Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	October 14, 2010 9:30 a.m.

I.	**Introductions**		
II.	**Approve Agenda**		
III.	**Minutes**		
IV.	**Medical Issues**		
	A.	Cardiac Arrest Improvement 2010 1. CPR Competency Testing – A. Salvucci	
	B.	AHA 2010 CPR/ECC Guidelines	
	C.	Policy 710:	Airway Management – A. Salvucci
	D.	Policy 715:	Needle Thoracostomy – A. Salvucci
	E.	Other	
V.	**New Business**		
	A.	SmartMan testing – A. Salvucci	
	B.	Policy 300:	EMT Scope of Practice
	C.	Policy 301:	EMT Certification
	D.	Policy 302:	EMT Recertification
	E.	Policy 304:	EMT Challenge
	F.	Policy 310:	Paramedic Scope of Practice
	G.	Policy 315:	Paramedic Accreditation to Practice
	H.	Policy 318:	ALS Response Unit Staffing
	I.	Policy 333:	Accreditation/Certification/Authorization Review Process
	J.	Policy 504:	BLS/ALS Equipment
	K.	Policy 704:	Guidelines for Base Hospital Contact
	L.	Policy 920:	ReddiNet
	M.	Other	
VI	**Old Business**		
	A.	Impedance Threshold Device/King Airway Study – D. Chase	
	B.	Policy 1000:	Documentation of Prehospital Care
	C.	Policy 1203:	Criteria For Patient Emergency Transport By Helicopter
	D.	Other	
VII.	**Informational Topics**		
	A.	Other	
VIII.	**Policies for Review**		
	A.	Other	
IX.	**Reports**		
	TAG Report		
X.	**Agency Reports**		
	A.	ALS Providers	
	B.	BLS Providers	
	C.	Base Hospitals	
	D.	Receiving Hospitals	
	E.	ALS Education Programs	
	F.	Trauma System Report	
	G.	EMS Agency	
	H.	Other	
XI.	**Closing**		

TEMPORARY
PARKING PASS
Expires October 14, 2010

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

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

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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.

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

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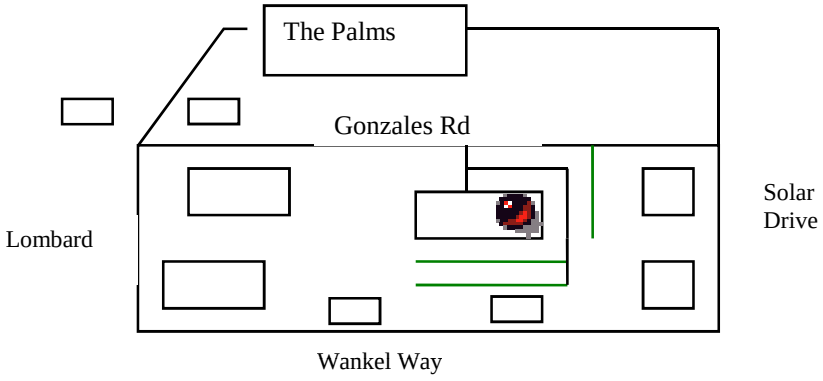

Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	August 10, 2006 9:30 a.m.

Topic	Discussion	Action	Assigned
Introduction	Larsen White		
Approve Agenda	It was M/S/C to approve the minutes as submitted.		
II. Minutes	Rep Shannon Black – correction	It was M/S/C (Shedlosky/Boynton) to approve the minutes with a correction.	
III. Medical Issues			
A. STEMI Update	Policy distributed - this policy change is to try and reduce the number of false positives. We are taking a multi prong approach. EKGs are currently being done for indications other than a STEMI. All we care about in the field is if cath lab needs to be called in. We have changed the indications. 1. Chest pain 2. Shortness of breath 3. Weakness, all symptoms within last 12 hours without identifiable cause Page 2.4 – we have found more false positives when a second, or third EKG has been done. Unrecognized false positive EKG will be reported as a UO. Training will be deleted. D5 add - the cath lab will not be activated. 4.a need to make sure training is getting done. SLJ will be contacting all providers. Approved with changes. Changes will become effective Sept. 1. Final copy will be e-mailed out to providers.		
B. Cardiac Arrest Improvement 2010 - CPR Competency Testing	Discussion – CPR training was completed by Sept last year. In Jan EMS did an audit and those audited did not meet the 80% standard. We need to set a date for retraining on a recording mannequin and achieve 80%? We saw a definite improvement in CA outcome.	Training should be completed by December and then EMS will conduct unannounced audits for retesting.	
C. 715 – Needle Thoracostomy	The old Policy 715 was deleted and has now been restructured. This is based on what little literature there is on the subject. The most useful information comes from Seattle who published their policy and experience. Concerned in A1b. Systolic BP < 80 would rather see signs of shock. There was a lengthy discussion.	• EMEDS will be pulled for the last year from Santa Barbara and Ventura County and see when the NT was done and what the BP was. • Other suggested changes o 1a clinical suspicion. Little vague, need to stress increasing in severity over a short amount of time.	Tabled
D. Tourniquets	This is an optional device.	Page 1.7 change to absence of	Approved with changes

Topic	Discussion	Action	Assigned
	Page 1 d 7 reassess and document. Training guidelines states tighten to no distal pulse. Clear that when reassess – change absence of pulse. Last page fix fonts.	pulse. d.4 tighten until bleeding stops, absence of distal pulse. 8 (renumber). Improvised tourniquet for removal and add approved. 7. Reassess and document absence of bleeding, distal to tourniquet. 4. cross out incrementally Date removed from 7 and 8 Reformat e.1. for an indication	
V. New Business			
A. Ambulance to Hospital Transfer of Care			
B. SmartMan Testing		See III.B. above for discussion	
C. Patient Restraint 1. Policy 705- Behavioral Emergencies	VCSO changed their policy in dealing with this type of patient so we needed to change our process. Concern expressed over most appropriate facility. Concern expressed over VCMC being the closest facility, it is dangerous for the medics to transport these patients and probably should be closest facility. EMS will look at VCSO policy. Make sure law enforcement know that AMA is not a medical clearance.	Add policy number	Tabled for AMA clearance and most appropriate facility. EMS will look into most appropriate facility and AMA clearance.
2. Policy 732 – Use of Restraints	IV.A.9 – handcuff. Most of these calls PD have a different take on this. Coordinate route – this may be a problem with PD. If a patient is handcuffed, a rider should be in the ambulance or ambulance personnel should have a key. ODs should be in soft restraints. Handcuff not for medical reasons. If restrained by handcuff, law enforcement should be in the rig. If the patient is in handcuffs they are law enforcement's responsibility. EMS will need	EMS will discuss handcuff issue with law enforcement.	Tabled for discussion with law enforcement discussion regarding handcuff issue.

Topic	Discussion	Action	Assigned
	to discuss with law enforcement.		
3. Policy 1000 – Documentation of Care	Add policy number Reorder F. every 10 minute - removed. Attachment A was previously approved. If ALS patient (ALS care), whether an IFT or dispatch, this needs to documented. BLS IFTs do not need to be documented.	Approved with changes. (M. Stillwagon/P. David).	Policy 1000 was approved with change.
G. Other			
VI. Old Business			
A. Trauma System Update	Trauma system is in place. Question from AMR regarding law enforcement notification regarding the system and patients being transported to a trauma center instead o closest facility. Do other providers have had this issue. This is not seen as an issue at this point. Trauma button is now in place on ambulance AVL system for any trauma cases. This will now be a data point that we can collect. They will push the button prior to transport and after call is completed.		
B. ITD/King	Study is still continuing. Still anticipate for all patients in respiratory arrest to use King. Recommend that we store the ITD with the BVM, most times using BVM. We have moved King as a rescue airway as opposed to primary; IT can continue to be used.		
C. Other	None		
VII. Informational Topics			
A. 705 rollout discussion	ALS CQI is continuing to work on PPT presentation. Providers will be give PPT presentation to crews and post test, paramedics will be responsible for reviewing the protocols prior to update and must have proof of attendance and review via an attendance roster forwarded to EMS. EMS will generate a roster of those who are eligible to attend the EMS Update. The PPT will be adopted for BLS providers.		
B. Trauma Policy Discussion	Most of the trauma policies have been formalized and are on the EMS website. There are still a couple of policies that need to be finalized.		
C. Other1405 Trauma Triage and Destination Guidelines	Confusion on patients who meet step 4 of trauma algorithm. Some believe that anytime they make base contact that, the patient is automatically an ALS patient, which is not true. It was decided that this is an education issue.		
D. Epi Shortage	Epi shortage should be over by September. Providers have received a small		

Topic	Discussion	Action	Assigned
	supply.		
E. Other	None		
VIII. Policies for Review	No policies this month		
Other			
IX. TAG Report	We are increasing TAG to include trauma. Everything else is status quo.		
XI. Agency Reports			
A. ALS Providers	VNC – Sept 1 will meet Cal OSHA for P100 training. VEN - P100 training going on. Station 4 has been closed but you may see activity depending on use.		
B. BLS Providers	No report.		
C. Base Hospitals	SJRMC - Ongoing CE each month. Paramedic Skills in September. VCMC – FCA on trauma, encourage attendance SVH – Dr. Ira Telles will replace Dr. Yu on PSC committee as well as PLP. Dr. You is now Medical Director for the ER.		
D. Receiving Hospitals	No report		
E. ALS Education Programs	New class starting Monday until mid December and then back in hospital and field. Moving into new building in December.		
F. Trauma System Programs	With the help of PCC keeping detailed Database for patients that went into steps 1,2.3 and step 4. LRHMC - 41 days of data: 45 step 1-3 patients, of those 34 were out of catchment area, 9 were incorrect trauma designation, 5 out of catchment area, 0 directed to appropriate hospital. VCMC - 30 days of data: 57 patients for step 1-3, 1 incorrectly triaged, 37 out of catchment area, 11 to trauma center for step 4 and 12 redirected to non trauma hospital or other receiving hospitals. Some trends: prehospital calling for all step patients and should only call for patients falling into steps 1-3. Some field personnel are confused about what triage criteria should be, is it different on each end of county. Please ensure your personnel are aware of proper triage of trauma patients. Trauma Inclusive meeting will be held on 8/19 and 10:00 a.m. Working on final model for trauma review committees. Helicopter transport for trauma – proposal for the helicopter crew to decide which trauma center to go to and have helicopter contact trauma center directly.		
G. EMS Agency	Trauma: There has been a request for a better trauma destination map with better delineation of which hospitals to transport patient. Areas will be color coded to tell them which facility to transport to.		

Topic	Discussion	Action	Assigned
	Steve thanked all for assistance and patience in working through the changes. E-PCR expecting it to go to bid next week and expect back in Oct. zOnce in committee will reconvene to made a decision on system. Current system moving forward to new server but need to have providers on CAG as opposed to VPN. Once everyone is switched over will move to new server. We will be on EZMEDS possibly another year. We are working on transitional process for hooking EMEDS to First Watch to retrieve data. New E-PCR will be hooked to First Watch. Contract finalized for MCI vendor, probably in April for drill. Design group see Steve after meeting. Concept is an EQ scenario and all providers Dawn Rose has now been reassigned to PH. She is still working for EMS just not in the EMS Office on a daily basis. DuoDotes are ready for pick up. Please pick up ASAP. These replace Mark 1 kits. Training bulletin introduced. They will be posted on the website. Not reflective of policy changes. These are not punitive.		
G. Other			
IX. Informational Topics			
B. Other			
X. Closing	The meeting was adjourned at 11:55 a.m.		

Respectfully submitted

Debora Hane;y

Prehospital Services Committee 2010

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2010	2/11/2010	3/11/2010	4/8/2010	5/13/2010	6/10/2010	7/8/2010	8/12/2010	9/9/2010	10/14/2010	11/11/2010	12/9/2010	%
AMR	Clay	Nick		NC	NC			NC		NC					
AMR	Panke	Chad		AS	AS			AS		CP					
CMH - ER	Canby	Neil		NC	NC			NC		NC					
CMH - ER	Cobb	Cheryl		CC	CC			CC		CC					
FFD	Herrera	Bill		BH						BH					
FFD	Hall	Jim		JH	JH										
GCA	Norton	Tony		TN	TN			TN		TN					
GCA	Stillwagon	Mike		MS	MS			MS		MS					
Lifeline	Kuroda	Brian		BK	BK			BK		BK					
Lifeline	Winter	Jeff		JW	JW			JW		JW					
LRRMC - ER	David	Paul						PD		PD					
LRRMC - ER	Hoffman	Jennie		JH	JH			LT		JH					
OFD	Carroll	Scott		SC	SC			SC		sub					
OFD	Huhn	Stephanie		SPH	SPH			SPH		SPH					
OVCH	Boynton	Stephanie			SB					SB					
OVCH	Patterson	Betsy								BP					
SJPVH	McColpin	Aaron													
SJRMC	McShea	Kathy		EG	EG			EG		KM					
SJRMC - SJPVH	Larsen	Todd		RH	RH			KM		TL					
SPFD	Dowd	Andrew		AD	AD			AD							
SVH - ER	Tilles	Ira		AY				AY		AY					
SVH - ER	Estrada	Leticia		LE	LE			LE							
V/College	Mundell	Meredith		MM	MM			MM		MM					
VCFD	Merman	Nancy		NM	NM			NM		NM					
VCFD	Hansen	Jack		JH	JH			JH		JH					
VNC				KH	KH			NP							
VNC	Black	Shannon		MP				SB		SB					
VNC	Shedlosky	Robin		RS	RS			RS		RS					
VCMC - ER	Chase	David		DC	DC			DC		DC					
VCMC - ER	Utley	Dede		DU	DU			DU		DU					
VCMC-SPH	Daucett	Michelle		MD				MD		MD					

Prehospital Services Committee 2010

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/14/2010	2/11/2010	3/11/2010	4/8/2010	5/13/2010	6/10/2010	7/8/2010	8/12/2010	9/9/2010	10/14/2010	11/11/2010	12/9/2010	%
VCMC-SPH	Pelkola	Marie		MP	MP			MP		MP					
VCSO SAR	Fuggles	Lisa		LF	LF			LF		DN					
VCSO SAR	White	Don		CP	CP										
VFF	Rhoden	Crystal													
VFF	Dison	Derrick													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
SAR	Askew	Chris			CA										
EMS	Carroll	Steve		SC	SC			SC		SC					
AMR	Drehsen	Charles		CD	CD			CD							
VCMC	Duncan	Thomas			TD			TD							
EMS	Fisher	Barry													
LMT	Frank	Steve		SF	SF			SF		SF					
REACH	Frick	Robert		RF											
EMS	Hadduck	Katy						KH		KH					
EMS	Haney	Debora		DH	DH					DH					
VNC	Komins	Mark		MK				MK		,L					
EMS	Lara-Jenkins	Stephanie		SLJ	SLJ			SLJ							
VNC	Plott	Norm			NP					NP					
EMS	Rosa	Chris						CR							
EMS	Rose	Dawn		DR	DR										
EMS	Salvucci	Angelo		AS	AS			AS							

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Airway Management ~~Endotracheal Intubation~~	Policy Number 710
APPROVED: Administration: ~~Barry R. Fisher, EMT-P~~Steven L. Carroll, EMT-P	Date: ~~06/01/2008~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~06/01/2008~~
Origination Date: June 19, 2010 Date Revised: ~~April, 2008~~ Effective Date: ~~June 1, 2008~~ Date Last Reviewed: Review Date: ~~April, 2010~~	

I. PURPOSE: To define the indications, procedure and documentation for airway management by prehospital emergency medical personnel within Ventura County

II. AUTHORITY: Health and Safety Code, §1798 and §1798.2; §1798.160, and §1798.170 and California Code of Regulations, Title 22, §100218 and §100254.

III. Policy: Airway ma~~n~~agement shall be performed on all patients that are unable to maintain or protect their own airway. Paramedics may utilize oral endotracheal intubation on patients eight (8) years of age or older, in accordance with Ventura County Policy 705.

IV. Definitions: Intubation Attempt – an interruption of ventilation, with laryngoscope insertion, for the purpose of endotracheal tube (ETT) placement.

V. Procedure:

A. Bag-Valve-Mask (BVM) ventilations

1. Indications
   a. Respiratory arrest or severe respiratory compromise
   b. Cardiac arrest – according to VCEMS Policy 705
      ~~i.Asystole/Pulseless Electrical Activity (PEA)~~
      ~~ii.VF/VT~~
2. Contraindications
   a. None
3. Impedance Threshold Device TD (~~ResQPod~~ResQPOD) – CARDIAC ARREST ONLY
   a. MUST UTILIZE 2-RESCUER VENTILATION TECHNIQUE

b. For all rhythms, in patients 18 y/o and above, start continuous compressions at 100/min. Attach ~~ResQPod~~ResQPOD to BVM. As soon as BVM/~~ResQPod~~ResQPOD is ready, insert oral airway and perform CPR at 30:2 compression to ventilation ratio, utilizing the BVM/~~ResQPod~~ResQPOD to deliver the 2 breaths.

c. Maintain a 2-handed face mask seal throughout compressions.

d. If the patient has return of spontaneous circulation (ROSC), immediately remove ~~ResQPod~~ResQPOD from BVM.

e. Continue to assist ventilations at 1 breath every 5 seconds during pause in compressions.~~as needed~~

B. Endotracheal intubation (ETI)

1. Indications

a. Cardiac arrest – according to VCEMS Policy 705

~~i.Asystole/Pulseless Electrical Activity (PEA)~~

~~ii.VF/VT~~

b. Respiratory arrest or severe respiratory compromise **AND** unable to maintain an adequate airway and adequately ventilate with BVM.

c. After Base Hospital (BH) contact has been made, the BH Physician may order endotracheal intubation in other situations.

2. Contraindications

a. Traumatic brain injury – unless unable to maintain adequate airway (e.g. – persistent vomiting).

b. Intact ~~G~~gag reflex.

3. Intubation Attempts

a. There shall be no more than two (2) attempts to perform ETI, lasting no longer than 20 seconds each, and prior to BH contact. For patients in cardiac arrest, each ETI attempt shall interrupt chest compressions for no longer than 20 seconds.

~~a.~~b. The patient shall be ventilated with 100% O_2 by BVM for one minute before each attempt.

~~b.~~c. If ETI cannot be accomplished in 2 attempts, the airway shall be managed by BLS techniques.

~~c.~~d. If ETI and BLS techniques are unsuccessful, the approved alternate ALS airway device may be inserted.

4. ITD (~~ResQPod~~ResQPOD) – CARDIAC ARREST ONLY
   a. If/when advanced airway is established, transfer the ~~ResQPod~~ResQPOD to the advanced airway and start continuous compressions at 100/min with one breath each 6 seconds (timing light) or every 10th compression~~.~~
   b. If patient has ROSC, immediately remove ~~ResQPod~~ResQPOD from advanced airway.
   c. Continue to assist ventilations at 1 breath every 5 seconds as needed
5. Special considerations
   a. Flexible Stylet. A flexible stylet may be used for any ETI attempt that involves an ETT size of at least 6.0 mm.~~.~~
      ~~i.~~1) Two Person Technique (recommended when visualization is less than ideal):
         ~~1.~~a) Visualize as well as possible.
         ~~2.~~b) Place stylet just behind the epiglottis with the bent tip anterior and midline.
         ~~3.~~c) Gently advance the tip through the cords maintaining anterior contact.
         ~~4.~~d) Use stylet to feel for tracheal rings.
         ~~5.~~e) Advance stylet past the black mark. A change in resistance indicates the stylet is at the carina.~~ and feel for the carina.~~
         ~~6.~~f) Withdraw the stylet to align the black mark with the teeth.
         ~~7.~~g) Have your assistant load and advance the ETT tip to the black mark.
         ~~8.~~h) Have your assistant grasp and hold steady the straight end of the stylet.
         ~~9.~~i) While maintaining laryngoscope blade position, advance the ETT.
         ~~10.~~j) At the glottic opening turn the ETT 90 degrees counter-clockwise to assist passage over the arytenoids.
         ~~11.~~k) Advance the ETT to 22 cm at the teeth.

~~12.~~l) While maintaining ETT position, withdraw the stylet.

~~ii.~~2) One Person Technique (recommended when visualization is good but cords are too anterior to pass ET tube).

~~1.~~a) Load the stylet into the ETT with the bent end approximately 4 inches (10 cm) past the distal end of the ETT.

~~2.~~b) Pinch the ETT against the stylet.

~~3.~~c) With the bent tip anterior, while visualizing the cords advance the stylet through the cords.

~~4.~~d) Maintain laryngoscope blade position.

~~5.~~e) When the black mark is at the teeth ease your grip to allow the tube to slide over the stylet. If available have an assistant stabilize the stylet.

~~6.~~f) At the glottic opening turn the ETT 90 degrees counter-clockwise to assist passage over the arytenoids.

~~7.~~g) Advance the ETT to 22 cm at the teeth.

~~8.~~h) While maintaining ETT position, withdraw the stylet.

b. Tracheal stoma intubation

~~i.~~1. Select the largest endotracheal tube that will fit through the stoma without force (it should not be necessary to use lubricant).

~~ii.~~2. Do not use stylet.

~~iii.~~3. Pass ETT until the cuff is just past the stoma.

~~iv.~~4. Inflate cuff.

~~v.~~5. Attach the CO_2 measurement device to the ETT and confirm placement (as described below).

~~vi.~~6. Secure tube.

6. Confirmation of Placement – It is the responsibility of the paramedic who has inserted the ETT to personally confirm (using air aspiration, auscultation, and CO_2 detection/measurement) and document proper placement. Responsibility for the position of the ETT shall remain with the intubating paramedic until a formal transfer of care has been made.

a. Prior to intubation, prepare both the air aspiration and the CO_2 measurement devices.

b. Insert ETT, advance, and hold at the following depth~~22 cm at the teeth~~:

i. ~~for a patient 5 ft. tall and greater. For patients~~L ~~l~~Less than 5 ft. tall~~, :insert the ETT so that the~~ balloon ~~is~~ 2 cm past the vocal cords.

ii. 5'-6'6" tall, 22 cm at the teeth

~~i.~~iii. Taller than 6'6", 24 cm at the teeth.

~~b.~~c. After inserting the ETT, in the patient requiring CPR, resume chest compressions while confirming ETT placement.

~~c.~~d. Before inflating ETT balloon, perform the air aspiration technique.

~~i.~~1) Deflate the bulb, connect to the ETT, and observe for refilling.

~~ii.~~2) Refilling of the bulb in less than 5 seconds indicates tube placement in trachea.

~~iii.~~3) If the bulb does not completely refill within 5 seconds, unless able to definitively confirm placement on repeat direct laryngoscopy, remove the ETT. Suspect delayed filling with the ETT in the trachea if the patient is morbidly obese, has fluid in the airway (pulmonary edema, aspiration, pneumonia, drowning), or the ETT is against the carina.

~~d.~~e. Inflate the ETT cuff, attach the CO_2 measurement device, and begin ventilations.

~~i.~~1) During the first 5-6 ventilations, auscultate both lung fields (in the axillae) and the epigastrium.

~~e.~~f. After 6 ventilations, observe the CO_2 measurement device:

~~i.~~1) If a colorimetric CO_2 detector device is used for initial placement confirmation prior to capnography, observe the color at the end of exhalation. Yellow indicates the presence of >5% exhaled CO_2 and tan 2-5% CO_2. Yellow or tan indicates tube placement in the trachea. Purple indicates less than 2% CO_2 and in the patient with

spontaneous circulation is a strong indicator of esophageal intubation.

ii.2) If When capnography is usedapplied, a regular waveform with each ventilation should be seen with tracheal placement. If the patient has been in cardiac arrest for a prolonged time (more than 5-10 minutes) the waveform may be diminished or, rarely, absent. In the patient with spontaneous circulation, if a regular waveform with a CO_2 of 25 or higher is not seen, that is a strong indicator of esophageal intubation.

f.g. Using information from auscultation and CO_2 measurement, determine the ETT position.

i.1) If breath sounds are equal, there are no sounds at the epigastrium, and the CO_2 measurement device indicates tracheal placement, secure the ETT using an ETT holder.

2) If auscultation or the CO_2 measurement device indicates that the ETT may be in the esophagus, immediately reevaluate the patient. If you are not CERTAIN that the ETT is in the trachea, the decision to remove the ETT should be based upon the patients overall clinical status (e.g., skin color, respirations, pulse oximetry).

ii. remove the ETT.

iii.When in doubt about the position of the ETT, the decision should be based upon the patients overall clinical status (e.g., skin color, respirations, pulse oximetry).

iv.3) If breath sounds are present but unequal, the ETT position may be adjusted as needed.

g.h. Once ETT position has been confirmed, reassessment, using CO_2 measurement, pulse oximetry (if able to obtain), and auscultation of breath sounds should be performed each time patient is moved.

h.i. Continue to monitor the CO_2 measurement device during treatment and transportation. If a change occurs from positive (yellow/tan) to negative (purple), or the waveform diminishes or

disappears, reassess the patient for possible accidental extubation or change in circulation status.

~~i.~~j. After confirmation of proper ETT placement and prior to movement, all intubated patients shall have their head and neck ~~immobilized~~ ~~supported~~maintained in a neutral position with head supports. A cervical collar will only be used if a cervical spine injury is suspected. ~~in a manner similar to immobilization of suspected cervical spine injuries.~~

~~i.~~1) Reconfirm ETT placement after any manipulation of the head or neck, including positioning of a head support, and after each change in location of the patient. ~~head/neck immobilization~~support~~, and at intervals consistent with length of treatment.~~

~~ii.~~2) Report to nurse and/or physician that the ~~spinal immobilization~~head support is for the purpose of securing the ETT and not for trauma (unless otherwise suspected).

7. Documentation

a. All ETI attempts must be documented in the "ALS Airway" section of the approved Ventura County Documentation System and the Ventura County "Advanced Airway Quality Improvement Data Collection" form.

b. Information not obvious from the "ALS Airway" section (e.g., vomitus in airway, suctioning, extubation and reintubation) will be documented in the narrative.

c. An "Advanced Airway Quality Improvement Data Collection" form must be completed after **any** attempt at intubation. The form must be completed by the intubating paramedic, signed by the treating emergency physician ~~or, if the patient is not transported, another on-scene paramedic,~~ , and delivered to the ~~base hospital~~intubating paramedic's agency representative ~~within 24 hours of the incident or~~before the end of the paramedic's shift, ~~whichever occurs first~~. If all ETI attempts are unsuccessful, no physician signature is needed.

d. Documentation of the intubation in the approved Ventura County Documentation System must include the following elements. ~~Intubation documentation must include, at a minimum, the following information in the approved Ventura County Documentation System:~~The acronym for the required elements is "SADCASES."

~~i.~~1) ~~Number of attempts~~Size of the ETT

~~ii.~~2) ~~Size of ETT~~Attempts, number

~~iii.~~3) ~~Position of ETT at teeth~~Depth of the ETT at the patient's teeth

~~iv.~~4) Confirmation devices used and results

~~v.~~5) Auscultation results

~~vi.~~6) ~~How ETT secured~~Secured by what means

~~vii.~~7) ~~Head/neck immobilization~~ETCO2, initial value

8) Support of the head or immobilization of the cervical spine.

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES	HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Needle Thoracostomy	Policy Number: 715
APPROVED: Administration: Steven L. Carroll, EMT-P	Date:
APPROVED: Medical Director Angelo Salvucci, M.D.	Date:
Origination Date: August 2010 Date Revised: Date Last Reviewed: Review Date:	Effective Date: DRAFT

I. Purpose: To define the indications, procedure and documentation for needle thoracostomy use by paramedics.

II. Authority: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100145 and100169.

III. Policy: Paramedics may perform needle thoracostomy on patients with a suspected tension pneumothorax in accordance with this policy.

IV. Procedure:

A. Indications

1. Patients with **ALL** of the following:
   a. Clinical suspicion of pneumothorax (e.g., trauma, dyspnea, chest pain),
   b. Systolic Blood Pressure less than 90, and
   c. Absent or significantly decreased breath sounds on the affected side.

B. Contraindications: None in this setting

C. Equipment

1. Povidone-iodine prep swab
2. 10 ml syringe
3. 5.0 - 6.0 cm, 12-16 gauge over-the-needle catheter
4. Connection tubing
5. Heimlich valve
6. Tape

D. Placement

1. Attach the syringe to the needle/catheter.
2. Identify and prep the site:
   - Locate the second intercostal space in the mid-clavicular line.
   - If unable to place anteriorly, lateral placement is in the fourth intercostal space in the mid-axillary line.
   - Prepare the site with povidone-iodine solution.

3. Insert the needle/catheter perpendicular to the skin over the rib and direct it just over the top of the rib into the intercostal space.
4. After inserting the needle under the skin, maintain negative pressure in the syringe.
5. Advance the needle/catheter through the parietal pleura until a “pop” is felt and/or air or blood enters the syringe, then advance **ONLY** the catheter (not the syringe/needle) until the catheter hub is against the skin.

CAUTION: Do not reinsert needle into cannula due to danger of shearing cannula.

6. Hold the catheter in place and remove and discard the syringe and needle.
7. Attach tubing and Heimlich valve.
8. Secure the catheter hub to the chest wall with dressings and tape.
9. Reevaluate the patient (VS, lung sounds).

E. Documentation

1. All needle thoracostomy attempts must be documented in the Ventura County Approved Documentation System.
2. Documentation will include indication, location and results.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ~~E~~Emergency Medical Technician ~~-I~~ Scope of Practice		Policy Number 300
APPROVED: Administration:	~~Barry R. Fisher, EMT-P~~ Steven L. Carroll, EMT-P	Date:~~10/01/2004~~
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date:~~10/01/2004~~
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 1988 ~~October 14, 2004~~ ~~October, 2006~~	Effective Date: ~~October 14, 2004~~

I. PURPOSE: To define the scope of practice of an Emergency Medical Technician ~~-I~~ (~~EMT-I~~EMT) practicing in Ventura County.

II. AUTHORITY: Health and Safety Code, Section 1797.107, 1797.109, 1797.160, 1797.170, and California Code of Regulations, Title 22, Division 9, Section 100063, 10063.1 and10064. Reference: Sections 1797.170 and 1797, Health and Safety Code.

III. POLICY:

A. During training, while at the scene of an emergency and during transport of the sick or injured, or during interfacility transfer, a supervised ~~EMT-I~~EMT trainee or certified ~~EMT-I~~EMT is authorized to do any of the following:

1. Evaluate the ill and injured
2. Render basic life support, rescue and emergency medical care to patients.
3. Obtain diagnostic signs to include, but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status.
4. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
5. Use the following adjunctive airway breathing aids:
   a. oropharyngeal airway
   b. nasopharyngeal airway
   c. suction devices
   d. basic oxygen delivery devices; and
   e. manual and mechanical ventilating devices designed for prehospital use.
6. Use various types of stretchers and body immobilization devices.
7. Provide initial prehospital emergency care of trauma.
8. Administer oral glucose or sugar solutions.

9. Extricate entrapped persons.
10. Perform field triage.
11. Transport patients.
12. Set up for ALS procedures, under the direction of a~~n EMT-~~Paramedic.
13. Perform automated external defibrillation when authorized by an EMT AED service provider.
14. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;
15. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; and
16. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
17. Assist patients with the administration of physician-prescribed nitroglycerin, epinephrine devices, inhalers and nebulizers. At the request of the patient the EMT can perform the following:
    a. Nitroglycerin: Remove the medication from the bottle and place under the tongue, or apply spray onto the tongue.
    b. Epinephrine devices: Administer the injection.
    c. Inhalers and nebulizers: Administer one or more puffs.

B. When meeting requirement of Policy 306 and under the supervision of a paramedic, any ~~EMT-I~~EMT can perform:

1. Manual Defibrillation

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title Emergency Medical Technician Certification	Policy Number 301
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P	Date: ~~February 12, 2009~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~February 12, 2009~~
Origination Date: June 1, 1984 Date Revised: ~~February 6, 2009~~ Date Last Reviewed: ~~February 6, 2009~~ Review Date: ~~March 30, 2012~~	Effective Date: ~~February 12, 2009~~

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

II. AUTHORITY: California Code of Regulations (CCR) 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 any initial ~~approved~~ EMT~~-I~~ course approved pursuant to Section 100066 of the CCR also see Section III.C.2.c.

~~1.~~ **or**

Have documentation of successful completion of an approved out of state initial EMT~~-I~~ training course, within the last two years which meets the requirements of ~~the California EMT Program Content as identified in~~ CCR 100079~~Title 22~~,~~,~~

~~1.~~2. Apply for certification within two years of the date of completion,

~~2.~~3. Pass a competency based written and skills certifying examination approved by the EMS Authority,

~~3.~~4. Be eighteen years of age or older,

~~4.~~5. Complete the Ventura County EMS (VCEMS) Personnel Application,

~~5.~~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),

~~6.~~7. Have successfully 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. VCEMS will administer a CPR skills evaluation using a recording/reporting manikin and will require ~~with~~ a pass rate of 80% prior to issuance of an EMT

Certification. Submit printed documentation of successful completion of a CPR skills evaluation using a recording/reporting manikin within the previous 90 days. Skill proctor must sign the evaluation in order for the verification to be valid.

9. Provide a government issued form of identification,

2. 10. Pay the established State and County certification fee, and;

11 1. Complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for with for the State of California Emergency Medical Services Authority and VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit a copy of the "Request for Live Scan Services" form along with your application for certification as proof the service has been completed.

12 2. 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.)

13. The individual will be issued a wallet size certificate after the above steps are completed and the applicant has passed the criminal background clearance. The effective date of certification shall be the date the individual satisfactorily completes all certification requirements. The certification expiration date will be:

a. Two years from the date of passing the National Registry's written examination,

or

b. Two years from successfully completing the EMT Certification requirements.

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 of 80% on the EMT-I recertification course challenge examination shall successfully complete an EMT-I course to receive an EMT-I course completion record.

BC. Lapse in EMT Advanced-II Certification or Paramedic License:

1. In order for an individual whose California EMT Advanced-II Ccertification or Paramedic lLicense 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.

C. Challenge and Reciprocity

1. An individual currently licensed in California as a Paramedic or is certified in California as an EMT Advanced (except when the Paramedic license or EMT Advanced certification is under suspension) is deemed to be certified as an EMT with no further testing upon fulfilling the requirements of III.A.3-11.

a. For those individuals that possess a current and valid Paramedic License, the expiration date shall be the same date as the expiration date on the Paramedic License.

2. Certification as an EMT shall be valid for a maximum of two (2) years from the date that the individual passes the National Registry EMT-Basic certifying exam, except in the following cases:

a. A person who possesses a current and valid out-of-state EMT-Intermediate or Paramedic license, the expiration date shall be the same

expiration date as stated on the out-of-state certification/license but in no case shall exceed two (2) years from the effective date upon fulfilling the requirements of III.A.3-11.

b. A person who possesses a valid National Registry issued EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be two (2) years from the date of passing the National Registry examination, but in no case shall the expiration date of certification exceed two (2) years from the effective date upon fulfilling the requirements of III.A.3-11.

c. An individual who possesses a current and valid out-of-state EMT certificate shall be eligible for certification upon fulfilling the requirements of III.A.3-11.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Emergency Medication Technician Recertification	Policy Number 302
APPROVED: EMS Administrator: Steven L. Carroll, EMT-P	Date: ~~February 12, 2009~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~February 12, 2009~~
Origination Date: June 1, 1984 Date Revised: ~~February 6, 2009~~ Date Last Reviewed: ~~February 6, 2009~~ Review Date: ~~February 28, 2012~~	Effective Date: ~~February 12, 2009~~

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 (CCR), 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). Original ~~C~~course completion record is required.

2) Courses with a California EMS Agency provider number. Original ~~C~~course completion record is required.

3) Courses approved by EMS Offices in other States. Original ~~C~~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~~Breathing emergencies

~~d.~~e. Cardiopulmonary Resuscitation and Automated External Defibrillation

~~e.~~f. Circulation emergencies

~~f.~~g. Neurological emergencies

~~g.~~h. Soft tissue injuries

~~h.~~i. Musculoskeletal injuries

~~i.~~j. 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 90 days.~~ VCEMS will administer a CPR skills evaluation using a recording/reporting manikin and will require a pass rate of 80% prior to issuance of an EMT Certification.
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.
6. Applicants must possess a valid EMT-I Certificate, which has been expired for no more than two-years to be eligible for recertification.
7. A new applicant to VCEMS, or an applicant whose certification has lapsed, you must complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit the second copy of the "Request for Live Scan Services" form along with your application for certification as proof the service has been completed.

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

8. VCEMS will obtain a computer generated photograph of each applicant at time of application for identification purposes ~~issuance of photo certification card~~. For those applicants with a current photograph in the VCEMS database, this requirement may be waived.
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.)
10. The individual will be issued a wallet size certificate after certification requirements are completed. The effective date of certification shall be the date the individual satisfactorily completes all certification requirements. The certification expiration date will be:
    a. Two years from the date of passing the National Registry's written examination,
       or
    b. Two years from successfully completing the EMT Certification requirements.

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~~Breathing Emergencies
    ~~d.~~e. Cardiopulmonary Resuscitation and Automated External Defibrillation
    ~~e.~~f. Circulation emergencies
    ~~f.~~g. Neurological emergencies
    ~~g.~~h. Soft tissue injuries

~~h.~~i. Musculoskeletal injuries

~~i.~~j. 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 90 days.~~VCEMS will administer a CPR skills evaluation using a recording/reporting manikin with a pass rate of 80% prior to issuance of a EMT Certification.
6. Applicants must possess a valid EMT-~~I~~ certificate which has been expired for no more than two years to be eligible for recertification.
7. ~~Completion of recertification application, background investigation via Live Scan fingerprints with VCEMS as the requesting agency, if needed and payment of applicable fees.~~ A new applicant to VCEMS, or an applicant whose certification has lapsed, you must complete a background investigation via "Live Scan" through the California Department of Justice and Federal Bureau of Investigation for VCEMS as the requesting agency and a secondary notification for the State of California Emergency Medical Services Authority. Submit the second copy of the "Request for Live Scan Services" form along with your application for certification as proof the service has been completed.
8. VCEMS will obtain a computer generated photograph of each applicant at time of application for ~~issuance of photo certification card~~identification purposes only. For those applicants with a current photograph in the VCEMS database, this requirement may be waived.
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.)
10. The individual will be issued a wallet size certificate after certification requirements are completed. The effective date of certification shall be the date the individual satisfactorily completes all certification requirements. The certification expiration date will be:

a. Two years from the date of passing the National Registry's written examination,
or
b. Two years from successfully completing the EMT Certification requirements.

C. Recertification after Lapse in Certification:

In order to be eligible for recertification for an individual who's EMT-I Certification has lapsed to be eligible for recertification, 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: EMT Course Completion by Challenge Examination	Policy Number 304
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: ~~10/19/2004~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~10/19/2004~~
Origination Date: June 1, 1984 Date Revised: ~~October 14, 2004~~Date Last Reviewed: Review Date: ~~October, 2006~~	Effective Date: ~~October 14, 2004~~

I. PURPOSE: To identify the procedure for certification of the Emergency Medical Technician by challenge examination.

II. AUTHORITY: California Code of Regulations (CCR) Title 22, Division 9, Article 1, Section 100078 – Health and Safety Code Section 1797.107, 1797.170, 1797.208 and 1797.210.

III. POLICY:

A. General Eligibility

In order to be eligible to challenge EMT exam, an individual shall:

1. Be a currently ~~l~~Licensed ~~p~~Physician, ~~r~~Registered ~~n~~Nurse,~~ p~~ Physician Aa~~s~~sistant, or V~~v~~ocational ~~n~~Nurse, ~~or paramedic~~, OR

2. Provide documented evidence of having successfully completed an emergency medical service training program of the ~~Armed Forces including Coast Guard of the United States~~ within the preceding two (2) years which meets the Department of Transportation EMT Basic National Standard Curriculum, DOT HS 808 149, August 1994 course guidelines. Upon review of documentation, the EMT certifying authority may also allow an individual to challenge if the individual was active in the last two (2) years in a pre hospital emergency medical classification of the Armed Services, including the ~~Coast Guard of the~~ United States Coast Guard, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete continuing education courses as a condition of certification.

B. Examination

1. The course challenge examination shall consist of a competency based written and skills examination (National Registry) to test knowledge of the topics and skills per CCR 100078.
2. An approved EMT training program shall offer an EMT challenge examination (skills) on an as needed basis
3. The EMT certifying authority will administer the written test (National Registry) and designate such test as the certifying examination.
4. An eligible person shall be permitted to take the EMT course challenge examination only one time.

5 An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Scope of Practice	Policy Number: 310
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: ~~June 1, 2009~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~June 1, 2009~~
Origination Date: May, 1984 Date Revised: ~~March 12, 2009~~ Date Last Reviewed: ~~March 12, 2009~~ Review Date: ~~March 31, 2012~~	Effective Date: ~~June 1, 2009~~

I. PURPOSE: To define the scope of practice of a Paramedic accredited and practicing in Ventura County.

II. AUTHORITY: Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 4, Section 100145.

III. POLICY:

A. A paramedic may perform any activity identified in the Scope of Practice of an EMT ~~I~~ or EMT Advanced ~~II~~ as defined in regulations governing those certification levels.

B. A paramedic trainee or paramedic accredited in Ventura County, while caring for patients in a hospital as part of their training or continuing education, under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency, during transport, or during inter-facility transfer when medical direction is maintained by a physician or an MICN according to the policies and procedures approved by the Ventura County Emergency Medical Services Medical Director, may:

1. Perform pulmonary ventilation by use of oral endotracheal intubation or a Ventura County EMS approved alternative ALS airway management device.
2. Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV) lines, in peripheral veins.
3. Monitor and access pre-existing peripheral and central vascular access lines.
4. Administer intravenous D_5W and Normal Saline solutions.
5. Obtain venous blood samples.
6. Administer the following drugs:
   a. Activated charcoal
   b. Adenosine
   c. Aspirin
   d. Atropine sulfate

e. Bronchodilators, Nebulized beta-2 specific
f. Calcium chloride
g. Dextrose, 50% and 25%
h. Diazepam
i. Diphenhydramine hydrochloride
j. Dopamine hydrochloride
k. Epinephrine
l. Furosemide
m. Heparin (Interfacility transfers)
n. Glucagon hydrochloride
o. Lidocaine hydrochloride
p. Magnesium sulfate
q. Midazolam
r. Morphine sulfate
s. Naloxone hydrochloride
t. Nitroglycerine preparations, (oral only)
u. Nitroglycerine preparations, IV (Interfacility transfers)
v. Ondansetron
~~v~~w. Pralidoxime
x~~w~~. Sodium bicarbonate

7. Perform defibrillation.
8. Perform synchronized cardioversion.
9. Perform transcutaneous pacing
10. ~~Perform suction through an approved airway device.~~
11. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps.
12. Perform valsalva maneuver.
13. Monitor thoracostomy tubes.
14. Monitor and adjust IV solutions containing potassium <= 20 mEq/L.
15. Perform needle thoracostomy.
16. Perform blood glucose level determination.
17. Insertion of intraosseous needle and intraosseous infusion.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Paramedic Accreditation To Practice	Policy Number 315
APPROVED Administration: ~~Barry R. Fisher, MPPA~~Steven L. Carroll	Date: ~~12/01/07~~
APPROVED Medical Director: Angelo Salvucci, M.D.	Date: ~~12/01/07~~
Origination Date: January 1, 1990 Date Revised: ~~September 13, 2007~~ Date Last Reviewed: Review Date: ~~September, 2009~~	Effective Date: ~~December 1, 2007~~

I. PURPOSE: To establish a mechanism for a Paramedic to become accredited to practice in Ventura County. The purpose of accreditation is to ensure that the Paramedic has: 1) completed the minimum required education and training, and 2) is oriented to the local EMS system.

II. AUTHORITY: Health and Safety Code Sections 1797.84, 1797.185, 1797.214, 1798 and California Code of Regulations, Title 22, Section 100166.

III. POLICY: Each Paramedic employed by a Ventura County ALS Provider shall be accredited to practice in Ventura County. A Paramedic shall apply for accreditation prior to working on an ALS Unit.

IV. PROCEDURE:

A. Application. Prior to beginning an Accreditation Internship and/or assignment to function as an Paramedic in the Basic Scope of Practice on an ALS Unit in Ventura County,

1. The Paramedic shall

a. Possess a current California Paramedic license. Verification of licensure through Emergency Medical Services Authority website will be allowed provided a copy of the wallet size paramedic license is received by EMS within 30 day of application date.

b. Possess a valid California driver's license.

c. Complete the Ventura County accreditation application process. (Note: Falsification of information on the application will result in immediate suspension of accreditation to practice as a Paramedic in Ventura County.)

1) Fill out a Ventura County Accreditation application. (Attachment A). Paramedic must notify VCEMS within 30 days of any contact information change.

2) Sign a statement that the individual is not precluded from accreditation to practice as a Paramedic for reasons defined in Section 1798.200 of the Health and Safety Code. (Attachment A).

3) Pay the established fee.

4) Complete a California Department of Justice (CA DOJ Live Scan) background check. Results of a CA DOJ background check include Notification of Subsequent Arrests. Background checks will not be repeated as long as accreditation remains active.

5) It is the responsibility of the accredited paramedic 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.)

2. The ALS Service Provider shall:

a. Provide the applicant with his/her schedule for orientation, training and testing in skills and field evaluation.

B. Accreditation Internship:

1. Upon completion of the requirements of Section II.A.1-2 of this policy, the applicant is authorized to begin practice as a Paramedic Accreditation Intern in Ventura County.

2. During evaluation for accreditation, the Accreditation Intern shall be the third assigned ~~VC EMS~~VCEMS responder at the call and shall be under the direct supervision of a VC preceptor or FTO who is ultimately responsible for the patient care rendered by the Accreditation Intern.

3. An Accreditation Intern may work as the second Paramedic of a two Paramedic team on an ALS unit, but is limited to performance of the Basic Paramedic Scope of Practice, as defined in the California Code of Regulations, Title 22, Division 9, Chapter 4, and Section 100145(c) (1)(A-

N). Shifts worked as a second Paramedic and any ALS skills performed during those shifts will not be considered part of the accreditation evaluation process.

4. The applicant shall successfully complete, and provide written verification of satisfactory completion of a Ventura County Accreditation Process within 45 days of the date of the applicant's hire/start date. If the accreditation process is not completed within 45 days, a new accreditation application and fee to begin a new 45-day period will be required. The applicant may not apply more than three (3) times in one year. (Attachment B).

   a. An orientation of the local EMS system. This orientation shall not exceed eight (8) classroom hours and shall consist of the following:

      1) Orientation of ALS Service Provider responsibilities and practices.

      2) PCC Orientation

      3) ~~VC EMSA~~VCEMS Orientation

   b. Complete a supervised pre-accreditation field evaluation consisting of a minimum of five (5) and maximum of ten (10) ALS responses as the third assigned ~~VC EMS~~VCEMS responder with continuous supervision by an FTO from the beginning of assessment to transfer of patient care to hospital staff. An FTO/Clinical Coordinator/Operations Manager will sign off documentation of calls. The FTO will determine that the response included ALS assessment and treatment skills for all calls submitted for accreditation.

   ~~b.~~c. Devinitionof an ALS Patient Contact: A patient contact where the paramedic successfully performs an ALS skill listed in VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring and pulse oximetry are the only ALS procedure performed, will not be considered for paramedic accreditation.

   ~~c.~~d. An applicant who, with the approval of the instructor, and having completed their internship in Ventura County (40 contacts), may

use the last five (5) ALS calls for accreditation purposes. In order to use these calls, an applicant must have received a rating of three (3) in all categories on each of the five (5) calls.

~~d.~~e. Successful completion of training and testing of the applicant's knowledge of ~~VC EMSA~~VCEMS optional scope of practice skills, procedures and medications. The applicant may be exempted from some or all of these requirements if s/he provides documentation of previous successful completion of a training program in any other jurisdiction.

~~e.~~f. Successful completion of testing in Ventura County policies and procedures.

C. Accreditation. Upon completion of the above requirements, the Paramedic shall call the EMS office for an appointment to complete the accreditation process or may submit the required documentation by mail.

1. If all requirements are met, a ~~VC EMS~~VCEMS Accreditation Card will be issued.
2. If requirements are not successfully completed, the application will be submitted to the EMS Medical Director for further action. The EMS Medical Director shall notify the applicant of his/her findings within 5 working days.

D. Adverse Accreditation Action.

1. Denial of Accreditation
   a. Accreditation may be denied for failure to complete application requirements listed in Section IV.A or for failure to successfully complete the Accreditation requirements listed in Section IV.B.
   b. The EMS Medical director will evaluate an applicant who fails to successfully complete the application and internship process and may recommend further education and evaluation as required.
   c. Upon failure to successfully complete the requirements of Section IV.A or IV.B, the EMS MD will inform the applicant of the denial of accreditation by certified mail or hand delivery, with a

complimentary copy to the ALS employer. The notice will include the specific facts and grounds for denial.

2. Suspension of Accreditation

a. Accreditation may be suspended for failure to meet the requirements listed in Section IV.E.

b. The EMS Medical Director will inform the Paramedic by written notice at least 15 days prior to the intended date of suspension. The notice will include the specific facts and grounds for suspension.

c. Accreditation will be suspended until such time as the deficiencies are completed and documented to ~~VC EMS~~VCEMS.

3. Due Process. This will apply to the decision of the EMS MD to either deny or suspend an accreditation.

a. The Paramedic may request reconsideration in writing, by certified mail or hand delivery. The EMS MD will respond to the request by certified mail or hand delivery within 5 working days.

b. If the matter is not resolved after reconsideration, the Paramedic may request that an Investigative Review Panel (IRP) be convened.

c. The IRP will be conducted according to ~~VC EMS~~VCEMS Policy 330.

d. The IRP will report its findings to the MD who will make a final determination of action.

e. The MD will notify the Paramedic of the final determination of action by certified mail within 5 working days of receipt of the IRP report.

E. Accreditation Period

The accreditation to practice period shall coincide with the individual's Paramedic license. Accreditation to practice shall be continuous as long as the following is maintained:

1, California State Paramedic Licensure

2. The Paramedic continues to meet requirements for updates in VCEMS policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program.

F. Lapse of Accreditation. If a Paramedic does not maintain Ventura County accreditation requirements, the following requirements must be met to re-establish eligibility:

1. Completion of application as described in Section IV.A.
2. In addition, the following shall be met:
   a. If the period of lapse of accreditation is 1-31 days, the Paramedic shall complete the requirements for continuing accreditation as defined in Section IV.E.
   b. If the period of lapse of accreditation is greater than 31 days and less than one year, complete requirement described in Section IV.B.4.b and complete any items which are new since the Paramedic was last accredited.
   c. If the period of lapse of accreditation is greater than one year, the applicant must complete all the requirements specified in Section IV.B.

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: Date Last Reviewed: 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~~VCEMS Policies 506 and 508.

B. ALS Patient Contact: a patient contact where the paramedic successfully performs an ALS skill listed in ~~VC EMS~~VCEMS Policy 310, with the exception of glucose testing, cardiac monitoring, and pulse oximetry. Patient contact where cardiac monitoring and pulse oximetry are the only ALS procedure performed, will not be considered for paramedic upgrade.

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~~VCEMS 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~~VCEMS 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~~VCEMS ~~-~~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~~VCEMS. Passing score will be 80%.

3) Arrhythmia recognition and treatment assessment administered by ~~VC EMS~~VCEMS. 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~~VCEMS.

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~~VCEMS Medical Director.

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

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~~VCEMS 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~~VCEMS Medical Director.

e) Complete ~~VC EMS~~VCEMS 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~~VCEMS-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~~VCEMS Medical Director, or the ~~VC EMS~~VCEMS 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~~VCEMS upon

~~reaccredidation~~reaccreditation. All continuing education listed on this log is subject to audit.

D. The ~~VC EMS~~VCEMS 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~~VCEMS 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

Per section V.B.1.c.2): PCC signature required if paramedic qualifies for shortened upgrade process.

PCC Signature	Print PCC signature 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~~12 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: Accreditation/Authorization/Certification Review Process		Policy Number: 333
APPROVED: Administration:	Steve L. Carroll, EMT-PBarry R. Fisher, MPPA	Date: 06/01/2008
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date: 06/01/2008
Origination Date: Date Revised: Date Last Reviewed: Review Date:	April 1993 April 10, 2008 April, 2010	Effective Date: June 1, 2008

I. PURPOSE: This Ppolicy defines the Ventura County Emergency Medical Services (VCEMSA) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT-I Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.

II. AUTHORITY: California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. California Code of RegulationsCCR, Title 22, Division 9, Chapter 6.

III. DEFINITIONS:

Certificate - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.

Certifying Entity - as used in this policy means VCEMS.

Certification Action - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.

Certificate Holder – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.

CCR – means the California Code of Regulations, Title 22, Division 9.

Crime - means any act in violation of the penal laws of California, any other state, or federal laws.

Conviction – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.

Discipline - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.

Disciplinary Cause - means an act that is substantially related to the qualifications, functions, and duties of an EMT and is evidence of a threat to the public health and safety, per Health and Safety Code Section 1798.200.

Disciplinary Plan - means a written plan of action that can be taken by a Relevant Employer as a consequence of any action listed in Section 1798.200 (c). The Disciplinary Plan shall be submitted to the VCEMS Medical Director and may include recommended Certification Action consistent with the Recommended Guidelines for Disciplinary Orders and Conditions of Model Disciplinary Orders.

Functioning outside of medical control - means any provision of prehospital emergency medical care which is not authorized by, or is in conflict with, any policies, procedures, or protocols established by VCEMS, or any treatment instructions issued by the base hospital providing immediate medical direction.

Model Disciplinary Orders **(MDO)** - means the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (State EMS Authority Document #134) which were developed to provide consistent and equitable discipline in cases dealing with Disciplinary Cause.

Relevant Employer(s) - means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the Certificate Holder works for or was working for at the time of the incident under review, as an EMT either as a paid employee or a volunteer.

~~A. Jurisdiction of the VCEMSA Medical Director~~

~~1. The certificate was issued by VCEMSA; or~~

~~2. The certificate holder utilizes or has utilized the certificate or the skills authorized by the certificate in Ventura County, including those certificates that may have been issued by public safety agencies. This shall include using the license to apply for a certificate.~~

IV. POLICY: Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which purports a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the CCR, Chapter 6. For the purposes of a Crime, the record of Conviction or a certified copy of the record shall be conclusive evidence of such Conviction.

~~A. Disciplinary proceedings shall be conducted in accordance with Title 22, Chapter 6 of the California Code of Regulations.~~

~~B. If at any time during the review or investigation the Medical Director determines that the facts support placing a certificate holder on probation or denying suspending or~~

~~revocation of a certificate, the Medical Director may convene an Investigative Review Panel (IRP).~~

~~C. The IRP will assess all information on the matter in order to establish the facts of the case and make a written report of its findings and recommendations to the Medical Director.~~

~~D. Paramedic licensure actions (e.g., immediate suspension) shall be performed according to the California Health and Safety Code 1798.202.~~

~~E. Notification to the EMS Authority shall be made on Form EMSA-CRI, dated 2-22-02. If the final action is a recommendation to the EMS Authority for disciplinary action of a Paramedic license, a summary explaining the actions of the Paramedic that are a threat to the public health and safety pursuant to Section 1798.200 of the Health and Safety Code and all documentary evidence, relative to the recommendation, collected by the Medical Director, shall be forwarded to the State EMS Authority.~~

~~F. Request for discovery, petitions to compel discovery, evidence and affidavits in the IRP shall be followed pursuant to the Administrative Procedures Act (Government Code, Title 2, Chapter 5, Sections 11507.6, 11506.7, 11513, 11514.~~

~~G. Any person subject to this Policy who is a "firefighter" as such term is defined in California Government Code Section 3251 shall be entitled to the procedural rights provided under the Firefighters Procedural Bill of Rights Act (Government Code, Title 1, Division 4, Chapter 9.6).~~

V. PROCEDURE:

A. An individual who indicates a criminal history on ~~his/her~~their certification, authorization or accreditation application or whose background check results in a criminal history will be subject to an investigation. Criminal history does not include an arrest only. The investigation shall consist of one or more of the following:

1. Documentation review
2. Interview by staff
3. An Interview by the VCEMS Medical Director and/or Administrator or designee

B. ~~The~~ VCEMS ~~Agency~~ will use the most current version of the ~~EMS Authority's publication "*Recommended Guidelines for Disciplinary Orders and Conditions of Probation*"~~ MDO's as a reference.

C. Responsibilities of Relevant Employer

1. Under the provisions of the CCR and this policy, Relevant Employers:

a. Shall notify VCEMS within three (3) working days after an allegation has been validated as potential for Disciplinary Cause.

b. Shall notify VCEMS within three (3) working days of the occurrence of any of following:

1) The employee is terminated or suspended for a Disciplinary Cause,

2) The employee resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a Disciplinary Cause,
or

3) The employee is removed from employment-related duties for a Disciplinary Cause after the completion of the employer's investigation.

c. May conduct investigations to determine Disciplinary Cause.

d. Upon determination of Disciplinary Cause, the Relevant Employer may develop and implement a Disciplinary Plan in accordance with the MDOs.

1) The Relevant Employer shall submit that Disciplinary Plan to VCEMS along with the relevant findings of the investigation related to Disciplinary Cause, within three (3) working days of adoption of the Disciplinary Plan.

2) The employer's Disciplinary Plan may include a recommendation that the VCEMS Medical Director consider taking action against the holder's certificate to include denial of certification, suspension of certification, revocation of certification, or placing a certificate on probation.

D. Jurisdiction of VCEMS

1. VCEMS shall conduct investigations to validate allegations for Disciplinary Cause when the EMT is not an employee of a Relevant Employer or the Relevant Employer does not conduct an investigation. Upon determination of Disciplinary Cause, the VCEMS Medical Director may take certification action as necessary against a Certificate Holder.

2. VCEMS may, upon determination of Disciplinary Cause and according to the provisions of this policy, take certification action against an EMT to deny,

suspend, or revoke, or place a Certificate Holder on probation, upon the findings by the VCEMS of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:

a. The Relevant Employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the VCEMS Medical Director makes a determination that discipline imposed by the Relevant Employer was not in accordance with the MDOs and the conduct of the Certificate Holder constitutes grounds for Certification Action.

b. The VCEMS Medical Director determines, following an investigation conducted in accordance with this policy, that the conduct requires Certification Action.

3. The VCEMS Medical Director, after consultation with the Relevant Employer or without consultation when no Relevant Employer exists, may temporarily suspend, prior to a hearing, a Certificate Holder upon a determination of the following:

a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and

b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.

4. If the VCEMS Medical Director takes any certification action the VCEMS Medical Director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the State Central Registry.

E. Evaluation of Information

1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).

2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise protected by the law to the Relevant Employer for investigation, if there is a

Relevant Employer, within three (3) working days of receipt of the information. If there is no Relevant Employer or the Relevant Employer does not wish to investigate the complaint, VCEMS shall evaluate the information received from a credible source, including but not limited to, CORI information, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by VCEMS or pursuant to Division 2.5, of the Health and Safety Code.

3. The Relevant Employer or VCEMS shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

F. Investigations Involving Firefighters

1. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of official duties.

2. All investigations involving Certificate Holders who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

G. Due Process

The Certification Action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

H. Determination of Action

1. Upon determining the Disciplinary Plan or Certification Action to be taken, the Relevant Employer or VCEMS shall complete and place in the personnel file or any other file used for any personnel purposes by the Relevant Employer or VCEMS, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the Disciplinary Plan and the date the Disciplinary Plan shall take effect.

2. A temporary suspension order pursuant to Section 100209 (c) of the CCR shall take effect upon the date the notice required by Section 100213 of the CCR, is mailed to the Certificate Holder.

3. For all other Certification Actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a Certificate unless another time is specified or an appeal is made.

I. Temporary Suspension Order

1. The VCEMS Medical Director may temporarily suspend a certificate prior to hearing if the Certificate Holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of the CCR and if in the opinion of the VCEMS Medical Director permitting the Certificate Holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.
2. Prior to, or concurrent with, initiation of a temporary suspension order of a Certificate pending hearing, the VCEMS Medical Director shall consult with the Relevant Employer of the Certificate Holder.
3. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the Certificate Holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice shall include the allegations that allowing the Certificate Holder to continue to engage in certified activities would pose an imminent threat to the public health and safety.
4. Within three (3) working days of the initiation of the temporary suspension, by VCEMS, Relevant Employer and VCEMS shall jointly investigate the allegation in order for the VCEMS Medical Director to make a determination of the continuation of the temporary suspension.
    a. All investigatory information, not otherwise protected by the law, held by the VCEMS and the Relevant Employer shall be shared between the parties via facsimile transmission or overnight mail relative to the decision to temporarily suspend.
    b. VCEMS shall serve within fifteen (15) calendar days, an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
    c. If the Certificate Holder files a Notice of Defense, the administrative hearing shall be held as soon as possible based on .Administrative Law Judge's (ALJ) availability.
    d. The temporary suspension order shall be deemed vacated if VCEMS fails to serve an accusation within fifteen (15) calendar days or fails to

make a final determination on the merits within fifteen (15) calendar days after the ALJ renders a proposed decision.

J. Final Determination of Certification Action by the VCEMS Medical Director

1. Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the respondent so chooses, the VCEMS Medical Director may take the following final actions on a Certificate:

a. Place the Certificate Holder on probation

b. Suspension

c. Denial

K. Placement of a Certificate Holder on Probation

The VCEMS Medical Director may place a Certificate Holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the Certificate Holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. VCEMS may revoke the Certificate if the Certificate Holder fails to successfully complete the terms of probation.

L. Suspension of a Certificate

1. The VCEMS Medical Director may suspend an individual's Certificate for a specified period of time for Disciplinary Cause in order to protect the public health and safety.

2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.

3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The VCEMS Medical Director shall continue the suspension until all conditions for reinstatement have been met.

4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.

M. Denial or Revocation of a Certificate

1. The VCEMS Medical Director may deny or revoke any Certificate for Disciplinary Cause that has been investigated and verified by application of this policy.

2. The VCEMS Medical Director shall deny or revoke an Certificate if any of the following apply to the applicant:
   a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
   b. Has been convicted of murder, attempted murder, or murder for hire.
   c. Has been convicted of two (2) or more felonies.
   d. Is on parole or probation for any felony.
   e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
   f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
   g. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
   h. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offence relating to force, threat, violence, or intimidation.
   i. Has been convicted within the preceding five (5) years of any theft related misdemeanor.
   j. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
   k. Is required to register pursuant to Section 11590 of the Health and Safety Code.

4. Subsection V.M.1 and 2 shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/Certificate Holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in V.M.1 and 2. As used in Section M, “felony” or “offense punishable as a felony” refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.

5. This Section shall not apply to EMTs who obtain their California Certificate prior to July 1, 2010; unless:
   a. The Certificate Holder is convicted of any misdemeanor or felony after July 1, 2010.
   b. The Certificate Holder committed any sexually related offense specified under Section 290 of the Penal Code.
   c. The Certificate Holder failed to disclose to the certifying entity any prior convictions when completing his/her application for initial EMT certification or certification renewal.
6. Nothing in this Section shall negate an individual's right to appeal a denial of a Certificate pursuant to this policy.
7. Certification action by the VCEMS Medical Director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT whose application was denied or an EMT whose certification was revoked by the VCEMS Medical Director shall not be eligible for EMT Certification by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action. EMT's whose certification is placed on probation must complete their probationary requirements with the Certifying Entity that imposed the probation.

N. Notification of Final Decision of Certification Action

1. For the final decision of Certification Action, the VCEMS Medical Director shall notify the applicant/Certificate Holder and Relevant Employer(s) of the Certification Action within ten (10) working days after making the final determination.
2. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
   a. The specific allegations or evidence which resulted in the Certification Action;
   b. The Certification Action(s) to be taken, and the effective date(s) of the Certification Action(s), including the duration of the action(s);
   c. Which certificate(s) the Certification Action applies to in cases of holders of multiple certificates;

d. A statement that the Certificate Holder must report the Certification Action within ten (10) working days to any other EMS Agency and Relevant Employer in whose jurisdiction s/he uses the certificate.

O.~~D~~. Certification/authorization or accreditation applicants who fail to reveal a criminal history, but for whom a criminal history of conviction is discovered, or for an applicant who fraudulently answered any question on their application or eligibility statement may have their certification/authorization or accreditation placed on probation, suspended or revoked.

Ventura County Emergency Medical Services
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036
Phone: 805-981-5301
Fax: 805-981-5300

APPENDIX A

Arrest Status Report Form

Today's Date: _____

After initial report, the form is due on he first of each month ~~please send this form in monthly~~ until your case has been settled

****

Personal Information

Name: _____

_____
Street Address

_____
City State Zip

Certification/License # (if applicable) _____

****

This report form is being submitted for the following reason: (Please check all that apply)

☐ Initial report (Please attach all court documents and arrest reports)
☐ Monthly report form
☐ Final Report (attach all court documentation)

****

Court Information

Case Number #: _____

Court Address: _____

_____

When is your next court appearance scheduled? _____

If you are completed with your court hearings, please forward a copy of your court documents to the VC-EMS Office immediately.

Signature: _____

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: BLS and ALS Unit Equipment and Supplies	Policy Number: 504
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: ~~12/01/09~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date~~: 12/01/09~~
Origination Date: May 24, 1987 Date Revised: ~~June 11, 2009~~ Last Reviewed: ~~June 11, 2009~~ Review Date: ~~June 30, 2011~~	Effective Date: ~~December 1, 2009~~

I. PURPOSE: To provide a standardized list of equipment and supplies for Response and/or Transport units in Ventura County.

II. POLICY: Each Response and/or Transport Unit in Ventura County shall be equipped and supplied according the requirements of this policy.

III. AUTHORITY: California Health and Safety Code Section 1797.178, 1797.204, 1797.218 and California Code of Regulations Section 10017

IV. PROCEDURE:

The following equipment and supplies shall be maintained on each Response and/or Transport Unit in Ventura County.

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
A. ALL BLS AND ALS RESPONSE AND/OR TRANSPORT UNITS					
Clear masks in the following sizes: Adult Child Infant Neonate	1 each	1 each	1 each	1 adult 1 Infant	1 each
Bag Valve Units Adult Child	1 each	1 each	1 each	1 adult	1 each
Nasal Cannula Adult	3	3	3	3	1
Nasopharyngel Airway (Adult and Child or equivalent)	1 each	1 each	1 each	1 each	1 each
Oropharyngeal Airways Adult Child Infant Newborn	1 each size	1 each size	1 each size	1 each size	1 each size
Oxygen with appropriate adjuncts (portability required)	10 L/min for 20 minutes	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins.	10 L/min for 20 mins
Portable Suction Equipment	1	1	1	1	1
Transparent Oxygen Masks Adult Non Rebreather Child Infant	 3 3 2	 2 2 2	 2 2 2	 2 2 2	 2 2 2
Bandage Scissors	1	1	1	1	1
Bandages • 4"x4" sterile compresses or equivalent • 2",3",4" or 6" roller bandages • 10"x 30" or larger dressing	 12 6	 12 2 0	 12 6 2	 5 4 2	 12 4 2
Blood Pressure Cuffs Thigh Adult Child Infant	 1 1 1 1	 1 1 1 1	 1 1 1 1	 1 1 1 1	 1 1 1 1
Emesis Basin/Bag	1	1	1	1	1
Flashlight	1	1	1	1	1
Half-ring traction splint or equivalent device	1	1	1	1	1
Pneumatic or Rigid Splints (capable of splinting all extremities)	4	4	4	4	4
Potable water or saline solution	1 gallon	1 gallon	1 gallon	1 gallon	1 gallon
Cervical Spine Immobilization Device	2	2	2	2	2

	ALS / BLS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
Spinal Immobilization Devices					
KED or Equivalent	1	1	1	1	1
60" minimum with straps	1		1		
Sterile Obstetrical Kit	1	1	1	1	1
Tongue Blade	4	4	4	4	4
OPTIONAL EQUIPMENT					
Mark 1 Kits – (3 kits per person suggested)					
B. TRANSPORT UNIT REQUIREMENTS					
Ambulance cot and collapsible stretcher; or two stretchers, one of which is collapsible.	1	0	0	1	1
Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle.	1	0	0	1	1
Ankle and wrist restraints. Soft ties are acceptable.	1	0	0	0	1
Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two pillows for each ambulance	1	0	0	0	1
Bed Pan	1	0	0	0	1
Urinal	1	0	0	0	1
Personal Protective Equipment per State Guideline #216					
Rescue Helmet	2	1	0	0	0
EMS Jacket	2	1	0	0	0
Work Goggles	2	1	0	0	0
Tyvek Suit	2 L / 2 XXL	1 L / 1 XXL	0	0	0
Tychem Hooded Suit	2 L / 2 XXL	1 L / 1 XXL	0	0	0
Nitrile Gloves	1 Med / 1 XL	1 Med / 1 XL	0	0	0
Disposable Footwear Covers	1 Box	1 Box	0	0	0
Leather Work Gloves	3 L Sets	1 L Set	0	0	0
Field Operations Guide	1	1	0	0	0
C. ALS EQUIPMENT					
Cellular Telephone	1	1	1	1	1
Two-Way Radio for alternative base hospital contact	1	1	1	1	1
Alternate ALS Airway Device	2	1	1	1	1
Arm Boards					
9”	3	0	1	0	1
18”	3	0	1	0	1
Portable Ventilator				0	1
Blood Glucose Determination Devices	2	1	1	1	1
Cardiac Monitoring Equipment	1	1	1	1	1
CO_2 Detector or Monitor	1	1	1	1	1
Continuous Positive Airway Pressure (CPAP) device	1	1	1	1	1
Defibrillator pads or gel	3	3	3	1 adult – No Peds.	3
Defibrillator w/adult and pediatric paddles/pads	1	1	1	1	1
EKG Electrodes	10 sets	3 sets	3 sets	6 sets	8 sets
Endotracheal Intubation Tubes, sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 with stylets	1 of each size	1 of each size	1 of each size	4, 5, 6, 6.5, 7, 7.5, 8	1 ea.+ 2.5, 3.0, 3.5, 4.0, 4.5
Intraosseous Infusion Needles	2	1	2	1	2

	ALS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
Intravenous Fluids (in flexible containers)					
• 5% Dextrose in Water, 50 ml	2	1	2	1	1
• Normal Saline Solution, 500 ml	2	1	1	1	2
• Normal Saline Solution, 1000 ml	6	2	4	3	4
IV Admin Set - Blood Set	2	1	1	2	1
IV Admin Set - Micro Drip	4	1	2	2	2
IV Admin Set - Macro Drip	4	1	4	3	4
IV Catheter, Sizes l4, l6, l8, 20, 22, 24	6 each 14, 16, 18, 20 3 each 22 3 each 24	2 each	2 each	2 each	2 each
IV Pump					2
Laryngoscope, replacement bulbs and batteries	1 set	1 set	1 set	1 set	1 set
Curved Blade #2, 3, 4	1 each	1 each	1 each	1 each	1 each
Straight Blade #1, 2, 3	1 each	1 each	1 each	1 each	1 each
Life Vests					5
Magill Forceps	1	1	1	1	1
Child	1	1	1	1	1
Nebulizer	2	2	2	2	2
Nebulizer with in-line adapter	1	1	1	1	1
Needle Thoracostomy Kit	2	2	2	2	2
Pediatric length and weight tape	1	1	1	1	1
SAO_2 Monitor	1	1	1	1	1
OPTIONAL ALS EQUIPMENT (No minimums apply)					
Flexible Intubation Stylet					
Impedance Threshold Device					

	ALS Unit Minimum Amount	ASV/CCT Minimum Amount	FR/ALS Minimum Amount	Search and Rescue Minimum Amounts	Air Ambulance Minimum Amounts
D. ALS MEDICATION, MINIMUM AMOUNT					
Activated Charcoal, Adult and Pediatric	1	1	1	0	1
Adenosine, 6 mg vials	3	3	3	3	6
Aspirin, 162 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg	2 ea. 162 mg or 4 ea 81 mg
Atropine sulfate, 1 mg/ml for intralingual administration	3	2	2	2	2
Atropine sulfate, 1 mg/10 ml Pre-load/Amp	6	2	6	2	6
Benadryl, 50 mg/ml, Pre-load/Amp	2	1	1	2	2
Bronchodilators, Nebulized Beta-2 specific	6	2	3	1	3
Calcium chloride, 1000 mg/10 mlPre-load/Amp	2	1	1	1	1
Dextrose 50%, 25 GM/50 mlPre-load/Amp	5	2	2	2	2
Dopamine, 400 mg/250ml D5W, premixed	2	1	1	2	1
Epinephrine 1:1,000, 1mg/ml Pre-load/Amp	4	2	2	2	2
Epinephrine 1:10,000, 1 mg/10ml Pre-load/Amp	6	3	6	4	6
Epinephrine 1:1,000, 30 ml multi-dose vial	1	1	1	1	1
Glucagon, 1 mg/ml Amp	2	1	2	1	1
Lasix, 20 mg/2ml	80 mg	40 mg	80 mg	40 mg	80 mg
Lidocaine, 100 mg/5ml Pre-load	6	3	4	3	6
Magnesium Sulfate, 1 gm per 2 ml	4	1	2	2	4
Morphine sulfate, 10 mg/ml Ampule	2	2	2	2	2
Narcan, Adult and Pediatric doses	10 mg	4 mg	4 mg	4mg	4mg
Nitroglycerine preparations, 0.4 mg	1 bottle	1 bottle	1 bottle	1 bottle	1 bottle
Normal Saline, 10 ml multi-dose vial	2	2	2	2	2
Oral Glucose 15gm unit dose	1	1	1	1	1
Sodium bicarbonate, 50 mEq/ml Pre-load	2	1	1	1	2
Versed	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials	5 mg/ml 2 vials
Ondansetron 4 mg IV single use vial	4	4	4	4	4
Ondansetron 4 mg ODT	10	10	10	10	10
E. PARALYTIC AGENTS APPROVED BY AIR AMBULANCE MEDICAL DIRECTOR					
Succinylcholine, 200 mg					2
Vecuronium, 10 mg.					2

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Guidelines For Base Hospital Contact	Policy Number: 704
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: October 1984 Date Revised: March 13, 2008 Date Last Reviewed: Review Date: March, 2010	Effective Date: June 1, 2008

I. PURPOSE: To define patient conditions for which EMT-Ps shall establish BH contact.

II. AUTHORITY: Health and Safety Code Sections 1798, 1798.102 and 1798.2

III. POLICY: A paramedic shall contact a Base Hospital in the following circumstances:

A. Any patient to which ALS care is rendered under VCEMS Policy 705: County Wide Protocols.

B. Any mechanism of injury where paramedics suspect or patient exhibits significant signs of injury.

1. ~~Vehicle accident~~Traffic collision
2. ~~Suspect or~~Suspicion of a ~~-~~complicated fractures
3. Injuries, which exhibit neurological or vascular compromise
4. Significant penetrating head, neck, chest, abdomen or thigh
5. Any abdominal pain secondary to blunt trauma

C. General Cases

1. Significant vaginal bleeding (OB or non-OB related).
2. Pregnant female in significant distress (e.g., symptoms of placenta previa, placenta abruptio, toxemia, retained placenta, etc.).
3. Syncope / Near Syncope
4. AMA involving any of the above conditions
5. AMA including suspected altered level of consciousness
6. Any patient who, in paramedic's opinion, would benefit from base hospital consultation.

D. Patients with traumatic injuries who triage into steps 1-3 of VCEMS Policy 1405: Field Triage Decision Scheme.

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: ReddiNet Communication Policy	Policy Number 920
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: ~~06/01/2010~~
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: ~~06/01/10~~
Origination Date: April 26, 2007 Date Revised: ~~March 13, 2008~~ Date Last Reviewed: ~~November 12, 2009~~ Review Date: ~~March, 2013~~	Effective Date: ~~June 1, 2010~~

I. PURPOSE: The Rapid Emergency Digital Data Network (REDDINET) is the computerized system that links hospitals, the EMS Agency, and Public Health for a variety of purposes; including but not limited to **daily** (Q24 hr) reports of diversion status, multiple casualty incidents (MCI), assessment communication, disease surveillance, and current ~~bed capacity~~HAvBED status. This policy defines the expectation for the use and maintenance of ReddiNet by all facilities.

II. AUTHORITY: Health and Safety Code, Division 2.5, Chapter 1, Section 1797.204 and Chapter 6, Section 1798.100.

III. POLICY:

A. The ReddiNet System is to be maintained by each individual facility. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.

B. It is the responsibility of each facility to ensure that any staff expected to use the ReddiNet System be properly trained and refreshed on a routine basis (at least twice per year). At least one staff member who is knowledgeable on the use of the ReddiNet System is to be on duty at all times.

C. The ReddiNet System is to remain online at all times unless there is a hardware or software problem that disables the system, in which case every effort shall be made to correct the problem as quickly as possible.

D. The sound volume on the ReddiNet System is to be maintained at an adequate level to alert staff within a facility at all times, and is never to be placed on mute.

E. The ReddiNet System shall be placed in an easily accessible location within each facility.

F. The use of the ReddiNet computer is limited to operation of the ReddiNet System and access to EMS educational materials only. Accessing the Internet or other applications on the system is prohibited.

G. VCEMS may send an Assessment Poll as needed. Each facility is to acknowledge and respond to this poll as directed by the system.

H. The ReddiNet System is not to be used to disseminate non-system information such as conference flyers, educational opportunities, and other like materials.

IV. PROCEDURE:

A. Emergency Department and other appropriate hospital staff will use ReddiNet for the following information:

1. Status – Hospitals will utilize the Reddinet System to update all diversion status pursuant to VCEMS Policy 402. Hospitals should note that the ReddiNet System also displays diversion status for other facilities within the region.
2. Multi Casualty Incidents (MCI) – During an MCI, the designated Base Hospital will coordinate response activities with other hospitals using ReddiNet unless relieved by EMS Agency personnel. The Base Hospitals will initiate an MCI using the ReddiNet MCI function. All patients received by hospitals during an MCI are to be recorded in ReddiNet, within the MCI function. The System will send an alert tone when a facility is being included in an MCI response.
3. Assessment – This function within the ReddiNet System allows a facility or the EMS Agency to assess the status of other facilities and other resources (such as staffing, equipment, etc). Assessments are polls that ask specific questions and require a response. All facilities are to respond as quickly as possible to active polls. Assessments contain one or more questions whose answers are formatted (I.e., Yes/No, numeric, multiple choice, text, etc) The System will send an alert tone when Assessments are received.
4. Public Health Surveillance – The Public Health Department may initiate disease surveillance programs utilizing Reddi-Net. These will be in the form of assessment polls that ask for specific information on a routine basis. Each facility is to ensure that these assessments are answered in a timely manner. This will likely require involvement of Infectious/Communicable Disease staff at each facility. This does not replace the obligation of health care providers to report certain diseases on a Confidential Morbidity Report (CMR) pursuant to Title 17, California Code of Regulations, §2500 (rev. 1996)
5. Messages – All facilities are expected to utilize the Reddi-Net messaging function to communicate appropriate information within their facility, with other hospitals, the EMS Agency and the Public Health Department. The system is similar to email. All messages that are appropriate for dissemination to other staff are to be printed or

otherwise shared with affected staff. The System will send an alert tone when messages are received.

6. ~~Bed Capacity~~HAvBED Status – Hospitals are expected to update their ~~bed availability~~current HAvBED status ~~-~~by 9:00 AM on a daily basis. Updates ideally should be done twice per day, morning and evening shift. Hospitals should update their bed availability after their normally scheduled daily discharge time. HAvBED shall be the only function utilized on Reddinet for the purposes of assessing bed capacity.

~~6.~~7. Daily HAvBED status updates allow facilities to meet Federal bed availability guidelines. The HAvBED status board carries over all fields from the previous bed availability menu as well as adding two additional fields: ventilators (owned, stockpiled or committed by vendor to the facility), and whether or not a mass decontamination system is available at the facility during the specified time frame.

B. ReddiNet System Failure or Disruption –

1. If the ReddiNet System is not functioning due to an internal hospital issue (ie: computer or internet failure), facilities are to utilize the following procedure:
   a. Attempt to the resolve the problem at the computer. Check for correct power and internet connections as well as correct log-in and password.
   b Notify the facility ReddiNet coordinator or IT department according to facility policy.
   c Notify the EMS Agency of the status of the ReddiNet System and the anticipated return to service.
   d. Fax Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. If available, the EMS Agency will update facility status on the Reddinet System. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
   e Notify other hospitals, EMS Agency and FCC via ReddiNet when connection is restored.
2. If the ReddiNet System is not functioning due to a systemwide issue, (ie: ReddiNet server or internet service provider failure), facilities are to utilize the following procedure:
   a. Notify the EMS Agency of the ReddiNet System failure.
   b. FAX Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8

hours until the system is functional. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).

c. ReddiNet and/or the EMS Agency will notify all facilities and FCC when service is restored.

C. Hospital Groupings: The following hospital groupings are to be used for faxed diversion status notifications during a ReddiNet failure. The hospital with a diversion status change will send a fax to the EMS Agency and to each of the hospitals in their group.

Hospital	Hospital Grouping
Community Memorial Hospital	(OVCH, SJRMC, SPH, VCMC)
Los Robles Hospital and Medical Center	(SVH, SJRMC, SJPVH)
Ojai Valley Community Hospital	(CMH, SPH, VCMC)
Santa Paula Hospital	(CMH, OVCH, SJRMC, VCMC)
Simi Valley Hospital	(LRHMC, SJPVH, SJRMC, VCMC)
St. Johns Regional Medical Center	(CMH, SJPVH, VCMC)
St. Johns Pleasant Valley Hospital	(SJRMC, LRHMC, SVH, VCMC)
Ventura County Medical Center	(CMH, SPH, OVCH, SJRMC)

County of Ventura
Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

Date: _____ **ReddiNet Failure Reason:** _____

Time: _____ _____

Name: _____ _____

Hospital: **Diversion Category:**

☐ **CMH**	☐ **SJPVH**	☐ **ICU / CCU Saturation**
☐ **LRRMC**	☐ **SJRMC**	☐ **ED Saturation**
☐ **OVCH**	☐ **SVH**	☐ **Neuro / CT Scanner**
☐ **SPH**	☐ **VCMC**	☐ **Internal Disaster**

All Diversion Categories, send FAX to VCEMS at (805) 981-5300 and to each location in your hospital grouping:

Hospital	*Fax Number*	*Hospital Grouping*
Community Memorial Hospital	**(805) 648-6170**	(OVCH, SJRMC, SPH, VCMC)
Los Robles Hospital and Medical Center	**(805) 370-4579**	(SVH, SJRMC, SJPVH)
Ojai Valley Community Hospital	**(805) 640-2360**	(CMH, SPH, VCMC)
Santa Paula Hospital	**(805) 525-6778**	(CMH, OVCH, SJRMC, VCMC)
Simi Valley Hospital	**(805) 527-9374**	(LRHMC, SJPVH, SJRMC, VCMC)
St. Johns Regional Medical Center	**(805) 981-4436**	(CMH, SJPVH, VCMC)
St. Johns Pleasant Valley Hospital	**(805) 383-7465**	(SJRMC, LRHMC, SVH, VCMC)
Ventura County Medical Center	**(805) 652-3299**	(CMH, SPH, OVCH, SJRMC)

For diversion due to Internal Disaster, also send FAX to:

Ventura County Fire Communications Center (805) 383-7631

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

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 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 patient care and/or transport.

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.

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. Transfer of Care

Transfer of care between two field provider temas and between field provider and hospital shall be documented on appropriate AVCDS.

32. AVCDS and FR PCR's shall be completed according to instructions distributed by VC EMS.

A. First Responder Patient Care Record

1) Original shall be retained by the provider agency. A copy shall be submitted to the VC EMS Agency.

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 on where the patient is transported), and the second to the provider.

D. Submission to VC EMS

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

F. 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.

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

Documentation shall be completed 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.

H. 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
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, AF
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	CO_2
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*
Deformity, Contusion, Abrasion, Penetration, Burn, Tenderness, Laceration, Swelling	DCAPBTLS
Do Not Resuscitate	DNR
Drops	gtts
Dyspnea On Exertion	DOE
Electrocardiogram	ECG
Electroencephalogram	EEG
Emergency Department	ED
Emergency Medical Services	EMS
Emergency Medical Technician	EMT
Endotracheal	ET
Equal	=
Estimated	Est
Estimated Time of Arrival	ETA
Etiology	Etiol.

Term	Abbreviation
Every	q
Every day*	qd*
Evening	pm
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

Term	Abbreviation
Lateral	Lat
Left	L
Left Ear*	AS*
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
Ondansetron	ODT
Operating Room	OR
Organic Brain Syndrome	OBS
Ounce	oz
Over the Counter	OTC
Overdose	OD
Oxygen	O_2

Term	Abbreviation
Palpable	Palp
Para, number of pregnancies	Para 1,2,3, etc
Paramedic	PM
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
Transcutaneous Pacing	TCP
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	H_20
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.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Criteria For Patient Emergency Transport By Helicopter		Policy Number 1203
APPROVED: Administration	~~Barry Fisher, MPPA~~Steven L. Carroll, EMT-P	Date:
APPROVED: Medical Director	Angelo Salvucci, M.D.	Date:
Origination Date: Date Revised: Date Last Reviewed: Review Date:	October 31, 1994	Effective Date:

I. PURPOSE: To define criteria for patient transport via ~~air unit~~helicopter.

II. POLICY: Patients shall be transported to hospitals via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport (and this difference in time may negatively impact the patient's condition).

III. PROCEDURE:

A. ~~Air unit~~Helicopter transportation of patients should be considered for cases that meet ALL the following criteria. Transport decisions will be determined jointly by the BH (if BH contact is established), and on-scene personnel.

1. A minimum of 15 minutes ground travel time to the appropriate hospital, and
2. ~~T~~the ~~air unit~~helicopter can deliver the patient to the hospital in a shorter time than the ground unit, based on the time that the patient is ready for transport. This decision should be based on the following formula:

X minutes ETA to scene
\+ X minutes air transport time to hospital
\+ 10 minutes loading/unloading/transfer to ED

= ETA to hospital for the ~~air unit~~helicopter,

AND

3. Any one or more of the following patient conditions:
   a. Patients with potentially critical traumatic injuries.
   b. Hypotension/shock.
   c. Spinal cord injuries with neurologic dysfunction.
   d. Vascular compromise in a limb or amputation.
   e. Snake bite with signs of significant evenomation.
   f. Unstable near drowning.
   g. Status epilepticus refractory to medications.

h. Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation).

i. Critical thermal burns.

j. Critical respiratory patients.

k. Barotrauma (watch altitude).

l. Uncontrolled hemorrhage.

m. Any other injuries or medical problems in areas inaccessible to (or with prolonged ETA times for) ground units.

n. Other conditions subject to the approval of the Base base Hospital hospital physician or the highest medical authority on scene.

B. Contraindications to transport

1. Patients contaminated with hazardous materials.

2. Potentially violent patients or those with behavioral emergencies.

3. Stable patients (except in back country areas inaccessible to ground units).

4. When ground transport time is equal to or shorter than air transport time.

C. Relative Contraindication contraindications to transport

1. Patients in cardiac arrest.

2. Transports from heavily populated areas.

3. Transports for which, prior to departing the scene, conditions exist such that helicopter arrival at the intended destination is uncertain.

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

D. Information about the patient(s) condition, level of medical personnel staffing the air unithelicopter, and ambulance staffing is reviewed by medical and public safety personnel.

E. Base Hospital (BH) contact should be attempted for information to BH or for medical control. If Advanced Life Support personnel are unable to establish BH contact, Communication Failure Protocols should be followed.

F. Provider agencies which utilize medical flight crew members who have an expanded scope of practice (physicians/RNS) beyond EMT-Paramedic scope of practice may utilize specific treatments/procedures only upon prior written approval by the VC EMS Agency. In such cases, notification to the receiving hospital shall be made and base hospital medical direction is not required.

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

1. An EMT-P must accompany the patient if ALS procedures are initiated and no physician is present.
2. If ALS procedures are begun on scene, at least one ALS responder will accompany the patient to the hospital.
3. In a multi-casualty incident situation, a patient who has had an IV started that does not contain any additives may be transported by an EMT-I. If ~~air unit~~helicopter personnel are not certified to the EMT-I level, an EMT-I must accompany the patient on the ~~air unit~~helicopter if ~~air unit~~air transport is needed.
4. Destination will be determined by the BH, on-scene physician, EMS personnel, and pilot, taking into consideration the patient's condition, flight conditions, and any other factors necessary.

H. Patients with traumatic injuries who are to be transported by air shall be triaged prior to transport, and according to VCEMSA Policy 1405, Field Triage Decision Scheme.

1. Patients with traumatic injuries that meet Steps 1-3 of the Field Triage Decision Scheme and require helicopter transport **SHALL** be transported to a trauma center. Helicopter personnel may determine on a case-by-case basis which trauma center is the closest and most appropriate destination. Base hospital contact with the destination trauma center shall be initiated by the caregiver(s) staffing the helicopter. Although for occasional incidents the most appropriate destination hospital may be outside the county, it is preferred that trauma patients involved in incidents within Ventura County are transported to a Ventura County trauma center.
2. For patients whose traumatic injuries meet Step 4 "Special Considerations," of the Field Triage Decision Scheme, an on-scene paramedic shall contact the base hospital in whose catchment area the incident occurred. Destination will be determined by the base hospital MICN or ED physician. If the patient is directed other than to the regular catchment base hospital, the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report.
3. If a helicopter is transporting an injured patient to a trauma center and is unable to complete the transport due to weather, mechanical or safety issues, or any other factor that was impossible to predict prior to the helicopter lifting from the scene, the helicopter will notify FCC as soon as safely possible to arrange an alternate LZ and for a ground ambulance rendezvous with the helicopter. Medical personnel staffing the helicopter shall retain responsibility for patient care until transfer of care to ground ambulance personnel is accomplished. The ground ambulance shall then transport the patient to the trauma center.