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

Pre-hospital Services Committee
 Minutes

September 10, 2009
 9:30 a.m.

	Discussion	Action	Assigned
I. Introductions	Steve Carroll introduced Robert Snyder as our new EMS Specialist.		
II. Approve Agenda		It was M/S/C (R. Shedlosky/N. Merman) to approve the agenda with a change. <ul style="list-style-type: none"> • Cardiac Arrest was added to agenda under King ITD. 	
III. Minutes		It was M/S/C (N. Clay/M. Mundell) to approve the minutes as submitted.	
IV. New Business			
A. H1N1 – Barbara Spraktes - VCPH	<ul style="list-style-type: none"> • Diane Dobbins will replace Barbara Spraktes for H1N1 presentation. <p>If you get H1N1 you are good for the rest of the flu season unless it mutates. There are no flues out there at this point except for H1N1. Elderly group is not being hit, younger people are. A newsletter is being distributed and you can also sign up for the newsletter by signing up on the PH website. EPO is working on funding for a wide distribution. Flu.gov also has a flyer and you can print from that website. If you think you have the flu, stay home. PH will determine distribution of vaccine. Providers can register to receive the vaccine on website. Understanding that the amount initially will be smaller than what we hoped, each week it will ramp up and ultimately will be widely distributed. There are 5 manufacturers, one is an injectable and the other is a nasal administration. Full immunity after second dose. Need to have full protection for those suspected cases. At this time it is considered to be droplet spread but may be changed to aerosol. It is not resistant to Tami flu but continuing to test. Two walk through flu clinics have been set up, one in Oxnard and one in Simi.</p> <p>Questions: Is the County going to set up alternate clinic sites so patients do not go to ER? At this point, only if we have an outbreak. Hospitals would be setting up alternate care sites, not Public Health. 51% of the population</p>		

		is in the priority group for vaccination. Diane needs the number of personnel to vaccinate.	
B.	CISD – Stephanie Huhn	<p>Presentation made by Larry Modugno, Scott Barish and Stephanie Huhn regarding CISD in the County. The program is dedicated to providing support services in the aftermath of any critical incident and stress among Ventura County service personnel. The program will do individual support as well as team support.</p> <p>Defusing or debriefing. Defusing is done with 8 hours, short, time to vent and decompress, education, may reduce need for debriefing</p> <p>Debriefing is completed within 24-72 hours, last 1.5 to 3 hours; normalize stress response, education and seven stages.</p> <p>CISM Coalition was very active initially, currently only VCFPD and OFD are participating. There are several MH and Chaplains who provide services. The Coalition is peer driven. Coalition is the group that drives the program. Hope to have additional volunteers participate, possibly one person from each agency. It is not a huge commitment. Some agencies may have a structure in place and we are not looking to replace but it would be great if you participate. The more connections we have the better we will be able to handle the aftermath of an event.</p>	
C.	Other		
V.	Medical Issues		
A.	STEMI Update	No Report	
B.	Cardiac Arrest Improvement 2009	No Report	
C.	Other	No items	
VI	Old Business		
A.	CPR Competency Testing – A. Salvucci	Still targeting for next month for spot visits.	
B.	CARES Project Update – A. Salvucci	We are continuing to work with them and enter data.	
C.	ART/BART Report – A. Salvucci	Met with Dan Davis, Baxter Larmen and the head of ACLS and PALS program. Hopefully AHA will be interested in participating. AHA may want Ventura County to role out first program.	
D.	Trauma System Update – S. Carroll	<p>RFP was issued yesterday. RFP will be available on the EMS website in the next couple days.</p> <p>We are at a point of no return; we will have a trauma system.</p>	
E.	Impedance Threshold Device/King	Program has started and staff has been trained. We now have 18 patients in the study. Once in awhile a BLS crew will show up and BVM	

Airway Study – D. Chase	<p>before king airway. Some forget to put ResQPod before inserting the King Airway. This is a way of enhancing circulation; this is not a respiration device. You need to jump on the chest right away. Traumatic full arrest was added if they meet criteria.</p>	
F. Policy 612: Notification of Exposure to a Communicable Disease – Committee Report	<p>Subcommittee met this morning. There is no consistency on how we report within the county. SH has provided a contact list. We will be collecting the CDC and OSHA regulation to request post hospital exposure requirements. How your hospital notifies if possible exposure. We still have the RH policy open for review and this can be added to the policy. Promptly definition will be discussed at EMDAC. Will have an answer next week.</p>	
G. Policy 351:EMS Update Procedure	<p>VCEMS staff changed to Medical Director. Review and final approval by VCEMS Medical Director.</p>	Approved
H. Policy 619:Safely Surrendered Babies	<p>Hospital emergency room is a designation by statute. Board of Supervisor can delegate other areas, VC are designated by Ventura County BOS. Not sure we want to add additional sites? Committee is in favor of leaving as is. If an ambulance agency receives a baby, the ambulance company would ask her to go to the hospital to surrender her baby, but if she is not willing to go, accept the baby and contact law enforcement. Change PCR to approved Ventura County documentation system.</p>	Approved
I. Other	<p>705 Cardiac Arrest – note number 6 is the change. Wording change – Katy will e-mail wording change Angelo. Are all ED physicians familiar with the King and ResQPod? While doing a respiration will leave King Airway in, but with continuous intubation, will switch out. Each hospital needs to discuss with their physicians. Angelo will send a letter out to the ER physicians to strongly suggest continuing with the King and ResQPod. If there is any airway bleeds please notify Angelo and Katy. Medication down the tube needs to be removed. IT ResQPod Katy will correct language.</p>	
VII. TAG Report	Committees are status quo	
VIII. Policies for Review		
A. Policy 705: Airway Obstruction		Tabled for ALS Policy Rewrite
B. Policy 705: Shortness of		Tabled for ALS Policy Rewrite

	Breath			
C.	Policy 705: Snake Bites			Tabled for ALS Policy Rewrite
D.	Other			
IX.	Agency Reports			
A.	ALS Providers	No report		
B.	BLS Providers	No Report		
C.	Base Hospitals	No report		
D.	Receiving Hospitals	CMH: New ER Director, Cheryl Cobb OVCH – Planning open house for their ER beginning of October		
E.	ALS Education Programs	Skill refreshers are going on.		
F.	EMS Agency	<ul style="list-style-type: none"> • HavBed drill and will be completed on a weekly basis. As soon as we get more information we will forward to the hospitals. • October PSC may be cancelled. • Zoll – still in process of looking at other options. We saw one yesterday based on a PDA platform. Will put together a group of providers to look at options. 		
G.	Other			
X.	Informational Topics	None		
A.	Other			
XI.	Closing	Adjourned at 11:10		

Respectfully submitted,
 Debora Haney

Prehospital Services Committee 2009

For Attendance, please initial your name for the current month

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

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Ambulance Company Licensing Procedure		Policy Number 111	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	June 1, 1997	Effective Date: December 1, 2008	
Date Revised:	August 10, 2006		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. Purpose: All Ambulance Companies in Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency Policy 110, Ventura County Ordinance number 4099.
- III. Policy:
 - A. License Application:

Every applicant for an ambulance company license shall submit an application to the Administrator, Ventura County EMS Agency, containing the following information.

 1. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance.
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. Applicant shall contact the Ventura County EMS Agency for fingerprinting procedure and copy of completed Live Scan form(s) shall accompany application.
 3. The trade or other fictitious name, if any, under which the applicant does business and proposes to do business.
 4. The training and experience of the applicant and managers in the transportation and care of patients. Evidence shall include applicant and managers resume showing type and duration of transportation experience, including at least five years of increasingly responsible experience in the operation or management of a basic or advanced life support service.
 5. The location and descriptions of the place or places from which ambulances are intended to operate.
 6. Number, type, age and patient capacity of each ambulance proposed to be operated by the applicant.
 7. Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a license for that ambulance territory. Facts shall

- include written statements or other evidence of either inadequate response times or inadequate care from existing providers.
8. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to Item 4 above. If the applicant has no previous business experience, a personal financial statement shall be required.
 9. Such further information as the EMS Agency Administrator or the Board of Supervisors shall require.
 10. Proof of insurability as required by the County.
 11. The applicant shall provide a written statement of intent to comply with the requirement of the Emergency Medical Services Agency Policies and Procedures Manual and the standards and policies set by the Medical Director of the Ventura County EMS Agency.
 12. References may be requested.
- B. Procedure for Processing Application for Ambulance Company License:
1. The Administrator of the Ventura County EMS Agency shall commence processing the application within fifteen (15) calendar days from the date the completed application is filed as follows:
 - a. Notify all ambulance companies licensed by the County, members of the Prehospital Services Committee, EMS Advisory Committee, and cities in the affected ambulance service area of the receipt of the application and the name and address of the applicant.
 - b. Begin to investigate the applicant's personal and financial/business background to the extent that the information investigated relates to the applicant's ability to provide ambulance service.
 - c. Verify that the applicant is in possession of a valid California Highway Patrol license for each ambulance proposed to be operated.
 - d. Verify that the applicant has the required insurance or will be able to carry the required insurance.
 2. The County Auditor shall be requested to review and comment on the financial statement as it relates to the applicant's ability to meet the financial obligations of the business.

3. Upon recommendation of the EMS Administrator, the Health Care Agency Director or designee may recommend for or against approval of the application.
4. The Administrator of the Ventura County EMS Agency shall conclude evaluation of the application and present all information received regarding the application to the EMS Advisory Committee to review the materials. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials.
 - a. The committee shall submit a written report of its findings to the Prehospital Services Committee.
 - b. The findings shall include:
 - (1) A statement as to the need and necessity for a licensed ambulance company.
 - (2) Whether the experience and past performance meets the standards in the Ventura County Emergency Medical Services Policies and Procedure Manual.
 - (3) Whether the financial statement is satisfactory.
 - (4) Any other pertinent information.
5. The Prehospital Services Committee shall meet within sixty (60) days from the date the completed application was filed to determine a finding as to whether there is a need and necessity for licensing the company, whether experience and past performance meets the standards as set out in the Ventura County Emergency Medical Services policies and procedures manual, or to request further information. A recommendation by the Prehospital Services Committee is required before proceeding with the application process.
6. If the Prehospital Services Committee issues a recommendation, the EMS Agency Administrator, shall submit the recommendation to the City Council(s) in the ambulance service area in which the applicant wishes to operate for a resolution of approval or disapproval.
7. The Director of the Health Care Agency, Director of the Public Health Department and the Administrator of the EMS Agency and/or their designee(s), shall take the application with their recommendations, the Prehospital Services Committee and EMS Advisory Committee reports and recommendations, and the resolution(s) of approval or disapproval by the City Council(s) to the Board of Supervisors for final action of approval or denial of the application.

8. The EMS Agency Administrator shall notify the Auditor of approved applications and shall indicate the service area for which the license is valid.
9. Upon payment of the established license fee by the applicant, the EMS Agency shall issue the license.
10. The license shall be valid until surrendered by the licensee, until sale of the company, or until revoked or suspended according to the provision of the Ventura County EMS policy and procedure manual.

Patient pulseless and apneic or with agonal respirations,
CPR, BLS airway management, Monitor, document rhythm strip, Determine Cardiac Rhythm ^{1,2}

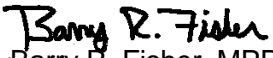

PRIOR TO BASE HOSPITAL CONTACT																		
<p>VFIB/V-TACH³ (Persistent) WHILE ON SCENE</p> <ol style="list-style-type: none"> DEFIBRILLATE*,*** 5 cycles (2 minutes) CPR⁵ IV access during CPR Reassess cardiac rhythm. If VFib/Vtach³ remain: DEFIBRILLATE - 360 J * & resume CPR. EPINEPHRINE: May repeat q 3-5 min IVP: 1:10,000 1.0 mg If NO IV, give IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If VFib/Vtach³ remain: DEFIBRILLATE * & resume CPR. **Lidocaine IVP: 1.5 mg/kg Defibrillate* ALS airway management.⁴ Repeat Epi q 3-5 minutes Defibrillate - 360 J* Repeat Lidocaine 1.5 mg/kg in 3-5 minutes (to total dose of 3 mg/kg) Defibrillate * 	<p>ASYSTOLE</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If NO IV, give IL: 1:1,000 1.0 mg Reassess Cardiac Rhythm. If any question in rhythm, confirm in 2 leads. If still ASYSTOLE, give ATROPINE: IVP: 1.0 mg IVP IL: 1.0 mg (1 mg/ml) 5 cycles (2 minutes) CPR ALS Airway management.⁴ Repeat Epi q 3-5 minutes Repeat Atropine q 3-5 minutes to a total dose of 0.04 mg/kg (3 mg in a 75 kg patient) 	<p>BRADYCARDIC PEA</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR ASSESS/TREAT CAUSE IV access EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If no IV, give IL: 1:1,000 1.0 mg Reassess cardiac rhythm. If still BRADYCARDIC PEA, give ATROPINE: IVP: 1.0 mg IL: 1.0 mg (1 mg/ml) 5 cycles (2 minutes) CPR ALS airway management.⁴ Repeat Epi q 3-5 minutes Repeat Atropine q 3-5 minutes to a total dose of 0.04 mg/kg (3 mg in a 75 kg patient) 	<p>NON BRADYCARDIC PEA</p> <ol style="list-style-type: none"> 5 cycles (2 minutes) CPR ASSESS/TREAT CAUSE: Medical vs. Trauma. Treat Hypovolemia if present IF TRAUMA OR HYPOVOLEMIA, STAT TRANSPORT AS SOON AS AIRWAY IS SECURED IV access (Wide Open if hypovolemic) EPINEPHRINE May repeat q 3-5 min IVP: 1:10,000 1.0 mg If No IV, IL: 1:1000 1.0 mg 5 cycles (2 minutes) CPR ALS Airway Management.⁴ Reassess Cardiac Rhythm. If Non-Bradycardic PEA remains, continue treatment of likely cause. Repeat Epi q 3-5 minutes 															
<p>* Biphasic waveform defibrillation at energy level approved by service provider medical director, or monophasic waveform at 360J.</p> <p>** If defibrillation → narrow complex rhythm > 50, not in 2nd or 3rd degree block, and Lidocaine not already given, give Lidocaine 1.5 mg/kg IVP.</p> <p>*** If collapse before dispatch, 5 cycles CPR before defibrillation.</p>	<p>LIKELY CAUSES OF PEA</p> <table border="0"> <tr> <td>Acidosis</td> <td>Pulm Embolism</td> <td>Drug OD</td> </tr> <tr> <td>Hyperkalemia</td> <td>Massive MI</td> <td>Tricyclics</td> </tr> <tr> <td>Tamponade</td> <td>Digitalis</td> <td>Beta Blockers</td> </tr> <tr> <td>Hypovolemia</td> <td>Tension Pneumo</td> <td>Profound Hypothermia</td> </tr> <tr> <td>Hypoxemia</td> <td></td> <td>Ca Channel Blockers</td> </tr> </table>			Acidosis	Pulm Embolism	Drug OD	Hyperkalemia	Massive MI	Tricyclics	Tamponade	Digitalis	Beta Blockers	Hypovolemia	Tension Pneumo	Profound Hypothermia	Hypoxemia		Ca Channel Blockers
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<p>Base Hospital Contact (if unable, initiate transport and continue efforts to contact)</p>																		
BASE HOSPITAL ORDERS ONLY																		
<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP Defibrillate* Consider MgSO₄ 1-2 GM IVP Defibrillate* 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 	<ol style="list-style-type: none"> Consider Na Bicarb 1 mEq/kg IVP 															

NOTES:

- Early BH contact is recommended in unusual situations, e.g., renal failure, Calcium channel blocker OD, tricyclic OD, Beta blocker OD and Torsade. BH to consider:
 - CaCl₂ and Bicarb in renal failure,
 - early Bicarb in Tricyclic OD,
 - early CaCl₂ in Ca channel blocker OD,
 - Glucagon in beta blocker OD and calcium channel blocker OD, and
 - MgSO₄ in Torsade.
 - Dosages
 - Calcium Chloride: 10 ml of 10% solution, may repeat X1 in 10 minutes
 - Glucagon: 1-5 mg IVP as available
 - Magnesium: 2 g slow IVP over 2 minutes
 - Sodium Bicarbonate: 1 mEq/kg followed by 0.5 mEq/kg q 10 minutes
- In cases of normothermic adult patients with unmonitored cardiac arrest with adequate ventilation, vascular access, and persistent asystole or PEA despite 20 minutes of standard advanced cardiac life support; the base hospital should consider termination of resuscitation in the field. If transported, the patient may be transported Code II. If unable to contact base hospital, resuscitative efforts may be discontinued and patient determined to be dead.
- V-Tach = Ventricular Tachycardia with rate > 150/min.
- If unable to adequately ventilate with BLS measures, insert advanced airway earlier.
- If organized narrow complex rhythm > 50, not in 2nd or 3rd degree block after 2 minutes post-shock CPR, IV access, lidocaine 1.5 mg/kg IVP.
- If sustained ROSC, perform 12-Lead ECG. If ROSC after VF/VT, transport to SRC.
- For all rhythms, in patients 18 y/o and above, start continuous compressions at 100/min. Attach the ITD (ResQPOD) to the King Airway and insert as a unit as soon as possible. Once King Airway is inserted, maintain chest compressions at 100/minute without interruption and ventilate with 1 breath every 10 compressions. If unable to place King Airway, either use standard 30/2 CPR with the ITD placed on the mask or, if ETT placed, continuous compressions with the ITD placed on the ETT.

Effective Date: November 2, 2009
 Date Revised: November 2, 2009
 Date Last Reviewed: November 2, 2009
 Next Review Date: November 30, 2011
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 VCEMS Medical Director

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Local Emergency Medical Services Agency		Policy Number 100	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 05/29/2004	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 05/29/2004	
Origination Date:	July 1, 1980		
Date Revised:	October, 2003	Effective Date: December 1, 2003	
Review Date:	January, 2010		

- I. PURPOSE: To establish a local EMS agency as required for the development of an emergency medical services program in Ventura County.
- II. AUTHORITY: Health and Safety Code, Sections 1797.94 and 1797.200. Ventura County Board of Supervisors Board Letter dated July 1, 1980.
- III. POLICY: The Ventura County Health Care Agency is designated as the Local Emergency Medical Services Agency for Ventura County. The Ventura County Emergency Medical Services Agency (VCEMS) has primary responsibility for administration of emergency medical services in Ventura County.
 - A. Organizational History of the VC EMS Agency:
 - 1980 EMS Coordinator reports directly to the County Health Officer
 - 1987 VCEMS is made a department of Public Health
 - 1989 VCEMS is made a department of the Health Care Agency
 - 1996 VCEMS is made a department of Public Health

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hospital Emergency Services Reduction Impact Assessment		Policy Number 124	
APPROVED:	<i>Barry R. Fisher</i>	Date: 06/01/2008	
Administration:	Barry Fisher, MPPA		
Origination Date:	June 1999		Effective Date: December 1, 2004
Date Revised:	May 13, 2004		
Review Date:	April, 2010		

- I. PURPOSE: To provide a mechanism for Ventura County to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system of the reduction or closure of emergency services in hospitals.
- II. AUTHORITY: Health and Safety Code Section 1300 (c).
- III. POLICY: Acute care hospitals intending to implement either a reduction or closure of emergency services must advise the EMS agency as soon as possible, but at least 90 days prior to the proposed change.
 - A. The notification of change proposal must include:
 1. Reason for the proposed change(s).
 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 3. Description of the local geography, surrounding services, the average volume of calls.
 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Evaluation Process
 1. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Department, all local hospitals, fire departments, and ambulance providers, and all local planning and or zoning authorities will be notified.
 2. Within thirty-five (35) days of notification, the EMS Agency, in consultation with emergency service providers and planning/zoning authorities, will complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument (Attachment A) and set a public hearing date. At a

minimum, the Impact Evaluation report shall include:


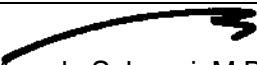
- a. Assessment of community access to emergency medical care.
 - b. Effect on emergency services provided by other entities.
 - c. Impact on the local EMS system.
 - d. System strategies for accommodating the reduction or loss of emergency services.
 - e. Potential options, if known.
 - f. Public and emergency services provider comments.
 - g. Suggested/recommended actions.
3. Within fifty (50) days of notification, the EMS Agency will release the draft impact evaluation report to prehospital and hospital emergency services personnel, with a 10 working day comment period; and conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearings may be incorporated with other public meetings held by the Public Health Department, Board of Supervisors and/or other government agencies, commissions, or committees.
 4. Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation, and submit those findings to the California Department of Health Services, State EMS Authority, Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, planning/zoning authorities, local EMS participants and other interested parties.
 5. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the affected county.
 6. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
 7. The hospital proposing a reduction or closure of service(s) will be charged a \$750.00 fee by Ventura County Emergency Medical Services for the impact evaluation.

Time Line (in calendar days) for Development of Report of Impact on the EMS System in the Event of Closure or Reduction of Emergency Department Services in Local Hospitals					
Day 0	By Day 7	By Day 35	By Day 50	By Day 60	By Day 90
VC EMS is notified of pending closure or reduction in emergency services	Hospital has formally received necessary information relating to impact study	1. Draft EMS Impact Evaluation Report completed and distributed. to prehospital and hospital emergency medical services personnel with a 10 working day comment period 2. Public Hearing Date set.	1. At least one public hearing has been conducted 3. Results of comments and hearing(s) are incorporated into the final Impact Evaluation.	VC EMS will prepare Final Impact Evaluation VC EMS will submit the report to agencies listed in Section III.4	The hospital will serve notice of the public hearings regarding closure / reduction of services and hold such hearings.

**CLOSURE / REDUCTION IN SERVICES IMPACT EVALUATION
HOSPITAL ASSESSMENT CRITERIA
VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY**

This tool provides a quantitative indication of the relative impact potential of an emergency service reduction/elimination by one or more of the listed facilities. The numeric value indicates the magnitude of the impact, not the “value” of the facility to its community or the EMS system. Values are for a 12 month period.

Hospitals (in alphabetical order)	GEOGRAPHIC ISOLATION B (# of Hospitals within 15 mile radius) (Maximum points – 30) < 2 30 2-4 20	911 ALS TRANSPORTS	911 BLS TRANSPORTS	TOTAL ED VOLUME 1 point per 1000	HOSPITAL SERVICES Base Hospital 25 Cardiovascular Surgery 10 Neuro 25 NICU 5 Pssych (5150) 10	ED DIVERSION Hours		TOTAL
						<50	30	
Simi Valley Hospital								
Los Robles Regional Medical Center								
St. John’s Pleasant Valley Hospital								
St. John’s Regional Medical Center								
Ojai Valley Community Hospital								
Ventura County Medical Center								
Community Memorial Hospital								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support Transport Provider Criteria		Policy Number 501	
APPROVED Administration:	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2009	
Origination Date:	April 1984	Effective Date: December 1, 2005	
Date Revised:	September 8, 2005		
Review Date:	April, 2010		

- I. PURPOSE: To define the criteria for ALS transport providers.
- II. POLICY: A Ventura County ALS Transport Provider shall meet the following criteria.
- III. AUTHORITY:
Health and Safety Code, Section 1797.218.
- IV. PROCEDURE:
 - A. ALS Transport Provider Requirements
An Advanced Life Support Transport Provider, approved by Ventura County Emergency Medical Services (VC EMS), shall:
 1. ALS Unit Response Capability
Provide medical services response on a continuous twenty-four (24) hours per day, basis 7 days a week. Any change in response capability of the ALS transport provider must be reported to the Base Hospital (BH) and VC EMS immediately or during the first day of office hours after the change in response capability. All requests for pre-hospital emergency care shall be met by ALS capable staff and vehicles.

Interfacility transfers are not considered emergency medical service unless the transfer is for an urgent life or limb threatening condition that cannot be medically cared for at the transferring facility. (Refer to Policy 605: Interfacility Transfers)
 2. ALS Unit Coverage and Staffing
All requests for pre-hospital emergency medical care shall be responded to with the following:
 - a. An ambulance that meets the requirements of Policy 504 and
 - b. 2 paramedics or 1 paramedic and 1 EMT ALS Assist per VC EMS Policies 318 and 306. At least one paramedic must be employed by the contracted ambulance transport agency.
 3. ALS Patient Transport
Provide transportation for ALS patients in an ALS unit.

4. **ALS Communications**

Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

Each ALS Transport Provider shall have a minimum of one fully equipped and operational satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The ALS Transport Provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.
5. **ALS Drugs, Equipment and Supplies**

Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504.
6. **Contract with VC EMS**

Have a contract with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.
7. **Medical Direction**

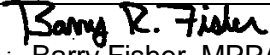
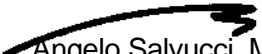
Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under Prior to Base Hospital Contact and Communications Failure Policies.
8. **Personnel Records**

Keep a personnel file for each paramedic and EMT-I, which includes but not limited to licensure/certification, accreditation, employment status and performance.
9. **ACLS and PALS/PEPP Course**

Assure that each paramedic maintains current ACLS and PALS/PEPP courses.
10. **Quality Assurance**

Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.

11. Basic Life Support
Provide Basic Life Support services if ALS services are not indicated.
 12. ALS Rates
Charge ALS rates, as approved by the Board of Supervisors, only when ALS services are performed.
 13. Documentation
Submit documentation according to VC EMS Policy 1000.
- B. Advertising
1. ALS Transport Provider
No paramedic transport provider shall advertise itself as providing ALS services unless it does, in fact, routinely provide ALS services on a continuous twenty-four (24) hours per day and complies with the regulations of Ventura County Emergency Medical Services Agency.
 2. ALS Responding Unit
No responding unit shall advertise itself as providing ALS services unless it does, in fact, provide ALS services twenty-four (24) hours per day and meets the requirements of VC EMS.
- C. ALS Policy Development
Medical policies and procedures for the VC EMS system shall be developed by the Pre-hospital Services Committee for recommendation to and approval by the EMS Medical Director.
- D. Contract Review
VC EMS shall review its contract with each ALS transport provider on an annual basis.
- E. Denial, Suspension or Revocation of Transport Provider Approval
VC EMS may deny, suspend, or revoke the approval of an ALS transport provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.
- F. ALS Transport Provider Review Process, New Designation
Newly designated ALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Advanced Life Support Service Provider Approval Process		Policy Number 502	
APPROVED: Administration:	 Barry Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	May 1984	Effective Date: June 1, 2008	
Date Revised:	January 10, 2008		
Review Date:	January, 2010		

- I. PURPOSE: To define criteria by which an agency may be designated as an Advanced Life Support (ALS) Service Provider (SP) in Ventura County.
- II. POLICY: An agency wishing to become an ALS SP in Ventura County must meet Ventura County ALS SP Criteria and agree to comply with Ventura County regulations. An initial six-month review of all ALS activity will take place and subsequent program review will occur per Ventura County Emergency Medical Services (VC EMS) policies and procedures.
- III. PROCEDURE:
 - A. Request for ALS SP Program Approval
The agency shall submit a written request for ALS SP approval to Ventura County Emergency Medical Services (VC EMS), documenting the compliance of the company/agency with the Ventura County EMS Policy 501 or 508.
 - B. Program Approval or Disapproval:
Program approval or disapproval shall be made in writing by VC EMS to the agency requesting ALS SP designation within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
VC EMS shall establish the effective date of program approval upon the satisfactory documentation of compliance with all the program requirements. All contracts or memorandum of understanding must be approved by the County Board of Supervisors prior to implementation.
 - C. Initial Program Evaluation
Review of all ALS activity for the initial 6 months of operation as an Advanced Life Support Ambulance Provider shall be done in accordance with VC EMS policies and procedures.

- D. Program Review
Program review will take place at least every two years according to policies and procedures established by VC EMS.
- E. ALS SP Program Changes
An approved ALS Service Provider shall notify VC EMS by telephone, followed by letter within 48 hours, of program or performance level changes.
- F. Withdrawal, Suspension or Revocation of Program Approval
Non-compliance with any criterion associated with program approval, use of non-licensed or accredited personnel, or non-compliance with any other Ventura County regulation or policy applicable to an ALS SP may result in withdrawal, suspension or revocation of program approval by VC EMS.
- G. Appeal of Withdrawal, Suspension or Revocation of Program Approval
An ALS SP whose program approval has been withdrawn, suspended, or revoked may appeal that decision in accordance with the process outlined in the Ventura County Ordinance Code,

ADVANCED LIFE SUPPORT SERVICE PROVIDER APPROVAL PROCESS
CRITERIA COMPLIANCE STATEMENT

APPLICANT:	DATE:
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The above named agency agrees to observe the following criteria as a condition of approval as an Advanced Life Support Provider in the Ventura County EMS system.

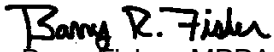

	YES	NO
1. Provide ALS service on a continuous 24-hour per day basis.		
2. Provide appropriate transportation for ALS patients.		
3. Provide for electronic communication between the EMT-Ps and the BH, complying with VC Communications Department requirements.		
4. Provide and maintain ALS drugs, solutions and supplies per VC EMS policies and procedures.		
5. Assure that all personnel meet certification/accreditation and or training standards in VCEMS policies.		
6. Cooperate with data collection, QA and CQI programs.		
7. Provide BLS service when ALS in not indicated.		
8. Charge for ALS services only when rendered.		
9. Submit patient care and other documentation per VC EMS policies and procedures.		
10. Comply with all VC EMS policies and procedures.		

If any statements are checked as "NO", supply information stating the rationale for each "NO" answer. The information will be considered, but submission does not assure approval of the program.

Signature: _____

Title: _____

Date: _____

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: First Responder Advanced Life Support Providers		Policy Number: 508	
APPROVED: Administration:	 Barry Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	June 1, 1997	Effective Date:	December 1, 2005
Date Revised:	October 13, 2005		
Review Date:	April, 2010		

- I. Purpose: To define the criteria for First Responder Advanced Life Support (FRALS) providers.
- II. Authority: Health and Safety Code, Sections 1797.206, 1797.220, and 1798.
- III. Definition: First Responder Advanced Life Support (FRALS) means a non transport ALS resource that is dispatched as part of the routine EMS response to a medical emergency.
- IV. Policy:
 - A. FRALS Provider Requirements:

A FRALS provider approved by Ventura County EMS (VC EMS) shall:

 1. Provide medical services response on a continuous twenty-four (24) hours per day basis 7 days a week. Any change in response capability of the provider must be reported to the Base Hospital (BH) and VC EMS immediately.
 2. ALS Unit Coverage and Staffing:
 - a. FRALS units shall meet the requirements of Policy 504 and
 1. Shall be staffed at a minimum with two (2) personnel, of which one shall be a paramedic who meets the applicable requirements of VC EMS Policy 318.
 2. Other personnel may be a paramedic who meets the requirements of VC EMS Policy 318 or an EMT-ALS Assist who meets the requirements of VC EMS Policy 306.
 3. ALS Communications

Provide two-way communication capability between the paramedics and the Base Hospital with at least one two-way radio and one wireless telephone. All radio equipment shall comply with VC EMS Policy 905.

Alternatively staffed ALS units shall have mobile, hands free communication units to allow the paramedic to establish and maintain Base Hospital contact on scene or en route while continuing patient care.

Each FRALS provider shall have access to a satellite phone. The device must be active with a satellite service provider and shall be readily deployable 24 hours a day for disaster communication purposes. The FRALS provider will participate in occasional VC EMS sponsored satellite phone exercises. VC EMS will supply all providers with a current list of satellite phone contact numbers. Any changes to the satellite phone contact information shall immediately be forwarded to VC EMS.

4. Have a written agreement with VC EMS to participate in the ALS program and to comply with all applicable State legislation and regulations, and local ordinances and policies and procedures.
5. Medical Direction
Assure that paramedics perform medical procedures only under specific orders of a physician or Ventura County authorized MICN except when operating under "Prior to Base Hospital Contact and Communications Failure Policies".
6. Personnel records
Keep a personnel file for each paramedic and EMT-I, which includes but not limited to licensure/certification, accreditation, employment status and performance.
7. ACLS and PALS/PEPP Course
Assure that each paramedic maintains current ACLS and PALS/PEPP course.
8. Quality Assurance
Assist the VC EMS, Pre-hospital Services Committee, and EMS Medical Director in data collection and evaluation of the VC EMS system.
9. Equipment:
FRALS shall carry the following equipment:
 - a. ALS Drugs, Equipment and Supplies
Provide and maintain ALS drugs, solutions, medical equipment and supplies as specified by VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.
 - b. BLS Equipment as described in VC EMS Policy 504: BLS and ALS Unit Supplies and Equipment, FR/ALS column.
 - c. Manual or automatic defibrillator per VC EMS Policy 306.

10. Documentation

Submit documentation according to VC EMS Policy 1000.

B. ALS Policy Development

Medical policies and procedures for the VC EMS system shall be developed by the Prehospital Services Committee for recommendation to and approval by the EMS Medical Director.

C. Agreement Review

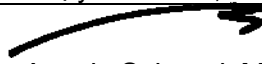
VC EMS shall review its agreement with each FRALS provider on an annual basis.

D. Denial, suspension or Revocation of FRALS Provider Approval

VC EMS may deny, suspend, or revoke the approval of an FRALS provider for failure to comply with applicable policies, procedures, and regulation. Requests for review or appeal of such decisions shall be brought to the Pre-hospital Services Committee and the Board of Supervisors for appropriate action.

E. FRALS Provider Review Process, New Designation

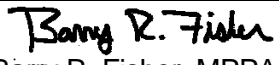
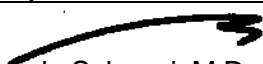
Newly designated FRALS providers shall undergo review for six (6) months according to VC EMS policies and procedures.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Organ Donor Information Search		Policy Number 615	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	October 1, 1993		
Date Revised:	March 11, 2004	Effective Date: June 1, 2004	
Review Date:	January, 2010		

- I. PURPOSE: To establish guidelines for Emergency Medical Services (EMS) field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears to be imminent.
- II. AUTHORITY: Health and Safety Code Section 7152.5(b)
- III. POLICY: EMS field personnel shall make a brief reasonable search to determine the presence or absence of an organ donor card on adult patients for whom death appears to be imminent. This brief search shall not interfere with patient care, and must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible.
- IV. DEFINITIONS:
 - A. "Reasonable Search": A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet, purse or other personal belongings on or near the individual likely to contain a driver's license or other identification card with this information. A REASONABLE SEARCH SHALL NOT TAKE PRECEDENCE OVER PATIENT CARE/TREATMENT.
 - B. "Imminent Death": A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at a hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.
 - C. "Receiving Hospital": The hospital to which the patient is being transported.
- IV. PROCEDURE:
 - A. When EMS field personnel encounter an unconscious adult patient for whom it

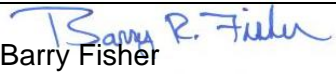

appears that death is imminent (that is, death prior to arrival at a hospital), they shall attempt a "reasonable search" as defined in Section III. A. This search must be done in the presence of a witness, preferably a public safety officer, unless extenuating circumstances make having a witness clearly infeasible. If a family member or patient representative is the only witness available, EMS field personnel should clearly and carefully explain the intent of the brief search. The identity of the witness to the brief search will be documented on the approved Ventura County Documentation System.

- B. Treatment and transport of the patient remains the highest priority for EMS field personnel. This search shall not interfere with patient care or transport.
- C. EMS field personnel shall notify the receiving hospital if organ donor information is discovered. Advanced Life Support (ALS) units shall notify the base hospital in addition to the receiving hospital.
- D. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless it is requested by the investigating law enforcement officer. If the investigating law enforcement officer retains the organ donor card, the presence of the card will be documented on the approved Ventura County documentation system. In the event that the patient is not transported, any document will remain with the patient.
- E. Field personnel should briefly note the results of the search, notification of hospital, and witness name(s) on the approved Ventura County Documentation System.
- F. No search is to be made by EMS field personnel after patient death occurs.
- G. If a member of the patient's immediate family or other patient representative objects to the search for an organ donor document at the scene, no search shall be made, and their response to a question about the patient's organ donor wishes may be considered to satisfy the requirement of this policy. This information shall be documented on the approved Ventura County Documentation System.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control: Base Hospital Medical Director		Policy Number 701	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 06/01/2008	
Origination Date:	August 1, 1988		
Date Revised:	January 10, 2008	Effective Date: June 1, 2008	
Review Date:	January, 2010		

- I. PURPOSE: To define the role and responsibility of the Base Hospital Medical Director with respect to EMS medical control.
- II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections 100147 and 100162
- III. POLICY: The Base Hospital shall implement the policies and procedures of VC EMS for medical direction of prehospital advanced life support personnel. The Base Hospital Medical Director shall administer the medical activities of licensed and accredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VC EMS. This includes:
 - A. Medical direction and supervision of field care by:
 1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and EMT-Ps.
 2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.
 - B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, EMT-Ps).
 - C. Audit and evaluation by:
 1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
 - a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.
 - b. Compliance with current policies, procedures and protocols of the

- local EMS agency.
 - c. Base Hospital voice communication skills.
 - d. Monthly review of all ALS documentation when the patient is not transported.
- D. Investigations according to VC EMS Policy 150.
- E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:
- 1. The activities of all Base Hospital physicians, MICNs and EMT-Ps.
 - 2. The education, audit, and evaluation of base hospital personnel
 - 3. Communications by base hospital personnel
- F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.
- G. Base Hospital liaison by ensuring:
- 1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
 - 2. Ongoing liaison with EMS provider agencies and the local medical community.
 - 3. On-going liaison with the local EMS agency.
- H. Ensuring compliance with Base Hospital Designation Agreement.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Medical Control At Scene, Private Physician/Physician On Scene		Policy Number: 703	
APPROVED: Administration:	 Barry Fisher	Date: 10/19/2005	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 10/19/2005	
Origination Date:	January, 1985	Effective Date: December 1, 2005	
Revised Date:	August 11, 2005		
Review Date:	August 2007		

- I. Purpose: To establish guidelines for medical control of patient care at the scene of a medical emergency. To assist the paramedic who, arrives on the scene of a patient who is being attended by a California licensed physician.
- II. Authority: Health and Safety Code, Division 2.5, Sections 1798 & 1798.6. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. Policy: paramedics shall use the following procedure to determine on-scene authority for patient care.
- IV. Procedure:
 - A. When a bystander at the scene of a medical emergency identifies himself/herself as a physician, the paramedic shall:
 - 1. Obtain proper identification from the individual (preferably California licensure as M.D., or D.O.) and document name on the PCR.
 - 2. Present the CMA card "Note to Physician on Involvement with EMT-II and Paramedic" to him/her to read and choose level of involvement.



STATE OF CALIFORNIA



NOTE TO PHYSICIAN ON INVOLVEMENT WITH EMT-IIs and EMT-Ps (PARAMEDIC)

A life support team (EMT-II or EMT-P (Paramedic)) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO, and BMQA.

Assistance rendered in the endorsed fashion, **without compensation**, is covered by the protection of the "Good Samaritan Code" (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

(over)

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the State of California, and, if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,
3. Take **total responsibility** for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure. (Whenever possible, remain in contact with the base station physician.)

(REV. 7/88) 88 48638 Provided by the Emergency Medical Services Authority

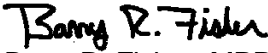
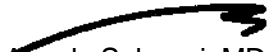
- 3. Contact the Base Hospital and advise them that there is a physician on scene.
- 4. Determine the level of involvement the physician wishes to have and inform the Base Hospital.
- B. If the physician chooses not to assume patient care, the Base Hospital shall retain medical control and the paramedic's will utilize the physician as an "assistant" in patient care activities.

- C. If the physician chooses to take medical control, the paramedic's will instruct the physician in radio operation procedures and have the physician at the scene communicate with the Base Hospital physician. The Base Hospital physician may do either of the following:
1. Retain medical control, but consider and/or utilize suggestions offered by the physician at the scene.
 2. Request that the physician at the scene function in an observer capacity only.
 3. Delegate medical control to the physician at the scene.
 4. If the physician at the scene has been given medical control by the Base Hospital physician, the paramedic shall:
 - a. Make ALS equipment and supplies available to the physician and offer assistance.
 - b. Ensure that the physician accompany the patient in the ambulance to the hospital, and signs for all instructions and medical care given.
 - c. Keep the Base Hospital advised.
 - d. Complete the Prehospital Care Report (PCR), treating M.D. or D.O. to sign.
- D. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.
- E. The Base Hospital shall:
1. Speak to the physician on scene, unless a delay would be detrimental to patient care, or the physician is the patient's personal physician, to determine qualification regarding emergency treatment and level of involvement chosen by the physician.
 2. Document the physician's intent to assume patient care responsibility.
 3. Relinquish patient care to the patient's personal physician, if he/she has arrived after Base Contact has been made and wishes to assume control.

4. In cases where a dispute arises regarding medical care, the ultimate decision as to patient care shall be made by the Base Hospital, except when the personal physician is present.

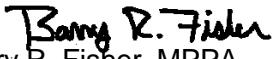
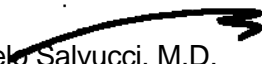
F. Private Physician On Scene

1. If the private physician is present and assumes responsibility for the patient care, the paramedic shall advise the Base Hospital that the patient is under the care of his/her private medical doctor (PMD) and inform the Base Hospital of the PMD's instructions.
2. The paramedic, while under the direction of a physician at the scene, shall perform only those procedures and administer only those drugs for which he/she is accredited for in Ventura County. Paramedics shall be held accountable and possibly liable for performing a procedure or treatment outside the paramedic scope of practice. If a physician at the scene wishes such a procedure or treatment performed, he/she may perform that procedure. The paramedic should attempt to have the on-site physician call the Base Hospital physician regarding the treatment.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Apparent Life-Threatening Event (ALTE)		Policy Number: 724	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 06/01/2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: 06/01/2008	
Origination Date:	March, 2005	Effective Date:	June 1, 2005
Date Revised:			
Review Date:	April, 2010		

- I. PURPOSE: To define and provide guidelines for the identification and management of pediatric patients with an Apparent Life-Threatening Event (ALTE).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.
- III. POLICY: All EMS personnel should be knowledgeable with ALTE and follow the guidelines listed below.
- IV. PROCEDURE:
 - A. Recognition:
 1. Chief Complaint.
 - a. ALTEs (or “near miss SIDS” as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered an ALTE.
 - b. An Apparent Life-Threatening Event (ALTE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:
 - 1) **Marked change or loss in muscle tone**
 - 2) **Color change** (cyanosis, pallor, erythrim, plethora)
 - 3) Apnea (central or obstructive)
 - 4) Loss of consciousness
 - 5) Choking or gagging
 2. History:
 - a. Hx of any of the following:
 - 1) Apnea
 - 2) Loss of consciousness
 - 3) Color change
 - 4) Loss in muscle tone

- 5) Episode of choking or gagging
 - b. Determine the severity, nature and duration of the episode.
 - 1) Was child awake or sleeping at time of episode?
 - 2) What resuscitative measures were taken?
 - c. Obtain a complete medical history to include:
 - 1) Known chronic diseases?
 - 2) Evidence of seizure activity?
 - 3) Current or recent infections?
 - 4) Recent trauma?
 - 5) Medication history?
 - 6) Known gastro esophageal reflux or feeding difficulties?
 - 7) Unusual sleeping or feeding patterns?
3. Treatment:
 - a. **Assume the history given is accurate.**
 - b. Perform a comprehensive physical assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma. **Note: Exam May Be Normal**
 - c. Treat any identifiable causes as indicated.
 - d. Transport. **Note: If parent/guardian refuses medical care/and or transport, a consult with Base Hospital is required prior to completing a Refusal of Care form.**
4. Precautions and Comments
 - a. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel. The parent/caregiver's perception that "something is or was wrong" must be taken seriously.
 - b. Approximately 40-50% of ALTE cases can be attributed to an identifiable cause(s) such as child abuse, SIDS, swallowing dysfunction, gastro esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.
 - c. Keep in mind, especially if the parent/guardian declines transportation, that child abuse is one cause of ALTE.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: ReddiNet Communications Policy		Policy Number 920	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: 03/13/2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: 03/13/2008	
Origination Date:	April 26, 2007		
Date Revised:	March 13, 2008	Effective Date: March 13, 2008	
Review Date:	March, 2010		

- I. **PURPOSE:** The Rapid Emergency Digital Data Network (REDDINET) is the computerized system that links hospitals, the EMS Agency, and Public Health for a variety of purposes; including but not limited to **daily** (Q24 hr) reports of diversion status, multiple casualty incidents (MCI), assessment communication, disease surveillance, and bed capacity. This policy defines the expectation for the use and maintenance of ReddiNet by all facilities.
- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Chapter 1, Section 1797.204 and Chapter 6, Section 1798.100.
- III. **POLICY:**
 - A. The ReddiNet System is to be maintained by each individual facility. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.
 - B. It is the responsibility of each facility to ensure that any staff expected to use the ReddiNet System be properly trained and refreshed on a routine basis (at least twice per year). At least one staff member who is knowledgeable on the use of the ReddiNet System is to be on duty at all times.
 - C. The ReddiNet System is to remain online at all times unless there is a hardware or software problem that disables the system, in which case every effort shall be made to correct the problem as quickly as possible.
 - D. The sound volume on the ReddiNet System is to be maintained at an adequate level to alert staff within a facility at all times, and is never to be placed on mute.
 - E. The ReddiNet System shall be placed in an easily accessible location within each facility.
 - F. The use of the ReddiNet computer is limited to operation of the ReddiNet System and access to EMS educational materials only. Accessing the Internet or other applications on the system is prohibited.
 - G. The ReddiNet System sends a shift check-in Assessment Poll at least once a day. Each facility is to acknowledge this check-in poll as directed by the system.
 - H. The ReddiNet System is not to be used to disseminate non-system information such as conference flyers, educational opportunities, and other like materials.

IV. PROCEDURE:

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

6. Bed Capacity – Hospitals are expected to update their bed availability by 9:00 AM on a daily basis. Updates ideally should be done twice per day, morning and evening shift. Hospitals should update their bed availability after their normally scheduled daily discharge time.
- B. ReddiNet System Failure or Disruption –
1. If the ReddiNet System is not functioning due to an internal hospital issue (ie: computer or internet failure), facilities are to utilize the following procedure:
 - a. Attempt to resolve the problem at the computer. Check for correct power and internet connections as well as correct log-in and password.
 - b. Notify the facility ReddiNet coordinator or IT department according to facility policy.
 - c. Notify the EMS Agency of the status of the ReddiNet System and the anticipated return to service.
 - d. Fax Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. If available, the EMS Agency will update facility status on the ReddiNet System. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
 - e. Notify other hospitals, EMS Agency and FCC via ReddiNet when connection is restored.
 2. If the ReddiNet System is not functioning due to a systemwide issue, (ie: ReddiNet server or internet service provider failure), facilities are to utilize the following procedure:
 - a. Notify the EMS Agency of the ReddiNet System failure.
 - b. FAX Appendix A to the EMS Agency and all facilities in your hospital grouping to notify of your current diversion status. Updates should be provided every 8 hours until the system is functional. For Internal Disaster category only, fax should also be sent to Fire Communications Center (FCC).
 - c. ReddiNet and/or the EMS Agency will notify all facilities and FCC when service is restored.
- C. Hospital Groupings: The following hospital groupings are to be used for faxed diversion status notifications during a ReddiNet failure. The hospital with a diversion status change will send a fax to the EMS Agency and to each of the hospitals in their group.

Hospital

Community Memorial Hospital
Los Robles Hospital and Medical Center
Ojai Valley Community Hospital
Santa Paula Hospital
Simi Valley Hospital
St. Johns Regional Medical Center
St. Johns Pleasant Valley Hospital
Ventura County Medical Center

Hospital Grouping

(OVCH, SJRMC, SPH, VCMC)
(SVH, SJRMC, SJPVH)
(CMH, SPH, VCMC)
(CMH, OVCH, SJRMC, VCMC)
(LRHMC, SJPVH, SJRMC, VCMC)
(CMH, SJPVH, VCMC)
(SJRMC, LRHMC, SVH, VCMC)
(CMH, SPH, OVCH, SJRMC)



County of Ventura Emergency Medical Services Agency

Diversion Notification

(For use during ReddiNet failure only)

Date: _____

ReddiNet Failure Reason: _____

Time: _____

Name: _____

Hospital:

Diversion Category:

CMH

SJPVH

ICU / CCU Saturation

LRRMC

SJRMC

ED Saturation

OVCH

SVH

Neuro / CT Scanner

SPH

VCMC

Internal Disaster

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

Hospital

Fax Number

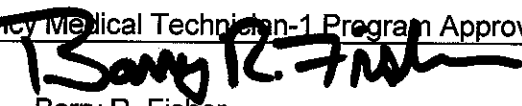
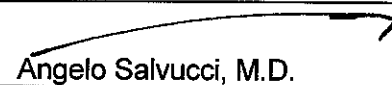
Hospital Grouping

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

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

Ventura County Fire Communications Center

(805) 383-7631

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician-1 Program Approval		Policy Number 1100	
APPROVED: Administration: Barry R. Fisher		Date:	6/1/07
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date:	6/1/07
Origination Date: February 2001	Date Revised: February 8, 2007	Effective Date:	June 1, 2007
Review Date: June 2009			

- I. **PURPOSE:** To identify the procedure for approval of Emergency Medical Technician - 1 programs in Ventura County in accordance with CCR, Title 22, Article 2 and 3.
- II. **AUTHORITY:** California Code of Regulations, Title 22, Chapter 9, Article 3, Section 100065 – 10078,
- III. **POLICY:** The Approving Authority for Emergency Medical Technician - 1 (EMT-1) training programs that will be managed or conducted by a qualified statewide public agency shall be the Director of the State of California Emergency Medical Services Agency. This shall apply to the California Highway Patrol, California Department of Forestry, etc.
 - A. The Approving Authority for Emergency Medical Technician - 1 training programs other than those identified in II-A shall be the local emergency medical services agency (Ventura County Emergency Medical Services Agency).
 - B. Programs eligible for program approval shall be limited to:
 1. Accredited universities and colleges including junior and community colleges, school districts, and private post secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States;
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - b. Provide continuing education to other healthcare professionals.
 4. Agencies of government
 5. Public safety agencies.
 6. Local EMS Agencies

IV PROCEDURE:

A. Program Approval

1. Eligible programs shall submit a written request for EMT-1 Training Program approval to the Agency.
2. The Agency shall review and approve the following prior to approving an EMT-1 training program.
 - a. A statement verifying usage of the United States Department of Transportation EMT-Basic National Standard Curriculum, DOT HS 808149, August 1994, which includes learning objectives, skills protocols, and treatment guidelines.
 - b. A statement verifying CPR training equivalent to the American Heart Association Guidelines 2005 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT-1 basic course.
 - c. Samples of lesson plans including:
 - 1) At least two lecture or didactic sessions, and
 - 2) At least two practical (skills or psychomotor) sessions.
 - 3) A statement verifying implementation of the 2005 American Heart Association Guidelines for CPR and ECC .
 - d. Samples of periodic examinations or assessments including:
 - 1) At least two written examinations or quizzes.
 - 2) Statement of utilization of the National Registry EMT-B Skills Check-Off Sheets
 - e. The certification written examination shall be the National Registry EMT-B Examination. This examination shall be administered by the Ventura County EMS Agency. When National Registry adopts nationwide computerized testing, examinations will be administered by the approved National Registry testing site.
 - f. The final skills examination shall be administered by the approved EMT-1 Training Program. Each Training Program shall adopt the National Registry EMT-B skills examination. For those skills not covered by the National Registry Skill examination, the program shall utilize the Ventura County EMS skills sheets.
 - g. Educational Staff:
Nothing shall preclude one person from filling more than one position.

- 1) Program Director: Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology;
 - a) California State Fire Marshal Fire Instructor 1A and 1B or;
 - b) National Fire Academy's Instructional Methodology or
 - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
- 2) Clinical Coordinator
 - a) Must be either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California or a paramedic currently licensed in California, and who shall have two years of academic or clinical experience in emergency medicine or prehospital care in the last five years.
- 3) Principal Instructor:
 - a) Must be a physician, registered nurse, physician assistant or paramedic licensed in California; or,
 - b) Be an EMT-II or EMT-I who is currently certified in California
 - c) Have at least two years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five years.
 - d) After January 1, 2006, shall be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. See IV.A.2.g.1)a)-c) for examples of courses that meet this requirement.
- 4) Assisting Instructors and Teaching Assistants
 - a) Shall have experience and education that qualifies the individual for the subject area being presented.

h. Provisions for Clinical Experience

- 1) Each program shall have a written agreement with one or more general acute care hospital(s) and/or operational ambulance provider and/or rescue vehicle provider sufficient to ensure clinical rotations for every student.

This agreement shall identify the roles and responsibilities of the training program, student, and provider.

- 2) Each clinical session shall have an approved supervisor who meets or exceeds the requirements for Teaching Assistant.
- 3) No more than three students shall be assigned to one qualified supervisor per session.
- 4) Every student shall be aware of clinical expectations and exactly what skills and/or assessments they may utilize during the session.
- 5) Students shall be clearly identified as an "EMT Student" by an easily identifiable means such as a nametag, smock, etc.
- 6) The EMT Training Program shall develop a check sheet for verification of no less than five patient contacts during the session. Patient care simulations may be utilized to meet the contact requirements if less than five patients have been evaluated in the course of the clinical experience.

i. Course Completion by Challenge

All applicants who wish to challenge course completion and certification shall be approved by the Agency. Each EMT Training Program shall provide a statement of understanding to the Agency.

j. Provisions for Recertification Course or Continuing Education

Each program may either offer a standard recertification course or continuing education program, or both. A statement of intent shall be provided in the approval packet.

Refer to policy 302, EMT – Basic Recertification

k. Course Location, Time, and Instructor Ratios

- 1) Each EMT Training Program shall submit an annual listing of course dates and locations.
- 2) In the event that an approved EMT Training Program wishes to add a course to the schedule, notification must be received in writing to the Agency no less than sixty days prior to the proposed start date.

- 3) No greater than ten students shall be assigned to one instructor during the practical portion of course.
 - l. Facilities and Equipment
 - 1) Facilities must comfortably accommodate all students including those with disabilities.
 - 2) Restroom access must be available.
 - 3) Must permit skills testing so that smaller break-out groups are isolated from one another.
 - 4) Training equipment and supply shall be modern and up to date as accepted by the industry and shall be maintained and/or replaced as necessary.
 - m. Quality Assurance and Improvement
 - 1) Each program shall submit a Quality Assurance and Improvement Plan that addresses the following:
 - a) Methods of student remediation.
 - b) A plan for continuous update of examinations and student materials.
 - c) Identify the text and resource materials that will be utilized by the program.
 - d) Student course evaluations
 - n. Research Agreement Decree
 - 1) Each approved program shall provide a statement agreeing to participate in research data accumulation. This information shall be utilized to enhance the emergency medical services systems in Ventura County.
3. Program Approval Time Frames
- a. Upon receipt of a complete application packet, the Agency will notify the applicant within seven business days that;
 - 1) The request for approval has been received.
 - 2) The request does or does not contain all required information.
 - 3) What information, if any, is missing?
 - b. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within a reasonable period of time, after receipt of all required documentation, not to exceed three months.

- c. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - d. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
 - e. Approved EMT-I training programs shall also receive approval as a continuing education provider effective the same date as the EMT-I training program approval. The continuing education program expiration date shall be the same expiration date as the EMT-I training program.
4. Withdrawal of Program Approval
- a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
 - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.

B. Program Review and Reporting

1. All program materials are subject to periodic review by the Agency.
2. All programs are subject to periodic on-site evaluation by the Agency.
3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
4. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who successfully meets all requirements for certification. This certificate shall include:
 - a. Student full legal name.
 - b. The date the course was completed
 - c. The name of the course completed "Emergency Medical Technician – I"
 - d. Number of hours of instruction completed.
 - e. The name and signature of the Program Director.
 - f. The name and location of the training program.
 - g. The following statements in bold print:
 - 1) **"THIS IS NOT AN EMT- I CERTIFICATE"**
 - 2) **This course completion record is valid to apply for certification up to a maximum of two years from the course completion date and is recognized statewide.**

5. Each program shall submit the Agency provided Course Completion Roster no greater than fifteen days following the completion of the program. Students will not be processed for certification until the Course Completion Roster is received by the Agency.

C. Required Course Hours

1. The minimum course hours shall consist of not less than one hundred twenty hours. These hours shall be divided as follows:
 - a. A minimum of one hundred ten hours of classroom and laboratory instruction; and,
 - b. A minimum of ten hours of supervised clinical experience. The clinical experience shall include five patient contacts wherein a patient assessment and other EMT-1 skills are performed.
 - c. The minimum hours shall not include the final examination.
 - d. The minimum hours shall not include CPR.



A Division of the Ventura County Health Care Agency

PAUL E. LORENZ
Director

EMERGENCY MEDICAL SERVICES

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Administrator

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Fax: 805-981-5300

ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

EMT-I TRAINING PROGRAM APPROVAL CHECKLIST

PROGRAM APPROVAL APPLICATION PROCEDURE	
TRAINING PROGRAM AFFILIATION:	
<p>The Training Program is affiliated with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accredited University or College <input type="checkbox"/> Junior or Community College <input type="checkbox"/> School District <input type="checkbox"/> Private Post-Secondary School (Submit Post-Secondary School Approval Document) <input type="checkbox"/> Armed Forces Medical Unit <input type="checkbox"/> Licensed Acute Care Hospital (Submit special permit for Basic or Comprehensive Emergency Medical Services and proof of provision of Continuing Education to other Health Care Professionals) <input type="checkbox"/> Agency of Government <input type="checkbox"/> Public Safety Agency 	<p>Name of Agency of Affiliation</p>
PROGRAM ADMINISTRATION AND INSTRUCTION	
<p>Name of Program Director:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section IV.A.2.g.1) for examples of qualifying education) 	<p>Title (MD, RN, PA, Paramedic)</p>
<p>Name of Clinical Coordinator:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received. 	<p>Title (MD, RN, PA, Paramedic)</p>
<p>Name of Principal Instructor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> Documentation of education and experience in methods, materials and evaluation of instruction by at least 40 hours in teaching methodology received (see policy section III.A.2.g.3) for examples of qualifying education) 	<p>Title (MD, RN, PA, Paramedic, EMT II or EMT-I)</p>
<p>Name(s) of Teaching Assistant(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current License received <input type="checkbox"/> Documentation of Academic and/or Clinical Experience (2 years in last 5 years) received 	<p>Title (MD, RN, PA, EMT-P, EMT-I)</p>

PROGRAM APPROVAL APPLICATION PROCEDURE

Submission of the following:	Date Received
<input type="checkbox"/> Written request for program approval	
<input type="checkbox"/> Statement verifying use of the US DOT EMT-Basic National Standard Curriculum, DOT HS 808149, August 1994.	
<input type="checkbox"/> A statement verifying implementation of the 2005 American Heart Association Guidelines for CPR and ECC.	
<input type="checkbox"/> Session guides or lesson plans	
<input type="checkbox"/> Samples of skills and written exams used for periodic testing	
<input type="checkbox"/> Final skills competency exam	
<input type="checkbox"/> Final written exam	
<input type="checkbox"/> Provisions for field/clinical experience for EMT-I (10 hrs. and 5 patient contact minimum)	
<input type="checkbox"/> Provisions for course completion by challenge, including a challenge examination (if different from final course examination).	
<input type="checkbox"/> Provisions for refresher course and/or continuing education	
<input type="checkbox"/> Location and proposed dates at which the course(s) are to be offered.	

Signature of person completing Checklist

Date

Typed or printed name

=====

All Requirements submitted

Date:

Approval letter sent

Date:

Re-approval date

Date



Ventura County Emergency Medical Services Agency EMT COURSE COMPLETION ROSTER

Program Name: _____ Initial Recert

Program Director: _____ Course End Date: _____

- Do not attach any additional paperwork unless your program is adding or updating instructional staff records (i.e.: copies of certifications, resume, etc. Do not attach copies of completion certificate, CPR cards, etc.).
- Fax or mail this form to the EMS Agency no greater than ten days following the course completion date. ***Students will not be processed until this form has been received by the VCEMSA.***

Primary Instructor

_____ MD RN Paramedic Other

Clinical Coordinator

_____ MD RN Paramedic Other

Assisting Instructors

_____ MD RN Paramedic Other

_____ MD RN Paramedic Other

_____ MD RN Paramedic Other

Practical Instructors (skills)

_____ MD RN Paramedic Other

_____ MD RN Paramedic Other

_____ MD RN Paramedic Other

Total number of students enrolled on the first course day _____

Total number of students who successfully completed the course _____

