

Public Health Administration
Large Conference Room
2240 E. Gonzales, 2nd Floor
Oxnard, CA 93036

Pre-hospital Services Committee
Agenda

August 13, 2009
9:30 a.m.

I.	Approve Agenda
II.	Minutes
III.	Medical Issues
A.	STEMI Update
B.	Cardiac Arrest Improvement 2009
C.	Other
IV.	New Business
A.	Other
V	Old Business
A.	CPR Competency Testing – A. Salvucci
B.	CARES Project Update – A. Salvucci
C.	ART/BART Report – A. Salvucci
D.	Trauma System Update – S. Carroll
E.	Impedance Threshold Device/King Airway Study – D. Chase
F.	Policy 420: Receiving Hospital Standards
G.	Policy 612: Notification of Exposure to a Communicable Disease
H.	Other
VI	TAG Report
VII	Policies for Review
A.	Policy 110: County Ord. No 4099 Ambulance Business License Code
B.	Policy 210: Child, Dependent Adult, or Elder Abuse Reporting
C.	Policy 323: MICN: Authorization Challenge
D.	Policy 351: EMS Update Procedure
E.	Policy 506: Advanced Life Support Vehicle
F.	Policy 619: Safely Surrendered Babies
G.	Policy 715: Needle Thoracostomy
H.	Policy 716: Use of Pre-Existing Vascular Access Devices
I.	Policy 1002: Inability to Make or Maintain Base Hospital Contact Report Form
J.	Other
VIII.	Agency Reports
A.	ALS Providers
B.	BLS Providers
C.	Base Hospitals
D.	Receiving Hospitals
E.	ALS Education Programs
F.	EMS Agency
G.	Other
IX.	Informational Topics
A.	Other
X.	Closing



**TEMPORARY
PARKING PASS
Expires August 13, 2009**

**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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2240 Gonzales Rd. location

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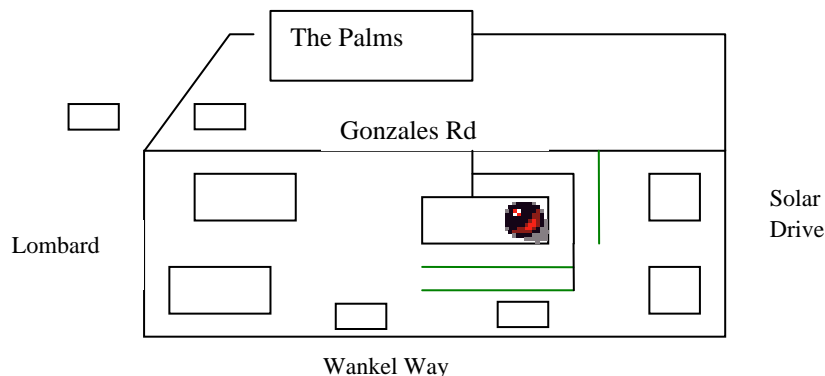
2100 Solar Drive

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Public Health Administration
 Large Conference Room
 2240 E. Gonzales, 2nd Floor
 Oxnard, CA 93036

Pre-hospital Services Committee
 Minutes

June 11, 2009
 9:30 a.m.

Topic	Discussion	Action	Assigned
I. Approve Agenda	It was M/S/C (T. Norton/M. Mundell) to approve the agenda as submitted.		
II. Minutes	It was M/S/C (E. Grap/T. Norton) to approve the minutes as submitted.		
III. Medical Issues			
A. STEMI Update	Good improvement in door to balloon time for patient being transferred. Once we get a solid 50% we will publish. Now asks that patients with shockable rhythms with pulse rhythm, to SRC. Working on standardized policy, take to cath lab regardless of mental status.		
B. Cardiac Arrest Improvement 2009	If an ambulance is in the ER, there is no problem to having that ambulance transfer the patient. FCC needs to be notified. If ambulance is in ER they are not considered available according to FCC. This is an educational issue.		
C. Other	K. Haddock introduced Katy Pallotto from VNC. Tom Duncan, VCMC, was introduced as Co Director of Trauma Services Naomi Juan was introduced as SJPVH – ER Critical Care		
IV. New Business			
A. PSC Chairperson Voting	Ballots distributed. Nominating committee will tally ballots.	New chairperson for this committee is Dede Utley.	
B. Other			
V Old Business			
A. CPR Competency Testing	Dr. Salvucci stated that he would like all EMS personnel tested by September 1. EMS staff will then make surprise visits to stations and test personnel for competency. We will then decide frequency of compliance. EMS will have a Smartman mannequin set up at the office. All personnel certifying through EMS will be tested and expected to pass prior to certification. They will not get to practice first. After testing is completed we will decide how we proceed further. At this point we are gathering information only. New paramedics, no changes to 315 yet.		
B. CARES Project	Jenny Hoffman is the point person to get data entered into CARES. We		Agenda item

Update – A. Salvucci	are seeing an improvement. There are 15 Cares Sites and we were number 4. We will have firm numbers for 2008 and first quarter 2009 next meeting.		
C. ART/BART Report – A. Salvucci	EMS has had a number of conversations with Dan Davis. Hope to get Dan up next month to film him to explain the process. Nick Clay is working on the educational program. We will work on BART first and then ART. AHA may be interested in participating in the program as they see the additional value for EMT and Paramedics. No resolution on the Silverstein issue..		
D. Trauma System Update	Trauma Working Group met on Monday. We are finalizing the RFP as well as minor changes to the proposed policies. Our goal is to have the RFP ready for distribution in the next month. It will then take a couple months to review the RFPs. We need to then decide on an evaluation process and whether we can use ACS. If ACS does not review the RFPs we will then need to come up with a group to complete the evaluation.		
E. Impedance Threshold Device/King Airway Study – D. Chase	<p>There is a partial funding source along with VNC so we will be able to fund the equipment side. We will be able to supply all BLS with King Tube, and all ALS with ITD. Training fits into CPR training and an arrest patient. Training should not be a cost issue. We are at the end of the timeframe to start the study.</p> <p>National study will conclude in the next 6 months. The study will dictate whether we would adopt usage of the equipment. This study is not using the same protocols. We should approach 360 cases in 18 months. We are going to do continuous compression, king tube placement and then rescue pod. King Tube should be used as a BLS airway. This would be a valuable part of the study. 6-12 months into study we could adapt to not use the ITD. We are hoping to involve Santa Barbara County which would give us the 420 patients. What is our stat using King Tube</p>	<p>All EMTs will be able to use the King Airway. This is in State scope for EMT however it is considered a trial study as the ITD is not. The devices will be utilized for all full arrest greater than 18 only. All QI forms will be completed. 911 responders only for study. Ambulance EMTs will get the training. King Airway is our primary tube. Start date will be sometime in August dependent on ordering supplies and training. Trial will be for a period of 18 months.</p> <p>For study, ambulance providers will not need to restock.</p> <p>EMS will contact providers to</p>	Stats for King Tube will be sent to committee.

	<p>countywide? Early on around 90%. Santa Barbara is in the 95%. We should see a relatively high placement on first try. BLS will try and then if not placed, will set aside and ALS will try. Success rates will be sent to committee. This is labeled as a trial study because of the State requirement. We are changing the practice because it is a way to help a patient. Equipment is being provided for the study. There is still the issue of long term funding.</p>	<p>see if they would like to participate.</p>	
F Other			
VI TAG Report	<p>All studies are continuing. There has been a subcommittee formed to standardize the 705 protocols. CQI newsletter was e-mailed.</p>		
VII Policies for Review			
A. Policy 106: Development of Proposed Policies/Procedures; Amendments to Existing Policies			Approved with change
B. Policy 342: Notification of Personnel Changes – Provider			Approved as submitted
C. Policy 420: Receiving Hospital Standards	<p>Page 2. Who verifies ATLS, etc? Checklist gets sent out. We have not audited but form is sent out. No site visit.</p> <p>Page 2, a-2. AOP (Osteopath) or AAEM are they approved. These are ABS boards. Will need to research.</p> <p>Page 2 - 11 – agreed 24 hour basis emergency medicine? B. full time staff – 120 hours per month. 4 of 7 doctors would meet the requirement. OVH</p>	<p>Accepted county equivalent will be added with ACLS requirements. Add to both physician and nurse???</p> <p>BH Paramedic committee will be removed.</p> <p>Page 1 – 2a and 3 accredited by The Joint Commission remove rest.</p>	Agenda

	<p>needs a grant for exception. How do they get it? AS and BP will discuss. Do not have 2 MDs on site 24/7. Basic = on duty.</p> <p>Would ART/BART be added i.e. Accepted county local training requirements?</p>		
D. Policy 430: STEMI Receiving Center (SRC) Standards	CA information should be added.		Approved with change
E. Policy 440: Code STEMI Interfacility Transfer	Page 1 4a1b. Preprinted template order sheet. This is an issue with CMH. It is being worked on. This is not causing a delay. Can be a checklist not everything has to be given. Order sheet vs. flow sheet.	420 not 410.	Approved Agenda item at next STEMI meeting.
F. Policy 504: BLS And ALS Unit Equipment and Supplies	<p>#C ALS equipment. Two-way radio hosp contact, only ambulance has. This will probably be deleted.</p> <p>Fluids premixed dopamine. We can remove 250 saline bags. Drop or replace with Albuterol. Remove 250 bags. What is fail safe for not over hydrating a child.</p> <p>Optional – blood tubes should be removed.</p> <p>Aspirin listed 2x.</p> <p>Suggested to drop Lasix. This would have to be changed in all other policies. No change at this time.</p> <p>Hi dose Epi, why are we keeping. This will be kept. Any drugs removal request, we need to bring up the 705 as well.</p>	<p>Replace with 500 bags.</p> <p>Remove blood tubes.</p> <p>Remove aspirin 162 – Steve will make change.</p> <p>ALS Equipment, remove Autovent, change to portable ventilator.</p>	approved

	Paralytic agent suggest for removal. This will remain as we could end up with an air ambulance provider.		
G. Policy 716: Use of Pre-existing Vascular Access Devices			Approved
H. Policy 723: Continuous Positive Airway Pressure (CPAP)			Approved
I. Policy 1001: EMT-P/BH Communication Record			Approved
J. Policy 1203: Criteria for Patient Emergency Transport		<p>Correct title to Criteria for patient emergency transport by helicopter.</p> <p>Purpose - change air unit to helicopter.</p> <p>Change thermal to critical burns.</p> <p>Need more information regarding prolonged ambulance arrival after helicopter has assessed patient and patient does not qualify for transport via helicopter. This may be covered under 'm' on page 2. Need clarification for how long a the helicopter has to wait for the ambulance to arrive.</p> <p>Add cardiac arrest to page 2, relative contraindication.</p>	Agenda
K. Policy 1204: EMS Aircraft Classification			Approved as submitted

L. Policy 1205: Air Unit Specifications Equipment and Supplies			Approved as submitted
M. Other			
VIII. Agency Reports			
A. ALS Providers	VNC - 11 CA saves this year. VEN – 5-6 CA saves this year.		
B. BLS Providers	No report		
C. Base Hospitals	SJPMC - Field care audit will be held on June 26 at SFRMC. Prior to Field Care Audit there will be a lecture on child birth and deliver. SVH: Lecture on June 30 on helicopter safety VCMC – Lecture on drowning June 22		
D. Receiving Hospitals	OVCH - ER open end of summer.		
E. ALS Education Programs	Class just finished graduation. Meredith thanked all providers for their assistance as well as those who showed their support at graduation. A new class will be starting in August.		
F. EMS Agency	<p>EMS Update – There were a few who did not attend. When we send out notices, please ensure your employees go. One PCC offered an additional update. Striving for 100%.</p> <p>Ambulance contracts – The contracts went to the Board of Supervisors this week and all received an addition two year extension on their contracts.</p> <p>Reddinet – Web version is available. Can login from anywhere with web access.</p> <p>Swine flu - Polling will be turned off today. We will be revisiting this in the fall. We had some issues with the poll. We need to better understand what we are asking. Sentences cut off. Numbers were all over the place. Need a definition of what we are looking for with numbers. WHO has increased it to Level 6. What we do not do on a regular basis, we need to have proper protective procedures on all cases. We had confirmed exposure to probable cases.</p> <p>Zoll – Medical task force will meet tomorrow. We are moving forward. Infrastructure seems fairly good. Probably a couple months before go live.</p> <p>EMEDS – If you are having problems with connection, please call the office. The last couple times the program has shut itself off.</p> <p>Radio Frequencies – We are reviewing medical net and SAR that EMS is paying each year. These are very rarely utilized. May be eliminating</p>		

	<p>these, under review. If cell systems go down, we are looking at cheaper alternatives. When SPA came back on line their radio disappeared. It cost us \$400 to bring into service. As radios go down, we will have to replace. System is old.</p> <p>EMS Specialist – A candidate has been offered the position. Hoping for a July 13 start date.</p> <p>Vacation – Steve announced that he will be going on vacation starting Thursday and will return in two weeks.</p>	
G. Other		
IX. Informational Topics	<p>Some discussion regarding changing seating arrangement.</p> <p>Removing provider refreshment.</p>	
A. Other		
X. Closing	Meeting adjourned at 11:57	

Respectfully submitted,

Debra Haney

Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

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

Ventura County Cardiac Arrest Initiative – 2009	
February 6, 2009	Status August 6, 2009
Goal: To improve neurologically intact (CPC 1 or 2) survival after sudden cardiac arrest and to exceed national benchmarks.	
A. 911/Dispatch	
1. RED project – improving wireless 911 call response by routing calls directly to the local primary PSAP.	Underway
2. MPDS – shorter caller interrogation to reduce Call-to-CPR and Call-to-Dispatch intervals.	New version installed. Assessing performance.
3. Dispatch – quicker call processing and dispatch for “E” calls.	Assessing performance
B. Bystander	
1. CPR Training. Increasing the number of CPR-trained individuals, from grammar school students through seniors. Identify target groups.	Pending
C. PAD Programs	
1. Locate, CAD integration.	
2. Health Club compliance w/ statute (H&S Code §104113).	Pending
3. Organize, revise training standards.	Pending
D. EMS Response	
1. Critical calls will receive closest ALS response.	Completed
2. Measuring and improving call-to-enroute times.	In progress
3. Reassign EMS units to “E” calls.	In progress
E. Treatment	
1. ART/BART training programs to be implemented by end of year.	In progress
2. CPR – improved training w/ competency testing. Has begun, plan completion of first round within 3 months.	Completed
3. Minimizing chest compression interruptions. Improved training, possible mandatory rhythm strip review and debriefing.	Review process started
4. Evaluate “Hands-On Defibrillation”	Pending
5. Emphasize immediate aggressive on-scene treatment –transport primarily after ROSC.	Completed
6. Consider IO – begin discussion w/ ambulance providers.	In progress
7. Evaluate King as primary airway in SCA.	Part of Study
8. Consider trial of LMA Supreme.	Not at this time
9. Evaluate patients on whom resuscitation begun re: determination of death policy.	Pending
F. Transport	
1. Transport of patients who were successfully defibrillated and now with ROSC to “SCA Center” – whether or not STEMI.	Completed
G. Hospital	
1. Evaluate therapeutic hypothermia as treatment option	In discussion @ STEMI CQI
2. Consider using Neumar et al (Circ. 2Dec08) as SCA-center standards.	In discussion @ STEMI CQI
H. Evaluation/Feedback	
1. CARES	Ongoing
2. Establish VC SCA database – to include items not in CARES (e.g., call taking/dispatch times, drug administration, CPR quality/interruptions)	In progress
a. Possible grant from AHA/ASA	Under evaluation

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED: Administration:	Barry R. Fisher, MPPA <u>Steven L. Carroll, EMT-P</u>	Date: 12/01/07
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: 12/01/07
Origination Date:	April 1, 1984	
Date Revised:	September 13, 2007	Effective Date: December 1, 2007
Review Date:	September, 2007	

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- II. POLICY:
- A. A Receiving Hospital, approved and designated by the Ventura County, shall:
1. Be licensed by the State California as an acute care hospital.
 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 3. Be accredited by ~~the~~ The Joint Commission ~~on Accreditation of Healthcare Organizations~~.
 4. Operate an Intensive Care Unit.
 5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department M.D. and consultant M.D.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics
 6. Have operating room services available within 30 minutes.
 7. Have the following services available within 15 minutes.

X-Ray	Laboratory	Respiratory Therapy
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 8. Evaluate all ambulance transported patients promptly, either by RH MD, PMD or other qualified medical personnel designated by hospital policy.
 9. Have the capability at all times to communicate with the ambulances and the Base Hospital.

10. Designate a Receiving Hospital Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
 - a. Be regularly assigned to the Emergency Department.
 - b. Have knowledge of VC EMS policies and procedures.
 - c. Coordinate Receiving Hospital activities with Base Hospital, Prehospital Services Committee (PSC), and VC EMS policies and procedures.
 - d. Attend, or have designee attend, ~~Base Hospital Paramedic Committee and the Prehospital Services Subcommittee~~ PSC meetings.
 - e. Provide Emergency Department staff education.
 - f. Schedule medical staffing for the Emergency Department on a 24-hour basis.
11. Agree to provide, at a minimum, on a 24-hour basis, a physician specializing in Emergency Medicine and a Registered Nurse that meets the following criteria:
 - a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) Be certified by the American Board of Emergency Medicine or equivalent, or have all of the following:
 - a) Have ~~and maintain current~~ successfully completed an Advanced Cardiac Life Support ~~certification~~ course within the previous two years.
 - b) Have ~~and maintain current~~ successfully completed an Advanced Trauma Life Support ~~certification~~ course within the previous four years.
 - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - 3) Full-time resident physicians working in their own institution's Emergency Departments whose function as backup to Advanced Life Support personnel shall fulfill Section 11.a and shall be senior (second and third year) residents.
 - b. Receiving Hospital Emergency Departments shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 420-96 hours per month or more, and/or
 - 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine, or, in the rural community hospital setting, those working a minimum 48 hours per month in addition to other clinical practices, such as private office practice or clinics.

- a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED MD.
 - d) During period of double coverage, the whole shall be met if one of the MD's meets the above standards.
- c. All Receiving Hospitals Registered Nurses shall:
- 1) Be regular hospital staff assigned solely to the Emergency Department for that shift.
 - 2) Have successfully completed an Advanced Cardiac Life Support course within the previous two years.~~Maintain current Advanced Cardiac Life Support certification.~~
- d. All other nursing and clerical personnel for the Emergency Department shall have successfully completed a Basic Life Support course within the previous two years.~~maintain current Basic Cardiac Life Support certification.~~
- e. Sufficient licensed personnel shall be utilized to support the services offered.
- 12 Cooperate with and assist the PSC and VCEMS Medical Director in the collection of statistics for program evaluation.
- 13 Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the approved Ventura County documentation system record~~Prehospital Care Record~~, Paramedic Base Hospital communication form (from the Base Hospital), and documentation of a Base Hospital telephone communication with the Receiving Hospital.
- 14 Participate with the Base Hospital in evaluation of paramedics for reaccreditation.
- B. There shall be a written agreement between the Receiving Hospital and VCEMS indicating the commitment of hospital administration, medical staff, and emergency

- department staff to meet requirements for Advanced Life Support program participation as specified by VCEMS policies and procedures.
- C. VCEMS shall review its agreement with each Receiving Hospital at least every two years.
 - D. VC EMS may deny, suspend, or revoke the approval of a Receiving Hospital for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
 - E. The VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
 - F. A hospital that applies to become a Receiving Hospital in Ventura County must meet Ventura County Receiving Hospital Criteria and agree to comply with Ventura County regulation.
 - 1. Application:
Eligible hospital shall submit a written request for Receiving Hospital approval to the VC EMS, documenting the compliance of the hospital with the Ventura County Receiving Hospital
 - 2. Approval:
Program approval or denial shall be made in writing by VCEMS to the requesting Receiving Hospital within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
 - G. Advanced Life Support Receiving Hospitals shall be reviewed on an annual basis.
 - 1. All Receiving Hospitals shall receive notification of evaluation from the VCEMS.
 - 2. All Receiving Hospitals shall respond in writing regarding program compliance.
 - 3. On-site visits for evaluative purposes may occur.
 - 4. Any Receiving Hospital shall notify the VCEMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

	YES	NO
A Receiving Hospital, approved and designated by the Ventura County , shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations.		
4. Operate an Intensive Care Unit.		
5. Have the following specialty services available at the Receiving Hospital or appropriate referral hospital (at the discretion of the Receiving Hospital M.D. and consultant M.D.) within 30 minutes:		
• Cardiology		
• Anesthesiology		
• Neurosurgery		
• Orthopedic Surgery		
• General Surgery		
• General Medicine		
• Thoracic Surgery		
• Pediatrics		
• Obstetrics		
6. Have operating room services available within 30 minutes.		
7. Have the following services available within 15 minutes.		
• X-Ray		
• Laboratory		
• Respiratory Therapy		
8. Evaluate all ambulance transported patients promptly, either by RH MD, PMD or other qualified medical personnel designated by hospital policy.		
9. Have the capability at all times to communicate with the ambulances and the Base Hospital.		
10. Designate a Receiving Hospital Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of local VCEMS Advanced life Support policies and procedures.		
c. Coordinate Receiving Hospital activities with Base Hospital, PSC and VCEMS policies and procedures.		
d. Attend or have designee attend Base Hospital Paramedic Committee and PSC meetings.		

	YES	NO
e. Provide Emergency Department staff education.		
f. Schedule medical staffing for the Emergency Department on a 24-hour basis.		
11. Agree to provide, at a minimum, on a 24-hour basis, a physician specializing in Emergency Medicine and a Registered Nurse. A physician who is Board certified or fulfills the criteria in item 13b shall be considered a specialist in Emergency Medicine.		
a. All Emergency Department physicians shall:		
1). Be immediately available to Emergency Department at all times.		
2). Be certified by the American Board of Emergency Medicine or have all of the following:		
a). Have and maintain current Advanced Cardiac Life Support certification.		
b). Have and maintain current Advanced Trauma Life Support certification.		
c). Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
3). Full-time resident physician working in their own Institution's Emergency Departments. Resident physicians who function, as backup to Advanced Life Support personnel shall fulfill Section 11.a and shall be senior (second and third year) residents.		
b. Receiving Hospital Emergency Departments shall be staffed by:		
1). Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
2). Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
b) Physicians working in more than one hospital may total their hours		
c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED MD		
d) During period of double coverage, the whole shall be met if one of the MD's meets the above standards.)		
c. All Receiving Hospitals Registered Nurses shall:		
1) Be regular hospital staff assigned solely to the Emergency Department for that shift.		

	YES	NO
2) Maintain current Advanced Cardiac Life Support certification.		
d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.		
e. Sufficient licensed personnel shall be utilized to support the services offered.		
12. Cooperate with and assist the PSC and VCEMS Medical Director in the collection of statistics for program evaluation.		
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Prehospital Care Record paramedicBase Hospital communication form (from the Base Hospital), and documentation of a Base Hospital telephone communication with the Receiving Hospital.		
14. Participate with the Base Hospital in evaluation of paramedics for reaccreditation.		
15. There shall be a written agreement between the Receiving Hospital and VCEMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by VCEMS policies and procedures.		

DRAFT

Physician Name: _____

Date: _____

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the Receiving Hospital Emergency Department at all times.		
2.	Be certified by the American Board of Emergency Medicine or have the following:		
a.	Have and maintain current Advanced Cardiac Life Support certification.		
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c.	It is recommended that Receiving Hospital physicians be ATLS certified.		
3.	Full-time resident physician working in their own Institution's Emergency Departments. Resident physicians who function, as backup to Advanced Life Support personnel shall fulfill Section 14.a and shall be senior (second and third year) residents.		

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED MD)		

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Notification of Exposure to a Communicable Disease		Policy Number 612	
APPROVED: Administration: Barry R. Fisher <u>Steven L. Carroll, EMT-P</u>		Date	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date	
Origination Date: April 27, 1990		Effective Date: June 1, 2007	
Date Revised: December 21, 2006			
Review Date: June, 2009			

- I. PURPOSE: To implement Section 1797.188 of the Health and Safety Code which requires local Health Officers or his/her designee to notify emergency medical technicians-I and Paramedic, lifeguards, firefighters and peace officers when any of them have been exposed to a person with a reportable disease which can, as determined by the Health Officer, be transmitted through oral contact, secretions of the body and blood.
- II. AUTHORITY:
- III. DEFINITIONS:
- A. "Prehospital Care Personnel" – emergency medical technicians, paramedics, lifeguards, firefighters and peace officers, whether volunteers, partly paid or fully paid.
- B. "Exposure" – any contact that is likely to transmit a communicable disease from one person to another; for instance, being stuck by a needle that is contaminated with the blood of another person, having blood splashed into the eye, mouth or onto skin that has a fresh wound, a weeping rash, skin that is not intact or giving mouth-to-mouth resuscitation to a person with an infection of the mouth, throat or lungs.
- C. "Health Facility" – any facility which provides in-patient medical care and which receives patients following care by emergency prehospital personnel.
- IV. POLICY: It shall be the policy of the Health Officer of Ventura County to notify any person who renders emergency care or rescue services to another individual if through the emergency care services to another individual if through the emergency care that individual might have been exposed to a reportable communicable disease in a manner which could transmit the disease. This notification shall follow the procedure outlined below. The name of the person infected with the communicable disease will not be released by the Health Officer. If the person infected with the communicable disease dies, the health facility in which the death occurred should notify whoever removes the body, either the funeral home director or the coroner of the pertinent diagnosis.

As an alternative and at the request of the health facility, the Health Officer or his/her designee shall notify the coroner or funeral director of a communicable disease diagnosis. This notification should occur either before or at the time of removal of the body.

V. PROCEDURE:

NOTIFICATION OF PREHOSPITAL PERSONNEL

A. Responsibilities of Emergency Workers:

The emergency or rescue person who believes he/she has been exposed to a person infected with a communicable disease must provide the ambulance crew transporting the patient or the hospital personnel receiving the patient with the following information:

- Name of person exposed
- Locating information such as occupation, employer, work phone or employer message phone
- The nature of the exposure (i.e., needle stick, mouth-to-mouth resuscitation, blood splatters, etc.).

B. Responsibilities of Health Facilities:

Each health facility is responsible for developing internal procedures to document instances where emergency or rescue personnel have been exposed to reportable communicable diseases by patients brought to their facility. Each health facility must also ensure follow-up reports are sent faxed in a timely manner to the Public Health Communicable Disease Office at 2240 E. Gonzales Rd. #220, Oxnard CA, 93036, ~~or~~ fax number ed to 805-981-5200.

All cases which fit the criterion for reporting as stated above shall also be reported by phone to Public Health Services at 805-981-5201 Monday through Friday from 8:00 a.m. to 5:00 p.m. If this occurs on holidays, weekends or evenings, Public Health Services shall be notified at 8:00 a.m. on the first business day following exposure or for emergent reporting (e.g. meningococcal disease) the general Public Health number 805-981-5201 should be called to reach the Public Health Manager on-call. The information required to be reported shall include:

- All the information presently required on the Confidential Morbidity Report (CMR) of the State of California (see attachment).
- The name, locating information and nature of the exposure of the emergency or rescue person thought to be exposed

This information will need to be kept by the health facility so that the patient can be tracked until it is determined that they were or were not infected with a communicable disease.

C. Responsibilities of the Health Officer:

The Health Officer or his/her designee will notify the prehospital emergency or rescue worker of any pertinent communicable disease exposure and make recommendations for needed prophylaxis or follow-up health care.

DRAFT



Confidential Morbidity Report

(Please see back page for instructions)

Today's Date: _____

Reporting facility/MD: _____

Submitted by: _____

Office Phone #: _____ Office Fax#: _____

Comments: _____

Important Notice:

The information is intended only for the use by the office checked below. If you are not the recipient, please deliver it to the intended recipient. You are hereby notified that any disclosure, copying, dissemination, distribution or the taking of any action in reliance on the contents of this transmitted information is strictly prohibited.

- Communicable Disease Division**
 Phone # (805) 981-5201
 Fax # (805) 981-5200
- TB Office**
 Phone # (805) 385-9151
 Fax# (805) 385-9145

DO NOT FAX CASES OF AIDS
Please telephone
AIDS Surveillance (805) 652-3313

Diagnosis/Reportable Condition: _____			
_____ / _____ / _____ Date of onset	_____ / _____ / _____ Date of diagnosis		
_____ / _____ / _____ Date of Death			
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Delivery Date _____ / _____ / _____			
Gender	Ethnicity/Race		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> American Indian <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Multi Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Not specified		
Last Name: _____ First Name: _____ Middle name (or initial): _____ Birth Date: _____ / _____ / _____			
Address: _____ City: _____ State: _____ Zip code: _____ Telephone # () _____			
Occupation _____ Social Security # _____ Work Telephone# () _____			
HEPATITIS	Lab Tests	Hepatitis A: anti-HAV IgM <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done Hepatitis B: HBsAg <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done <input type="checkbox"/> Acute anti-HBc <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done <input type="checkbox"/> Chronic anti-HBc IgM <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done anti-HBs <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done Hepatitis C: anti-HCV <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done <input type="checkbox"/> Acute PCR-HCV <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pend <input type="checkbox"/> Not Done <input type="checkbox"/> Chronic <input type="checkbox"/> Hepatitis D <input type="checkbox"/> Other Viral Hepatitis : _____	SEXUALLY TRANSMITTED INFECTIONS Syphilis <input type="checkbox"/> Primary <input type="checkbox"/> Late Latent (>1 yr.) <input type="checkbox"/> Secondary <input type="checkbox"/> Late (Tertiary) <input type="checkbox"/> Early Latent (<1yr.) <input type="checkbox"/> Congenital <input type="checkbox"/> Latent (unknown duration) <input type="checkbox"/> Neurosyphilis Titers: VDRL/RPR _____ FTA/MHA _____ Other _____ <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Untreated <input type="checkbox"/> NGU <input type="checkbox"/> Unable to contact <input type="checkbox"/> PID <input type="checkbox"/> Patient refused <input type="checkbox"/> Chancroid treatment <input type="checkbox"/> Chlamydia <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Pneumonia Treatment Information <input type="checkbox"/> Treated (drugs, dosage, route) _____ Date of Treatment _____ / _____ / _____
TUBERCULOSIS	Occupation/Setting <input type="checkbox"/> Foodhandler <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Other _____ Status <input type="checkbox"/> Suspect <input type="checkbox"/> Definite Site <input type="checkbox"/> Pulmonary <input type="checkbox"/> Non-Pulmonary X-ray <input type="checkbox"/> WNL <input type="checkbox"/> CAV. <input type="checkbox"/> Non-CAV. Date of X-ray _____ / _____ / _____ Tuberculin Skin Test <input type="checkbox"/> Converter Only _____ mm Induration (last 2 yrs. or < age 6) <input type="checkbox"/> Reactor only <input type="checkbox"/> Not Done Date _____ / _____ / _____ Cough/Sputum Production <input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment Information Current Treatment & Dosage <input type="checkbox"/> Untreated <input type="checkbox"/> INH _____ <input type="checkbox"/> will treat <input type="checkbox"/> EMB _____ <input type="checkbox"/> unable to contact <input type="checkbox"/> RIF _____ <input type="checkbox"/> patient refused <input type="checkbox"/> PZA _____ treatment <input type="checkbox"/> Other _____ Date Treatment Initiated: _____ / _____ / _____	

CD Division (805) 981-5200

Use of this form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations, 2500 (rev. 2001). Failure to report is a misdemeanor (Health and Safety Code 120295, formerly 3354), punishable by a fine of not less than \$50 nor more than \$1000, or by imprisonment for a term of not more than 90 days, or by both. Each day the violation is continued is a separate offense. Mark envelope "CONFIDENTIAL" if mailed.

**Acquired Immune Deficiency Syndrome (AIDS) Call (805) 652-3313 or
Mail to: AIDS Surveillance Office, 3147 Loma Vista Road, Ventura, CA 93003**

Within 24 Hours

**of case or suspected case to
be reported IMMEDIATELY.
Weekdays call (805) 981-5201
After hours call (805) 656-9432
and fax to:
CD (805) 981-5200**

Anthrax
Botulism (Infant, Foodborne, Wound)
Brucellosis
Cholera
Ciguatera Fish Poisoning
Dengue
Diarrhea of the Newborn, Outbreaks
Diphtheria
Domoic Acid Poisoning (Amnesic
Shellfish Poisoning)
Escherichia coli O157:H7 Infection
Hantavirus Infections
Hemolytic Uremic Syndrome
Meningococcal Infections
Paralytic Shellfish Poisoning
Plague, Human or Animal
Rabies, Human or Animal
SARS
Scombroid Fish Poisoning
Smallpox
Tularemia
Varicella Deaths
Viral Hemorrhagic Fevers (e.g.,
Crimean-Congo, Ebola, Lassa
and Marburg viruses)
Yellow Fever

OUTBREAKS OF ANY DISEASE

(including diseases not listed here)
Specify if institutional and/or open
community.

OCCURRENCE OF ANY UNUSUAL DISEASE

Adult Respiratory Distress Syndrome
(ARDS)

Within 1 Working Day



Amebiasis
Anisakiasis
Babesiosis
Campylobacteriosis
Colorado Tick Fever
Conjunctivitis, Acute Infection of
the Newborn, Specify Etiology
Cryptosporidiosis
Encephalitis, Specify Etiology: Viral,
Bacterial, Fungal, Parasitic
Foodborne Illness
**Cases or suspected cases of
foodborne illness should be reported
immediately by telephone to:
(805) 654-2813.**
Haemophilus influenzae, Invasive
Disease
Hepatitis A
Listeriosis
Lymphocytic Choriomeningitis
Malaria
Measles (Rubeola)
Meningitis, specify Etiology: Viral,
Bacterial, Fungal, Parasitic
Pertussis (Whooping Cough)
Poliomyelitis, Paralytic
Psittacosis
Q Fever
Relapsing Fever
Salmonellosis (Other than Typhoid
Fever)
Scabies (Crusted/Norwegian)
Shigellosis
Streptococcal Infections (Outbreaks
of any type and individual cases in
food handlers and dairy workers
only)
Swimmer's Itch (Schistosomal
Dermatitis)
Syphilis
Trichinosis
Tuberculosis
Typhoid Fever, Cases and carriers
Vibrio Infections
Water-associated disease
West Nile Virus
Yersiniosis

Within 7 Calendar Days from the time of identification

Chancroid
Chlamydial Infections
Coccidioidomycosis
Cysticercosis
Echinococcosis (Hydatid Disease)
Giardiasis
Gonococcal Infections
Hepatitis B (Specify acute case or chronic)
Hepatitis C (Specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute, viral
HIV
Kawasaki Syndrome (Mucocutaneous
Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen's Disease)
Leptospirosis
Lyme Disease
Mumps
Non-Gonococcal Urethritis (Excluding
Laboratory Confirmed Chlamydial
Infections)
Pelvic Inflammatory Disease (PID)
Reye's Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
Typhus Fever

NON-COMMUNICABLE DISEASES OR CONDITIONS

- Alzheimer's Disease and related conditions.
- Disorders characterized by lapses of consciousness.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: COUNTY ORDINANCE NO. 4099 AMBULANCE BUSINESS LICENSE CODE		Policy Number 110	
APPROVED: Administration	 Barry Fisher, MPPA	Date: 12/01/07	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 12/01/07	
Origination Date:	July 10, 1994	Effective Date:	December 1, 2007
Revised Date:	September 13, 2007		
Review Date:	September, 2009		

See following pages.

ORDINANCE NO. 4099

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

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

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

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

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

Section 2423 - GENERAL PROVISIONS

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

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

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

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

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

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

Section 2423-2 - Ambulance Operators and Personnel

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ord. 4033/215/227.1 April 27, 1993

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

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

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

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

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

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

AYES: Supervisors

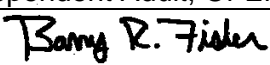

NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

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

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Child, Dependent Adult, Or Elder Abuse Reporting		Policy Number 210	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	June 14, 1984		
Date Revised:	September 11, 2003	Effective Date: November 1, 2003	
Review Date:	November, 2009		

- I. PURPOSE: To define child, dependent adult and elder abuse and outline the required reporting procedure for prehospital care personnel in all cases of suspected child, dependent adult and elder abuse.
- II. AUTHORITY: Welfare and Institutions code Section 15630-15632
- III. POLICY: EMS Provider will report all suspected cases of abuse.
- IV. DEFINITIONS:
 - A. "Abuse of an elder or a dependent adult" means physical abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, isolation, or treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.
 1. "Isolation" means any of the following:
 - a. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor, where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
False imprisonment, as defined in Section 236 of the Penal Code.
Physical restraint of an elder or dependent adult for the purpose of preventing the elder or dependent adult from meeting with visitors.
 - b. The acts set forth in paragraph a. shall be subject to a rebuttal presumption that they do not constitute isolation if they are

performed pursuant to the instructions of a physician licensed to practice medicine in the State of California, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

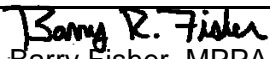

- c. The acts set forth in paragraph a. shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.
2. "Child" means any person under the age of 18 years.
3. "Child abuse" means physical injury which is inflicted by other than accidental means on a child by another person....sexual assault of a child....neglect of a child or abuse in out-of-home care.
4. "Dependent Adult" means any person residing in this state between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
5. "Dependent adult" includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
6. "Elder" means any person residing in this state, 65 years of age or older"
7. "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision © of Section 4980.03 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

8. "Physical abuse means all of the following:
 - a. Assault, as defined in Section 240 of the Penal Code
 - b. Battery, as defined in Section 242 of the Penal Code
 - c. Assault with a deadly weapon or force likely to produce great bodily injury, as defined by Section 245 of the Penal Code
 - d. Unreasonable physical constraint or prolonged or continual deprivation of food or water.
 - e. Sexual Assault, which means any of the following:
 - 1) Sexual battery, as defined in Section 243.4 of the Penal Code
 - 2) Rape, as defined in Section 261 of the Penal Code
 - 3) Rape in concert, as described in Section 264.1 of the Penal Code
 - 4) Incest, as defined in Section 285 of the Penal Code
 - 5) Sodomy, as defined in Section 286 of the Penal Code
 - 6) Oral copulation, as defined in Section 288a of the Penal Code
 - 7) Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
 - f. Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - 1) For punishment
 - 2) For a period significantly beyond that for which the restraint or medication was authorized pursuant to the instructions of a physician licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
9. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate, on his or her training and experience, to suspect child abuse.

V. PROCEDURE:

1. Report by telephone to a county child or adult protective agency (Ventura County Human Services Agency at (805-654-3200) or to a local law enforcement agency immediately or as soon as possible. The telephone report shall include the following:

- a. Name, address, telephone number, and occupation of the person making the report
 - b. Name and address of the victim
 - c. Date, time and place of the incident
 - d. Other details, including the reporter's observations and beliefs concerning the incident
 - e. Any statement relating to the incident made by the victim
 - f. The name of any individuals believed to have knowledge of the incident
 - g. The name of the individuals believed to be responsible for the incident and their connection to the victim.
 - h. Present location of the child
 - i. Nature and extent of the injury
 - j. Information that led such person to suspect child abuse
2. Report in writing to the agency contacted by telephone within two working days of receiving the information concerning the incident.
 3. When two (2) or more persons who are required to report are present and jointly have knowledge of a suspected instance of child, dependent adult or elder abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make such report.
 4. The reporting duties are individual, and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Authorization Challenge		Policy Number: 323	
APPROVED: Administration:	 Barry Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	April 1983	Effective Date: June 1, 2008	
Date Revised:	November 8, 2007		
Review Date:	November, 2009		

- I. PURPOSE: To define the procedure by which a Registered Nurse who is currently authorized as a Mobile Intensive Care Nurse (MICN) in another California County or state may challenge for Ventura County authorization.
- II AUTHORITY: Health and Safety Code 1797.56, 1797.213 and 1798.
- III. POLICY: Authorization as an MICN requires professional experience and appropriate training so that appropriate medical direction can be given to Emergency Medical Technician Paramedic's (EMT-P) at the scene of an emergency.
- IV. PROCEDURE:
 - A. VC EMS shall be notified by the Base Hospital of an MICN wishing to challenge Ventura County MICN Authorization procedures. The employer shall submit the following to Ventura County EMS prior to starting challenge procedure:
 1. Evidence of the candidate's current out-of-county authorization as an MICN
 2. Application (Appendix B)
 3. Record of Continuing Education from the previous authorizing agency, and
 4. BH recommendation (Appendix A)
 - B. A currently certified MICN in another California county shall meet the following requirements for Ventura County authorization:
 1. Professional experience
The candidate shall hold a valid California Registered Nurse license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as a Registered Nurse. Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.

2. Prehospital care exposure

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

- a. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six- (6) months' critical care experience. Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
- b. Have responsibility for management, coordination, or training for prehospital care personnel, or
- c. Be employed as a staff member of Ventura County Emergency Medical Services.
- d. The internship requirement shall be completed within six (6) months of the initiation of the challenge process.

3. Field observation

Candidates shall ride with an approved Ventura County EMT-P unit for a minimum of eight (8) hours. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (See Appendix C).

4. Internship

The candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a Mobile Intensive Care Nurse, the Paramedic Care Coordinator, and/or an Emergency Department physician.

- a. The Radio Communication Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D.)
- b. Upon successful completion of at least ten (10) responses, the responses shall be evaluated by the Emergency Department Director or Paramedic Liaison Physician, the Emergency

Department Nursing Supervisor, and the Paramedic Care Coordinator. All Radio Communication Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS.

5. Employer recommendation
 - a. Mobile Intensive Care Nurse candidates shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician, Paramedic Care Coordinator and Emergency Department Nurse Supervisor.
 - b. Candidates employed by Ventura County Emergency Medical Services shall be recommended by the Emergency Medical Services Medical Director.
6. All recommendations shall be submitted in writing to Ventura County Emergency Medical Services
7. Examination Process
 1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. Candidate will have only one opportunity to pass the examination
- C. After receipt and review of all challenge documents for satisfactory compliance with Ventura County requirements, authorization shall be granted.
- D. The expiration date of the authorization card shall be the same date of the out-of-county authorization card.

LETTER OF RECOMMENDATION
AUTHORIZATION CHALLENGE

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

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

_____ Holds a valid California Registered Nurse License.
_____ Is currently authorized as an MICN in another California County or State in the United States.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

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

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

AUTHORIZATION APPLICATION, OUT OF COUNTY CHALLENGE

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Field Observation Verification
4. Letter of Recommendation
5. Facsimile of out of county MICN Authorization
6. Documentation of completion of Internship
7. Record of Continuing Education during current authorization period from currently authorizing county.

MICN Candidate Signature

Prehospital Care Coordinator

Date: _____

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

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

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

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

EMT-P Signature

EMT-P Signature

MICN Signature

PCC Signature

(Use other side for additional comments)


RADIO COMMUNICATION PERFORMANCE EVALUATION FORM

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

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

VERIFICATION OF INTERNSHIP COMPLETION


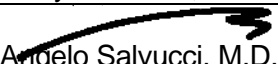
_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows: <table style="margin-left: 20px; width: 80%;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH RADIO COMMUNICATION PERFORMANCE EVALUATION FORM								
Signatures: <table style="margin-left: 200px; width: 60%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width: 20%; text-align: center; vertical-align: bottom;">BH Medical Director/Paramedic Liaison Physician</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width: 20%; text-align: center; vertical-align: bottom;">Prehospital Care Coordinator</td> </tr> </table>				BH Medical Director/Paramedic Liaison Physician		Prehospital Care Coordinator		
	BH Medical Director/Paramedic Liaison Physician							
	Prehospital Care Coordinator							

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: EMS Update Procedure		Policy Number 351	
APPROVED: Administration: Barry R. Fisher		Date 10-27-06	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date 10-27-06	
Origination Date: February 9, 2005		Effective Date: December 1, 2006	
Date Revised: August 10, 2006			
Review Date: June, 2008			

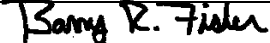

- I PURPOSE: To establish a standard for the method, design, approval, and delivery of information to EMS personnel on new and amended policies as well as general EMS information.
- II AUTHORITY: Ventura County Emergency Medical Services Agency (VC EMS Agency).
- III POLICY: VC EMS Agency will develop a method by which all EMS providers will be notified of changes or amendments in County EMS policies as well as general EMS information.
- V PROCEDURE:
 - A. EMS Update will be presented in May and November of each year.
 - 1. Dates, times and locations for EMS Update will be determined by the base hospital PCCs and submitted to VC EMS Agency and providers no later than 30 days prior to the presentation of the first EMS Update.
 - 2. Each base station shall offer a minimum of three EMS Updates in May and in November.
 - B. EMS Update will consist of the following:
 - 1. All new and revised policies approved by the Prehospital Services Committee since the last EMS Update.
 - 2. Pertinent "information" items discussed at PSC not included in policy updates.
 - 3. Information submitted to the PCCs by the VC EMS Agency
 - C. EMS Update training materials will be designed by the PCCs.
 - 1. Dates and times of the EMS Update design meetings will be submitted to VC EMS Agency by the PCCs

2. A representative from the VC EMS Agency will attend the design meetings.
 3. The PCCs will jointly design a training package including the following materials:
 - a. Power Point Presentation
 - b. Instructional objectives
 - c. Course outline
 - d. Lesson plan
 - e. Method of evaluation (written and/or skills competency based valuation tool).
 4. The final approval process of the EMS Update training package will consist of: PCCs, ALS Representative and a BLS Representative will jointly complete a draft of the training materials delivered to the EMS Agency no less than 2 week prior to the first update presentation. The Review, editing, and final approval of the EMS Update will be done by the VC EMS Staff.
- D. Copies of the final EMS Update will be delivered via email by the VC EMS Agency to the EMS Update training providers prior to the first presentation.
- E. BLS provider Agencies will receive a copy by e-mail to adapt materials for EMT-1 providers.
- F. Changes to EMS Update following approval of final draft.
1. Errors or omissions discovered following release of the final draft by VC EMS would be reported to VC EMS Agency CQI Coordinator who will be responsible for notifying all EMS training providers of the corrected information.
- G. EMS Update Make-Up Session will be held two weeks after the last Update presentation. The Make-Up Session will be held on a date, time and location established by VC EMS Agency.
1. The Power Point training package will used by VC EMS Agency
 2. A written post-test, developed by the PCCs, will be administered by the VC EMS Agency. This test will be submitted to the VC EMS Agency no later then the seventh day following the final EMS Update presentation. A minimum passing score of 85% must be achieved for successful course completion.

3. VC EMS Agency staff will present the Make-Up Session.
- H. Course completion records will include the following:
1. Student course evaluation to be retained by training organization.
 2. A copy of the continuing education roster shall be submitted to the VC EMS Agency immediately after the completion of each course offered.
 3. Documentation of successful course completion for participants.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support (ALS) Support Vehicles		Policy Number: 506	
APPROVED: Administration	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	October 1995	Effective Date: June 1, 2008	
Revised Date:	November 8, 2007		
Review Date:	November, 2009		

- I. PURPOSE: To provide an additional ALS option to a County approved service provider by allowing a single paramedic to provide ALS services without a second paramedic or an EMT-ALS Assist in attendance.
- II. POLICY: At those times when an ALS Support Vehicle (ASV) is either the closest ALS unit to an emergency, for a multi-patient incident, or when a BLS ambulance is being dispatched to a potential ALS call, the paramedic who is operating an ALS Support Vehicle may respond and begin ALS care, and may continue to function as a paramedic during patient transport.
- III. PROCEDURE:
 - A. Dispatch of an ALS Support Vehicle is recommended in the following circumstances:
 1. The ASV is the closest unit to a call.
 2. A BLS ambulance is responding to a call that may require ALS services, and the ASV can make a response which will not delay in trauma, and will not delay inappropriately in other patient conditions, patient transportation to the nearest appropriate medical facility. All delays in transport shall be documented and reviewed by the BH MD or PCC.
 3. During multi patient incidents
 - B. Personnel Requirements
An ASV will be staffed by a paramedic who has been designated as a Level II paramedic in Ventura County.
 - C. Equipment Requirements
An ASV will carry supplies and equipment according to Policy 504.
 - D. Documentation
ASV care shall be documented per Policy 1000.

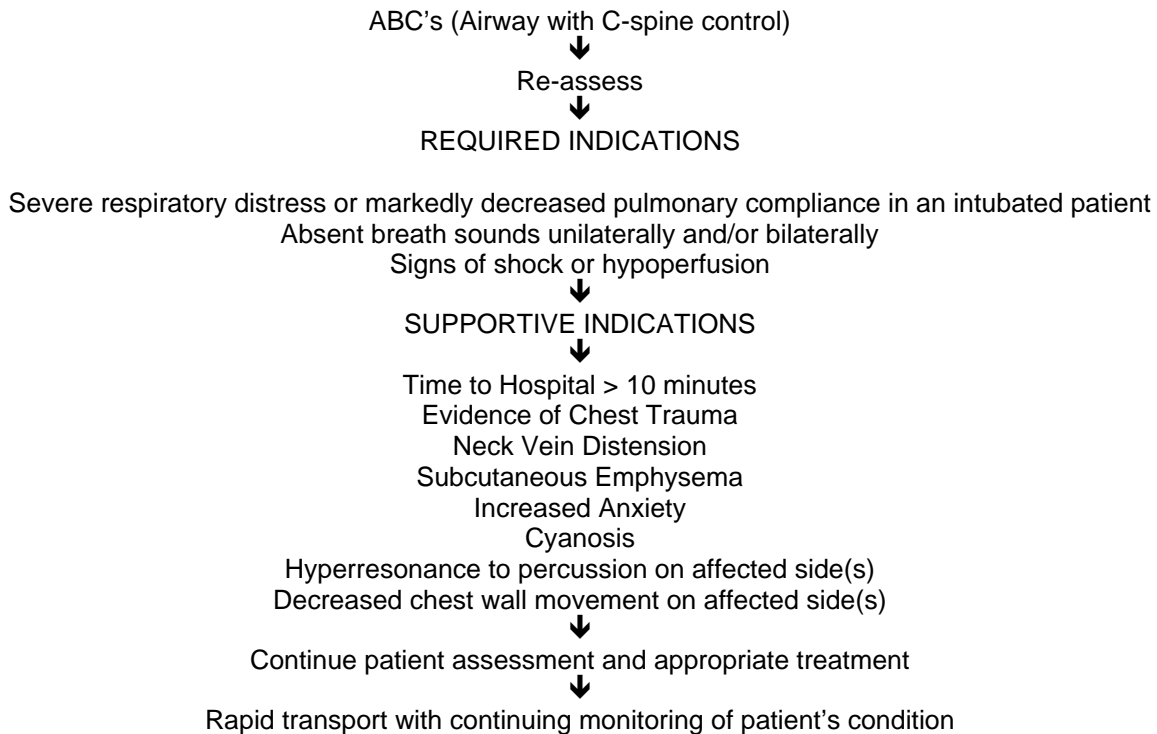
COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Safely Surrendered Babies		Policy Number: 619	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	February 2003	Effective Date: June 1, 2008	
Revised Date:	November 8, 2007		
Review Date:	November, 2009		

- I. **PURPOSE:** This policy outlines the procedures whereby prehospital care providers accept a newborn under the California Safe Haven Law. This law as amended allows a person to surrender a minor child, less than 72 hours old to a person at any *designated* fire station, or emergency room without fear of arrest or prosecution, provided that the infant has not been abused or neglected. According to the law, “no person or entity that accepts a surrendered child shall be subject to civil, criminal, or administrative liability for accepting the child and caring for the child in the good faith belief that action is required or authorized by the bill, including but not limited to instances where the child is older than 72 hours or the person surrendering the child did not have lawful physical custody of the child”.
- II. **AUTHORITY:** 1797.220, 1798 Health & Safety Code; CCR Division 9 Chapter 4, 100175; Senate Bill 1368, Chapter 824, and Statutes of 2000; and Ventura County Board of Supervisor Resolution dated May 6, 2003.
- III. **POLICY:** Emergency Medical Services (EMS) personnel shall follow the procedures outlined in this document to ensure the surrendered infant is protected and medically cared for until delivered to the closest hospital emergency department.
- IV. **PROCEDURE:**
 - A. When an infant is surrendered to a fire station, the personnel shall notify their dispatch center of the situation.
 - B. The dispatch center will dispatch the closest paramedic transport unit.
 - C. Fire station personnel will assess the newborn and treat as needed.
 - D. Initiate first responder form.
 - E. Open the Newborn Safe Surrender Kit, (available at the fire station).
 - F. Place a confidential coded bracelet on the infant’s ankle and wrist. (Record this number on the first responder form)

- G. Provide the surrendering party the inner business reply mail envelope. This contains the Safe Haven medical questionnaire (English and Spanish version), an information sheet and a matching coded, confidential bracelet. Advise the surrendering party that provided that there has been no abuse or neglect, the parent may reclaim the infant within **14 days**, by taking the bracelet back to the hospital. Hospital personnel will provide information about the baby.
- H. Upon arrival of the transport paramedic unit, the fire station personnel will provide a copy of the written report and a verbal report of the infants' care and status.
- I. If the infant appears to be greater than 72 hours old, abused or neglected, accept the infant and provide medical treatment as necessary.
- J. The paramedic transport unit will initiate base station contact and begin transport to the closest appropriate hospital emergency department.
- K. The paramedic transport unit will initiate care and treat the infant as needed.
- L. The paramedic transport unit will complete a PCR via approved Ventura County Documentation System and will record the confidential coded ankle bracelet number.
- M. Upon arrival at the receiving emergency department, the transporting paramedic will provide a verbal and written report.
- N. Receiving hospital personnel will make verbal and written notification to the Ventura County HSA Department of Children and Family Services (DCFS).

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: NEEDLE THORACOSTOMY		Policy Number: 715	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry Fisher, MPPA	Date: 12/01/07	
APPROVED: Medical Director	<i>Angelo Salvucci, MD</i>	Date: 12/01/07	
Origination Date:	Nov 1990	Effective Date: December 1, 2007	
Date Revised:	June 12, 2007		
Review Date:	June, 2009		

- I. PURPOSE: To define field use of Needle Thoracostomy in Ventura County.
- II. POLICY: Needle Thoracostomy may be used according to the following procedures.
- III. PROCEDURE:



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Pre-existing Vascular Device (PVAD)		Policy Number 716	
APPROVED: Administration	<i>Barry R. Fisher</i> Barry Fisher, MPPA	Date: 12/01/07	
APPROVED: Medical Director	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: 12/01/07	
Origination Date:	March 2, 1992	Effective Date :December 1, 2007	
Date Revised:	September 13, 2007		
Review Date:	September, 2007		

- I. Purpose: To define the use of pre-existing vascular access devices (PVAD) by Ventura County Emergency Medical Technician- Paramedics (EMT-P) in the prehospital setting.
- II. Policy: PVADs may be used in the prehospital setting as set forth by this document.
- III. Definition: A PVAD is a heparin/saline lock or an indwelling catheter/device placed into a vein, to provide vascular access for those patients requiring long term intravenous therapy or hemodialysis. Internal subcutaneous indwelling devices are not to be accessed by prehospital field personnel.
- IV. Procedure: After successful completion of an approved Ventura County training module, an EMT-P may access a PVAD and administer normal saline and medications, for a patient with the following conditions:
 - A. Peripheral Vein Heparin/Saline Lock
 1. Any conditions requiring intravenous fluids and/or medications
 - B. Central Vein Indwelling Catheter/Device

Urgent need to administer fluids and/or medications which can only be given by the IV route and a peripheral IV site is not readily/immediately available.
 - C. Hemodialysis Fistula (to be used only in the absence of peripheral or central IV access):

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Inability to Make or Maintain Base Hospital Contact Report Form		Policy Number 1002	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	October 31, 2001		
Date Revised:	November 8, 2007	Effective Date: June 1, 2008	
Review Date:	November, 2009		

- I. PURPOSE: To define the use of the “Inability to Make or Maintain Base Hospital Contact Report Form” by the Ventura County Emergency Medical Service ALS Providers.
- II. POLICY: Situations in which Base Hospital contact cannot be made or maintained will be documented on the “Inability to Make or Maintain Base Hospital Contact Report Form.”
- III. PROCEDURE:
 - A. This form should be used when Base Hospital contact is not made or maintained under the following situations.
 1. No phone
 2. No cellular services
 3. No answer at hospital
 4. Short ETA
 5. Equipment Failure
 6. Other circumstances, which require further explanation or documentation.
 - B. When in areas known to have no cellular phone service, base contact will be made when the ALS unit enters an area with cellular service. If contact is made, completion of this form will not be required.
 - C. The paramedic completing the patient care documentation will complete this form and indicate communication failure reason in the narrative section of the approved Ventura County Documentation System report.

The form will be submitted to the Prehospital Care Coordinator within 12 hours.
The PCC will sign and date the form and forward copies to the ALS provider and VCEMS.

County of Ventura Emergency Medical Services

Inability to Make or Maintain Base Hospital Contact Report Form

Directions: Complete top of form and submit to PCC within 12 hours.

Fire Incident #	Patient Name	ALS Agency	Unit #
------------------------	---------------------	-------------------	---------------

Incident Date	Incident Time	Incident Location
----------------------	----------------------	--------------------------

Team Member #1 Cert # _____	Team Member #2 Cert # _____
---------------------------------------	---------------------------------------

Identify Cause: <input type="checkbox"/> No phone <input type="checkbox"/> No Service <input type="checkbox"/> No Answer at Hospital <input type="checkbox"/> Short ETA <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Other _____
--

Explanation (No Patient Information): _____ _____ _____

Paramedic Signature _____

Base Hospital Evaluation Follow-up:

Emergency Department Diagnosis:
--

PCC Signature _____ **Date** _____

Top Copy – Base Hospital

Middle Copy – ALS Provider

Bottom Copy -- VCEMS