



# CoSD EMS Policy Updates and Sunsets

EMCC Prehospital/Hospital Subcommittee

March 14, 2024





# Non-Substantive Policy Updates

## S-411 Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect

- Changes: Reporting contacts and process updates

San Diego County Emergency Medical Services Office  
Policy / Procedure / Protocol

### B. Dependent Adult and Elder Abuse/Neglect

- Suspicion of Dependent Adult and Elder Abuse/Neglect should be reported as soon as possible by:
  - Online:** Mandated reporters Agencies that have registered can use an online system to make a referral at [www.siswebreferral.org/https://sandiego.leapportal.net/LEAP/Sintake/NewPublicIntakeReport.aspx](http://www.siswebreferral.org/https://sandiego.leapportal.net/LEAP/Sintake/NewPublicIntakeReport.aspx). Use of the online portal satisfies the requirement to submit a written report. Urgent or immediate response referrals are not accepted via the WebReferral process. A phone call must be made to the HHSA Aging and Independence Services (AIS) Call Center at (800) 339-4661, which is available 24 hours a day, 7 days a week. The WebReferral can be used as the written report following a phone referral for an immediate need situation.
  - Telephone:** Telephone report to the Adult Protective Services at AIS at (800) 339-4661. For the Long-Term Care (LTC) Ombudsman (for Skilled Nursing Facility or licensed long-term care facilities), call (800) 640-4661. Be prepared to give the following information<sup>2</sup>:
    - Name of person making report
    - Name, address, and age of the dependent adult or elder
    - Nature and extent of person's condition
    - Other information, including information that led the person to suspect abuse/neglect.
 Telephone report must be followed by a written report within two working days (48 hours) using "Report of Suspected Dependent Adult/Elder Abuse" Form SOC 341. Form SOC 341 can be accessed on the CoSD EMS website at [www.sandiegocountyems.com](http://www.sandiegocountyems.com), on the [Mandatory Reporting page](#). The mailing address for this report is:

Adult Protective Services  
P.O. Box 23217  
San Diego, CA 92193-3217

The report may be faxed to (619) 344-8077 or emailed to [adrc.hhsa@sdcounty.ca.gov](mailto:adrc.hhsa@sdcounty.ca.gov).

OR

Adult Protective Services  
Attn: Ombudsman  
P.O. Box 23217  
San Diego, CA 92193-3217

<sup>2</sup> Prehospital personnel are only expected to provide the information they have knowledge of.  
REPORTING OF SUSPECTED CHILD, DEPENDENT ADULT, OR ELDER ABUSE/NEGLECT 7/1/2024  
Policy: S-411 Page 3 of 5  
DISCLAIMER: PRINTED COPIES ARE FOR REFERENCE ONLY. PLEASE REFER TO THE ELECTRONIC COPY FOR THE LATEST VERSION.

## B-450 EMT Scope of Practice

- Changes: Conclusion of EMT PAA Optional Skill

	MEDICAL CONTROL	B-450
	EMT SCOPE OF PRACTICE	
	Date: 7/1/2024	Page 1 of 3

### I. PURPOSE

To identify the basic scope of practice of an Emergency Medical Technician (EMT) in San Diego County

- ### II. AUTHORITY:
- Health and Safety Code, Division 2.5, Sections 1797.170, 1797.202, 1797.214, and 1798.

### III. POLICY

- During training, while at the scene of an emergency, and during transport of the sick or injured, or during interfacility transfer, a supervised EMT student, or certified EMT, is authorized to do any of the following:
  - Evaluate the ill and injured.
  - Render Basic Life Support (BLS), rescue, and first aid to patients.
  - Obtain diagnostic signs, including, but not limited to:
    - Temperature
    - Blood pressure
    - Pulse
    - Respiratory rate
    - Level of consciousness
    - Pupil status
  - Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic CPR (e.g., use of chest compression devices).
  - Administer oxygen.
  - Use the following adjunctive airway breathing aids:
    - Oropharyngeal airway
    - Nasopharyngeal airway
    - Suction devices
    - Basic oxygen delivery devices, manual and mechanical ventilating devices designed for prehospital use
    - ~~Periaryngeal Airway Adjuncts, if authorized by the local EMS agency~~
  - Use various types of stretchers and body motion restriction or immobilization devices.

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## T-710 Designation of a Trauma Center

- Changes: Grammar and code section reference

	BASE HOSPITAL/TRAUMA CENTER	T-710
	DESIGNATION OF A TRAUMA CENTER	
	Date: 7/1/2024	Page 1 of 2

### I. PURPOSE

To define the process and procedure for designating a Trauma Center.

- ### II. AUTHORITY:
- Health and Safety Code, Division 2.5, Sections 1798.164 and 1798.165.

### III. POLICY

- The need for additional designated Trauma Centers shall be assessed by the County of San Diego (CoSD), Emergency Medical Services (EMS). This assessment will include but not be limited to:
  - Geographic locations
  - Prehospital transport times
  - Projected trauma patient volume
  - Projected population growth for trauma catchment
  - Current system impact
  - Hospital services available for trauma care
  - ~~Pre-Hospital-Hospital~~ out of service/out of district times
- CoSD Board of Supervisors designates all trauma centers, including their designated levels. A new trauma center may receive a temporary designation from the CoSD BOS, for a specified period of time, until a verification survey by the American College of Surgeons (ACS), Committee on Trauma can be obtained. **A temporary designation will not exceed a two year two-year period.**
- Each Trauma Center shall pay the designation fee annually as described in County Administrative Code Section ~~254-370~~ and approved by the Board of Supervisors.
- Each Trauma Center shall meet the criteria set forth in the Trauma Center Statement of Work and demonstrate a continuous ability and commitment to comply with policies, procedures, and protocols developed by CoSD EMS.

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# Non-Substantive Policy Updates

## S-411 – Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect

### Changes:

- Reporting contacts and process updates

#### B. Dependent Adult and Elder Abuse/Neglect

1. Suspicion of Dependent Adult and Elder Abuse/Neglect should be reported as soon as possible by:

- a. Online: Mandated reporters Agencies that have registered can use an online system to make a referral at [www.aiswebreferral.org](http://www.aiswebreferral.org) <https://sandiego.leapsportal.net/LEAPSIntake/NewPublicIntakeReport.aspx>. Use of the online portal satisfies the requirement to submit a written report.

Urgent or immediate response referrals are not accepted via the WebReferral process. A phone call must be made to the HHSA Aging and Independence Services (AIS) Call Center at (800) 339-4661, which is available 24 hours a day, 7 days a week. The WebReferral can be used as the written report following a phone referral for an immediate need situation.

- b. Telephone: Telephone report to the Adult Protective Services at AIS at (800) 339-4661. For the Long-Term Care (LTC) Ombudsman (for Skilled Nursing Facility or licensed long-term care facilities), call (800) 640-4661. Be prepared to give the following information<sup>2</sup>:
  - 1) Name of person making report
  - 2) Name, address, and age of the dependent adult or elder
  - 3) Nature and extent of person's condition
  - 4) Other information, including information that led the person to suspect abuse/neglect.

Telephone report must be followed by a written report within two working days (48 hours) using "Report of Suspected Dependent Adult/Elder Abuse" Form SOC\_341. Form SOC\_341 can be accessed on the CoSD EMS website at [www.sandiegocountyems.com](http://www.sandiegocountyems.com)- on the Mandatory Reporting page. The mailing address for this report is:

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The report may be faxed to (619) 344-8077 or emailed to [adrc.hhsa@sdcounty.ca.gov](mailto:adrc.hhsa@sdcounty.ca.gov).

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<sup>2</sup> Prehospital personnel are only expected to provide the information they have knowledge of.  
REPORTING OF SUSPECTED CHILD, DEPENDENT ADULT, OR ELDER ABUSE/NEGLECT  
Policy: S-411

# Non-Substantive Policy Updates

## B-450 EMT Scope of Practice

### Changes:

- Conclusion of EMT PAA Optional Skill

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL	<b>B-450</b>
	<b>EMT SCOPE OF PRACTICE</b>	
	Date: <del>7/1/2017</del> <b>7/1/2024</b>	Page 1 of 3

### I. PURPOSE

To identify the basic scope of practice of an Emergency Medical Technician (EMT) in San Diego County

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.202, 1797.214, and 1798.

### III. POLICY


- A. During training, while at the scene of an emergency, and during transport of the sick or injured, or during interfacility transfer, a supervised EMT student, or certified EMT, is authorized to do any of the following:
1. Evaluate the ill and injured.
  2. Render Basic Life Support (BLS), rescue, and first aid to patients.
  3. Obtain diagnostic signs, including, but not limited to:
    - a. Temperature
    - b. Blood pressure
    - c. Pulse
    - d. Respiratory rate
    - e. Level of consciousness
    - f. Pupil status
  4. Perform cardiopulmonary resuscitation (CPR); including the use of mechanical adjuncts to basic CPR (e.g., use of chest compression devices).
  5. Administer oxygen.
  6. Use the following adjunctive airway breathing aids:
    - a. Oropharyngeal airway
    - b. Nasopharyngeal airway
    - c. Suction devices
    - d. Basic oxygen delivery devices, manual and mechanical ventilating devices designed for prehospital use
    - ~~e. Perilaryngeal Airway Adjuncts, if authorized by the local EMS agency~~
  7. Use various types of stretchers and body motion restriction or immobilization devices.

# Non-Substantive Policy Updates

## T-710 Designation of a Trauma Center

### Changes:

- Grammar & code section reference

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	BASE HOSPITAL/TRAUMA CENTER	<b>T-710</b>
	<b>DESIGNATION OF A TRAUMA CENTER</b>	
	Date: <del>7/1/2024</del> <b>7/1/2024</b>	Page 1 of 2

### I. PURPOSE

To define the process and procedure for designating a Trauma Center.

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**II. AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1798.164 and 1798.165.

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### III. POLICY

- A.** The need for additional designated Trauma Centers shall be assessed by the County of San Diego (CoSD), Emergency Medical Services (EMS). This assessment will include but not be limited to:
1. Geographic locations
  2. Prehospital transport times
  3. Projected trauma patient volume
  4. Projected population growth for trauma catchment
  5. Current system impact
  6. Hospital services available for trauma care
  7. Pre-~~Hospital~~ hospital out of service/out of district times
- B.** CoSD Board of Supervisors designates all trauma centers, including their designated levels. A new trauma center may receive a temporary designation from the CoSD BOS, for a specified period of time, until a verification survey by the American College of Surgeons (ACS), Committee on Trauma can be obtained. **A temporary designation will not exceed a ~~two~~ year ~~two-year~~ period.**
- C.** Each Trauma Center shall pay the designation fee annually as described in County Administrative Code Section ~~254-370~~ and approved by the Board of Supervisors.
- D.** Each Trauma Center shall meet the criteria set forth in the Trauma Center Statement of Work and demonstrate a continuous ability and commitment to comply with policies, procedures, and protocols developed by CoSD EMS.



# Policy Sunsets (July 1, 2024)

## Policies Replaced by Online/Digital Forms Scheduled for Deletion

P-301 Attachment A 07/1/2016

COUNTY OF SAN DIEGO DIVISION OF EMERGENCY MEDICAL SERVICES  
APPLICATION FORM  
PARAMEDIC TRAINING PROGRAM

1. Name of Institution/Agency \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_  
Email Address \_\_\_\_\_

2. Personnel:  
Program Medical Director \_\_\_\_\_  
Course Director \_\_\_\_\_  
Principal Instructor(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Teaching Assistants \_\_\_\_\_  
(Name & Subjects Assigned) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*P-301A Paramedic Training Program Application Form*

*P-302A Application for Out-of-County Paramedic Internship*



P-302 Attachment A

Application for Out-of-County Paramedic Internship

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Out-of-County Paramedic Training Program**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Training Program Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**County of San Diego ALS Provider Agency**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preceptor: \_\_\_\_\_  
Preceptor Phone Number: \_\_\_\_\_  
Preceptor Email Address: \_\_\_\_\_  
Estimated Completion dates: Clinical: \_\_\_\_\_ Field: \_\_\_\_\_  
 Intubations completed  
 Appropriate immunizations received  
Training Program Signature: \_\_\_\_\_

----- County Use Only -----  
CPR/ACLS Verification: \_\_\_\_\_  
EMT Certificate Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Accreditation Class Completion Date: \_\_\_\_\_  
J Number Assigned: \_\_\_\_\_ Exp. Date: \_\_\_\_\_



# Policy Sunsets (July 1, 2024)

## Policies Replaced by Online/Digital Forms Scheduled for Deletion



APPLICATION FOR AUTHORIZATION AS AN APPROVED PROVIDER OF PREHOSPITAL CONTINUING EDUCATION IN SAN DIEGO COUNTY

PLEASE PRINT OR TYPE

1. PROVIDER/AGENCY NAME: 2. PHONE NO:

3. PROVIDER/AGENCY ADDRESS: STREET & NUMBER CITY STATE ZIP CODE

4. CE Program Director (Full Name/Title/Email address):

CE Program Clinical Director (Full Name/Title/Email address):

5. PROVIDER IS A/AN: (check ONE) 6. Level of CE (check all that apply)

Individual  BLS

Educational Corporation or Group  ALS

Hospital - San Diego County Base Hospital

Hospital - Not San Diego County Base Hospital

University, College or School

Prehospital Provider Agency

Other: \_\_\_\_\_

7. APPLICATION SUBMITTED BY (Name/Title): \_\_\_\_\_

8. Attach:

a. Resume<sup>1</sup> or Curriculum Vitae and supporting documents of the CE Program Director and CE Clinical Director, demonstrating each individual's experience and qualifications in prehospital care/education per Title-22, Division 9, Chapter 11.

b. If this is a renewal, provide a brief summary of CE activities that your agency sponsored under the authority of your number, during the previous year of operation.

c. Application fee - \$1,135.00/ 4 years (San Diego Base Hospitals are exempt from this fee)

I certify that I have read and understand the CE Program requirements outlined in Title-22, Division 9, Chapter 11, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit/review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

SIGNATURE - Continuing Education Program Director and/or CE Program Clinical Director or designee

Date: \_\_\_\_\_

EMERGENCY MEDICAL SERVICES  
San Diego County EMS Office  
5510 Overland Avenue, Suite 250  
San Diego, CA 92123-1239  
MSO-202

(County use only)

Application Rec'd	Reviewer	Approval Date	Renewal Date	San Diego County Authorization Number	Restrictions/Comments	Fee Paid
				37		



*S-306A Application for Authorization as Approved Provider of Prehospital CE in SD County*

*B-351A EMT Training Programs Application*



No. B-351 Attachment A  
Page 1 of 5  
Revision Date 2/22/2022

COUNTY OF SAN DIEGO EMS AGENCY  
APPLICATION FORM  
EMERGENCY MEDICAL TECHNICIAN  
TRAINING PROGRAM

1. Training Program Name: \_\_\_\_\_

Program Format (X one): \_\_\_ Traditional (In-person) \_\_\_ Hybrid (Remote learning and In-person)

NOTE: If the hybrid format is chosen, a separate County hybrid application must be submitted.

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
2. Personnel

\* Program Director: \_\_\_\_\_

\* Clinical Coordinator: \_\_\_\_\_

\* Principal Instructor(s): \_\_\_\_\_

\*\* Teaching Assistants: \_\_\_\_\_
3. Course Hours:

Didactic/Lab (min. 146 hrs.): \_\_\_\_\_

Clinical (min. 24 hrs.): \_\_\_\_\_

Total (min. 170 hrs.): \_\_\_\_\_

Refresher (min. 24 hrs.): \_\_\_\_\_
4. Units of Credit: \_\_\_\_\_
5. Text to be used: \_\_\_\_\_


\* Provide qualifications on appropriate forms (attached) and supporting documentation for each.  
\*\* Provide list of names and lecture/lab topics assisting with, on the attached form.





# Policy Sunsets (July 1, 2024)

## Policies Related to Conclusion of the EMT PAA Optional Skill

	TRAINING AND EDUCATION	B-325
	PERILARYNGEAL AIRWAY ADJUNCTS TRAINING PROGRAM REQUIREMENTS	
	Date: 7/1/2010	Page 1 of 2

### I. PURPOSE

To establish a standardized Perilaryngeal Airway Adjunct Skills curriculum and program approval requirements

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.206, 1797.208, 1797.214, and 1797.218.

### III. DEFINITION(S)

**Perilaryngeal Airway Adjuncts (PAA):** A novel cuffed airway device to include:

1. Esophageal Tracheal Airway Devices (ETADs)
2. Supraglottic Airway Devices

### IV. POLICY

A. County of San Diego, Emergency Medical Services (CoSD EMS) shall approve Emergency Medical Technician (EMT) PAA Skills training programs prior to the program being offered. To receive program approval, requesting training agencies and Continuing Education (CE) providers must apply for approval to CoSD EMS and submit all materials listed in the sections below.

B. Program approval or disapproval shall be made in writing by CoSD EMS to the requesting training program within a reasonable period of time, not to exceed 30 days after receipt of all required documentation.

C. All approved EMT PAA Skills training programs shall be subject to periodic review, including, but not limited to:

1. Periodic review of all program materials
2. Periodic on-site evaluation by CoSD EMS


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*B-325 Perilaryngeal Airway Adjuncts Training Program Requirements*



*D-822 Perilaryngeal Airway Adjuncts Service Provider Designation*



	SERVICE PROVIDER AGENCY	D-822
	PERILARYNGEAL AIRWAY ADJUNCTS SERVICE PROVIDER DESIGNATION	
	Date: 7/1/2010	Page 1 of 1

### I. PURPOSE

To establish a standard mechanism for approval and designation as a Perilaryngeal Airway Adjuncts provider in San Diego County

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.204, and 1797.22.

### III. DEFINITION(S)

**Perilaryngeal Airway Adjuncts:** For the purpose of this policy, the term "Perilaryngeal Airway Adjuncts" (PAA) includes both the Esophageal Tracheal Airway Device (ETAD) and King Airway devices.

### IV. POLICY

The County of San Diego, Emergency Medical Services (CoSD EMS) shall approve and designate PAA providers that meet established criteria.

### V. PROCEDURES

- A. Documentation of current PAA program approval from CoSD EMS.
- B. Enter into a Memorandum of Agreement with CoSD EMS for PAA services within the particular area of jurisdiction.
- C. Comply with the California Code of Regulations, Title 22, Section 100064(b).


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# Policy Sunsets (July 1, 2024)

## Outdated Transfer of Care Button Procedure

- *S-610A Transfer of Care Procedure*

 <b>County of San Diego</b> <b>EMS</b> A Division of San Diego County Fire	DATA COLLECTION	S-610A
	<b>TRANSFER OF CARE PROCEDURE</b>	
	Date: 1/1/2017	Page 1 of 9

### Transfer of Care Procedure

- Prehospital Agencies are responsible for providing individual ALS Transporting Units with an internet-connected mobile device (smartphone, tablet or laptop) from which an electronic Transfer of Care (TOC) will be time-stamped within the web-based FirstWatch® application(app).
- Every patient arriving at the ED via an ALS Transporting Unit will require an electronic time-stamped TOC within the FirstWatch® app.
- The primary process of electronic time-stamped TOC will be via the ALS TransportingUnits internet-connected mobile device, signed into the FirstWatch® app, at the patient'sbedside (ALS crew to ED Nurse or ALS crew to ED Physician).
- When the ALS Transporting Unit does not provide an internet-connected mobile device to the ED Nurse or Physician for bedside time-stamped TOC; then the process will default tousing an ED internet-connected desktop or laptop that is signed in to the FirstWatch® website.
- The FirstWatch® app and website, once accessed, will not time out and remains actively running in the background of the internet-connected mobile device or desktop allowing multi-window/tab functionality.

### PRIMARY TRANSFER OF CARE (TOC) PROCEDURE

- Log-in to the FirstWatch® app using the prehospital agency's assigned user-ID and password on a prehospital agency internet-connected device (smartphone, tablet or laptop)



Approved by Emergency Medical Care Committee on 10/31/2016



# Policy Sunsets (July 1, 2024)

## Inventory Policies Scheduled for Deletion

### P-806 ALS First Responder Inventory

San Diego County Emergency Medical Services Office  
Policy / Procedure / Protocol

#### B. Dependent Adult and Elder Abuse/Neglect

1. Suspicion of Dependent Adult and Elder Abuse/Neglect should be reported as soon as possible by:
  - a. Online: ~~Mandated reporters Agencies that have registered~~ can use an online system to make a referral at ~~www.siswebreferral.org~~ <https://sandiego.leapsportal.net/LEAP/Sintake/NewPublicIntakeReport.aspx>. Use of the online portal satisfies the requirement to submit a written report. Urgent or immediate response referrals are not accepted via the WebReferral process. A phone call must be made to the HHSA Aging and Independence Services (AIS) Call Center at (800) 339-4661, which is available 24 hours a day, 7 days a week. The WebReferral can be used as the written report following a phone referral for an immediate need situation.
  - b. Telephone: Telephone report to the Adult Protective Services at AIS at (800) 339-4661. For the Long-Term Care (LTC) Ombudsman (for Skilled Nursing Facility or licensed long-term care facilities), call (800) 640-4661. Be prepared to give the following information<sup>2</sup>:
    - 1) Name of person making report
    - 2) Name, address, and age of the dependent adult or elder
    - 3) Nature and extent of person's condition
    - 4) Other information, including information that led the person to suspect abuse/neglect.
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Adult Protective Services  
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The report may be faxed to (619) 344-8077 or emailed to [adrc.hhsa@sdcounty.ca.gov](mailto:adrc.hhsa@sdcounty.ca.gov).

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<sup>2</sup> Prehospital personnel are only expected to provide the information they have knowledge of.  
REPORTING OF SUSPECTED CHILD, DEPENDENT ADULT, OR ELDER ABUSE/NEGLECT 7/1/2024  
Policy: S-411 Page 3 of 5  
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### P-807 Wildland ALS Kit Inventory

	MEDICAL CONTROL	B-450
	EMT SCOPE OF PRACTICE	
	Date: 7/1/2024	Page 1 of 3

#### I. PURPOSE

To identify the basic scope of practice of an Emergency Medical Technician (EMT) in San Diego County

- #### II. AUTHORITY:
- Health and Safety Code, Division 2.5, Sections 1797.170, 1797.202, 1797.214, and 1798.

#### III. POLICY

- A. During training, while at the scene of an emergency, and during transport of the sick or injured, or during interfacility transfer, a supervised EMT student, or certified EMT, is authorized to do any of the following:
  1. Evaluate the ill and injured.
  2. Render Basic Life Support (BLS), rescue, and first aid to patients.
  3. Obtain diagnostic signs, including, but not limited to:
    - a. Temperature
    - b. Blood pressure
    - c. Pulse
    - d. Respiratory rate
    - e. Level of consciousness
    - f. Pupil status
  4. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic CPR (e.g., use of chest compression devices).
  5. Administer oxygen.
  6. Use the following adjunctive airway breathing aids:
    - a. Oropharyngeal airway
    - b. Nasopharyngeal airway
    - c. Suction devices
    - d. Basic oxygen delivery devices, manual and mechanical ventilating devices designed for prehospital use
    - e. ~~Periaryngeal Airway Adjuncts, if authorized by the local EMS agency~~
  7. Use various types of stretchers and body motion restriction or immobilization devices.

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### B-834 BLS First Responder Inventory

	BASE HOSPITAL/TRAUMA CENTER	T-710
	DESIGNATION OF A TRAUMA CENTER	
	Date: 7/1/2024	Page 1 of 2

#### I. PURPOSE

To define the process and procedure for designating a Trauma Center.

- #### II. AUTHORITY:
- Health and Safety Code, Division 2.5, Sections 1798.164 and 1798.165.

#### III. POLICY

- A. The need for additional designated Trauma Centers shall be assessed by the County of San Diego (CoSD), Emergency Medical Services (EMS). This assessment will include but not be limited to:
  1. Geographic locations
  2. Prehospital transport times
  3. Projected trauma patient volume
  4. Projected population growth for trauma catchment
  5. Current system impact
  6. Hospital services available for trauma care
  7. ~~Pre-Hospital-hospital~~ out of service/out of district times
- B. CoSD Board of Supervisors designates all trauma centers, including their designated levels. A new trauma center may receive a temporary designation from the CoSD BOS, for a specified period of time, until a verification survey by the American College of Surgeons (ACS), Committee on Trauma can be obtained. **A temporary designation will not exceed a two year two-year period.**
- C. Each Trauma Center shall pay the designation fee annually as described in County Administrative Code Section ~~254-370~~ and approved by the Board of Supervisors.
- D. Each Trauma Center shall meet the criteria set forth in the Trauma Center Statement of Work and demonstrate a continuous ability and commitment to comply with policies, procedures, and protocols developed by CoSD EMS.

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# Policy Sunsets (July 1, 2024)

Due to the implementation of S-804 First Responder Inventory, previous inventory policies are scheduled for deletion.

## San Diego County Emergency Medical Services Office Policy / Procedure / Protocol


	BLS FR	ALS FR	ALS WL	ALS FL PM
<b>BLS REQUIREMENTS</b>				
Ankle and Wrist Restraints	1 set	1 set	-	-
Automated External Defibrillator (with adult and pediatric defib pads)	1	-	1	1
Personal Protective Equipment (masks, gloves, gowns, shields)	1 set per crew member	1 set per crew member	1 set per crew member	1 set per crew member
Disposable Gloves - non-sterile	1 box	1 box	1 box	1 box
Disposable Gloves - sterile	-	4 pairs	-	-
Goggles	-	-	2 pair	-
Oropharyngeal Airway				
• Oral Airway 40mm	1	1	1	1
• Oral Airway 60mm	1	1	1	1
• Oral Airway 80mm	1	1	1	1
• Oral Airway 90mm	1	1	1	1
• Oral Airway 100mm	1	1	1	1
• Oral Airway 110mm	1	1	1	1
Nasopharyngeal Airways				
• Nasal Airway 26mm	1	1	1	1
• Nasal Airway 28mm	1	1	1	1
• Nasal Airway 30mm	1	1	1	1
• Nasal Airway 32mm	1	1	1	1
• Nasal Airway 34mm	1	1	1	1
• Nasal Airway 36mm	1	1	1	1
Water Soluble Lubricant	1	1	1	5
Oxygen Cylinder – Portable (D or E) (with 1 regulator and 1 wrench)	2	2	2	-
Bag-Valve-Mask w/Reservoir and Clear Resuscitation Mask				
• Adult	1	1	1	1
• Pediatric	1	1	1	-
• Infant (mask)	1	1	1	-
• Neonate (mask)	1	1	1	-
Oxygen Administration Mask				
• Adult	2	4	2	-
• Pediatric	1	2	1	-
• Infant	1	1	1	-
Nasal Cannula (Adult)	2	2	-	-
Handheld Nebulizer	-	-	-	2
Oxygen Powered Nebulizer				
• Adult	1	1	1	-
• Pediatric	1	1	1	-
Sterile Saline (for nebulizer)	2	2	2	-
Oxygen Saturation Monitoring Device				
• Adult Probe	0	1	1	0
• Pediatric/Infant	0	1	1	0
Portable Suction Equipment (30 L/min, 300 mmHg) <b>OR</b> Manual Suction Device (70 L/ min 170-380 mmHg)	1	1	1	1



# Policy Sunsets (July 1, 2024)

## Recommended for Removal for Statute/Regulation Alignment

P-408  
Page 4 of 4  
7/1/2010

	MEDICAL CONTROL	S-408
	<b>VARIATION FROM SAN DIEGO COUNTY PROTOCOLS FOR ADVANCED LIFE SUPPORT</b>	
	Date: 7/1/2010	Page 1 of 3

### I. PURPOSE

To identify the process by which a Base Hospital Physician may issue medical orders that vary from standard County of San Diego Advanced Life Support (ALS) protocols.

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.202, 1797.220, 1797.90, and 1798 (et seq.).

### III. POLICY

- A. Base Hospital Physicians may issue medical treatment orders which vary from County of San Diego ALS treatment protocols under the following criteria:
- The order must be within the Scope of Practice for Paramedic (California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100145) and included in the County of San Diego, Emergency Medical Services (CoSD EMS) ALS protocols or within the CoSD EMS Policy P-401 "Paramedic Scope of Practice".
  - The order must be transmitted to field personnel by the Base Hospital Physician or authorized Mobile Intensive Care Nurse (MICN) via direct voice contact.
  - Variation from protocol must be deemed necessary by the Base Hospital Physician to prevent serious morbidity or mortality.
- B. The Paramedic and/or the MICN shall not be subject to disciplinary actions for carrying out or declining orders that vary from protocol that meet the above criteria.
- C. All variations from protocol shall be reported to the CoSD EMS Medical Director and the Prehospital Audit Committee for evaluation and tracking.

### IV. PROCEDURES

- A. The Base Hospital Physician, after determining that a variation from protocol is necessary to prevent serious morbidity or mortality, shall:

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*P-408 Variation from San Diego County Protocols for Advanced Life Support*

*P-408A QCS Confidential Prehospital QA Report – MD Variation Detail*



COUNTY OF SAN DIEGO QCS CONFIDENTIAL PREHOSPITAL QUALITY ASSURANCE REPORT (1.4) MD VARIATION DETAIL			
Run Number:		Incident: (date)	(time)
Base Hospital:		Crew Members:	1
MICN:			2
Agency:	Unit:		3
BH Physician:	Agency Role		
<b>Base Hospital Nurse Coordinator</b>			
Incident Description:			
BHNC Signature:		Date:	
<b>Base Hospital Physician</b>			
Specific Order:			
Physician Comment:			
<b>Base Hospital Medical Director</b>			
<input type="checkbox"/> This Variation was Deemed Necessary to Prevent Serious Morbidity or Mortality <input type="checkbox"/> This Variation was within the CA/COSD Paramedic Scope of Practice			
Base Hospital Medical Director Action: <input type="checkbox"/> No action indicated			
<input type="checkbox"/> Trend issue			
BHMD Comments:			
[ ] MD Variation Reviewed by BHMD		Date:	
BHMD Signature:		Date:	
[ ] Case Ready for EMS Review			Date:



# Statute and Regulation References

## Health and Safety Code 1798.100

... Base hospitals ... shall provide (prehospital) medical direction ... in accordance with policies and procedures established ... and approved by the medical director of the local EMS agency.

### *HSC 1798.100 Full reference:*

In administering the EMS system, the local EMS agency, with the approval of its medical director, may designate and contract with hospitals or other entities approved by the medical director of the local EMS agency pursuant to Section 1798.105 to provide medical direction of prehospital emergency medical care personnel, within its area of jurisdiction, as either base hospitals or alternative base stations, respectively. Hospitals or other entities so designated and contracted with as base hospitals or alternative base stations shall provide medical direction of prehospital emergency medical care provided for the area defined by the local EMS agency in accordance with policies and procedures established by the local EMS agency and approved by the medical director of the local EMS agency pursuant to Sections 1797.220 and 1798.

## Title 22 § 100146 Scope of Practice of Paramedic.

(a) A paramedic may perform any activity identified in the scope of practice of an EMT in Chapter 2 of this Division, or any activity identified in the scope of practice of an Advanced EMT (AEMT) in Chapter 3 of this Division without requiring a separate certification.

(b) A licensed paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, **may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.**

(1) Basic Scope of Practice:

- (A) Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).
- (B) ...



# Protocol S-100 Updates


Due to the removal of P-408, clarifying language will be added to S-100 Treatment Protocol Introduction.

## Current draft language:

*Paramedics may contact the Base Hospital for the following:*

- *Consultation with BHP/MICN*
- *Authorization for BHO/BHPO*
- *Authorization for additional doses*
- *Authorization to withhold treatment*

In addition, a clarifying footnote includes language that orders must be within scope of practice for the provider and no modifications are permitted to protocols under LOSOP.

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	TREATMENT PROTOCOL	<b>S-100</b>
	<b>TREATMENT PROTOCOL INTRODUCTION</b>	
	Date: <u>7/4/2024</u> / <u>1/2024</u>	Page 1 of 1

The following protocols define basic life support (BLS) and advanced life support (ALS) treatment and disposition standards for San Diego County.

1. Treatments are listed in sequential order for each condition.  
See Skills List (S-104) for skills criteria.
2. Paramedics may contact the Base Hospital<sup>1</sup> for the following:
  - Base Hospital Physician or MICN consultation (e.g., to determine which protocol applies)
  - To request authorization for a treatment requiring BHO or BHPO
  - To request a physician order for additional doses of a protocol treatment
  - To request a physician order to withhold a required protocol treatment

~~All treatments may be performed by the EMT (Emergency Medical Technician), AEMT (Advanced Emergency Medical Technician), and/or Paramedic via standing orders (SO) except for those stating, "Base Hospital Order (BHO)" or "Base Hospital Physician Order (BHPO)" or a variation from standard County of San Diego ALS protocols as ordered by the Base Hospital Physician (P-408).~~

All treatments requiring an order are at the discretion of the Base Hospital providing medical direction. EMTs, AEMTs, and Paramedics are authorized to implement standing orders without Base Hospital contact. Standing orders may be continued even after Base Hospital contact unless the Base Hospital directs otherwise.

3. EMT skills which took effect July 1, 2017 (including finger-stick blood glucose testing, intranasal naloxone administration, and epinephrine auto-injector assistance) may only be performed when a provider is on-duty operating as part of the organized EMS system, and in the prehospital setting including during interfacility transports.
4. Per Title 22, Chapter 1.5, § 100019, public safety personnel may administer intranasal naloxone when authorized by the County of San Diego EMS Medical Director.
5. BHPO: Mobile Intensive Care Nurses (MICNs) may relay BHPOs.  
  
See Physician on Scene (P-403) for situations with a physician on scene.

<sup>1</sup> Base Hospitals may not order medications, routes, or procedures that are outside the EMT, AEMT, or Paramedic scopes of practice. EMS clinicians are only permitted to follow orders within their respective scopes of practice. No modifications are permitted to protocols under LOSOP authority.



Questions?

