Operations Subcommittee
of the Emergency Medical Care Committee

Meeting Agenda:
9 A.M., Thursday October 3rd, 2024
Location: SLOEMSA Conference Room
2995 McMillan Ave, STE #178, San Luis Obispo

Members
Jay Wells, *Sheriff's Department, CHAIR*
Tim Nurge, *Ambulance Providers*
Scotty Jalbert, *Office of Emergency Services*
Jennifer Mebane, *Med-Com*
Adam Forrest, M.D., *Hospitals*
Kris Strommen, *Ambulance Providers*
Rob Jenkins*, Fire Service*
Lisa Epps, *Air Ambulance Providers*
Dennis Rowley, *Air Ambulance Providers*
Doug Weeda, *CHP*
Deputy Chief Sammy Fox, *Fire Service*
Vacant, *Law Enforcement*
Chief Casey Bryson, *Fire Service*
Chief Dan McCrain, *Fire Service*
Roger Colombo, *Field Provider-Paramedic*

Staff
STAFF LIAISON, Ryan Rosander*, EMS Director*
Bill Mulkerin, M.D., *Medical Director*
Rachel Oakley, *EMS Coordinator*
Vacant, *EMS Coordinator*
Alyssa Vardas, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call to Order	Introductions Public Comment	Jay Wells
Summary Notes	Review of Summary Notes August 1st, 2024	
	Review Operations Members and Terms	
Discussion	**Policy Revisions:** • Policy #123 Contagious Disease Exposure • Policy# 123 Contagious Disease Exposure Attachments A, B, C, & D **Policy Development:** • Policy #TBD Public Safety-First Aid and CPR Training Program Approval • Policy #TBD Public Safety-First Aid and CPR Training Program Approval Attachments A & B	Rachel Oakley

	• Policy #TBD Public Safety-First Aid Optional Skills Approval • Policy #TBD Public Safety-First Aid Optional Skills Approval Attachments A & B	
Discussion	**Protocol and Procedure Revisions:** • Protocol #640 Adult Cardiac Chest Pain/Acute Coronary Syndrome • Protocol #641 Cardiac Arrest (Atraumatic) **Policy Revisions:** • Policy #218 Upgrade Downgrade or Cancellation of EMS Response • Policy #219 Assisting Patients with their Emergency Medications	Ryan Rosander
Adjourn	Declaration of Future Agenda Items: - EMS Personnel Policy Revisions - Roundtable --- Next Meeting Date: December 5th, 2024, 9:00 A.M. Location: SLOEMSA Conference Room 2995 McMillan Ave, STE #178, San Luis Obispo	Jay Wells

DRAFT

Operations Subcommittee
of the Emergency Medical Care Committee

Meeting Minutes
Thursday, August 1st, 2024
SLO EMSA Conference Room – 2995 McMillan Ave, Suite 178, San Luis Obispo

Members		Staff	
☒	CHAIR Jay Wells, Sheriff's Department	☒	STAFF LIASON Ryan Rosander, EMS Coordinator
☐	Tim Nurge, Ambulance Providers	☐	Bill Mulkerin, MD, Medical Director
☒	Scotty Jalbert, OES	☒	Rachel Oakley, EMS Coordinator
☒	Jennifer Mebane, Med-Com	☐	Vacant, EMS Coordinator
☒	Adam Forrest, MD, Hospitals	☒	Alyssa Vardas, EMS Administrative Assistant
☒	Kris Strommen, Ambulance Providers		
☒	Rob Jenkins, Fire Service		
☒	Lisa Epps, Air Ambulance Providers		
☐	Dennis Rowley, Air Ambulance Providers		
☒	Doug Weeda, CHP	**Public**	
☐	Deputy Chief Sammy Fox, Fire Service	☒	John MacDonald
☒	Roger Colombo, Field Provider, Paramedics		
☐	Chief Dan McCrain, Fire Service	☐	
☐	Chief Casey Bryson, Fire Service	☐	
☐	Vacant, Law Enforcement		
☐			
☐			

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
CALL TO ORDER—9:06 am	
Introductions	
Public Comment – None	
APPROVAL OF MINUTES – R. Jenkins motioned, R. Colombo 2nd. Approved.	
DISCUSSION ITEMS	
Review of Protocol and Procedure Revisions: SLOEMSA has decided to bring Protocol #619 forward to allow paramedics to treat septic/hypovolemic shock. Bringing forward the Helicopter policy and Scene Management policy back and introducing the Upgrade/Downgrade Policy. The SLOEMSA would like to discuss the Contagious Disease Exposure Policy and the Public Safety-First Aid Policy. - Request to move Push Dose Epi from Base Hospital Orders to Standing Orders. - EMS Helicopters are often neglected to be utilized due to outdated guidelines in the current policy. - The new Helicopter policy would broaden the expedited launch zones and launch criteria, allowing the helicopter to be launched and ready for utilization if needed during calls. - EMCC has recommended that Scene Management be sent back to Operations for more discussion before approval. - An Upgrade/Downgrade policy is needed to pass and enact Scene Management successfully. *Contagious Disease Exposure and Public Safety-First Aid were tabled for the next Committee meeting. * **Discussion** L. Epps mentions that the auto-launch criteria look like what it does in other areas. K. Strommen says that they would be in the air a lot more but could be canceled on-scene if needed. L. Epps says that it depends on what someone who is calling 911 says as well.	R. Rosander

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
R. Jenkins brings up that Section F sets up an issue in scene management policy, and that we should either strike it or refer to scene management. S. Jalbert says he would change it or strike it regarding the use of Shall. K. Strommen brings up the question of what kind of diving accident and that it would be nice to have some clarification. R. Jenkins mentions how we are finding a lot of missed helicopter calls. K. Strommen suggests that we should look at helicopter data before making any changes. D. Weeda asks if we want to say all Oceano Dunes calls as it opens it up to responses to everything. J. Mebane suggests that in the Scene Management policy under communications, we should consider using plain English. There is confusion with the crews that we (dispatch) took the call but they don't know who would be following up on the call. Who would they talk to ask questions? R. Jenkins says that the fire agencies need to be following up then. K. Strommen mentions that we should strike out and switch back to dispatch. J. Mebane says that it needs to be clear that they need to monitor both. J. Wells mentions that communication up to arrival on the scene. S. Jalbert says that Med comm needs to retain resource allocation. R. Jenkins reminds us that it is out of EMSA Scope to determine how we allocate the resources. K. Strommen says that Roger gave them a helmet magnet and if that is what they need to do that is what they will do. S. Jalbert informs that Santa Clara County has a box on their vehicles that changes the numbers so there is no need for a lot of extra moving parts. J. Mebane asks if the Upgrade/Downgrade policy has been relayed to law enforcement yet. D. Weeda Mentions how CHP has no more EMT officers. R. Jenkins remarks how it needs to be a should and not a shall so it shouldn't be changed. D. Weeda says we want to find that happy balance between sending everyone and sending no one. J. Wells says that he thinks we almost must keep it open for anything. R. Jenkins suggests that maybe we should strike out the law enforcement reference. R. Rosander says that he thinks once we have EMD it will solve this problem. J. Wells thinks that we should keep it since law enforcement doesn't make the decision. R. Jenkins thinks we may be setting up a battle and it will be difficult to tell CHP and State Parks what to do. Thinks we should let EMD stand on its own. D. Weeda says that there is value in downgrading to avert risk and that the medical aspect is something different. R. Rosander wants to leave as is and just take out the law enforcement piece. K. Strommen says how he would like to see B and C in more detail. If we leave it as responder judgment, we do not affect any change. R. Jenkins mentions how you are never going to get rid of discretion because there is someone there to make judgment decisions. If we say they have no discretion, we are putting the county and the medical director on the hook for someone else's decisions. I Think EMD would reduce more Code 3 calls. A. Forrest says having a list informs your judgment call. If you see a list of certain things, it will change what you are going to decide on. D. Weeda also mentions how I.C. may have no medical knowledge at all and will never see the policies. **Motion to move forward Protocol #619 Shock – Hypotension/Sepsis and Policy #155 Emergency Medical Service Helicopter Operations** **Items Moving Forward** Protocol #619 Shock – Hypotension/Sepsis, Policy #155 Emergency Medical Service Helicopter Operations **Items Moving to Revision/Decision via Email** Policy #200 – Scene Management **Items Tabled for Further Discussion** Policy #218 Upgrade Downgrade, Policy #123 Contagious Disease Exposure, Policy #TBD Public Safety-First Aid	R. Jenkins motions / L. Epps seconds / Approved.
ADJOURN – 10:56 am	

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
Next Meeting: October 3rd, 2024, 09:00 A.M. Location: SLO EMSA - 2995 McMillan Ave, Suite 178, San Luis Obispo	

Operations – Jay Wells, Chairperson **Committee Term: Two years with automatic renewal**

POSITION	No. OF REPS	APPOINTING AUTHORITY	TERM
Med-Com – Jennifer Mebane	1	County Sheriff - thru EMCC Sheriff	
County Office of Emergency Services – Scotty Jalbert	1	OES Supervisor – Jalbert	
Fire Service Coastal Region Rep (Cambria) – Sam Fox North County – Casey Bryson South County – Vacant CAL FIRE/County Fire – Rob Jenkins	4	SLO County Fire Chiefs Association - thru EMCC Public Provider	
Transport Providers – Dennis Rowley, Kris Strommen, Tim Nurge	1 from each	Each Transport Provider - CALSTAR, SLAS, CCHD	
Sheriff's Department – Jay Wells	1	County Sheriff - thru EMCC Sheriff	
Field Provider (Paramedic) – Roger Colombo	1	EMCC Field Representative -	
California Highway Patrol – Doug Weeda	1	CHP San Luis Obispo Commander	
Law Enforcement – OPEN	1	Criminal Justice Administrators Association	
Hospital Representative – Dr. Adam Forrest	1	EMCC Hospital and MICN Reps –	

MEETING DATE	OPS, August 1st, 2024
STAFF CONTACT	Rachel Oakley
SUBJECT	Contagious Disease Exposure Policy #123
SUMMARY	That last version of Policy #123 is dated April 17, 2017. This policy was reviewed recently by Public Health Officials during an exposure event and was recommended to the Emergency Medical Services Agency (EMSA) staff to be updated and aligned with current practices. There are a few main topics to point out as requested by the Public Health Department (PHD): • More awareness is needed so that the policy, procedure, and forms/attachments are utilized as necessary for exposure events. ○ Training in bloodborne pathogens and Policy #123 are being added to a new Public Safety First Aid (PSFA) and Cardio Pulmonary Resuscitation (CPR) Policy and Procedure. It is also added to the PSFA Optional Skills Policy and Procedure. • It is preferred that evaluations are conducted through the employer's workers compensation provider, and to only use Emergency Department (ED) resources in after-hour cases. • Contact numbers for and communication with the PHD have changed. • Employers must have a supervisor phone number and email, as well as a contact for their workers compensation provider, made available to the PHD for follow-up communication about an event. • Do not email forms with patient information. Send all forms by fax or return by mail. • PHD receipt of exposure reporting and other communication is easiest to convey by email or phone call. Sensitive information will be communicated by phone call or fax.
REVIEWED BY	SLO County's Health Officer, Dr. Penny Borenstein; Deputy Health Officer, Dr. Rick Rosen; Supervisory Public Health Nurse, Kristin Elder, RN; EMSA Staff; EMSA Medical Director, Dr. Bill Mulkerin; SLO County Jail's Medical Staff.
RECOMMENDED ACTION(S)	Approve and recommend to move to EMCC.
ATTACHMENT(S)	Draft revisions of Policy #123, and Attachments A-D.

POLICY #123: CONTAGIOUS DISEASE EXPOSURE

I. PURPOSE

A. To define the process by which exposed Emergency Medical Services (EMS) Personnel shall notify both the receiving hospital or the Coroner and the County Health Officer and to ensure proper medical treatment is provided to the exposed EMS Personnel.

II. SCOPE

A. This policy applies to all EMS Personnel.

B. This policy is intended to guide EMS Supervisors with respect to evaluations for worker exposures with their workers compensation providers and the use of the ED for after-hours evaluations.

III. DEFINITIONS

- Consenting Party: The person who is providing consent to disclose confidential medical information (i.e., lab test results) of source or EMS Personnel to EMS Personnel workers compensation providers and SLO PHD for the purposes of medical follow up of exposed EMS Personnel.
- Designated Officer: An individual designated by an EMS Provider to interact with the County of San Luis Obispo Public Health Department (SLO PHD), medical facilities and workers compensation providers regarding infectious disease exposures.
- EMS Personnel: Any personnel, paid or unpaid, who are trained to respond to medical emergencies and who work for a fire agency, an ambulance service, the local Emergency Medical Services Agency, a law enforcement agency or the Law Enforcement Medical Clinic (LEMC) who provides care to incarcerated individuals, and a parks and recreation department.
- Exposure for assessing risk of HIV, Hepatitis or any other disease: An exposure is a percutaneous injury (needle stick, bite, or cut with a sharp object), or mucous membrane or non-intact skin contact with infected blood, body fluids, or body tissues. Body fluids that may pose a risk for Bloodborne Pathogen (BBP) transmission include: blood, semen, cerebrospinal fluid, vaginal secretions, amniotic fluid. **Body fluids that DO NOT pose a risk of BBP transmission, unless they contain blood, include: urine, saliva, sputum, stool, emesis, nasal discharge, tears, and sweat** (see Attachment A). For all other diseases including airborne/droplet see section VI.
- Source: The person whose body fluids expose EMS Personnel.

IV. POLICY

A. The California Health and Safety Code, Division 2.5, Section 1797.186 entitles all EMS personnel to prophylactic medical treatment to prevent the onset of disease provided that person demonstrates he or she was exposed as defined in Section III of this procedure, to a contagious disease as listed in Section 2500 of Title 17 of the California Administrative Code while performing first aid or CPR to any person.

B. Medical Treatment under this Section shall not affect the provisions of Division 4 or Division 5 of the Labor Code or the person's right to make claims for work-related injuries at the time the contagious disease manifests itself.

C. The responsibility for ensuring notification and treatment of exposed EMS Personnel lies with the EMS Provider.

D. EMS personnel shall report exposure to their employer following their designated workers compensation procedures.

V. PROCEDURE FOR HIV OR HEPATITIS EXPOSURE

A. EMS personnel:

1. If an exposure to blood or body fluids occurs from a source with a known or unknown status of HIV or hepatitis, EMS Personnel must notify the Emergency Department (ED) staff at the receiving hospital immediately upon arrival of the source. This notification is necessary so blood can be drawn for testing.

2. If EMS Personnel are exposed as a result of an exposure (e.g., used needle stick, a laceration, significant splash in the eye(s), or puncture wound during patient care), it is important to have the exposure evaluated as soon as possible. The medical evaluation shall be completed by the EMS organization's workers compensation provider or the ED if after hours. The evaluation may include laboratory tests and treatment modalities in accordance with the EMS Provider's policy for a job-related injury.

3. The EMS Provider must complete a Contagious Disease Exposure Report Form following the process described in Section VI. **Ensure that a valid contact number is used for all follow-up communication.**

B. EMS Providers:

1. Following the initial medical evaluation the EMS Provider must arrange and ensure that follow-up care is provided through their designated workers compensation provider. This follow-up care must be arranged as soon as possible, but no later than 72 hours following the exposure.

C. Alternative management options: Ryan White Act Process:

1. An EMS Provider may choose to make a determination of exposure independent of an exposure as defined above by following the Ryan White Act procedures. EMS Providers who elect to use the Ryan White Act procedures shall not follow the remainder of this policy. Those EMS Providers shall work directly with their designated workers compensation provider to assure that their personnel receive the proper screening.

D. Receiving hospital ED:

1. Once the exposure has been confirmed, the ED staff will obtain the blue "EMS Personnel Exposure Envelope" and begin the treatment process. ED Personnel will follow the attached checklist (Attachment B) to confirm appropriate treatment.
2. Hospital ED personnel shall have the source sign the HIV testing consent form and appropriate disclosure forms. If the source refuses to sign an HIV testing consent form and the appropriate disclosure forms, contact the County Health Officer by calling, (805) 781-5506 or after hours and holidays (805) 781-4553. If the source is unable to sign (deceased, unconscious, etc.), consent may be obtained from a consenting party. The hospital ED or hospital lab personnel shall draw source blood.
3. The ED may arrange to do a 'rapid determination' of the source blood for the presence of HIV. The results will be reported to the ED physician and/or workers compensation provider of the EMS personnel to assist in the potential treatment modality for the exposed EMS personnel.
4. All source blood draw and lab test charges shall be billed to the EMS Provider.
5. Hospital ED personnel shall have the exposed EMS Personnel sign an HIV testing consent form and the appropriate disclosure forms. Exposed EMS Personnel blood shall be drawn by the hospital ED or lab.
6. Hospital ED personnel shall draw exposed EMS Personnel HIV antibody, Anti-HCV antibody, Hepatitis B Surface Antibody, Quantitative if Hepatitis B immune status is unknown and Hepatitis B Core Antigen.
7. The receiving hospital laboratory shall send the source and exposed EMS Personnel blood specimens to their designated laboratory for testing.
8. Hospital ED personnel shall fax the checklist of EMS Personnel Exposed to Blood and/or Body Fluid form (Attachment B) to the Public Health Department immediately (805) 781-5543.
9. When hospital lab test results are obtained from the source, the hospital lab shall fax the results to the Public Health Department at (805) 781-5543 and to the exposed EMS Personnel's workers compensation provider.

E. Coroner:

1. If the source is determined to be deceased and is transported to the county morgue, the Coroner shall obtain source blood for testing (Attachment C).

F. LEMC / Jail:

1. If the source has been incarcerated and the exposure has been confirmed, LEMC personnel will obtain the blue EMS personnel exposure envelope and begin evaluation of the source. LEMC personnel will follow the attached checklist to obtain blood specimen of source (Attachment B).
2. LEMC personnel shall have the source sign the appropriate HIV testing consent form and appropriate disclosure forms (available on site at LEMC). If the source refuses to sign the HIV testing consent form and the appropriate disclosure

forms, contact the County Health Officer by calling (805) 781-5506 or after hours and holidays (805) 781-4553.

3. The LEMC personnel shall draw the source blood.
4. If LEMC personnel are unable to draw the source, the source will be taken to Sierra Vista Regional Medical Center (SVRMC) ED.
5. LEMC will notify SVRMC ED prior to bringing the source to the hospital to assure a room is available.
6. The source will be placed into a short stay room.
7. The source may not be brought directly to the lab; they must go through the ED.
8. Blood already drawn at LEMC can be delivered to the lab directly with the appropriate consents and signed lab requisitions.
9. All source blood draw, lab tests and room charges shall be billed to the LEMC.
10. SVRMC ED personnel shall fax the checklist of EMS Personnel Exposed to Blood and/or Body Fluid Form (Attachment B) to SLO PHD immediately (805) 781-5543.
11. When source lab test results are obtained SVRMC lab shall fax the results to SLO PHD (805) 781-5543.
12. LEMC is not permitted to disclose any lab test results to the exposed EMS personnel.

VI. PROCEDURE FOR EXPOSURE TO OTHER DISEASES INCLUDING AIRBORNE/DROPLET

A. Airborne/droplet exposure can be important in other contagious diseases such as tuberculosis or bacterial meningitis. These diseases are generally clinically apparent, and the hospital will perform appropriate tests as part of their evaluation. In circumstances where the presence of these diseases is suspected by EMS Personnel, the Contagious Disease Exposure Report Form (Attachment D) should be completed and faxed to the Public Health Department (805) 781-5543 immediately.

VII. PROCEDURE FOR CONTAGIOUS DISEASE EXPOSURE REPORT FORM

A. The Contagious Disease Exposure Report Form (Attachment D) must be completed by EMS Personnel and submitted to SLO PHD when an exposure to a communicable disease has occurred as defined in Section III. The completed form should be faxed immediately to SLO PHD at (805) 781-5543 or taken in person by the exposed EMS Personnel or representative to the SLO PHD receptionist desk. If after hours, the form may be taken to the mail slot located on the north-east side of the Health Department building located at 2191 Johnson Avenue in San Luis Obispo.

VIII. AUTHORITY

- The California Health and Safety Code, Division 2.5, Section 1797.186-189.

IX. ATTACHMENTS

A. BODY FLUIDS THAT MAY POSE A RISK

B. CHECKLIST FOR EMS PERSONNEL EXPOSED TO BLOOD AND/OR BODY FLUIDS

C. CORONOR REQUIREMENTS FOR SOURCE BLOOD AQUISITION

D. CONTAGIOUS DISEASE EXPOSURE REPORT FORM

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

BODY FLUIDS THAT MAY POSE A RISK

A. Fluids posing a risk as a blood borne pathogen exposure for HIV, HBV and HCV:
   1. Blood
   2. Unfixed tissue or organ from a human (living or dead)
   3. CSF (Cerebrospinal fluid)
   4. Synovial fluid
   5. Amniotic fluid
   6. Peritoneal fluid, Pleural fluid
   7. Vaginal secretions
   8. Any fluid with visible blood.

B. Fluids posing extremely low risk for HIV, HBV, and HCV (unless visible blood):
   1. Tears
   2. Sweat
   3. Saliva
   4. Urine
   5. Stool
   6. Vomitus
   7. Nasal secretions
   8. Sputum

CHECKLIST FOR EMS PERSONNEL EXPOSED TO BLOOD AND/OR BODY FLUIDS

Hospital:_____

Date:_____

Physician:_____

To be completed by hospital emergency room or law enforcement medical clinic:

FOR EMS EXPOSED

Name: _____

☐ 1. Consent for HIV testing signed and a copy given to EMS exposed.

☐ 2. Authorization for disclosure of the results of HIV Test, Hep B, Hep C results to designated workers compensation provider **and** Public Health Department for the purpose of medical follow up (copy given to EMS Personnel).

Name of workers compensation provider (if known): _____

☐ 3. Lab Slip: Baseline labs for all exposed EMS Personnel.

- HIV antibody
- Anti-HCV antibody
- Hepatitis B Surface Antibody, Quantitative- if Hepatitis B immune status is unknown

☐ 4. Remind EMS Personnel to complete Contagious Disease Exposure Report form and to fax and mail or hand deliver to Public Health Department.

FOR SOURCE PATIENT

Name: _____

☐ Incarcerated ☐ Deceased

☐ 1. If the HBV, HCV, and/or HIV status of the source patient is KNOWN, then testing is not necessary for that specific virus or viruses.

☐ 2.. If testing is determined to be necessary, obtain physician order to draw blood.

☐ 3. Consent for HIV testing signed (copy given to source patient).

☐ 4. Authorization for disclosure of HIV, Hep B, Hep C test results to EMS Personnel workers compensation provider and the Public Health Department for the purpose of post exposure prophylaxis evaluation of exposed EMS Personnel (copy given to source).

☐ 5. Lab Slip:

- HIV antibody
  - Consider Rapid HIV antibody test if results from standard (EIA) HIV antibody test will not be available within 24-48 hours
- Anti-HCV antibody
- Hepatitis B Surface Antigen

☐ 6. Blood specimen to hospital lab to be billed to EMS Provider.

☐ 7. Notify coroner if source is deceased.

*** PLEASE FAX THIS FORM IMMEDIATELY TO COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH DEPARTMENT FAX # 781-5543**

CORONER REQUIREMENTS FOR SOURCE BLOOD ACQUISITION

A. The Coroner shall be notified directly by the exposed EMS Personnel's supervisor of the need to draw a blood sample from the deceased.

B. The Coroner shall draw one red top or tiger top blood tube, (7ml) filled completely.

C. After the blood draw the blood should be refrigerated, but not frozen. The blood should be tested within 24 hours.

D. The Coroner, (with consultation from the Health Officer if needed) will notify the clinical laboratory utilized by the Public Health Department to accept and process the blood specimen.

E. The source blood test charges shall be billed to EMS Provider. (See section IV, C).

CONTAGIOUS DISEASE EXPOSURE REPORT FORM

***This form must be faxed to the County Health Officer immediately.**

EMS PROVIDER ONLY

EMS Provider: _____ Report Number: _____

Name(s) of exposed: 1. _____ DOB_____ #_____
(Include contact #) 2. _____ DOB_____ #_____
3. _____ DOB_____ #_____
4. _____ DOB_____ #_____

Date/Time of Exposure: _____

Describe Exposure: (Cuts, wounds, abrasions, airborne)

1. _____
2. _____
3. _____
4. _____

Workers Compensation Provider:

Phone Number:

Address:

Fax:

Source Name:_____ DOB: _____

Source transported to: _____

Source Phone Number (if available): _____

☐ Alive ☐ Deceased

Ryan White Officer (if alternative management is selected):_____

Supervisor Name:(please print): _____Date: _____

Title: _____ Contact Phone #: _____ FAX #: _____

Email: _____

- **FAX this form to 781-5543 immediately and report to workers compensation provider.**

I. INSTRUCTIONS FOR FILLING OUT THE CONTAGIOUS DISEASE EXPOSURE FORM:

A. Fax completed form to: 805-781-5543. If fax is not available, mail completed form to: 2191 Johnson Avenue, San Luis Obispo, CA, 93401.

B. Receipt confirmation will be made by Email or phone call.

C. Multiple names can be placed on one form if they are all from the same EMS Provider. For confidentiality, it is imperative not to mix names from different EMS Providers on the same form.

D. Complete the form, provide a full explanation of the exposure and ensure all the required information is included.

E. The reporting EMS Provider shall retain a copy of the Contagious Disease Exposure Report Form for inter-agency documentation.

F. Test results will be reported by the San Luis Obispo Public Health Department (SLO PHD) via telephone and/or fax to the EMS Provider and/or their designated workers compensation provider.

G. EMS Providers shall provide a 24-hour contact phone number, Email, address and fax number on the Contagious Disease Exposure Report Form. This is the point of contact for follow-up communication.

H. EMS Providers shall maintain an available supervisor 24 hours per day to receive follow-up calls from SLO PHD.

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT
Nicholas Drews *Health Agency Director*
Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	OPS, October 3rd, 2024
STAFF CONTACT	Rachel Oakley
SUBJECT	New Public Safety First Aid (PSFA) and Cardio Pulmonary Resuscitation (CPR), PSFA Optional Skills, Policy, Procedure, and Attachments
SUMMARY	San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) developed a several PSFA policies and procedures, primarily for law enforcement agencies requesting to utilize the optional skill of naloxone administration. Prior versions that will be replaced are: • Policy #204, Public Safety Automated External Defibrillator (AED) (dated 4/15/17) • Policy #213, Naloxone for Public Safety First Responders Requirements (dated 3/1/18) • Policy #214, Naloxone for Public Safety First Responders, which is a clinical procedure guide (dated 2/1/19). The purpose of the new PSFA program approval policies is to align the applicable programs with California State regulations that apply to all Public Safety personnel in SLO County (peace officers, firefighters, and lifeguards). A clear process to apply and get approved for operating such programs are outlined, along with an application to assist. SLOEMSA also removed the requirement to submit use reports and annual reporting, however, expects the individual organizations that have approved programs to have a robust quality assurance (QA) and quality improvement (QI) program in place. Feedback and recommendations based off of QA/QI activities are welcome and appreciated by SLOEMSA. Most of the content in the policies are taken straight from regulation and some parts align with current SLOEMSA operational procedures. Discussions will primarily be focused on the highlighted sections.
REVIEWED BY	SLO County's Health Officer, Dr. Penny Borenstein; EMSA Staff; EMSA Medical Director, Dr. Bill Mulkerin; Approved SLO County PSFA Programs/Stakeholders.
RECOMMENDED ACTION(S)	Approve and recommend to move to EMCC
ATTACHMENT(S)	PSFA/CPR Training Program Approval, PSFA Optional Skills Approval, and all Attachments (Policy numbers TBD)

POLICY # ( ): PUBLIC SAFETY FIRST AID AND CPR TRAINING PROGRAM APPROVAL

I. PURPOSE

A. To establish criteria as defined by Title 22, Division 9, Chapter 1.5 of the California Code of Regulations (CCR), for approval of Public Safety First Aid (PSFA) and Cardiopulmonary Resuscitation (CPR) training programs in the County of San Luis Obispo (SLO).

II. SCOPE

A. As determined by the employing agency, Public Safety personnel who are not otherwise covered by the following approving authorities: California Department of Forestry and Fire Protection (CAL FIRE), Commission on Peace Officer Standards and Training (POST), California Department of Parks and Recreation (DPR), Department of the California Highway Patrol (CHP), and approved Emergency Medical Services (EMS) training programs.

B. Except those whose duties are primarily clerical or administrative, the following regularly employed public safety personnel, lifeguard, firefighter, and peace officer, shall be trained to administer first aid, CPR and use an automated external defibrillator (AED).

III. DEFINITIONS

- Primarily Clerical or Administrative: the performance of clerical or administrative duties accounts for 90% or more of the time worked each pay period.
- Public Safety First Aid: Immediate care for injury or serious illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
- Public Safety AED Service Provider: An agency, or organization which is responsible for, and is approved to operate, an AED.
- Public Safety Personnel:
  - Firefighters: Any officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
  - Lifeguards: Any officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
  - Peace Officers: Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police

officer of a district authorized by statute to maintain a police department or other police officer required by law to complete PSFA training.

- Regularly Employed: Being given wages, salary, or other remuneration for the performance of those duties normally carried out by lifeguards, firefighters, or peace officers.

IV. POLICY

A. Initial training requirements shall be satisfactorily completed within one (1) year from the effective date of the individual's initial employment and, whenever possible, prior to assumption of regular duty in one of the public safety personnel categories.

B. The initial course of instruction shall be at least twenty-one (21) hours in first aid and CPR.

C. The content of initial training listed in CCR shall prepare personnel to recognize injury or illness, render basic first aid level treatment, and shall be competency based.

D. Applicable agencies shall apply and be approved to teach the skills listed in section (H) of this policy, prior to training implementation and authorization of personnel to perform PSFA and CPR skills.

1. Approved PSFA and CPR Training Programs in operation prior to policy implementation are valid for the current approval term listed on an official approval letter.

E. A PSFA and CPR Training Program applicant must have and submit a procedure for an EMS quality improvement program (EMSQIP).

F. Initial and retraining courses shall test the knowledge and skills specified in CCR and have a passing standard for course completion and shall ensure the competency of each skill.

1. Each course shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content, and skills listed in CCR.

2. The passing standards shall be established and approved by the San Luis Obispo Emergency Medical Services Agency (SLOEMSA) before administration of the examination.

G. Initial training shall include content on bloodborne pathogens and SLOEMSA Policy #123, Contagious Disease Exposure.

1. Refresher training shall include content on bloodborne pathogens.

H. After completion of training and demonstration of competency to the satisfaction of an approved training provider, personnel are authorized to perform the following emergency medical care while at the scene of an emergency:

1. Evaluate the ill and injured.

2. Provide treatment for shock.
3. Support airway and breathing with manual airway opening methods, including head-tilt and/or jaw thrust, manual methods to remove an airway obstruction in adults, children, and infants, and use the recovery position.
4. Spinal immobilization.
5. Splinting of extremities.
6. Eye irrigation using water or normal saline.
7. Assist with administration of glucose.
8. Assist patients with administration of physician prescribed epinephrine devices and naloxone.
9. Assist with childbirth.
10. Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings may be used from the list approved by the State EMS Authority.
11. Apply chest seals and dressings.
12. Simple decontamination techniques and use of decontamination equipment.
13. Care for amputated body parts.
14. Provide basic wound care.

I. Patient care provided by public safety personnel will be reported and immediately handed off to any arriving EMS personnel who is authorized at a higher medical level.

J. Retraining is required at least once every two years by successful completion of either:

1. An approved course which includes review of the topics and demonstration of skills prescribed in CCR, which consists of at least eight (8) hours of first aid and CPR including AED.
2. Maintaining current and valid certification or licensure as an Emergency Medical Technician (EMT), Paramedic, Registered Nurse, Physician Assistant, Physician, or current and valid National Registry of Emergency Medical Responder (EMR), EMT, Advanced EMT, or Paramedic.
3. Successful completion of a competency based written and skills pretest of the topics and skills prescribed in CCR. Appropriate retraining of topics indicated by the pretest shall be completed in addition to any new developments in first aid and CPR. A final test shall be provided covering the topics included in the retraining for personnel failing to pass the pretest. The hours for retraining may be reduced to the hours needed to cover topics indicated by the pretest.

K. Training in PSFA and CPR shall be conducted by an instructor who is currently licensed in California (CA) as a Physician, Physician's Assistant, Registered Nurse, or Paramedic, or certified in CA as an EMT, or is approved by SLOEMSA, and who meets the following criteria:

1. Proficient in the skills taught.
2. Qualified to teach by education or experience.

L. Validation of all instructor's qualifications shall be the responsibility of the agency whose training program has been approved by SLOEMSA.

M. A PSFA training program shall have a Program Director, to ensure that the program is compliant with this policy and CCR.

1. The Program Director may also be an instructor.

N. Every trainee who successfully completes an approved course of instruction that includes successfully passing the competency based written and skills exams shall be given a certificate or written verification of completion that shall include:

1. Initial or refresher training course.
2. Number of training hours completed.
3. Date of issue.
4. Date of expiration, which shall be two (2) years from the date of course completion.

O. An approved PSFA and CPR Training Program shall maintain a record of the names of trainees and the dates on which training courses have been completed on a Public Safety First Aid and CPR Training Record – Attachment B.

1. This record shall be retained for at least four (4) years.
2. This record shall be submitted to the SLOEMSA upon completion of initial training, retraining, and every four (4) years with a Public Safety First Aid and CPR Training Program Application – Attachment A.

P. If a SLOEMSA approved PSFA and CPR Training Program has or plans to acquire AEDs for intended use by trained personnel, an application and approval for Public Safety AED Service Provider, shall be obtained prior to the usage of AEDs.

1. Mark the appropriate box on the Public Safety First Aid and CPR Training Program Application – Attachment A.
2. Provide equipment specific orientation of AED to PSFA/CPR trained personnel.
3. Ensure maintenance of AED equipment.
4. Ensure initial training and continued competency of AED equipment.
5. AED authorized personnel will be indicated on the Public Safety First Aid and CPR Training Record – Attachment B.
6. State and federal agencies are approved by the EMS Authority.

Q. All course material and records shall be subject to oversight and must be made available for periodic review as determined by SLOEMSA.

R. Course approval is valid for four (4) years from the date of approval, and shall be reviewed every four (4) years by submitting a Public Safety First Aid and CPR Training Program Application – Attachment A.

S. An approved PSFA and CPR Training Program shall notify SLOEMSA, in writing, within thirty (30) calendar days of any change in Program Director, instructor(s), or course materials.

1. Changes are subject to SLOEMSA review and must be approved prior to implementation.

T. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions in this policy and CCR and may be revoked by SLOEMSA if the program fails to remain compliant.

1. SLOEMSA will follow the procedures set forth in CCR regarding withdrawal of program approval.

U. Allow sufficient time to apply for approval or renewal, as program review can take up to twenty-one (21) business days, which does not include time for program remediation. Additional turn time would be required if there are deficiencies noted.

V. A non-refundable fee will be collected as part of the application and review requirements. An applicant whose check returns for insufficient funds may result in denial or suspension until fee is paid and will incur additional fees as outlined in SLOEMSA Policy #101 – Fee Collection.

V. PROCEDURE

A. Submit a complete application, Attachment A – Public Safety First Aid and CPR Training Program Application, to SLOEMSA and provide the required items below:

1. A letter of intent.
2. A copy of all course materials, including but not limited to course outline, objectives, and presentations or handouts used for instruction.
3. A copy of course written and skills tests.
4. Passing standards for course written and skills tests.
5. Program Director and Instructor(s) resumes that specify eligibility for program roles.
6. A copy of the course completion certificate (template).
7. A copy of the EMSQIP.

B. Submit payment.

C. A written response will be sent to confirm that the application has been received.

D. Allow up to twenty-one (21) business days for a program review, which will result in a written response detailing whether there is any missing information.

E. A letter of program approval or disapproval will be issued by SLOEMSA as soon as the decision has been reached.

1. The program approval letter will indicate the program effective date and expiration.

F. Submit a Public Safety First Aid and CPR Training Record – Attachment B, upon completion of initial training and after retraining.

VI. AUTHORITY

- Title 22, Division 9, Chapter 1.5

VII. ATTACHMENTS

A. Public Safety First Aid and CPR Training Program Application

B. Public Safety First Aid and CPR Training Record

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

PUBLIC SAFETY FIRST AID AND CPR TRAINING PROGRAM APPLICATION

Check One: □ Initial Application □ Renewal

APPLICANT INFORMATION	
Public Safety Provider Name:	
Public Safety Provider Address:	Public Safey Provider Phone Number:
Program Director Name:	Program Director Phone Number:
Program Director Email:	Alternate Contact:

SUBMIT THE FOLLOWING WITH THIS APPLICATION
☐ Letter of intent.
☐ Copy of all course materials, including but not limited to course outline, objectives, and presentations or handouts used for instruction.
☐ Copy of Public Safety AED Service Provider AED orientation material and AED maintenance schedule (only if applying for PS AED Service Provider for personnel to use AEDs).
☐ Copy of course written and skills tests.
☐ Passing standards for course written and skills tests.
☐ Program Director and Instructor(s) resumes that specify eligibility for program role.
☐ Copy of the course completion certificate.
☐ Copy of the EMS Quality Improvement Program.
☐ Submit current application fee.

ATTESTATION OF PSFA&CPR APPLICANT	
I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #XXX, Public Safety First Aid and CPR Training Program Approval and Title 22, Div. 9, Ch. 1.5.	
Signature of PSFA & CPR Applicant:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	☐ Email confirmation of application received.
Initial Review (w/in 21 work days), Date:	Letter of approval or disapproval, Date:
Update State Database:	Update SLO EMSA records:
☐ Submit Attachment B upon completion of initial training.	

PUBLIC SAFETY FIRST AID AND CPR TRAINING RECORD

Public Safety Provider Name:				
Employee Name:	PSFA Exp	Medic/EMT Exp	CPR/AED Exp	AED Authorized (Yes or No)

POLICY # ( ): PUBLIC SAFETY FIRST AID OPTIONAL SKILLS APPROVAL

I. PURPOSE

A. To establish criteria as defined by Title 22, Division 9, Chapter 1.5 of the California Code of Regulations (CCR), for approval of Public Safety First Aid (PSFA) optional skills in the County of San Luis Obispo (SLO).

II. SCOPE

A. In addition to the activities authorized by an approved PSFA and Cardiopulmonary Resuscitation (CPR) training program, public safety personnel may perform optional skills specified in this policy, when authorized by the Medical Director of SLO Emergency Medical Services Agency (SLOEMSA).

III. DEFINITIONS

- Primarily Clerical or Administrative: the performance of clerical or administrative duties accounts for 90% or more of the time worked each pay period.
- Public Safety First Aid: Immediate care for injury or serious illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
- Public Safety Personnel:
  - Firefighters: Any officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
  - Lifeguards: Any officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
  - Peace Officers: Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other police officer required by law to complete PSFA training.
- Regularly employed: Being given wages, salary, or other remuneration for the performance of those duties normally carried out by lifeguards, firefighters, or peace officers.

IV. POLICY

A. The following optional skills are available for public safety personnel:

1. Administration of naloxone for suspected narcotic overdose.

2. Administration of epinephrine by auto-injector for suspected anaphylaxis.
3. Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation.
4. Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, while working for a public safety provider.
5. Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs).

B. Interested public safety providers shall apply and be approved for the optional skills listed in section (A) of this policy, prior to training implementation and authorization of personnel to perform the optional skills.

1. Approved PSFA Optional Skills that providers have in operation prior to policy implementation are valid for the current approval term listed on an official approval letter.

C. A PSFA Optional Skills applicant must have and submit a procedure for an EMS quality improvement program (EMSQIP).

D. Initial and retraining courses shall test the knowledge for each skill specified in CCR and have a passing standard for course completion and shall ensure the competency of each skill applied for.

1. Each course shall include a written and skills examination which tests the competency of the skill(s) applied for.
2. The passing standards shall be established and approved by SLOEMSA before administration of the examination.
3. After completion of training and demonstration of competency to the satisfaction of an approved training provider, personnel are authorized to perform the skill(s) listed in this policy under section (A) above.

E. Initial training shall include content on bloodborne pathogens and SLOEMSA Policy #123, Contagious Disease Exposure.

1. Retraining shall include content on bloodborne pathogens.

F. Patient care provided by public safety personnel will be reported and immediately handed off to any arriving EMS personnel who is authorized at a higher medical level.

G. Retraining is required at least once every two years by successful completion of:

1. An approved course which includes review of the topics and demonstration of skills prescribed in CCR.
2. Maintaining current and valid certification or licensure as an Emergency Medical Technician (EMT), Paramedic, Registered Nurse, Physician Assistant, Physician, or current and valid National Registry of Emergency Medical Responder (EMR), EMT, Advanced EMT, or Paramedic.

3. Successful completion of a competency based written and skills pretest of the topics and skills prescribed in CCR. Appropriate retraining of topics indicated by the pretest shall be completed in addition to any new developments in PSFA optional skills. A final test shall be provided covering the topics included in the retraining for personnel failing to pass the pretest.

H. Retraining shall be conducted more frequently as determined by the EMSQIP.

I. Training of PSFA optional skills shall be conducted by an instructor who is currently licensed in California (CA) as a Physician, Physician's Assistant, Registered Nurse, Paramedic, or certified in CA as an Emergency Medical Technician (EMT), or is approved by SLOEMSA, and who meets the following criteria:

1. Proficient in the skills taught.
2. Qualified to teach by education or experience.

J. Validation of all instructor's qualifications shall be the responsibility of the agency whose training program has been approved by SLO EMSA.

K. PSFA optional skills training shall be overseen by a Program Director, to ensure that the program is compliant with this policy and CCR.

1. The Program Director may also be an instructor.

L. An approved PSFA Optional Skills provider shall maintain a record of the names of trainees and the dates on which training courses have been completed on a Public Safety First Aid Optional Skills Training Record – Attachment B

1. This record shall be retained for at least four (4) years.
2. This record shall be submitted to SLOEMSA upon completion of initial training, retraining, and every four (4) years with a Public safety First Aid Optional Skills Application – Attachment A.

M. All course material and records shall be subject to oversight and must be made available for periodic review as determined by SLOEMSA.

N. Course approval is valid for four (4) years from the date of approval and shall be reviewed every four (4) years by submitting a Public Safety First Aid Optional Skills Application - Attachment A.

O. An approved Public Safety First Aid Optional Skills provider shall notify SLOEMSA, in writing, within thirty (30) calendar days of any change in Program Director, instructor(s), or course materials.

1. Changes are subject to SLOEMSA review and must be approved prior to implementation.

P. Program approval and renewal is contingent upon continued compliance with all required criteria and provisions in this policy and CCR and may be revoked by SLOEMSA if the program fails to remain compliant.

1. SLOEMSA will follow the procedures set forth in CCR regarding withdrawal of program approval.

Q. Allow sufficient time to apply for approval or renewal, as program review can take up to twenty-one (21) business days, which does not include time for program remediation. Additional turn time would be required if there are deficiencies noted.

R. A non-refundable fee will be collected as part of the application and requirements. An applicant whose check returns for insufficient funds may result in denial or suspension until fee is paid and will incur additional fees as outlined in SLOEMSA Policy #101 – Fee Collection.

V. PROCEDURE

A. Submit a complete application, Attachment A – Public Safety First Aid Optional Skills Application, to SLOEMSA and provide the required items below for each skill applied for:

1. A letter of intent.
2. A copy of all course materials, including but not limited to course outline, objectives, and presentations or handouts used for instruction.
3. A copy of course written and skills tests.
4. Passing standards for course written and skills tests.
5. Program Director and Instructor(s) resumes that specify eligibility for program roles.
6. A copy of the EMSQIP.

B. Submit payment.

C. A written response will be sent to confirm that the application has been received.

D. Allow up to twenty-one (21) business days for a program review, which will result in a written response detailing whether there is any missing information.

E. A letter of program approval or disapproval will be issued by SLOEMSA as soon as the decision has been reached.

1. The program approval letter will indicate the program effective date and expiration.

F. Submit a Public Safety First Aid Optional Skills Training Record – Attachment B, upon completion of initial training and after retraining.

VI. AUTHORITY

- Title 22, Division 9, Chapter 1.5

VII. ATTACHMENTS

A. Public Safety First Aid Optional Skills Application

B. Public Safety First Aid Optional Skills Training Record

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

County of San Luis Obispo Public Health Department | Policy XXX Attachment A
Division: Emergency Medical Services Agency | Effective Date: XX/XX/2023

PUBLIC SAFETY FIRST AID OPTIONAL SKILLS APPLICATION

Check One: □ Initial Application □ Renewal

APPLICANT INFORMATION	
Public Safety Provider Name:	
Public Safety Provider Address:	Public Safey Provider Phone Number:
Program Director Name:	Program Director Phone Number:
Program Director Email:	Alternate Contact:

OPTIONAL SKILLS APPLYING FOR:
☐ Administration of naloxone for suspected narcotic overdose.
☐ Administration of epinephrine by auto-injector for suspected anaphylaxis.
☐ Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation.
☐ Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, while working for a public safety provider.
☐ Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs).

SUBMIT THE FOLLOWING WITH THIS APPLICATION FOR EACH SKILL APPLIED FOR:
☐ Letter of intent.
☐ Copy of all course materials, including but not limited to course outline, objectives, and presentations or handouts used for instruction.
☐ Copy of course written and skills tests.
☐ Passing standards for course written and skills tests.
☐ Program Director and Instructor(s) resumes that specify eligibility for program role.
☐ Copy of the EMS Quality Improvement Program.
☐ Submit current application fee.

Policy #: XXX Attachment A

ATTESTATION OF PSFA OPTIONAL SKILLS APPLICANT	
I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #XXX, Public Safety First Aid Optional Skills Approval and Title 22, Div. 9, Ch. 1.5.	
Signature of PSFA Optional Skills Applicant:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	☐ Email confirmation of application received.
Initial Review (w/in 21 work days), Date:	Letter of approval or disapproval, Date:
Update State Database:	Update SLO EMSA records:
☐ Submit Attachment B upon completion of initial training.	

PUBLIC SAFETY FIRST AID OPTIONAL SKILLS TRAINING RECORD

Public Safety Provider Name:				
Employee Name:	PSFA Exp	Medic/EMT Exp	CPR/AED Exp	Optional Skills Exp

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT
Nicholas Drews *Health Agency Director*
Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	October 3rd, 2024
STAFF CONTACT	Ryan Rosander, EMS Director 805.788.2512 rrosander@co.slo.ca.us
SUBJECT	Upgrade/downgrade, assisting patients with their emergency medications, atraumatic cardiac arrest, cardiac chest pain.
SUMMARY	The upgrade/downgrade policy was first introduced in the last Operations Subcommittee. After much debate, it was suggested that it be tabled and returned to the agenda for the following Operations Subcommittee. All language regarding Law Enforcement was removed from this policy. Several Congenital Adrenal Hyperplasia advocacy groups have reached out to SLOEMSA requesting the possibility of a policy that addresses the need for paramedics to assist patients with their emergency medications, especially for patients in adrenal crisis. This policy will allow paramedics to receive base hospital orders to assist the parents or caregivers in drawing up and administering medications such as Solu-Cortef. Several stakeholders and clinicians within San Luis Obispo County have requested that SLOEMSA consider adding vector change defibrillation to treat refractory VFIB and pulseless VTACH. Furthermore, why San Luis Obispo County starts defibrillation at a lower setting was brought forward. Both of these concerns have been addressed in the draft protocol for atraumatic cardiac arrest. Push-dose epinephrine was also placed in standing orders for paramedics in treating ROSC patients, allowing the paramedics within SLO County to use discretion in treating their patients without calling for an order. After conducting SLOEMSA's STEMI work group, concerns were voiced about several items within the Cardiac Chest Pain protocol. One concern was the need to call a base hospital for orders to give a fluid bolus after nitro administration. The STEMI work group also requests that SLOEMSA consider adding large-bore IVs (bilaterally preferred) to the protocol because it will benefit the patient if they go to the cath lab. Finally, there has been growing concern over patients who are brought into FHMC for STEMI not having cardiac defibrillation pads on the patient. All these concerns have been addressed within the draft protocol.
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff
RECOMMENDED ACTION(S)	Policy #218: Upgrade/Downgrade or Cancellation of EMS Response, Policy #219: Assisting Patients With Their Emergency Medications, Protocol #641: Cardiac Arrest

	(Atraumatic), and Protocol #640 Adult Cardiac Chest Pain/Acute Coronary Syndrome recommendation for approval by Operations and moved to Clinical Advisory agenda.
ATTACHMENT(S)	Policy #218: Upgrade/Downgrade or Cancellation of EMS Response, Policy #219: Assisting Patients With Their Emergency Medications, Protocol #641: Cardiac Arrest (Atraumatic), and Protocol #640 Adult Cardiac Chest Pain/Acute Coronary Syndrome

ADULT CARDIAC CHEST PAIN/ACUTE CORONARY SYNDROME

FOR USE IN ADULT PATIENTS

BLS

- Universal Protocol #601 Pulse Oximetry
  - O_2 administration per Airway Management Protocol #602
- **Aspirin** 162 mg PO (non-enteric coated) chewable tablets
- May assist with administration of patient's prescribed **Nitroglycerin** with SBP ≥ 100 mmHg

ALS Standing Orders

- Obtain 12-lead ECG early
- **Nitroglycerin** 0.4 mg SL tablet or spray
  - Repeat every 5 min
- **Nitroglycerin Paste** 1 inch (1 Gm) may be considered after initial dose(s) of SL Nitroglycerin
- **HOLD NITROGLYCERIN** and consult base if:
  - 500 mL fluid bolus has been administered and SBP is trending towards or drops < 100 mmHg or in the presence of other signs/symptoms of hemodynamic instability.
  - Evidence of Right Ventricular Infarction (RVI) – see Notes

MODERATE or SEVERE PAIN

- **Refractory to Nitroglycerin**
  - **Fentanyl** 25-50 mcg SLOW IV (over 1 min), titrated to pain improvement, maintain SBP ≥ 100 mmHg
    - May repeat after 5 min if needed (not to exceed 200 mcg total)

If difficulty obtaining IV

- **Fentanyl** 50-100 mcg IM/IN (use 1 mcg/kg as guideline)
  - May repeat after 15 min if needed (not to exceed 200 mcg total)

Base Hospital Orders Only

- **Nitroglycerin** with
  - Significant decrease in SBP after administration
  - Patients taking erectile dysfunction medications
  - Atrial fibrillation with RVR
  - Evidence of RVI
- Additional **Fentanyl**

Persistent hypotension

- **Additional Normal Saline** bolus up to 500 mL
- **Push-Dose Epinephrine 10 mcg/mL** 1mL IV/IO every 1-3 min
  - Repeat as needed to maintain SBP >90 mmHg
  - See notes for mixing instructions

OR

- **Epinephrine Drip** start at 10 mcg/min IV/IO infusion
  - Consider for extended transport
  - See formulary for mixing instructions
- As needed

Notes

- Acute Coronary Syndrome – a group of conditions resulting from acute myocardial ischemia – including: chest/upper body discomfort, shortness of breath, nausea/vomiting, or diaphoresis
- Evidence for RVI: All inferior STEMI should be evaluated for ST elevation in V4R

- Atrial fibrillation with RVR is atrial fibrillation with a ventricular rate > 100
- Early notification of the SRC with "STEMI Alert" with a 12-lead ECG reading of ***Acute MI Suspected*** or equivalent based on monitor type.
- Large bore IVs are preferred in "STEMI Alerts".
- "STEMI Alerts" consider a secondary large bore IV with NS lock to assist the Cath Lab in tubing changes
- Place defibrillation pads on all "STEMI Alerts".
- **Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000)**: Mix 9 mL of **Normal Saline** with 1 mL of **Cardiac Epinephrine 1:10,000 (0.1 mg/mL)**, mix well

CARDIAC ARREST (ATRAUMATIC)

ADULT	PEDIATRIC (≤34 KG)
BLS Procedures	

• Universal Algorithm #601
• High Performance CPR (HPCPR) (10:1) per Procedure #712
  • Continuous compressions with 1 short breath every 10 compressions
• AED application (if shock advised, administer 30 compressions prior to shocking)
• Pulse Oximetry
  • O_2 administration per Airway Management Protocol #602
	• Same as Adult (except for neonate)
	• Neonate (<1 month) follow AHA guidelines
	• CPR compression to ventilation ratio
	  • Newborn – CPR 3:1
	  • 1 day to 1 month – CPR 15:2
	  • >1 month – HPCPR 10:1
	• AED – pediatric patient >1 year
	• Use Broselow tape or equivalent if available

ALS Procedures	

Rhythm analysis and shocks
• At 200 compressions begin charging the defibrillator while continuing CPR
• Once fully charged, stop CPR for rhythm analysis
• **Defibrillate V-Fib/Pulseless V-Tach –** Shock at ~~120J~~ 200J and immediately resume CPR. Subsequent shocks will also be 200J.
  • After 3rd shock, pt remains in refractory V-Fib or V-Tach, consider vector change defibrillation. (See notes)
  • ~~Subsequent shock, after 2 mins of CPR: 150J, then 200J~~
  • ~~Recurrent V-fib/Pulseless V-tach use last successful shock level~~
• **No shock indicated** – dump the charge and immediately resume CPR
 	
V-Fib/Pulseless V-Tach and Non-shockable Rhythms
• **Epinephrine 1:10,000** 1mg IV/IO repeat every 3-5 min
  • Do not give epinephrine during first cycle of CPR
 	
V-Fib/Pulseless V-Tach
• **Lidocaine** 1.5mg/kg IV/IO repeat once in 3-5 min (max total dose 3 mg/kg)
	• **<u>Emphasize resuscitation and HPCPR rather than immediate transport</u>**
	
	Rhythm analysis and shocks
	• Coordinate compressions and charging same as adult
	• **Defibrillate V-Fib/Pulseless V-Tach** – shock at 2 J/kg and immediately resume CPR
	  • Subsequent shock, after 2 mins of CPR: 4J/kg
	  • Recurrent V-Fib/Pulseless V-tach use last successful shock level
	• **No shock indicated –** dump the charge and immediately resume CPR
	
	V-Fib/Pulseless V-Tach and Non-shockable Rhythms
	• **Epinephrine 1:10,000** 0.01 mg/kg (0.1 ml/kg) IV/IO not to exceed 0.3mg, repeat every 3-5 min
	  • Do not give epinephrine during first cycle of CPR
	
	V-Fib/Pulseless V-Tach
	• **Lidocaine** 1 mg/kg IV/IO repeat every 5 min (max total dose 3 mg/kg)

ROSC with Persistent Hypotension (after fluid bolus) • Push-Dose Epinephrine 10 mcg/ml 1ml IV/IO every 1-3 min • Repeat as needed titrated to SBP >90mmHg • See notes for mixing instructions *OR* • Epinephrine Drip start at 10 mcg/min IV/IO infusion • Consider for extended transport • See formulary for mixing instructions	
	•
Base Hospital Orders Only	
~~ROSC with Persistent Hypotension~~ • ~~**Push-Dose Epinephrine 10 mcg/ml** 1ml IV/IO every 1-3 min~~ • ~~Repeat as needed titrated to SBP >90mmHg~~ • ~~See notes for mixing instructions~~ ~~***OR***~~ • ~~**Epinephrine Drip** start at 10 mcg/min IV/IO infusion~~ • ~~Consider for extended transport~~ • ~~See formulary for mixing instructions~~ **Contact STEMI Receiving Center (French Hospital)** • Refractory V-Fib or V-Tach not responsive to treatment • Request for a change in destination if patient rearrests en route • Termination orders when unresponsive to resuscitative measures • As needed **Contact appropriate Base Station per Base Station Report Policy #121** – Atraumatic cardiac arrests due to non-cardiac origin (OD), drowning, etc.)	Contact closest Base Hospital for additional orders **ROSC with Persistent Hypotension for Age** • **Push-Dose Epinephrine 10 mcg/ml** 1 ml IV/IO (0.1 ml/kg if <10kg) every 1-3 min • Repeat as needed titrated to age appropriate SBP • See notes for mixing instructions ***OR*** • **Epinephrine Drip** start at 1 mcg/min, up to max of 10 mcg/min IV/IO infusion • Consider for extended transport • See formulary for mixing instructions • As needed
Notes	

- **Mixing Push-Dose Epinephrine 10 mcg/ml (1:100,000):** Mix 9 ml of Normal Saline with 1 ml of **Epinephrine 1:10,000**, mix well.
- Use manufacturer recommended energy settings if different from listed.
- Assess for reversible causes: tension PTX, hypoxia, hypovolemia, hypothermia, hyperkalemia, hypoglycemia, overdose.
- Vascular access – IV preferred over IO – continue vascular access attempts even if IO access established).
- Consider Oral Intubation or Supraglottic Airways (Adults), provider discretion.
- If the provider cannot accomplish an ALS airway, they should document in the PCR why an ALS airway wasn't accomplished.
- Once an SGA has been placed, it should not be removed for an ETI.
- Stay on scene to establish vascular access, provide for airway management, and administer the first dose of epinephrine followed by 2 min of HPCPR.
- Adult ROSC that is maintained:
- Obtain 12-lead ECG and vital signs.
- Transport to the nearest STEMI Receiving Center ***regardless of 12-lead ECG reading***.
- Maintain O2 Sat greater than or equal to 94%.
- Monitor ETCO2
- ~~With BP < 100 mmHg, contact SRC (French Hospital) for fluid, or pressors.~~
- Termination for patients > 34 kg – Contact SRC (French Hospital) for termination orders.
- If the patient remains pulseless and apneic following 20 minutes of resuscitative measures.
- Persistent ETCO2 values < 10 mmHg, consider termination of resuscitation.
- Documentation shall include the patient's failure to respond to treatment and of a non-viable cardiac rhythm (copy of rhythm strip).
- Pediatric patients less than or equal to 34 kg.
- Evaluate and treat for respiratory causes.
- Use Broselow tape if available.
- Contact and transport to the nearest Base Hospital.
- Receiving Hospital shall provide medical direction/termination for pediatric patients.
- **Vector change defibrillation:** switch defibrillation pads to an anterior–posterior position and deliver subsequent defibrillations.

POLICY #218 UPGRADE DOWNGRADE OR CANCELLATION OF EMS RESPONSE

I. PURPOSE

A. To define the parameters by which on scene first response personnel may upgrade, downgrade, or cancel an EMS response within San Luis Obispo County.

II. POLICY

A. Cancelling an EMS Response

1. The IC or designee on scene of an incident may cancel a responding EMS resource upon determination of any of the following:

a. A patient cannot be located.

b. That the incident does not involve an injury or illness which would require assessment, treatment, or transport.

c. When the patient is a competent adult and is refusing EMS assessment and or transport.

d. The patient meets the criteria in III. C. for SLOEMSA Policy #125: Prehospital Determination of Death / Do Not Resuscitate (DNR)/End of Life Care (obvious death or no signs of life and has a verified DNR order).

B. Downgrading an EMS Response

1. The IC or designee on scene of an incident may reduce a responding EMS resource from code 3 to code 2 upon determination that, in the best judgment of the IC or designee, the illness or injury is not immediately life threatening and that the difference in code 3 and code 2 response time would not likely have an impact on patient safety/outcome.

C. Upgrading an EMS Response

1. The IC or designee on the scene of an incident may upgrade a responding EMS resource from code 2 to code 3 upon determination that, in the best judgment of the IC or designee, the illness or injury is immediately life threatening or that the difference in code 2 and code 3 response time would potentially have a positive impact on patient safety/outcome.

III. AUTHORITY

- California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, & 1798
- California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100147, 100169 & 100170

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

POLICY #219: ASSISTING PATIENTS WITH THEIR EMERGENCY MEDICATIONS

I. PURPOSE

A. To allow paramedics in San Luis Obispo County to assist patients diagnosed with Congenital Adrenal Hyperplasia in the administration of physician-prescribed, self-administered emergency medications (e.g., hydrocortisone [Solu-Cortef]).

II. POLICY

A. Paramedics might be asked to assist with the IM administration of a specific emergency medication. Some children are born with a genetic defect (Congenital Adrenal Hyperplasia) that prevents their body from producing adequate amounts of Cortisol. The signs & symptoms of an adrenal crisis include nausea, fever, pallor, confusion, weakness, tachycardia, tachypnea, hypoglycemia, hypotension, and shock, symptoms that might lead to their death.

B. Families who have such a child should be very aware of their condition. When these children experience an adrenal crisis, the proper treatment is the IM administration of the drug Solu-Cortef. During this emergency, the parents or caregivers may be unable to deliver the IM medication properly and might request assistance from the EMS system. In this type of emergency, paramedics can assist the parents or caregivers with drawing up and administering the Solu-Cortef. If available, the family members should be familiar with the proper dosage and have the necessary equipment. In some cases, such as when a child is at school, the school personnel may have medication and instructions available.

III. PROCEDURE

A. State law authorizes a paramedic to assist a patient or parents who request help administering an emergency medication outside the ordinary scope of practice.

B. If faced with this rare situation, Base Hospital contact shall be made to determine the appropriate course of action. With Base Hospital orders, paramedics may assist patients/families in drawing up and administering emergency medication.

C. All children in adrenal crisis shall be transported to the hospital.

IV. AUTHORITY

- Title 22, Chapter 2, § 100063

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

MEETING DATE	October 3, 2024
STAFF CONTACT	Rachel Oakley
SUBJECT	EMS Personnel Policy Revisions
SUMMARY	It was determined that a discussion is needed with stakeholders before drafting revisions to EMS personnel policies. It is the intent of the EMS Agency to clarify intent to suggested revisions listed below and to allow an opportunity for more items to be suggested and captured in new draft policies. **<u>Paramedic Accreditation and Reaccreditation:</u>** Since the last revision of the Paramedic Accreditation and Reaccreditation revisions in March 2023, there have been several suggestions for revision collected. Suggestions: • Accreditation Exam: o State that only 2 attempts will be provided. o Increase passing score from current 80%. o Provide procedure if test is not successfully completed (section IV. A. d.) or follow Medical Director review and recommendation (section III. J.). • Skills: o Clearly state that one "Paramedic Skills Annual Verification Tracking Sheet-Attachment B" (AVT Sheet), is required to be completed within every 12 months (section V. A. 4.). o Eliminate requirement for provider agencies to retain "Skills Verification Checklist-Attachment D" for 4 years (section V. A. 4.). o Require an initial skills testing form to be completed as part of the accreditation process (it's currently listed on the "Paramedic Accreditation Field Evaluation Completion Form-Attachment B"). o To standardize the process, provide more details on proration of skills testing with reduced accreditation timeframes (section IV. L.). o Bring back skills testing to the Annual EMS Update Classes hosted by the EMS Agency. o Add FTO/skills evaluator name and P# to AVT Sheet-Attachment B. o Change "field evaluation" to AVT sheet-Attachment B (section IV. M.). • Base Station Meetings (BSM): o To standardize the process, provide more details on proration of BSM with reduced accreditation timeframes (section IV.L.). • Paramedic Liaison:

	○ To align with other EMS personnel policies, each provider agency will have a designated liaison to submit and track all accreditation and reaccreditation applications with the EMS Agency. • Lapse: ○ Remove or change the 90 day lapse criteria that includes leaves of all kinds (section IV. I., J., and K.). ▪ Consider accreditation valid until no longer employed with ALS provider or job function is no longer in EMS response. ▪ Individual provider agency responsible for ongoing training requirements to ensure employees are up to date with policies, procedures, protocols, and skills. **MICN Authorization:** Only a couple suggestions have been collected since last revision in March 2023. Suggestions: • Med Com Orientation: ○ Change hours from 4 to 2. Only 2 hours are needed to complete this task (section III. C. 3. c.). • Clarify Application Process: ○ To align with other EMS personnel application processes, the application, review of eligibility, and permission to proceed is the first step (sections III. C. and IV. A.). • Remove from application the requirement to provide court documentation and police reports, however, a written statement will be required (application page 2, declaration and attestation). ○ Include requirement in policy. **EMT Certification:** Only 1 suggestion collected since last revision in March 2023: • Employer: ○ Add requirement to report employer information within 3 days of employed status, when using EMT certification for job functions.
REVIEWED BY	County Health Officer, Dr. Borenstein; EMSA Medical Director, Dr. Mulkerin; EMSA Staff.
RECOMMENDED ACTION(S)	Discuss and propose revisions for EMS personnel draft policies.
ATTACHMENT(S)	N/A. Review current policies as needed on County website.