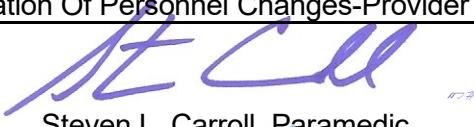


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title:	Policy Number	
Notification Of Personnel Changes-Provider		342
APPROVED: Administration:	 Steven L. Carroll, Paramedic	
APPROVED: Medical Director:	 Daniel Shepherd, MD	
Origination Date:	May 15, 1987	
Date Revised:	April 8, 2021	Effective Date: June 1, 2024
Last Review:	April 11, 2024	
Review Date:	April 30, 2027	

I. PURPOSE

To define a procedure to assure that the Ventura County Emergency Services Agency is notified of hiring, leave of absence, or termination of employment of an EMT, Paramedic or MICN.

II. AUTHORITY:

Health and Safety Code, Chapter 1, Article 1.

III. POLICY

Each provider of prehospital EMS services shall notify, Emergency Medical Services Administrative Office, in writing or by e-mail, of hiring, leave of absence, or termination of employment of an EMT, Paramedic or MICN within 5 working days of taking action.