency Medical Services Policy 420.
2. Have an average emergency room census of 1200 or more visits per month.
3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.
   a. If the communications capability of the BH is interrupted, the ALS provider and the nearest BH shall be notified immediately by telephone.
   b. ALS calls shall be routed to the nearest BH until communication capability is restored and telephone notification of the ALS provider and nearest BH is made.
   c. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.
4. Assure that communication between the BH and ALS Unit for each ALS call shall be provided only by the BH ED physician or Ventura County authorized Mobile Intensive Care Nurse (MICN) by radio or telephone.
~~5. Designate a BH Prehospital Care Coordinator (PCC), a paramedic representing each ALS service provider affiliated with the BH, and an ED physician and/or ED Registered Nurse from each Receiving Hospital affiliated with the BH, to function~~

~~as the BH Paramedic Committee. Additional committee members may be designated according to BH committee policies.~~

~~a. This committee shall meet at least every other month. Minutes shall be forwarded to VCEMS within the month following each meeting.~~

~~b. The purpose of the committee is to provide evaluation of the ALS services and to provide input to the Prehospital Services Committee (PSC.)~~

6. Designate a BH Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
   a. Be regularly assigned to the Emergency Department.
   b. Have experience in and knowledge of BH operations.
   c. Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.
   d. Be responsible for reporting deficiencies in patient care to VC EMS.
   e. Coordinate BH activities with Receiving Hospital, PSC and VCEMS policies and procedures.
   f. Attend ~~BH Paramedic Committee~~ PSC meetings.
   g. Provide Emergency Department staff education.
   h. Schedule medical staffing for the Emergency Department on a 24-hour basis.
   i. Evaluate paramedics for clinical performance and makes recommendation to VCEMS.
   j. Evaluate MICN's for authorization/reauthorization and makes recommendation to VCEMS.
7. Have on duty, on a 24-hour basis, one (1) MICN who meets who meets the criteria in VCEMS Policy 321.
8. Identify an MICN with experience in, and knowledge of, BH radio operations and VCEMS policies and procedures as a PCC to assist the BH Medical Director in the medical control, supervision, and continuing education of prehospital care personnel.
9. Provide for the continuing education of prehospital care personnel, 'paramedics MICNs, EMT-I's, and first responders, in accordance with VCEMS:
10. Cooperate with and assist the PSC and the VCEMS Medical Director in the collection of statistics and review of necessary records for program evaluation and compliance.

11. Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders.

12. Agree to maintain all ~~tape~~ recorded communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to, the ~~tape~~ recording of the prehospital communication, prehospital care record, paramedic BH communications form and documentation of telephone communication with the RH (if utilized). All prehospital data except the ~~tape~~ recording will be integrated with the patient chart.

13. Resident physicians shall attend Base Hospital Physician course.

B. There shall be a written agreement between the BH and VCEMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for ALS program participation as specified by State regulations and VCEMS policies and procedures.

C. The VCEMS shall review its agreement with each BH at least every two years.

D. The VCEMS may deny, suspend, or revoke the approval, of a BH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the PSC and Board of Supervisors for appropriate action.

E. A hospital wishing to become an ALS Base Hospital in Ventura County must meet Ventura County Base Hospital Criteria and agree to comply with Ventura County regulations.

1. Application:
   Eligible hospitals shall submit a written request for Base Hospital approval to VCEMS documenting the compliance of the hospital with the Ventura County Base Hospital Criteria.

2. Approval:
   a. Program approval or disapproval shall be made in writing by the VCEMS to the requesting Base Hospital within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
   b. The VCEMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all the program requirements.

3. Withdrawal of Program Approval:
   Non-compliance of any criterion associated with program approval, use of non-certified personnel, or non-compliance with any other Ventura County regulation

applicable to a Base Hospital, may result in withdrawal, suspension or revocation of program approval by the VCEMS.

F. Advanced Life Support Base Hospitals shall be reviewed on an annual basis.

1. All Base Hospitals shall receive notification of evaluation from the VCEMS.
2. All Base Hospitals shall respond in writing regarding program compliance.
3. On-site visits for evaluative purposes may occur.
4. Any Base Hospital shall notify the VCEMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

BASE HOSPITAL
CRITERIA COMPLIANCE CHECK LIST

Base Hospital: _____ Date: _____

	YES	NO
An Advanced Life Support (ALS) Base Hospital (BH), approved and designated by the Ventura County Emergency Medical Services (VCEMS), shall:		
1. Meet all requirements of an ALS Receiving Hospital per Ventura County Emergency Medical Services Policy 420.		
2. Have the capability to provide, at all times, operational biomedical and radio communications with the capability to tape record the communications, between the BH and paramedics. All equipment used for ALS communications shall operate within the frequency requirements of the Ventura County Communications Department. At the time that a countywide communication system is implemented, all ALS providers shall comply with the Ventura County Communications Department ALS communications plan.		
3. Have the capability to provide, at all times, operational phone with the capability to record the communications, between the BH and paramedics.		
4. Designate a BH Prehospital Care Coordinator (PCC), a paramedic representing each ALS service provider affiliated with the BH, and an ED physician and/or ED Registered Nurse from each Receiving Hospital affiliated with the BH, to function as the BH Paramedic Committee. Additional committee members may be designated according to BH committee policies.		
5. Designate a BH Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
• Be regularly assigned to the Emergency Department.		
• Have experience in and knowledge of BH operations.		
• Be responsible for overall medical control and supervision of the ALS program within the BH's area of responsibility including review of patient care records and critique of personnel involved.		
• Be responsible for reporting deficiencies in patient care to VC EMS.		
• Coordinate BH activities with Receiving Hospital, PSC and VCEMS policies and procedures.		
• Attend BH Paramedic Committee and PSC meetings.		
• Provide Emergency Department staff education.		
• Schedule medical staffing for the Emergency Department on a 24-hour basis.		
• Evaluate MICNs for authorization/reauthorization and make recommendation to VCEMS.		
6. All Base Hospital MICN's shall:		

		YES	NO
	• Be authorized in Ventura County by the VCEMS Medical Director.		
	• Be assigned only to the Emergency Department while functioning as an MICN.		
	• Maintain current ACLS certification.		
	• Be a Base Hospital employee.		
7.	Identify an MICN with experience in and knowledge of BH radio operations and VCEMS policies and procedures as a PCC to assist the BH medical director in the medical control, supervision, and continuing education of prehospital care personnel.		
8.	Provide for the continuing education of prehospital care personnel ('paramedics MICN's, EMT-I's, and first responders), in accordance with VC EMS Policy 1131:		
9.	Cooperate with and assist the Paramedic Services Subcommittee, the, and the VCEMS Medical Director in the collection of statistics and review of necessary records for program evaluation and compliance.		
10.	Assure that paramedics perform medical procedures only under medical direction of a physician or Ventura County authorized MICN except for approved standing orders and medical procedures.		
11.	Agree to maintain all tape communications and prehospital data in a manner consistent with hospital data requirements. Prehospital data includes, but is not limited to the tape of the prehospital communication, prehospital care record paramedic BH communications form, documentation of telephone communication with the RH (if utilized). All prehospital data except the tape recording will be integrated with the patient chart.		
12.	Submit a letter to VC EMS indicating the commitment of hospital administration medical staff, and emergency department staff to meet requirements for program participation as specified by State regulations and VC EMS policies and procedures.		
13,	Resident physicians shall attend Base Hospital Physician course.		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Documentation of Prehospital Care		Policy Number 1000
APPROVED: Administration:	~~Barry R. Fisher, EMT-P~~Steven L. Carroll, EMT-P	Date
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date
Origination Date: Date Revised: Review Date:	June 15, 1998 ~~October 14, 2004~~ October, 2006	Effective Date: ~~December 1, 2004~~

I. PURPOSE: To define the use of standardized records to be used by Ventura County Emergency Medical Service (VC EMS) providers for documentation of pre-hospital care.

II. AUTHORITY: Title 22 Section 100147.

III. POLICY: Patient care provided by first responders and ambulance personnel will be documented using the appropriate method.

IV. PROCEDURE:

A. Provision of Forms

VC EMS will provide a supply of First Responder Patient Care Records (FR PCR) to EMS system participants that are not currently on the approved Ventura County documentation system (AVCDS).

B. Documentation

1. The VCEMS FR PCR and AVCDS report will be used to document the care provided by first responders and ambulance personnel for every patient contact. A patient contact will be defined as any encounter involving Ventura County pre-hospital personnel with any person consenting, either implied or informed, to assessment and/or treatment. Documentation shall be completed on any person with obvious injury or significant mechanism regardless of consent. Documentation of care given by first responders will not interfere with transport agency assessment or patient care procedures. The following are exceptions:

a. If a First Responder Advanced Life Support (FR ALS) Paramedic initiates ALS care of the patient, the FR ALS Paramedic will document all care provided to the patient on AVCDS.

b. If care is turned over to another ALS agency, an AVCDS report will be completed by all pre-hospital provider agencies who delivered ALS patient care and/or transport.

c. First Responder Patient Care Record shall be completed by BLS Providers to document all patient contacts. Original shall be retained by FR agency. A copy shall be submitted to VC EMS for data processing. First Responder agency will provide a copy of the report to the Base and/or Receiving Hospital upon request.

d~~c~~. In the event of multiple patients, documentation will be as follows:

1) Level 1 MCI: The care of each patient shall be documented using an AVCDS report according to above standard.

2) Level 2 and 3 MCI: Each patient transported to a hospital shall have their care documented on a Ventura County Multi-Casualty Patient Record.

a) The transporting agency is responsible for completion of the multi-casualty patient record. The record is designed to be completed by the transporting crew enroute to the receiving hospital.

b) The transporting agency retains the original of the multi-casualty patient record. A copy shall be left with the patient at the receiving hospital. The triage tag shall be attached to this copy and is included as official documentation in the patient's medical record.

c) The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within twenty-four hours of demobilization of the incident.

~~2. AVCDS and FR PCR's shall be completed according to instructions distributed by VC EMS~~as follows.

~~a. First Responder Patient Care Record~~

~~1) Original (White) retained by agency, copied or submitted to VC EMS for data processing.~~

~~2) Patient (Yellow) given to the transport agency at scene to become part of patient chart. This copy may be incomplete at the time that it is handed to the transport crew. If the FR PCR does not accompany the patient, it~~

~~will be delivered to the RH within 12 hours. If the report is submitted through AVCDS, it should be sent as soon as possible or prior to the end of their 24 hour shift.~~

~~3)Base Hospital (Pink) - to be completed and delivered to the BH by the FR agency at least weekly.~~

C. In the event the cardiac monitor is attached as required by any of the VC EMS 705 policies, a rhythm strip shall be recorded and mounted on an ECG form. Additionally, anytime there are changes in the patient's ECG rhythm, defibrillation occurs, ALS procedures are performed, or after ALS medications are administered, a trace recording of the ECG is required. Distribution of these trace recordings are as follows:

1. The original copy shall be placed in the patient's chart.
2. Two additional copies of that strip shall be made. The first submitted to the receiving or base hospital (depending or where the patient is transported), and the second to the provider.

D. Submission to VC EMS

~~The Emergency Medical Services Agency~~ A copy of the FR PCR shall be submitted to the Emergency Medical Services Agency by Provider Agency at least monthly.

E. Dry Run/Against Medical Advice

Every patient contact resulting in refusal of medical attention/transport must be documented with the following information, the reason dispatched and/or chief complaint, assessment and vital signs, base hospital contact (when appropriate), patient advised to seek medical attention and completion of AMA.

F. ALS Interfacility Transfers (Acute Care Facility to Acute Care Facility)

Documentation shall be completed using AVCDS on all ALS Interfacility transfers ~~only~~. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment.

If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the AVCDS.

G. Patient Medical Record

The hospital copy of the FR PCR, AVCDS and Ventura County Multi-Casualty Patient Record shall be considered a legal document and part of the patient's

medical record. The first responder agency, transport agency, and hospital are custodians of record.

Attachment A

These abbreviations have been accumulated from the California approved EMT-1 Curriculum and various other resource material. The abbreviations were collected by the Ventura County ALS CQI Team to assist EMS field, hospital and dispatch personnel in providing consistent medical documentation.

Term	Abbreviation
5% Dextrose in Water	D5W
Abdomen	Abd
Above knee amputation	AKA
Acquired Immunodeficiency Syndrome	AIDS
Ad Libitum (as desired)	Ad lib
Advanced Life Support	ALS
After	p
Against medical advise	AMA
Alcohol	ETOH
Alert and oriented	A & O
Also known as	AKA
Altered level of consciousness	ALOC
Altered Level Of Consciousness	ALOC
Amount	Amt
Ampere	Amp
Ampule	Amp
Antecubital	Ac
Anterior	Ant.
Anterior/Posterior	AP
Appointment	Appt.
Arterial Blood Gas	ABG
Arteriosclerotic Heart Disease	ASHD
As necessary	Prn
As soon as possible	ASAP
Aspirin	ASA
At	@
Atrial Fibrillation	A fib
Attention Deficit Hyperactivity Disorder	ADHD
Automated external Defibrillator	AED
Automatic Implantable Cardiac Defibrillator	AICD
Bag Valve Mask	BVM
Basic Life Support	BLS
Before	a
Birth Control Pill	bcp
Bowel Movement	BM
Bundle Branch Block	BBB
By Mouth	p.o.
By Order Of	Per
Cancer	CA
Carbon Dioxide	CO2
Carbon Monoxide	CO

Term	Abbreviation
Cardio Pulmonary Resuscitation	CPR
Central Nervous System	CNS
Cerebrospinal Fluid	CSF
Cerebrovascular Accident	CVA
Cervical Spine	C-Spine
Change	Δ
Chief Complaint	CC
Chronic Obstructive Pulmonary Disease	COPD
Circulation, Sensation, Motor	CSM
Clear	Cl
Continuous Positive Airway Pressure	CPAP
Coronary Artery Bypass Graft	CABG
Coronary Artery Disease	CAD
Date of Birth	DOB
Dead on Arrival	DOA
Decreased	↓
Defibrillated	Defib
Degrees, Hour	°
Delirium Tremens	DTs
Diabetes Mellitus	DM
Dilation and curettage	D & C
Discontinue*	D/C*
Distention Deformity Contusion Abrasion Penetration Paradoxical Respiration Burn Laceration Swelling Tenderness Instability Crepitus	dDCAPpBLSTIC
Do Not Resuscitate	DNR
Drops	gtts
Dyspnea On Exertion	DOE
Electrocardiogram	ECG
Electroencephalogram	EEG
Emergency Department	ED
Emergency Medical Services	EMS
Endotracheal	ET
Equal	=
Estimated	Est
Estimated Time of Arrival	ETA
Etiology	Etiol.
Every	q
Every day*	qd*
Evening	pm

Term	Abbreviation
Extended Care Facility	ECF
Eye, ear, nose, throat	EENT
Fahrenheit	F
Female	Fe
Fetal Heart Rate	FHR
Fluid	Fl
Foot	Ft
Foreign body	FB
Four times a day	QID
Fracture	Fx
Gallbladder	GB
Gastrointestinal	GI
Genitourinary	GU
Glasgow Coma Score	GCS
Grain	Gr
Gram	gm
Gravida 1,2,3, etc	G-1, G2, G3
Greater Than	>
Gun Shot Wound	GSW
Gynecological	Gyn
Heart Rate	HR
Hematocrit	Hct
Hemoglobin	Hgb
Hepatitis A Virus	HAV
Hepatitis B Virus	HBV
Hepatitis C Virus	HCV
History	Hx
History and Physical	H & P
Hour of Sleep (bedtime)*	hs*
Human Immunodeficiency Virus	HIV
Hydrochlorothiazide	HCTZ
Hypertension	HTN
Immediately	STAT
Increase	↑
Insulin Dependent Diabetes Mellitus	IDDM
Intake and Output	I & O
Intensive Care Unit	ICU
Intercostal Space	ICS
Intracranial Pressure	ICP
Intralingual	IL
Intramuscular	IM
Intraosseous	IO
Intrauterine Device	IUD
Intravenous	IV
Intravenous Push	IVP
Irregular	Irreg
Jugular venous distention	JVD
Kilogram	kg
Kilometer	Km
Labor and Delivery	L & D
Laceration	Lac
Last Menstrual Period	LMP
Lateral	Lat
Left	L
Left Ear*	AS*

Term	Abbreviation
Left Eye*	OD*
Left Lower Extremity	LLE
Left Lower Lobe	LLL
Left Lower Quadrant	LLQ
Left Upper Extremity	LUE
Left Upper Lobe	LUL
Left Upper Quadrant	LUQ
Less Than	<
Lower Extremity	LE
Lumbar Puncture	LP
Male	♂
Medical Doctor	MD
Meter	M
Metered Dose Inhaler	MDI
Microgram	mcg
Milliequivalent	mEq
Milligram	mg
Milliliter	ml
Millimeter	mm
Minute	Min
Morning	am
Morphine Sulphate*	MS*
Motor Vehicle Collision	MVC
Moving all Extremities	MAE
Multiple Casualty Incident	MCI
Multiple sclerosis	MS
Myocardial Infarction	MI
Nasal cannula	NC
Nausea/Vomiting	NV
Negative	neg
Night	Noc
Nitroglycerine	NTG
No Acute Distress	NAD
No Known Allergies	NKA
No Known Drug Allergies	NKDA
Non Insulin Dependent Diabetes Mellitus	NIDDM
Non Rebreather Mask	NRBM
Non Steroidal Anti-inflammatory Drugs	NSAID
None/No	ø
Normal Saline	NS
Normal Sinus Rhythm	NSR
Not applicable	NA
Nothing by Mouth	NPO
Obstetrics	OB
Occupational Therapy	OT
Operating Room	OR
Organic Brain Syndrome	OBS
Ounce	oz
Over the Counter	OTC
Overdose	OD
Oxygen	O2
Palpable	Palp
Para, number of pregnancies	Para 1,2,3, etc
Paramedic	PM

Term	Abbreviation
Paroxysmal Supraventricular Tachycardia	PSVT
Paroxysmal Nocturnal Dyspnea	PND
Past Medical History	PMH
Pediatric Advanced Life Support	PALS
Pelvic Inflammatory Disease	PID
Per Rectum	pr
Percutaneously Inserted Central Catheter	PICC
Phencyclidine	PCP
Physical Exam	PE
Positive	+
Pound	Lb
Pregnant	Preg
Premature Ventricular Contraction	PVC
Primary Care Physician	PCP
Private/Primary Medical Doctor	PMD
Privately Owned Vehicle	POV
Pro Re Nata – As Needed	PRN
Pulmonary Embolism	PE
Pulse, Motor, Sensation	PMS
Pulseless Electrical Activity	PEA
Pupils Equal and Reactive to Light	PEARL
Range of Motion	ROM
Registered Nurse	RN
Respiration	R
Respiratory Rate	RR
Respiratory Therapist	RT
Right	Rt
Right Ear*	AD*
Right Eye*	OD*
Right Lower Extremity	RLE
Right Lower Lobe	RLL
Right Lower Quadrant	RLQ
Right Middle Lobe	RML
Ringer's Lactate	RL
Rule Out	R/O

Term	Abbreviation
Sexually Transmitted Disease	STD
Shortness of Breath	SOB
Sinus Bradycardia	SB
Sinus Tachycardia	ST
Sodium Bicarbonate	NaHCO3
Sodium Chloride	NaCl
Streptococcus	Strep
Subcutaneous*	SQ*
Sublingual	SL
Sudden Acute Respiratory Syndrome	SARS
Sudden Infant Death Syndrome	SIDS
Supraventricular Tachycardia	SVT
Temperature	T
Temperature, Pulse, Respiration	TPR
Three Times a Day	TID
Times	X
To Keep Open	TKO
Tracheostomy	Trach
Traffic Accident	TA
Transient Ischemic Attack	TIA
Treatment	Tx
Tuberculosis	TB
Twice a day	BID
Upper Respiratory Infection	URI
Urinary Tract Infection	UTI
Ventricular Fibrillation	VF
Ventricular Tachycardia	VT
Vital Signs	VS
Volume	Vol
Water	H20
Weight	Wt
With	c
Within Normal Limits	WNL
Without	s
Wolf-Parkinson-White	WPW
Year	Yr
Years Old	y/o

*JCAHO and ISMP have indicated these abbreviations have a high likelihood of misinterpretation; thereby leading to medical errors, therefore, they are ***not*** to be used in ***handwritten*** documentation.

MPDS Version 12 Implementation:
"Obvious Death Unquestionable" Responses
February 6, 2009

We reviewed 377 calls with the launch determinant codes of 9-B-1*(a-g) and 9-O-1-X and 9-O-1-Y ("Obvious Death Unquestionable") that occurred since the MPDS program went into service August 2005. We were able to run a CAD report covering all the calls from Nov. 15, 2007 through December 31, 2009 to ensure we hadn't missed any transports. 258 calls were included in this report and 3 transports were identified.

All patients died. The majority were determined dead on initial evaluation. A small number had limited resuscitation and then determined dead, and 10 were transported and determined dead in the ED. None were admitted to the hospital.

We are proposing that responses to calls that meet MPDS "Obvious Death Unquestionable" be responded to no-code.

Responses to patients with "terminal illness" or with "severe injuries obviously incompatible with life" will still be dispatched Code (3). We do not have sufficient local experience with these calls to confidently send responders low priority.

KEY QUESTIONS

1. **(Appropriate ≥ 1)** Is there a **defibrillator** (AED) available?
2. **(Suspected death)** Tell me please, **why** does it look like s/he's **dead**?
   a. **(OBVIOUS DEATH)** Do you think s/he is **beyond** any **help** (resuscitation/CPR)?
      Uncertain → 9-D-2
   b. **(EXPECTED DEATH)** Are you **certain** we should **not** try to **resuscitate** her/him?
      Uncertain → 9-D-2

POST-DISPATCH INSTRUCTIONS

a. **(Suspected Workable Arrest)** I'm sending the **paramedics** (ambulance) to help you now.
Stay on the line and I'll tell you **exactly** what to do next.

b. **(OBVIOUS or EXPECTED DEATH)** I'm sending someone to **assist** you. Is there **anything else** we can do?

* (OBVIOUS or EXPECTED DEATH) Notify proper **authorities**.

DLS — * Link to ☎ ABC-1 unless:

Danger or **Contamination**	X-7
Suspected **Workable Arrest**	ABC-1
AED available (age ≥ 1)	Z-1
Choked first (**Unconscious**)	ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS → SEE ADDITIONAL INFO	CODES	RESPONSES	MODES
E		Suspected **Workable Arrest (NOT BREATHING/INEFFECTIVE BREATHING)**:			
	1	**Not breathing** at all	9-E-1		
	2	Breathing **uncertain** (**AGONAL**)	9-E-2		
	3	**Hanging**	9-E-3		
	4	**Strangulation**	9-E-4		
	5	**Suffocation**	9-E-5		
	6	**Underwater**	9-E-6		
		* (to be selected from **Case Entry** only)			
D	1	**INEFFECTIVE BREATHING** (discovered during Key Questioning only) * (select only when **linking** from other **Chief Complaint** Protocols)	9-D-1		
	2	**OBVIOUS** or **EXPECTED DEATH questionable**	9-D-2		
B	1	**OBVIOUS DEATH** unquestionable (**a** through **i**)	9-B-1		
Ω	1	**EXPECTED DEATH** unquestionable (**x** through **z**)	9-Ω-1		

OBVIOUS DEATH

Local Medical Control must define and authorize (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☒ **a** – Cold and stiff in a warm environment
- ☒ **b** – Decapitation
- ☒ **c** – Decomposition
- ☒ **d** – Incineration
- ☐ **e** – **NON-RECENT** death
- ☒ **f** – Severe injuries obviously incompatible with life
- ☒ **g** – Submersion (> 6hrs)
- ☐ **h** – _____
- ☐ **i** – _____

8/20/08

Approval signature of local Medical Control — Date approved

EXPECTED DEATH

Local Medical Control must define and authorize (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☒ **x** – Terminal illness
- ☒ **y** – **DNR (Do Not Resuscitate) Order**
- ☐ **z** – _____

8/20/08

Approval signature of local Medical Control — Date approved

NON-RECENT

Six hours or more have passed since the incident or injury occurred.

INEFFECTIVE BREATHING

The following, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe at all"
- "Fighting for air"
- "Gasping for air" (**AGONAL BREATHING**)
- "Just a little" (**AGONAL BREATHING**)
- "Making funny noises" (**AGONAL BREATHING**)
- "Not breathing"
- "Turning blue or purple"

? Determining AGONAL BREATHING

When the patient is **unconscious** or **not alert** and is **breathing abnormally** or **irregularly**, the EMD should **tell the caller** to state when the patient **takes each breath**. If the **time between** breaths is **10 seconds or more**, this should immediately be considered **INEFFECTIVE BREATHING** that is likely a fading, **AGONAL** (dying) respiratory pattern. Check a maximum of **four breaths** (three intervals tested).

(Read verbatim) **Okay**, I want you to **tell** me every time s/he **takes a breath**, starting **now**.

- **≥ 10 sec. interval = AGONAL**

Rules

1. Often, when faced with a dying **DNR** patient, **callers just want reassurance that they are doing the right thing**. However, if the caller believes the **DNR** should be ignored or is uncertain if the **DNR** is valid or in place, an appropriate response and resuscitation attempt should be made.
2. A healthy child (or young adult) found in cardiac arrest is considered to have a **foreign body airway obstruction until proven otherwise**.
3. An unconscious person in whom breathing cannot be verified by a 2nd party caller (with the patient) is considered to be **in cardiac arrest until proven otherwise**.
4. When the initial **Chief Complaint appears to be seizure, go to Protocol 12** regardless of consciousness and breathing status.

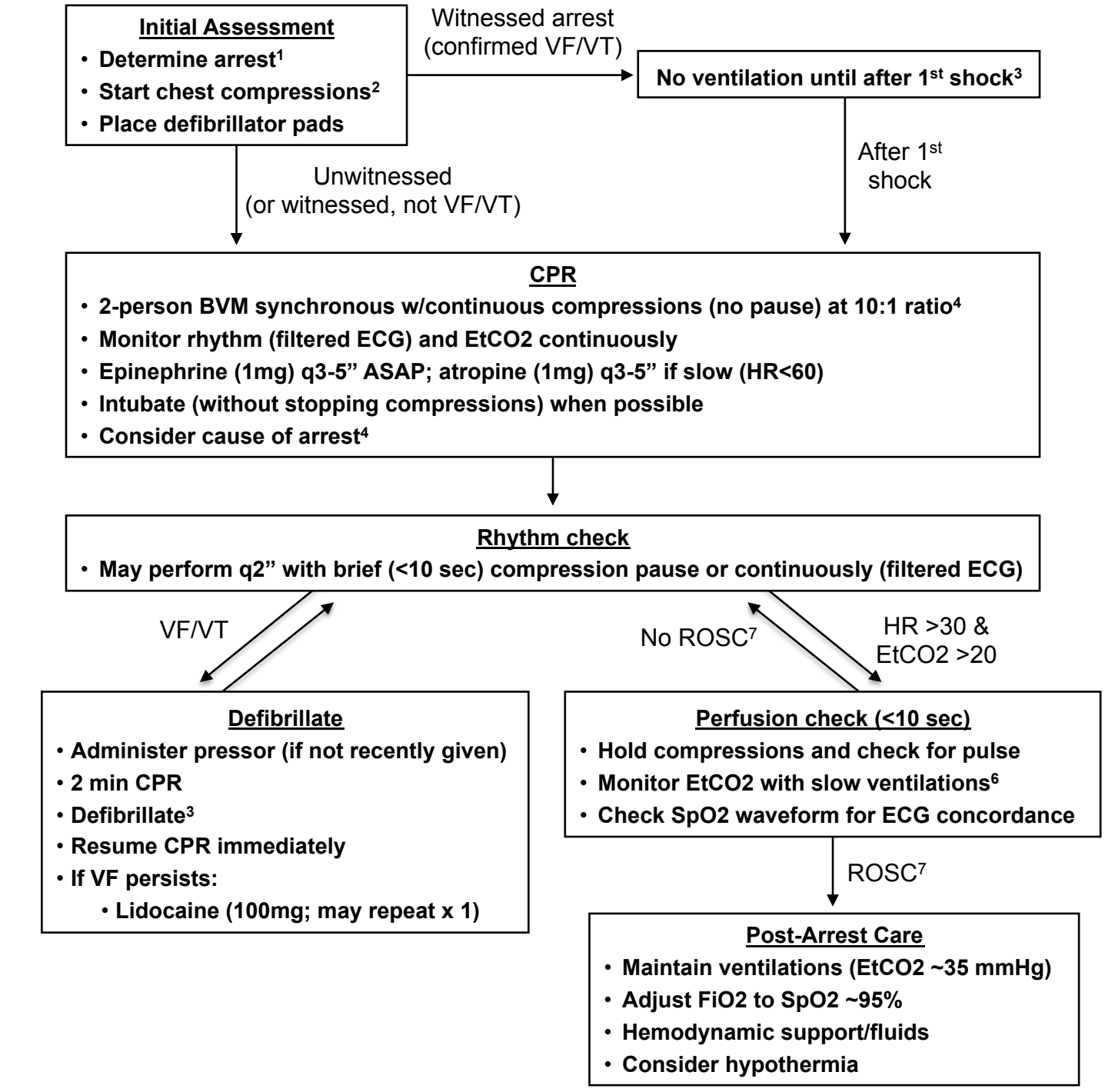
Axioms

1. "Funny noises" reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents **AGONAL** (dying) respirations at the **beginning of a cardiac arrest**.
2. **AGONAL respirations can be confused with "still breathing"** before they fade away during an arrest.
3. Automated external defibrillators (AED) might also be called **"shock boxes."** Other local names may be used.

DNR (Do Not Resuscitate) Order

A physician's order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means.

2009 ADVANCED RESUSCITATION ALGORITHM



[1]Unresponsive/apneic (+/- pulseless) OR VF/asystole/HR<30 OR sudden decrease in EtCO2/HR

[2]Continuous compressions (80-120/min), 2+ inches, full recoil

[3]Charge ➔ Hold CPR (<3 sec) ➔ Shock ➔ Resume CPR (<6 sec)

[4]"Two-thumbs-up" mask hold, consider NPA/OPA, consider cricoid pressure

[5]Hypovolemia/shock (IVF), suspected hyper-K^+ (bicarb, $CaCl_2$) or hypo-Mg^{2+} ($MgSO_4$), trauma/ pneumo (needle chest, pericardiocentesis), recurrent VF (revascularization)

[6]If EtCO2 falls rapidly (>10 mmHg in 10 sec) or drops below 20 mmHg, resume CPR immediately

[7]Return of spontaneous circulation = definite pulses OR sustained EtCO2 without CPR