Operations Subcommittee
of the Emergency Medical Care Committee

Meeting Agenda:
9 A.M., December 4, 2025
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*
Dennis Rowley, *Air Ambulance Providers*
Jon Ontiveros, *CHP*
Deputy Chief Sammy Fox, *Fire Service*
Vacant, *Law Enforcement*
Chief Casey Bryson, *Fire Service*
Chief Dan McCrain, *Fire Service*
Anthony Gutierrez, *Field Provider-Paramedic*
Chief Scott Hallett, Fire Service

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

AGENDA	ITEM	LEAD
Call to Order	Introductions Public Comment	Jay Wells
Summary Notes	Review of Summary Notes October 2, 2025	
Discussion	**Policy Revisions and Development:** • 2XX EMT AED Service Provider Approval • 2XX EMT Optional Skills Approval • 204 Public Safety AED Service Provider • 215 EMT Basic Scope of Practice • 216 Emergency Medical Technician Accreditation • 320 EMT Certification 2025 • 321 EMT Recertification 2025	Rachel Oakley
Discussion	**Policy Revisions:** • 222 Mechanical CPR	Bill Mulkerin

Discussion	**Policy Attachment Revision:** • 205 Attachment A ALS and BLS Equipment and Supply List	Kaitlyn Blanton
Discussion	**Protocol Development:** • 662 Burns • 664 Diving Emergencies	Ryan Rosander
Adjourn	Declaration of Future Agenda Items: - Roundtable --- Next Meeting Date: TBD Location: SLOEMSA Conference Room 2995 McMillan Ave, STE #178, San Luis Obispo	Jay Wells

Operations Subcommittee

Meeting October 2, 2025
2995 McMillan Way, Suite 178
San Luis Obispo, CA 93401

MINUTES

MEMBERS PRESENT:
Tim Nurge, Ambulance Providers
Rob Jenkins, Fire Service
Kris Strommen, Ambulance Providers
Anthony Gutierrez, Fire Service
Scott Hallett, Fire Service

MEMBERS ABSENT:
Chair Jay Wells, Sheriff's Department
Scotty Jalbert, OES
Jon Ontiveros, CHP
Dan McCrain, Fire Service
Jennifer Mebane, Med-Com
Adam Forrest, Hospitals
Dennis Rowley, Air Ambulance providers
Lisa Epps, Air Ambulance Providers
Heidi Hutchison, Hospitals

EMS AGENCY STAFF PRESENT:
Alyssa Vardas, EMS Administrative Assistant
Rachel Oakley, EMSA
Ryan Rosander, EMSA
Bill Mulkerin, EMS Medical Director

EMS AGENCY STAFF NOT PRESENT:
Kaitlyn Blanton, EMSA
Eric Boyd, EMSA

PUBLIC COMMENTORS:
Dusty Renner, SLOCITY
Clayton Cullen, SLO Sherrif's
Becky Watson, SLLO Sherrif's
Armando Gutierrez, Fire Service

1. CALL TO ORDER

Chair Jay Wells called the meeting to order at 8:56 a.m. He led the review of the meeting protocols and the meeting agenda.

2. REVIEW AND APPROVAL OF April 3rd, 2025, MINUTES

Action: Rob Jenkins moved approval of April 3rd, 2025, Operations Subcommittee Meeting Minutes. Dusty Renner seconded. The motion carried unanimously with no abstentions.

3. Protocols/Policies

The meeting covered several key EMS policies and protocols. The leave-behind Narcan policy was approved, offering free pre-made kits from the county opioid safety council. The mechanical CPR devices, such as LUCAS and Auto Pulse, were discussed for their benefits in CPR efficiency and safety. The optional skills policy for EMTs to use SGAs was introduced, including pediatric SGAs. The AFib protocol was updated with stable, unstable, and extremis categories, emphasizing paramedic discretion. The drowning protocol was also reviewed, highlighting the importance of ventilation and avoiding unnecessary C-spine immobilization. Future agenda items include dive protocols, trauma steps, and MCI policy updates.

Leave Behind Naloxone:

- Discussed the leave behind Narcan policy, which allows EMS agencies to leave Narcan on any call, not just those related to opiate withdrawal.
- The county opioid Safety Council offers pre-made bags containing fentanyl testing strips, Narcan, and literature matching the California Bridge Program, which are available for free
- Questions are raised about the documentation requirements for leaving Narcan and the flexibility of the policy.

Mechanical CPR:

- introduces mechanical CPR devices, such as LUCAS and Auto Pulse, which are optional but recommended for safety and efficiency.
- The devices are beneficial for CPR, which typically requires three people, reducing the need for multiple personnel.
- Training for these devices is available from the manufacturers, and the county is willing to support agencies in procuring and using these devices.
- The policy includes considerations for cardiac arrest and traumatic arrest, with some contraindications for the latter.

Supraglottic Airway:

- discusses the optional skills policy, which allows EMTs to utilize SGAs, as approved by the SLO EMS agency.
- The policy includes the use of SGAs for both adults and pediatrics, with specific sizes and training requirements.
- The policy aims to provide EMTs with the ability to utilize SGAs, which are considered essential for cardiac arrest management.
- The discussion includes the need for clear expectations and training for EMTs and paramedics in using SGAs.

Universal:

- introduces the universal protocol, which includes the ability to give up to a liter of

fluid for patients with hypotension or no intensive care.

- The policy allows for the administration of 500 cc boluses for patients with hypotension or no intensive care, similar to other lenses in the state.
- The policy includes considerations for leave behind Narcan and the use of SGAs in various protocols.
- The discussion includes the need for clear documentation and training for the use of these protocols.

Drowning Protocol:

- The protocol includes specific care priorities for drowning, such as ventilation and reoxygenation, and avoids unnecessary C-spine immobilization.
- The protocol emphasizes the importance of prolonged resuscitation and transport and includes specific guidelines for reporting and consulting appropriate base stations.
- The discussion includes the need for clear and specific guidelines for drowning care, including the use of SGAs and the importance of ventilation.

A-Fib:

- The protocol allows for the consideration of Versed and cardioversion for unstable and extremis patients, with specific guidelines for each category.
- The discussion includes the need for clear documentation and training for the use of the AFib protocol, and the importance of paramedic discretion.
- The protocol aims to provide clear guidelines for the management of AFib, including the use of fluids and the consideration of Versed.

Helicopter Policy:

- The policy aims to increase the utilization of helicopters and provide clear guidelines for their use in various scenarios.
- The discussion includes the importance of preparing for the potential departure of Mercy Air and the need for a backup plan for helicopter services.
- The policy includes the ability for paramedics to request helicopters for patients with severe burns or other critical conditions, even if they are not within the expedited launch zone.

4. ADJOURNMENT

5. Action: Rob Jenkins moved to approve. Anthony Gutierrez seconded. The motion carried unanimously.

Adjourned the meeting at 10:04 a.m.

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	December 4, 2025
STAFF CONTACT	Rachel Oakley
SUBJECT	EMT Policies and PSFA AED Service Provider Policy Revisions
SUMMARY	Policy 320, EMT Certification • Updated policy with new rush fee timeframe, to match other credentialling policies. • Added language for EMTs to notify our Agency when employed by a relevant employer. • Added language regarding removing livescan results that do not accompany an application after 30 days. • Added return info to bottom of Application, Attachment A. Policy 321, EMT Recertification • Updated policy with new rush fee timeframe, to match other credentialling policies. • Added language for EMTs to notify our Agency when employed by a relevant employer. NEW Policy 2XX, EMT AED Service Provider Approval • Establish criteria required by law. • Data requirement is being collected via Image Trend, no separate reporting required. • Procedure will consist of collecting attestations from Agencies. Policy 215, EMT Basic Scope of Practice Additional Skills • Separated out the basic scope skills from optional skills, as only optional skills require training and accreditation to utilize skills. • Basic Scope of Practice All Additional Skills are going to be automatically approved for Agencies to utilize, however, plans for skill(s) competency verification(s) and EMSQIP must be received. • Language added for when skills can be utilized. • Written notification must be made if skills are not wanted by an Agency. Policy 2XX, EMT Optional Skills Approval • Separated out from Basic Scope of Practice Additional Skills, as Optional Skills need additional training and accreditation to utilize skills. • Language added for when skills can be utilized. • Added all Optional Skills to the list offered. • New application and training requirements attachments. • Program approval fee added.

	Policy 216, EMT Accreditation • Language added for when skills can be utilized. • Accreditation lists must be completed and turned in when updated. • No fee for accreditation at this time. Policy 204, PSFA AED Service Provider Approval • Updated policy to reflect current regulations. • Data requirement is being collected via Image Trend, no separate reporting required. • Procedure will consist of collecting attestations from Agencies.
REVIEWED BY	SLOEMSA Administrator, Medical Director, and Staff.
RECOMMENDED ACTION(S)	Approve and move to Clinical Advisory Subcommittee.
ATTACHMENT(S)	Draft policies listed above are attached.

POLICY #2XX: EMT AED SERVICE PROVIDER APPROVAL

I. PURPOSE

A. To establish criteria as defined by Title 22 of the California code of Regulations (CCR), for the approval, requirements and responsibilities of an emergency medical technician (EMT) automatic external defibrillation (AED) Service Provider in the County of San Luis Obispo (SLO).

II. SCOPE

A. This policy applies to all agencies or organizations that employ individuals as EMTs for emergency medical services (EMS) and obtain AEDs for the purpose of providing AED services to the general public.

1. Except for State or Federal Agencies, who are approved by the State.

III. DEFINITIONS

A. EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.

IV. POLICY

A. An EMS Provider Agency must submit a written request to the County of SLO Emergency Medical Services Agency (SLOEMSA) to be approved as an EMT AED Service Provider.

B. SLOEMSA will provide a written response to the request within twenty-one (21) days.

C. An approved EMT AED Service Provider must provide an orientation of specific AED equipment to all EMTs upon hiring and prior to authorization for use on a patient.

D. An approved EMT AED Service Provider must ensure initial and continued competence of AED authorized EMTs.

E. EMTs who fail to meet and maintain AED competency will not be authorized to use an AED on a patient.

F. An approved EMT AED Service Provider must ensure maintenance of AED equipment.

G. An EMT AED Service Provider approval may be revoked or suspended for failure to maintain the requirements of this policy and CCR.

1. Current CCR supersedes this policy.

H. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care.

I. An approved EMT Service Provider will track and submit the following data, (or as currently specified in CCR), annually:

1. The total number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.
2. The number of patients on whom shocks were administered, witnessed (seen or heard) and not witnessed.
3. The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

J. An EMT AED Service Provider approval does not expire.

1. If approval is no longer wanted or required, the EMS Provider Agency must submit a written notification to SLOEMSA.

K. Any costs incurred creating, implementing and maintaining an EMT AED Service Provider approval will be the sole responsibility of the EMS Provider Agency.

L. An approved EMT AED Service Provider and its authorized EMTs will be recognized statewide.

M. SLOEMSA's Medical Director must approve any exceptions to the requirements of this policy.

Commented [RO1]: I don't think we need this..(?) This is part of CARES data and is gathered through image trend (part of section H?).

Commented [RO2R1]: This could be a way to double check image trend data.

Commented [RO3R1]: Specify date to submit.

V. PROCEDURE

A. EMS Provider Agencies seeking approval as an EMT AED Service Provider must submit a written request to SLOEMSA, and include:

1. A statement that all employed EMTs either have been or will be oriented to the Agency's specific AED equipment prior to use on a patient.
2. A statement ensuring continued competency of AED authorized EMTs.
3. A statement ensuring continued maintenance of AED equipment.

VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9

Approvals:

EMS Agency, Administrator	

EMS Agency, Medical Director	

POLICY # (2XX): EMT Optional Skills Approval

I. PURPOSE

A. To establish criteria for approval, including requirements and responsibilities, of Emergency Medical Services (EMS) Provider Agencies to adopt all or part(s) of the Emergency Medical Technician (EMT) Optional Skills, for their Agency's use in the County of San Luis Obispo (SLO).

II. SCOPE

A. This policy applies to SLO EMS Provider Agencies, fire departments and ambulance providers, that employ individuals as EMTs for emergency medical care in the SLO EMS system.

III. DEFINITIONS

- EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.
- Emergency Medical Technician (EMT): A person who has a current and valid EMT certification issued in California.
- EMT Accreditation: The local authorization of EMTs to use EMT Optional Skills by SLO Emergency Medical Services Agency (SLOEMSA). Refer to Policy #216 for complete EMT Accreditation process and requirements.
- EMT Optional Skills: Refers to skills listed in Title 22, California's Code of Regulations (CCR), as optional skills that require Medical Director policy and procedure for approval and EMT accreditation.

IV. POLICY

A. An EMS Provider Agency must apply to SLOEMSA and be approved prior to implementing training, competencies, and skill utilization on one or more EMT Optional Skills.

B. SLOEMSA will notify the applicant within twenty-one (21) business days of receiving the application of its decision to approve or deny the application.

C. SLOEMSA may revoke or suspend the EMS provider agency's EMT Optional Skills approval for failure to meet and maintain the requirements of this policy.

D. EMTs trained and verified to use any EMT Optional Skill must be accredited by SLOEMSA as outlined in Policy # 216, EMT Accreditation.

1. When an accredited EMT has started an EMT Optional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.

2. An accredited EMT, while on duty with an approved provider, may perform Optional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.
3. During a mutual aid response into another jurisdiction, an accredited EMT may utilize the EMT Optional Skills for which they are authorized for use by their EMS Provider Agency in SLO.

E. EMTs who fail to meet and/or maintain training, competency, and accreditation requirements may not utilize their EMS Provider Agency's approved EMT Optional Skills.

F. Ongoing training, continued competency verification, and accreditation for personnel must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).

G. Any costs incurred while creating, implementing, and maintaining for the use of EMT Optional Skills will be the sole responsibility of the EMS provider agency.

H. Devices and supplies required for utilizing EMT Optional Skills will be maintained in accordance with drug manufacturer recommendations including, but not limited to expiration dates, storage, use, disposal, and temperature.

I. Primary instructor(s) must be a physician, registered nurse, physician assistant, or paramedic licensed in California.
1. Verification of primary instructor's eligibility is the responsibility of the EMS Provider Agency.
2. An accredited EMT authorized to EMT Optional Skill(s) may assist in demonstration of competency and training of those skills.

J. Training will include a written examination, instructor demonstration, and student demonstration of each skill, verifying competency.
1. Attachment B – EMT Optional Skills Training Requirements has specific training requirements outlined for each EMT Optional Skill.
2. The SLOEMSA Medical Director may require the use of specific training materials. If so, the materials will be provided along with the EMS Provider Agency's approval for EMT Optional Skill(s).

K. The approval of EMT Optional Skills will be valid for four (4) years from the approval date.
1. To maintain approval, reapply using the procedures listed below.
2. If EMT Optional Skills are no longer wanted or needed, submit a written notification to SLOEMSA.

L. SLOEMSA may audit all documentation and training records pertaining to the use of EMT Optional Skills.

M. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care.

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

O. Current CCR supersedes this policy.

P. The SLOEMSA Medical Director must approve any exceptions to the requirements of this policy.

V. PROCEDURE

A. The EMS Provider Agency requesting to implement EMT Optional Skills must submit a complete application to SLOEMSA, which includes the following:

1. A letter of intent that describes the need and geographic area where one or more of the EMT Optional Skills will be utilized. The letter needs to be signed by a Chief Officer or Operations Director agreeing to abide by SLOEMSA policies, procedures, and all laws and regulations regarding EMT Optional Skills.

2. Identify an EMT Optional Skills Liaison who will be responsible for the EMS Provider Agency's approval oversight.

3. Identify primary instructor(s) and verify eligibility.

4. A copy of all training materials, including presentations, handouts, written exams, and descriptions of skill demonstrations that verify competency in each skill.

5. A description of the plans for initial and ongoing training and competency verification for authorized EMTs.

6. A written procedure for ongoing EMSQIP activities specific to the use of EMT Optional Skills.

VI. 7. Payment of fee.

VII. AUTHORITY

- Title 22, California Code of Regulations, Division 9.

ATTACHMENTS

A. EMT Optional Skills Application

B. EMT Optional Skills Training Requirements

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

County of San Luis Obispo Public Health Department | Policy 2XX Attachment A
Division: Emergency Medical Services Agency | Effective Date: xx/xx/xxxx

EMT OPTIONAL SKILLS APPLICATION

APPLICANT INFORMATION	
EMS Provider Agency Name:	
EMS Provider Agency Address:	Liaison's Name:
Liaison's Phone Number:	Liaison's Email:

EMT OPTIONAL SKILLS APPLYING FOR:
☐ Use of perilaryngeal airway adjuncts.
☐ Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.
Administer the medications: ☐ Atropine and/or ☐ Pralidoxime Chloride.
☐ Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority.

SUBMIT THE FOLLOWING WITH THIS APPLICATION:
☐ Letter of intent.
☐ Identify an EMT Optional Skills Liaison.
☐ Identify primary instructor(s) and verfy eligibility.
☐ Copy of all training materials, including presentations, handouts, written exams, and descriptions of skill demonstrations that verify competency in each skill.
☐ A description of the plans for initial training and competency verification for authorized EMTs.
☐ Copy of the EMSQIP and written procedure for ongoing activies specific to the use of EMT Optional Skills.
☐ Pay non-refundable fee.

ATTESTATION OF EMT OPTIONAL SKILLS APPLICANT	
I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #2XX , EMT Optional Skills Authorization and Title 22, Div. 9 requirements.	
Applicant's Name:	Applicant's Title:
Signature:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	☐ Email confirmation of application received.
Response Date (w/in 21 work days):	☐ Letter on file.

Please submit to PH_EMSA@co.slo.ca.us or 2995 McMillan Ave., Ste. #178, SLO, 93401

County of San Luis Obispo Public Health Department | Policy 2XX Attachment B

Division: Emergency Medical Services Agency | Effective Date: xx/xx/xxxx

EMT Optional Skills Training Requirements

To be used for initial and ongoing training and competency verification of EMT Optional Skills.

1. Use of perilaryngeal airway adjuncts:

(A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:
1. Anatomy and physiology of the respiratory system.
2. Assessment of the respiratory system.
3. Review of basic airway management techniques, which includes manual and mechanical.
4. The role of the perilaryngeal airway adjuncts in the sequence of airway control.
5. Indications and contraindications of the perilaryngeal airway adjuncts.
6. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.
7. Perilaryngeal airway adjuncts insertion and assessment of placement.
8. Methods for prevention of basic skills deterioration.
9. Alternatives to the perilaryngeal airway adjuncts.

(B) At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

(C) EMT shall demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.

2. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma:

(A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:
1. Names
2. Indications
3. Contraindications
4. Complications
5. Side/adverse effects
6. Interactions
7. Routes of administration
8. Calculating dosages
9. Mechanisms of drug actions
10. Medical asepsis
11. Disposal of contaminated items and sharps
12. Medication administration

(B) At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall include:
1. Assessment of when to administer epinephrine,
2. Managing a patient before and after administering epinephrine,
3. Using universal precautions and body substance isolation procedures during medication administration,
4. Demonstrating aseptic technique during medication administration,
5. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
6. Proper disposal of contaminated items and sharps.

3. Administer the medications listed in this subsection:

(A) Using prepackaged products, the following medications may be administered:
1. Atropine
2. Pralidoxime Chloride

(B) This training shall consist of no less than two (2) hours of didactic and skills laboratory training to result in competency. In addition, a basic weapons of mass destruction training is recommended. Training in the profile of medications listed in subsection (A) shall include, but not be limited to:
1. Indications
2. Contraindications
3. Side/adverse effects
4. Routes of administration
5. Dosages
6. Mechanisms of drug action
7. Disposal of contaminated items and sharps
8. Medication administration

(C) At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this subsection which shall include:
1. Assessment of when to administer these medications,
2. Managing a patient before and after administering these medications,
3. Using universal precautions and body substance isolation procedures during medication administration,
4. Demonstrating aseptic technique during medication administration,
5. Demonstrating the preparation and administration of medications by the intramuscular route, and
6. Proper disposal of contaminated items and sharps.

4. Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority. Approval of such medications includes SLOEMSA applying to EMS Authority and will be obtained pursuant to CCR procedures.

POLICY #204: PUBLIC SAFETY AED SERVICE PROVIDER APPROVAL

I. PURPOSE

A. To establish criteria as defined by Title 22 of the California code of Regulations (CCR), for the approval, requirements and responsibilities of a Public Safety automatic external defibrillation (AED) Service Provider in the County of San Luis Obispo (SLO).

II. SCOPE

A. This policy applies to all agencies or organizations that employ individuals as public safety personnel, lifeguard, firefighter, and peace officer, for first responder emergency medical services (EMS) and obtain AEDs for the purpose of providing AED services to the general public.

1. Except for State or Federal Agencies, who are approved by the State.

III. DEFINITIONS

- Public Safety AED Service Provider: An agency, or organization which is responsible for, and is approved to operate, an AED.
- Public Safety Agency: An agency in SLO that employs Public Safety Personnel.
- 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.

IV. POLICY

A. A Public Safety Agency must submit a written request to the County of SLO Emergency Medical Services Agency (SLOEMSA) to be approved as a Public Safety AED Service Provider.

B. SLOEMSA will provide a written response to the request within twenty-one (21) days.

C. An approved Public Safety AED Service Provider must provide an orientation of specific AED equipment to all Public Safety Personnel upon hiring and prior to authorization for use on a patient.

D. An approved Public Safety AED Service Provider must ensure initial and continued competence of AED authorized Public Safety Personnel.

E. Public Safety Personnel who fail to meet and maintain AED competency will not be authorized to use an AED on a patient.

F. An approved Public Safety AED Service Provider must ensure maintenance of AED equipment.

G. A Public Safety AED Service Provider approval may be revoked or suspended for failure to maintain the requirements of this policy and CCR.

1. Current CCR supersedes this policy.

H. Patient care provided by Public Safety Personnel will be reported and handed off to any arriving EMS personnel who is authorized at a higher medical level, as soon as is feasible.

I. An approved Public Safety Service Provider will track and submit the following data, annually:

1. The total number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.
2. The number of patients on whom shocks were administered, witnessed (seen or heard) and not witnessed.
3. The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

J. A Public Safety AED Service Provider approval does not expire.

1. If approval is no longer wanted or required, the Public Safety Agency must submit a written notification to SLOEMSA.

K. Any costs incurred creating, implementing and maintaining a Public Safety AED Service Provider approval will be the sole responsibility of the Public Safety Agency.

L. An approved Public Safety AED Service Provider and its authorized Public Safety Personnel will be recognized statewide.

M. SLOEMSA's Medical Director must approve any exceptions to the requirements of this policy.

V. PROCEDURE

Commented [RO1]: Match to EMT policy?

Commented [RO2]:

Commented [RO3R2]: This could be a way to double check image trend data.

Commented [RO4R2]: Specify date to submit.

A. Public Safety Agencies seeking approval as a Public Safety AED Service Provider must submit a written request to SLOEMSA, and include:

1. A statement that all employed Public Safety Personnel either have been or will be oriented to the Agency's specific AED equipment prior to use on a patient.
2. A statement ensuring continued competency of AED authorized Public Safety Personnel.
3. A statement ensuring continued maintenance of AED equipment.

VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

POLICY #215: EMT Basic Scope of Practice Additional Skills

I. PURPOSE

A. To establish the intent and requirements of the Medical Director for the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLOEMSA) regarding the use of Emergency Medical Technician (EMT) Basic Sope of Practice Additional Skills in SLO.

II. SCOPE

A. This policy applies to SLO EMS Provider Agencies, fire departments and ambulance providers, that employ individuals as EMTs for emergency medical care in the SLO Emergency Medical Services (EMS) system.

III. DEFINITIONS

A. Emergency Medical Technician (EMT): A person who has successfully completed an EMT course, passed all required tests, and has a current and valid California EMT certification.

B. EMT Basic Scope of Practice Additional Skills: Refers to skills listed in Title 22 of California Code of Regulation (CCR) as EMT basic skills that require Medical Director approval.

C. EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.

IV. POLICY

A. All EMS Provider Agencies will be automatically approved to utilize all EMT Basic Scope of Practice Additional Skills.

B. The EMS Provider Agency will be responsible for notifying SLOEMSA if they would like to participate or opt out of EMT Basic Scope of Practice Additional Skills utilization.

C. The EMS Provider Agency will be responsible for the initial and ongoing competency verifications for each EMT employed.

D. An EMT shall successfully complete competency verifications for each skill prior to use of the skill in the field.

E. Continued competency verification must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).

F. EMTs verified to use any Basic Scope of Practice Additional Skill must be authorized by their EMS Provider Agency prior to utilizing skills.

G. An EMT authorized to utilize Basic Scope of Practice Additional Skills may assist in the competency verification of those skills

H. EMTs who fail to meet and/or maintain competency verification requirements may not be authorized to use their EMS Provider Agency's approved skills.

I. When an authorized EMT has started a Basic Scope of Practice Additional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.

J. An authorized EMT, while on duty with an approved provider, may perform Basic Scope of Practice Additional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.

K. During a mutual aid response into another jurisdiction, an authorized EMT may utilize the Basic Scope of Practice Additional Skills for which they are authorized for use by their EMS Provider Agency in SLO.

L. Any costs incurred creating, implementing, and maintaining for the use of Basic Scope of Practice Additional Skills will be the sole responsibility of the EMS Provider Agency.

M. Devices and supplies required for utilizing Basic Scope of Practice Additional Skills will be maintained in accordance with drug manufacturer recommendations including, but not limited to expiration dates, storage, use, disposal, and temperature.

N. The approval of Basic Scope of Practice Additional Skills does not expire. When approved skills are no longer desired for use by the EMS Provider Agency, a written notification must be submitted to SLOEMSA.

O. SLOEMSA may audit all documentation and records pertaining to the use of Basic Scope of Practice Additional Skills.

P. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care.

Q. Current CCR supersedes this policy.

~~R.~~ The SLOEMSA Medical Director must approve any exceptions to the requirements of this policy.

R.

Formatted: Heading 2, Indent: Left: 0.3", Space After: 12 pt, Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.55" + Indent at: 0.8"

V. PROCEDURE:

A. EMS Provider Agencies who do not wish to utilize the EMT Basic Scope of Practice Additional Skills must notify SLOEMSA in writing of that decision.

B. EMS Provider Agencies who would like to utilize EMT Basic Scope of Practice Additional Skills need to submit the following to SLOEMSA:

1. An EMT Basic Scope of Practice Additional Skills Coordinator who will be responsible for authorization oversight and compliance with policy and CCR.

2. A description of the plans for initial competency and ongoing competency verification for authorized EMTs.

3. A written procedure for ongoing EMSQIP activities specific to the use of EMT Basic Scope of Practice Additional Skills.

VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9.

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

POLICY #216: EMT ACCREDITATION

I. PURPOSE

A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the local accreditation of emergency medical technicians (EMTs) in the County of San Luis Obispo.

II. SCOPE

A. This policy applies to EMTs working for any County of San Luis Obispo (SLO) Emergency Medical Services (EMS) Provider Agency, who have been trained and successfully completed competency-based evaluations on each EMT Optional Skill approved for their EMS Provider Agency.

III. DEFINITIONS

- EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.
- Emergency Medical Technician (EMT): A person who has a current and valid EMT certification issued in California.
- EMT Accreditation: The local authorization of EMTs to use EMT Optional Skills by SLO Emergency Medical Services Agency (SLOEMSA).
- EMT Optional Skills: Refers to skills listed in the CCR as optional skills that require Medical Director policy and procedure for approval and EMT accreditation.

IV. POLICY

A. Candidates for initial accreditation must complete the mandatory training conducted by their EMS Provider Agency and pass the competency based written and skills evaluations.

B. Initial accreditation will be valid from the date of accreditation until the end of the EMTs current certification. Reaccreditation will then correspond with their two-year EMT certification cycle.

C. EMT accreditation will expire when an EMT is no longer employed by an approved EMS Provider Agency in SLO or if the EMT fails to meet any of the requirements of this policy.

D. Ongoing training, continued competency verification, and accreditation for personnel must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).

E. The EMS Provider Agency will provide a list of all accredited EMTs to SLOEMSA. This list shall be maintained and provided to SLOEMSA when updated.

F. Accredited EMTs may use EMT Optional Skills in the following situations:

1. When on duty with their EMS Provider Agency.
2. When an accredited EMT has started an EMT Optional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.
3. An accredited EMT may perform Optional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.
4. During a mutual aid response into another jurisdiction, an accredited EMT may utilize the EMT Optional Skills for which they are authorized for use by their EMS Provider Agency in SLO.

G. Once accredited and based on the continuous EMSQIP, the employer or SLOEMSA Medical Director may determine that an accredited EMT needs additional training, observation, or testing. The employer and SLOEMSA's Medical Director, may create a specific and targeted program of remediation based on the identified need of the EMT. If there is disagreement between the EMT, the employer and/or SLOEMSA's Medical Director, the decision of SLOEMSA's Medical Director will prevail.

H. The SLOEMSA Medical Director shall approve exceptions to any accreditation requirement.

I. Current CCR will supersede this policy.

V. PROCEDURE

A. Initial accreditation: The date of initial accreditation is valid when an authorized representative of the EMT's approved EMS Provider Agency completes and forwards the following documentation to SLOEMSA.

1. A list of all EMTs that have successfully completed the initial EMT Optional Skills training curriculum including written test and skills assessment. List shall include:
    a. Name of the skill(s) tested.
    b. Name of EMT personnel being accredited.
    c. Date training and assessment completed.
    d. State EMT certification number.
    e. State EMT certification expiration date (accreditation expiration date).

B. SLOEMSA will review and send a notification of receipt to the approved EMS Provider Agency.

C. Reaccreditation: At least every two years, or more often as deemed necessary by the EMSQIP, the approved EMS Provider Agency will provide refresher training, as necessary, to ensure the EMT can demonstrate competency through a written test and skill(s) assessment.

1. The approved EMS Provider Agency will submit an updated list of all EMTs that have successfully completed the reaccreditation refresher training, including a written test and skills assessment.

AUTHORITY

- Title 22, California Code of Regulations, Division 9.

VI. Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

Formatted: Font color: Red

POLICY #320: EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

Formatted: Space After: 0 pt

I. PURPOSE

Formatted: Font: 11 pt

A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the process of issuing a State of California emergency medical technicians (EMT) certification through the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLOEMSA ~~Agency~~).

II. SCOPE

A. This policy applies to all individuals seeking initial certification as an EMT in ~~the County of San Luis Obispo (~~SLO~~)~~.

III. POLICY

A. Current CCR~~hanges in state regulations~~ will supersede ~~information in~~ this policy ~~upon codification~~.

B. To be eligible for certification as an EMT, an individual must be eighteen (18) years of age of older.

C. All information on the EMT application is subject to verification. A candidate who supplies information found to be fraudulent may be subject to disciplinary action as outlined in SLOEMSA ~~Agency~~ Policy #300: Investigation and Disciplinary Process.

D. All applicants are required to inform ~~the~~ SLOEMSA ~~Agency~~ of the following:

1. If convicted of any crime other than a minor traffic violation.
2. Any certification or licensure action against, or denial of an EMT, Advanced EMT, EMT-II certificate, paramedic license or MICN authorization including active investigations by an EMS Agency in another county or in the case of a paramedic, licensure action by the S~~s~~tate EMS Authority.
3. Any action against or denials of any EMS-related certification or license of another state or other issuing entity, including active investigations.
4. Any action against any health-related license.

E. It is the responsibility of the Certified EMT to notify ~~the~~ SLOEMSA ~~Agency~~ within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.

F. Any item listed in section D that is~~action or active investigation~~ indicated on the application, must include a~~n~~ written explanation ~~letter regarding the investigation and/or conviction(s) in detail,~~ and ~~must include~~ copies of verifying documentation from the arresting authority, certifying or licensing entity, and or court. A f~~F~~ailure to report ~~such actions~~ may result in an incomplete application and certification denial.

G. All applications that indicate or are discovered to have circumstances that may preclude issuance of EMT certification will be subject to additional review as outlined in SLOEMSA ~~Agency~~ Policy #300: Investigation and Disciplinary Process.

H. An application for EMT certification will be denied if the individual fails to meet the application requirements for certification.

I. A candidate for EMT certification whose check returns for insufficient funds may be subject to disciplinary action as outlined in SLOEMSA ~~Agency~~ policy # 101: Fee Collection.

J. ~~The~~ SLOEMSA ~~Agency~~ will issue an EMT certificate card to eligible applicants within forty-five (45) calendar days after successful completion of all certification requirements. If a request is made to expedite a completed application, including receipt of Live Scan results, within five (5) business days~~72 hours~~ of the request, a rush fee will apply.

K. The effective date of certification will be the date of issue.

L. Certification as an EMT will be statewide and for a maximum of two years ~~or such other time period as specified in the current CCR~~.

M. An EMT must notify the SLOEMSA ~~Agency~~ within thirty (30) calendar days~~,~~ of any change in mailing address.

~~M.~~N. An EMT must notify SLOEMSA within ten (10) calendar days of employment or change in employment, when using their EMT certification for job functions.

~~N.~~O. Once certified and based on the continuous quality improvement process, the employer or the SLOEMSA ~~Agency~~ Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, the SLOEMSA ~~Agency~~ Medical Director or his/her designee may create a specific and targeted program of remediation based upon the identified need of the EMT. If there is disagreement between the EMT, the employer and/or the SLOEMSA ~~Agency~~ Medical Director, the decision of the SLOEMSA ~~Agency~~ Medical Director will prevail.

~~O.~~P. If the individual fails to complete this targeted program of remediation the SLOEMSA ~~Agency~~ Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.

Q. It is the responsibility of the EMT to notify ~~the~~ SLOEMSA ~~Agency~~ within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.

~~P.~~ A livescan result submitted without a completed application will be removed from the background database after thirty (30) days.

~~Q.~~R. The SLOEMSA ~~Agency~~ Medical Director must approve any exception to certification requirements.

Formatted: Font: 11 pt

Commented [RO1]: I want to make sure that we are NLI'ing submissions that we never received applications for. I'm flexible with the timeframe.

Formatted: Font: 11 pt

IV. PROCEDURE

A. A candidate for EMT certification must submit a completed EMT Application for Certification -Attachment A to ~~the~~ SLOEMSA ~~Agency~~ that includes the following:

1. Pay the current non-refundable application fee.
2. A ~~C~~current government-issued photo identification proving that the individual is eighteen (18) years of age or older.
3. An individual who meets one of the following criteria is eligible to apply for initial certification:
   a. Proof of successful passing of the National Registry written and skills examinations and either:
      (1) Proof of completion of a California EMT training program approved pursuant to the current CCR or approved out-of-state initial EMT training course, within the last two years, or
      (2) Possess a current and valid out-of-state EMT certificate.
   b. Current National Registry certification as an EMT- Basic, EMT-Intermediate or Paramedic.
   c. Current out-of-state EMT-Intermediate or Paramedic certification.
   d. Current and valid California Advanced EMT or EMT-II certification or current and valid California Paramedic license.
4. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the American Heart Association guidelines for BLS Healthcare Providers or other course provider approved by the SLOEMSA ~~Agency~~ Medical Director.
5. Proof of criminal record clearance from the California Department of Justice and Federal Bureau of Investigation, utilizing the Request for Live Scan Service Form - Attachment B.

V. AUTHORITY

- Health and Safety Code Division 2.5
- California Code of Regulations, Title 22, Division 9

VI. ATTACHMENTS

A. EMT Application for Certification/Re-certification

B. Request for Live Scan Service Form

Approvals:

EMS Agency, Administrator	

Formatted: Font: 11 pt

EMS Agency, Medical Director	

~~Approvals:~~

~~EMS Agency, Administrator~~	
~~EMS Agency, Medical Director~~	

POLICY #321: EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION

I. PURPOSE

A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the process of issuing a State of California emergency medical technicians (EMT) re-certification through the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLOEMSA ~~Agency~~).

II. SCOPE

A. This policy applies to all individuals wishing to recertify as an EMT in ~~the County of San Luis Obispo (~~SLO~~)~~.

III. POLICY

A. Current CCR~~hanges in state regulations~~ will supersede ~~information in~~ this policy ~~upon codification~~.

B. All information on the EMT application is subject to verification. A candidate who supplies information found to be fraudulent may be subject to disciplinary action as outlined in SLOEMSA ~~Agency~~ Policy #300: Investigation and Disciplinary Process.

C. All applicants are required to inform ~~the~~ SLOEMSA ~~Agency~~ of the following:

1. If convicted of any crime other than a minor traffic violation.
2. Any certification or licensure action against, or denial of an EMT, Advanced EMT, EMT-II certificate, paramedic license or MICN authorization including active investigations by an EMS Agency in another county or in the case of a paramedic, licensure action by the ~~s~~State EMS Authority.
3. Any action against or denials of any EMS-related certification or license of another state or other issuing entity, including active investigations.
4. Any action against any health-related license.

D. It is the responsibility of the Certified EMT to notify ~~the~~ SLOEMSA ~~Agency~~ within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.

E. Any item listed in section C that~~action or active investigation~~ is indicated on the application ~~or by notification~~, must include a~~n~~ written explanation ~~letter regarding the investigation and/or conviction(s) in detail,~~ and ~~must include~~ copies of verifying documentation from the arresting authority, certifying or licensing entity, and or court. A ~~F~~failure to report ~~such actions~~ may result in an incomplete application and certification revocation.

F. All applications that indicate or are discovered to have circumstances that may preclude issuance of EMT certification will be subject to additional review as outlined in SLOEMSA ~~Agency~~ Policy #300: Investigation and Disciplinary Process.

G. An application for EMT recertification will be denied if the individual fails to meet the recertification requirements.

H. A candidate for EMT recertification whose check returns for insufficient funds may be subject to disciplinary action as outlined in EMS Agency policy # 101: Fee Collection.

~~F.~~

Formatted: No bullets or numbering

~~G.~~I. ~~The~~ SLOEMSA ~~Agency~~ will issue an EMT certificate card to eligible applicants~~individuals~~ within forty- five (45) calendar days after successful completion of all recertification requirements. If a request is made to expedite an application within five (5) business days~~72 hours~~ of the request, ~~certification expiration or another specific request,~~ a rush fee will apply.

1. If the EMT recertification requirements are met within six (6) months prior to the expiration date, the effective date of certification will be the date immediately following the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two (2) year period.
2. If EMT recertification requirements are met more than six (6) months prior to the expiration date, the effective date of certification will be the date the individual satisfactorily completes all certification requirements and has applied for recertification. The certification expiration date must not exceed two (2) years and will be the final day of the final month of the two (2) year period.

~~H.~~J. In order to be eligible for recertification after a lapse in certification, the following criteria must be met:

1. An individual whose certification has a lapse of less than six (6) months must comply with the criteria as listed in the procedure section of this policy.
2. An individual whose certification has a lapse of six (6) months or more, but less than twelve (12) months, must comply with the criteria in the procedure section of this policy and complete an additional twelve (12) hours of continuing education (CEH) for a total of thirty-six (36) CEH.
3. An individual whose certification has a lapse of twelve (12) months or more must comply with the criteria in the procedure section, parts A and B of the procedure in this policy, complete an additional twenty-four (24) CEH for a total of forty-eight (48) CEH, and pass the National Registry Emergency Medical Technician (NREMT) certification examination ~~pursuant to the CCR, Title 22, Section 100079~~. All CEs must be dated within the twenty-four (24) months prior to applying for reinstatement.

~~I.A. An application for EMT recertification will be denied if the individual fails to meet the recertification requirements.~~

~~J.~~A. ~~A candidate for EMT recertification whose check returns for insufficient funds may be subject to disciplinary action as outlined in EMS Agency policy # 101: Fee Collection.~~

K. An EMT must notify ~~the~~ SLOEMSA ~~Agency~~ within thirty (30) calendar days~~,~~ of any change in mailing address.

~~K.~~L. An EMT must notify SLOEMSA within ten (10) calendar days of employment or change in employment, when using their EMT certification for job functions.

~~L.~~M. Certification as an EMT will be statewide and for a maximum of two years ~~or such other time period as specified in the current CCR~~.

~~M.~~N. Based on the continuous quality improvement process, the employer or the SLOEMSA ~~Agency~~ Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, the SLOEMSA ~~Agency~~ Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the EMT. If there is disagreement between the EMT, the employer and/or the SLOEMSA ~~Agency~~ Medical Director, the decision of the SLOEMSA ~~Agency~~ Medical Director will prevail.

~~N.~~O. If the individual fails to complete this targeted program of remediation the SLOEMSA ~~Agency~~ Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.

~~O.~~P. The SLOEMSA ~~Agency~~ Medical Director must approve any exception to recertification requirements.

IV. PROCEDURE

A. A candidate for EMT recertification must submit a completed EMT Application for Certification/Re-certification -Attachment A to ~~the~~ SLOEMSA ~~Agency~~ that includes the following:

1. Pay the current non-refundable application fee.
2. A current, government-issued, photo identification proving that the individual is eighteen (18) years of age or older.
3. Proof of successful completion of an EMT refresher course or twenty-four (24) hours of CE.
4. A completed EMT Skills Competency Verification Form - Attachment C.
5. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the American Heart Association guidelines for BLS Healthcare Providers or other course provider approved by the SLOEMSA ~~Agency~~ Medical Director.

B. If a candidate has not previously completed a criminal record clearance from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI), proof of a criminal record clearance must be submitted to ~~the~~ SLOEMSA ~~Agency~~. Proof may be submitted by requesting that a criminal record clearance

Formatted: Font: 10.5 pt

Formatted: Indent: Left: 0.4", Hanging: 0.4", Outline numbered + Level: 2 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.3" + Tab after: 0.3" + Indent at: 0.6", Tab stops: Not at 0.3"

Formatted: Font: 10.5 pt

from the DOJ and the FBI be sent to ~~the~~ SLOEMSA ~~Agency~~ and the California EMS Authority utilizing the Request for Live Scan Service Form - Attachment B.

V. AUTHORITY

- Health and Safety Code Division 2.5~~, Section 1797.210 and 1798.200~~
- California Code of Regulations, Title 22, Division 9~~, Chapter 2, Section 100080-100081 and Chapter 6~~
- ~~California Penal Code, Section 11105~~

VI. ATTACHMENTS

A. EMT Application for Certification/Recertification

B. Request for Live Scan Service Form

C. EMT Skills Competency Verification Form

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

~~Approvals:~~

~~EMS Agency, Administrator~~	
~~EMS Agency, Medical Director~~	

MEETING DATE	December 4, 2025
STAFF CONTACT	William Mulkerin, EMS Medical Director 805.788.2514 wmulkerin@co.slo.ca.us
SUBJECT	Mechanical CPR Device
SUMMARY	Over the past several years, we have discussed a possible SLOEMSA policy for mechanical CPR devices. While there is no data to prove mechanical CPR devices have better neurologic outcomes, and AHA recently came out with a statement saying they could not support their routine use, based on the existing data, we feel that they may provide important benefits within our system. They provide consistent, high-quality chest compressions without fatigue, which can be difficult to maintain manually during prolonged resuscitations, particularly in areas of the county where the initial EMS response may have fewer total personnel (and longer transport times). These devices would potentially allow personnel to focus on other critical tasks, such as airway management and medication administration. Additionally, these devices improve safety for crews by allowing high quality compressions during patient moves and transport, without putting crews at risk. Our intent is to develop a policy that will allow for the use of these devices for agencies that wish to do so, but they will not be required. We had a robust discussion at the Clinical Advisory Committee meeting, and we will be adjusting some of the detail in this policy to better specify best practices for applying the device, as well as to better characterize pauses during device application (and recording of those pauses).
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommended the following for approval by Operations and moved to the Clinical Advisory agenda: Policy #222 Mechanical CPR
ATTACHMENT(S)	Policy #222 Mechanical CPR

POLICY #222 MECHANICAL CPR DEVICES:

I. PURPOSE

To establish standard procedures and clinical criteria for the deployment, operation, training, and documentation of all mechanical cardiopulmonary resuscitation (CPR) devices (e.g., LUCAS, AutoPulse) by EMS personnel in San Luis Obispo County.

II. POLICY

Manual chest compressions are the standard of care for patients in cardiopulmonary arrest. Studies have shown no mortality benefit to support the use of mechanical CPR devices over high-quality manual chest compressions. However, there are situations where manual CPR is challenging or dangerous for the prehospital provider, and mechanical chest compressions are preferred.

A. Mechanical CPR devices may be used in adult, non-traumatic cardiac arrest patients when continuous, high-quality manual chest compressions are not feasible, or when fatigue is a concern.

B. Mechanical CPR devices are not mandatory and should be used at the provider's discretion.

C. Agencies must inform the SLOEMSA Medical Director in writing prior to deploying mechanical CPR devices in the field.

III. PROCEDURE

A. Training & Competency

1. All personnel operating mechanical CPR devices must complete manufacturer-approved initial training and participate in annual refreshers. Training must include indications (listed herein), contraindications (listed herein), device application, troubleshooting, safety, and patient assessment during use.

B. Clinical Indications

1. Prolonged cardiac arrest with ongoing CPR
2. Unsafe environments for manual CPR
3. Limited staffing or when fatigue is a concern
4. If not already placed, prophylactic application prior to transport in patients with ROSC in case of rearrest. The device should only be activated in the event of rearrest
5. Provider discretion

C. Contraindications

1. Pediatric patients
2. Traumatic cardiac arrest
3. Presence of ventricular assist device (VAD)
4. Incompatible patient body size or anatomy
5. Patients who meet SLOEMSA Policy #125: Prehospital Determination of Death / Do Not Resuscitate (DNR) / End of Life Care

D. Device Application

1. Manual CPR should be performed immediately on patient arrival. Do not delay the initiation of chest compressions to place the mechanical CPR device.
2. Apply the device using deployment to minimize interruptions. Please note that the principles of High Performance CPR (HPCPR) are still the top priority. Limit interruptions of compressions to < 5-10 sec. Confirm proper positioning and secure attachment. Monitor for movement, malfunctions, and signs of ROSC.
3. Follow device-specific manufacturer instructions for application and operation.

E. Documentation

1. Time of device application and removal.
2. Type of device used.
3. Any complications or malfunctions.

IV. AUTHORITY

- California Health and Safety Code, Division 2.5
- Title 22, California Code of Regulations, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

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	December 4, 2025
STAFF CONTACT	Kaitlyn Blanton, EMS Coordinator 805.788.2513, kblanton@co.slo.ca.us
SUBJECT	Attachment 205A
SUMMARY	The rollout of new SLO County Protocols will include the addition of Magnesium Sulfate, Ipratropium Bromide, and Buprenorphine to SLO County ALS agencies. New ALS equipment supply minimums must be discussed for agencies to properly prepare for these new medication rollouts for the New Year.
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommended the following for approval by Operations for County ALS agencies implementation
ATTACHMENT(S)	Policy 205A attachment

EMS Equipment and Supply List

Description	Strength/Size	ALS Transport Minimum	ALS First Responder Minimum	ALS Special Use Medic Minimum	ALS Wildland Unit Minimum	BLS First Responder Minimum † *Elective skills as required*
MEDICATIONS						
Activated charcoal	50 gm bottle (aqueous solution)	1	1	0	0	0
Adenosine	6 mg/2 mL	5	3	3	3	0
Albuterol unit dose	2.5 mg/3 mL solution	4	2	2	2	0
Aspirin	81 mg nonenteric coated chewable	1 bottle	1 bottle	4 tablets	4 tablets	1 bottle
Atropine	1 mg/10 mL	2	2	2	2	0
Atropine	8 mg multi-dose vial	1	1	0	0	0
Calcium Chloride 10%	1 gm/10 mL	1	1	0	0	0
Dextrose 10%	25 gm/250 mL bag	2	2	1	1	0
*Dextrose 50%	25 gm/50 mL	2	2	1	0	0
Diphenhydramine	50 mg/1 mL	2	2	2	2	0
Epinephrine	1:1,000 1 mg/1 mL	4	2	2	2	0
†Epinephrine Auto-Injector	Pediatric and Adult	0	0	0	0	†1 each
Epinephrine	1:10,000 1 mg/10 mL (10 mL preload)	8	6	3	6	0
Fentanyl	100 mcg/2 mL	2	2	2	2	0
Glucagon	1 mg/1 mL	1	1	0	0	0
Glucose gel	15 gm	2 tubes	2 tubes	2 tubes	2 tubes	2 tubes
Lidocaine 2%	100 mg/ 5 mL	6	4	3	3	0
Midazolam	5 mg/1 mL	2	1	1	1	0
Naloxone	2 mg (vial or pre-load)	2	2	2	2	0
†Naloxone IN Kit	§2 mg pre-load and Atomizer	0	0	0	0	†2
Nitroglycerine	SL tablets or spray	2	1	1	1	0
Nitro Paste 2%	1 gm single dose packet	3	3	0	0	0
Ondansetron	4 mg /2 mL injectable	3	3	0	0	0
	4 mg dissolvable tablets	3	3	1	1	0
Sodium Bicarbonate	50 mEq/50 mL	2	2	0	0	0
Tranexamic Acid (TXA)	100 mg/1 mL 10 mL vial	2	1	0	1	0
Magnesium Sulfate						
Ipratropium Bromide	250 mcg/3mL solution	4	2	2	2	0
Buprenorphine	8mg SL film or tablet					
Because variations in medication supply occur, equivalent total dosage quantities may be substituted						
Variations in the concentration of medications being stocked, due to medication supply shortages, must be approved by Medical Director						
***Dextrose D50 is being phased out in favor of Dextrose D10**						
†Elective skills equipment required for participating agencies						
Alternate Medications to be Stocked ONLY with Medical Director Approval						
§Other pre-packaged single dose intranasal naloxone delivery devices that may be used with Medical Director Approval		0	0	0	0	†2
Diazepam (alternate to be stocked by order of Med Dir **ONLY**)	10 mg	2	1	1	1	0

EMS Equipment and Supply List

Description	Strength/Size	ALS Transport Minimum	ALS First Responder Minimum	ALS Special Use Medic Minimum	ALS Wildland Unit Minimum	BLS First Responder Minimum † *Elective skills as required*
Morphine (alternate to be stocked by order of Med Dir **ONLY**)	10 mg	3	2	2	2	0
IV SOLUTIONS/EQUIPMENT						
0.9% Normal Saline	1,000 mL bag (or equivalent total volume)	6	4	2	4	0
100 mL Saline Delivery Equipment	0.9% NS 100 mL bag **OR** Burette	6	2	0	0	0
0.9% Normal Saline	10 mL Vials/Flush	5	5	2	2	0
IV Tubing	60gtt/mL	4	2	0	0	0
IV Tubing	10-20gtt/mL	6	3	2	2	0
IV Catheters	Sizes 14, 16, 18, 20, 22, 24 gauge	2 each	2 each	2 each	2 each	0
Syringes	Assorted - 1mL, 3mL, 6mL-20mL	2 each	2 each	1 each	1 each	0
Needles Assorted	- ½", 1", 1 ½" - 18-30 gauge	2 each	2 each	2 each	2 each	0
Intraosseous (IO) single needle device	(FDA approved) adult and pediatric	1 each	1 each	1 each	1 each	0
Tourniquets (for IV start)		2	2	2	2	0
Saline locks		4	2	2	2	0
Luer-Lock adaptors	(Not required but recommended for use with STEMI patients)	2	2	0	0	0
Alcohol and betadine swabs		10 each	10 each	10 each	10 each	†10 each
TRAUMA						
Bandages and bandaging supplies:						
Bandaids	Assorted	10	10	5	5	10
Sterile bandage compresses or equivalent	4"x4"	12	10	10	10	10
Trauma dressing	10"x30" or larger universal dressing	2	2	2	2	2
Roller gauze	3" or 4"	12 rolls	8 rolls	2 rolls	2 rolls	8 rolls
Cloth adhesive tape	1, 2, or 3"	1 roll	1 roll	1 roll	1 roll	1 roll
Triangular bandages with safety pins		4	2	1	1	2
Tourniquet	See approved list for commercial devices	2	2	1	1	2
Vaseline gauze	3"x8", or 5"x9"	2	2	1	1	2
Tongue blade or bite stick		2	2	2	2	2
Burn Sheets (sterile or clean) –	may be disposable or linen (with date of sterilization indicated)	2	2	0	2	2
Cervical collars	Stiff: Sizes to fit all patients over one year old	1each	1 each	1 each	1 each	1 each
Cold packs		2	2	2	2	2
Irrigation equipment and supplies:						
Saline, sterile	250mL	4	2	1	2	2
Long spine board and light weight head immobilizer blocks	(or equivalent immobilization device)	2	1	0	0	1

EMS Equipment and Supply List

Description	Strength/Size	ALS Transport Minimum	ALS First Responder Minimum	ALS Special Use Medic Minimum	ALS Wildland Unit Minimum	BLS First Responder Minimum † *Elective skills as required*
Straps to secure patient to boards		2 sets	1 set	0	0	1 set
TRAUMA CONT.						
Splints, traction	Adult and pediatric (or a single device suitable for both)	1 each	1 each	0	0	1 each
Splints, cardboard or equivalent	arm and leg splint	2 each	2 each	1 each	2 each	2 each
K.E.D. or equivalent		1	1	0	0	0
Pediatric spinal immobilization board	(or equivalent immobilization device)	1	1	0	0	0
Sheet or commercial pelvic binder		1	1	0	0	1
Infection Control						
Meet the minimum requirement per crew member as stated in the California Code of Regulations Title 8 (All Providers)						
Transportation Equipment						
Collapsible gurney cot with adjustable contour feature		1	0	0	0	0
Stair chair or equivalent device		1	0	0	0	0
Sheets, pillow, pillow case, towels, blankets (cloth or disposable)		2	0	0	0	0
Scoop stretcher with straps		1	0	0	0	0
Flat vinyl/canvas stretchers with straps		1	0	0	0	0
MISCELLANEOUS						
Blood pressure cuffs (portable):	Adult	1	1	1	1	1
	Large adult or thigh	1	1	0	0	1
	Pediatric	1	1	0	1	1
Obstetrical kit - sterile, prepackaged		1	1	0	0	1
Restraints - non-constricting wrist and ankle		1 set each	1 set each	0	0	1 set each
Stethoscope		1	1	1	1	1
Trash bags/receptacles		2	2	1	1	2
Blanket	Disposable	1 each	1 each	1 each	1 each	1 each
Bandage scissors (heavy duty)		1	1	1	1	1
Emesis basins or emesis bags with containers		2	2	1	1	2
Water, potable		1 liter	1 liter	0	1 liter	1 liter
Maps, entire county		1	1	0	0	1
Penlight		1	1	1	1	1
Triage tags		20	20	20	20	20
Bed pan		1	0	0	0	0
Urinal		1	0	0	0	0
†Glucometer	with ≥10 test strips, lancets, and other appropriate supplies	1	1	1	1	†1
Puncture proof sharps container	small	2	2	1	1	†1
MISCELLANEOUS CONT.						

EMS Equipment and Supply List

Description	Strength/Size	ALS Transport Minimum	ALS First Responder Minimum	ALS Special Use Medic Minimum	ALS Wildland Unit Minimum	BLS First Responder Minimum † *Elective skills as required*
Thermometer		1	1	0	0	0
Automatic External Defibrillator	With AED pads	* For EMT-D Provider Agencies (1)				
AIRWAY						
Endotracheal tubes:	sizes-3.0, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, 9.0	1 each	1 each	1 each	1 each	0
Laryngoscope handles, with extra batteries		2	2	1	1	0
Laryngoscope blades:	Miller # 0, 1, 2, 3, 4 Macintosh # 1, 2, 3, 4	1 each	1 each	1 each	1 each	0
i-Gel Supraglottic Airways	Size 3 and Size 5	1 each	1 each	1 each	1 each	0
i-Gel Supraglottic Airways	Size 4	2 each	2 each	1 each	1 each	0
Magill forceps (pediatric and adult)		1 each	1 each	1 each	1 each	0
Adult stylets		2 each	1 each	1 each	1 each	0
10-20 mL syringe, sterile lubricant		2 each	1 each	1 each	1 each	0
Needle Cricothyrotomy kit with:	10 or 12 ga needle, 10-20 mL syringe, alcohol and betadine wipes and oxygen supply adapter	1	1	1	1	0
	Or other FDA approved percutaneous cricothyrotomy kit	1	1	1	1	0
Capnography Device	Qualitative or Quantitative	1	1	1	1	0
Hand held nebulizer for inhalation therapy		2	2	1	1	0
Medrafter or equivalent		1	1	0	0	0
Portable, battery powered, cardiac monitor-defibrillator with 12-lead ECG capability with the ability to perform computerized ECG readings and provide hard copy ECG tracings, with:		1	1	1	AED w.manal defib and w/EKG	0
	Patient ECG cable	1	1	1	0	0
	ECG recording chart paper	1	1	1	0	0
	Adult ECG electrodes	4 sets	4 sets	2 sets	2 sets	0
	Defibrillation pads or equivalent - Adult and Pediatric	1 set each	1 set each	1 set each	1 set each	0
	Conductive defibrillation pads,	4	4	2	2	0
	or tubes of conductive gel	2	2	1	1	0
IV catheter for pleural decompression	10 gauge/3 inch	2	2	1	1	0
Asherman chest seal or equivalent open wound dressing		1	1	1	1	1
Pulse oximeter		1	1	1	1	1
†Continuous Positive Airway Pressure (CPAP) Ventilator	portable/adjustable pressure settings, FDA Approved with an oxygen supply	1	1	0	0	†1
Nasopharyngeal airways (soft rubber)	Medium and Large adult sizes	2 each	2 each	1 each	1 each	2 each
AIRWAY CONT.						
Lubricant, water-soluble jelly (K-Y)		2	2	2	2	2

EMS Equipment and Supply List

Description	Strength/Size	ALS Transport Minimum	ALS First Responder Minimum	ALS Special Use Medic Minimum	ALS Wildland Unit Minimum	BLS First Responder Minimum † *Elective skills as required*
Oropharyngeal airways	(sizes 5.5 – 12 or equivalent)	2 each	1 each	1 each	1 each	1 each
Adult non-rebreather masks		2	2	1	1	2
Pediatric/infant non-rebreather mask		2	2	1	1	2
Adult nasal cannula		4	2	1	1	2
Oxygen Cylinders	D or E size cylinder with regulator capable of delivering 2-15 LPM	1	1	1	1	1
	M, H, or K cylinder with wall outlet(s) and constant flow regulator(s)	1	0	0	0	0
Oxygen reserve:						
	D or E cylinders	1	1	0	0	1
Face masks for resuscitation (clear)		2	1	1	1	1
Bag-valve mask with O2 reservoir and supply tubing						
	Adult	1	1	1	1	1
	Pediatric	1	1	1	1	1
	Infant	1	1	1	0	1
Suction equipment and supplies:						
Rigid pharyngeal tonsil tip		2	2	0	0	2
Spare suction tubing		1	1	0	0	1
Suction apparatus (portable)		1	1	1	1	1
Suction catheters	at least 2 sizes suitable for adult and	2 each	1 each	1 each	1 each	1 each
	pediatric endotracheal suctioning					

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

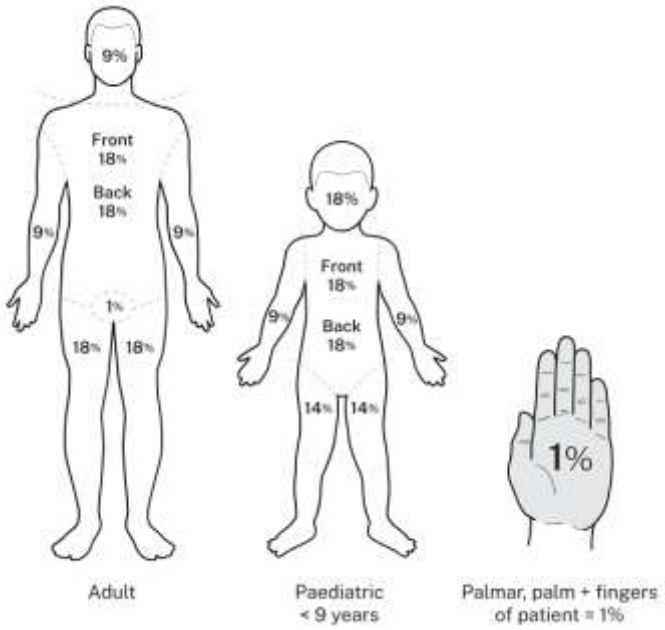
MEETING DATE	December 4, 2025
STAFF CONTACT	Ryan Rosander, EMS Director 805.788.2512 rrosander@co.slo.ca.us
SUBJECT	Burns and Dive Emergencies
SUMMARY	The EMS Agency was recently reminded by the Diablo Canyon Fire Department and other stakeholders that San Luis Obispo County currently lacks a dedicated Dive Emergency Protocol, creating a significant gap in guidance for first responders operating along our coastline. While existing protocols address elements such as airway management, drowning, seizures, and capnography, there is no unified standard for treating conditions unique to diving incidents, including decompression sickness, arterial gas embolism, barotrauma, and Swimming-Induced Pulmonary Edema. To address this need, staff propose developing a comprehensive Dive Emergency Protocol that outlines assessment priorities, 100% oxygen administration, advanced airway considerations, essential dive history elements, and guidance on transporting the patient with their dive equipment. Establishing this protocol will enhance consistency, improve patient outcomes, and align SLO County with other coastal EMS systems, and staff request committee direction to proceed with development and stakeholder review. The EMS Agency is updating the County's Burn Protocol to give first responders clear and consistent direction when treating thermal, chemical, electrical, and inhalation injuries. The protocol will reinforce core steps such as stopping the burning process, cooling and irrigating when appropriate, applying dry sterile dressings, watching closely for airway compromise, and providing age-appropriate medications and fluids. It will also include recognized burn center referral criteria and keep Policy #155 to guide when helicopter transport to an out-of-county burn center is appropriate. These updates will improve consistency across the system and help ensure that burn patients receive the right care and timely access to specialty treatment.
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommended the following for approval by Operations and moved to the Clinical Advisory agenda: Protocol #662: Burns, #664: Diving Emergencies
ATTACHMENT(S)	Protocol #662, #664

BURNS

ADULT	PEDIATRIC (≤34 KG)
BLS	
• **Universal Protocol #601** • Pulse Oximetry - O2 administration per Airway Management Protocol #602 • **Thermal Burns:** Stop the burning process. Do not break blisters. Cover the affected body surface with a dry, sterile dressing or sheet • **Chemical Burns:** Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water. • **Tar Burns:** Cool with water; do not remove tar. • **Electrical Burns:** Turn off the power source and safely remove the victim from the hazard area. Cover the affected body surface with a dry, sterile dressing or sheet. • Additional skills as approved by SLOEMSA • Consider Policy #155: EMS Helicopter Operations for direct transport out of the county to a burn center. • Determination of Death on Scene: Refer to SLOEMSA Policy #125 - Determination of Death/Do Not Resuscitate (DNR)/End of Life Care.	**Same as Adult**
ALS	
• Protocol #603: Pain Management • For wheezing, **Albuterol** 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct over 5-10 min	• Protocol #603: Pain Management • For wheezing **Albuterol** 2.5-5 mg via HHN/Mask/BVM with adjunct over 5-10 min <u>Combined with:</u>

Combined with: • **Ipratropium Bromide** 500 mcg via HHN/Mask/CPAP/BVM with adjunct over 5-10 min - Repeat once after 20 minutes • **Consider Normal Saline up to 500mL IV/IO** - May repeat x1 for persistent hypotension. - May repeat x1 based on ALS provider discretion for normotensive patients.	• **Ipratropium Bromide** 250 mcg via HHN/Mask/BVM with adjunct over 5-10 min - Repeat once after 20 minutes • **Consider Normal Saline up to 20mL/kg IV/IO, not to exceed 500 mL** - May repeat x1 for persistent hypotension. - May repeat x1 based on ALS provider discretion for normotensive patients.
Base Hospital Orders Only	
• As needed	• As needed
Notes	

• **Endotracheal intubation remains the gold standard** for airway management in burn patients due to the rapid and often unpredictable progression of upper airway edema following thermal injury or inhalation of superheated gases. Facial burns, singed nasal hairs, carbonaceous sputum, stridor, or voice changes may signal impending airway obstruction.



• **For reference, burn center referral criteria are:**
- Partial-thickness burns of greater than 10 percent of the total body surface area.
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- Third-degree burns in any age group.
- Electrical burns, including lightning injury.
- Chemical burns.
- Inhalation injury.
- Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- Burns and concomitant trauma (such as fractures) when the burn injury poses the greatest risk

of morbidity or mortality. If the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.

- Burns in children; children with burns should be transferred to a burn center verified to treat children. In the absence of a regional pediatric burn center, an adult burn center may serve as a second option for the management of pediatric burns.
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention

DIVING EMERGENCIES

ADULT	PEDIATRIC (≤34 KG)
BLS	

• Universal Protocol #601
• **100% O2 administration via NRB mask, regardless of signs, symptoms, or SpO2, unless oxygen toxicity is the suspected etiology**
• Airway Management Protocol #602
  - Pulse Oximetry
• Procedure #701: Capnography End Tidal CO2 Monitoring
• Additional skills as approved by SLOEMSA (e.g., i-Gel placement)
• Always treat and transport the patient **supine** unless actively vomiting or the patient does not tolerate the supine position
• If applicable, Protocol #663: Drowning
• If applicable, Protocol #620: Seizure
• Address hypothermia and warming measures
• Obtain and transport the patient with their dive computer and all their dive gear, including regulator, weights, tank, buoyancy control device, etc., if possible.
  - Obtain maximum dive depth, time spent at depth, rate of ascent, number of dives, surface interval, gas(es) used (e.g., standard air, Nitrox, Trimix, Heliox, Hyperoxic Mix (100%) O2
• Consider Policy #155: EMS Helicopter Operations for direct transport out of the county to a hyperbaric chamber.
	Same as Adult

ALS	
• Consider Normal Saline up to 500mL IV/IO for	• Consider Normal Saline up to 20mL/kg IV/IO,

possible dehydration • If barotrauma is suspected, with symptoms of tension pneumothorax– Needle Thoracostomy Procedure #705 • Frequent neurologic exams	not to exceed 500 mL for possible dehydration • If barotrauma is suspected, with symptoms of tension pneumothorax– Needle Thoracostomy Procedure #705
Base Hospital Orders Only	
• As needed	• As needed

Notes

- The number one cause of diving fatalities is drowning.
- Due to the possibility of barotrauma, CPAP is generally contraindicated for patients with a dive emergency.
- C-Spine immobilization is not recommended except with strong evidence/report of traumatic mechanism.
- Seizures can occur during diving emergencies and are most often caused by oxygen toxicity, hypoxia, hypercapnia, or arterial gas embolism
- **Swimming-Induced Pulmonary Edema (SIPE)** happens when immersion in cold water and exertion increases central blood volume and pulmonary capillary pressure, causing fluid to leak into the alveoli without aspiration or drowning. The result is pulmonary edema despite the absence of water inhalation.
    - If SIPE is suspected and the patient has moderate/severe SOB, call base hospital for orders (e.g., CPAP)
- **Decompression sickness (DCS) or the bends** happen when dissolved inert gases (mainly nitrogen) come out of solution and form bubbles in the bloodstream and tissues during ascent. These bubbles can cause blockages, inflammation, and tissue damage throughout the body.
- **Arterial Gas Embolism (AGE)** is one of the most serious diving-related medical emergencies. It occurs when air bubbles enter the arterial bloodstream, usually due to lung overexpansion injury during ascent. Holding a single breath while ascending can cause this condition, with symptoms often appearing within seconds to minutes of surfacing.
- **Oxygen toxicity** occurs when a diver breathes oxygen at a high partial pressure (PPO_2) for too long, causing toxic effects on the brain and lungs. It is primarily a concern when diving deep on enriched air (Nitrox) or pure oxygen in technical or rebreather diving.
- **Carbon monoxide (CO) poisoning** occurs when compressed breathing gas inside a scuba tank becomes contaminated with carbon monoxide, usually due to a faulty compressor intake or malfunctioning filtration system. Even very low levels of CO in a dive tank can be lethal under pressure, because the gas's partial pressure increases with depth, worsening its toxic effects.
- **Nitrogen narcosis:** A reversible condition in divers caused by the increased partial pressure of nitrogen at depth, leading to euphoria, confusion, poor judgment, and impaired coordination. Nitrogen narcosis is often described as the "rapture of the deep" and relieved by ascending to a shallower depth.
- Divers Alert Network: 919-684-9111 is an additional resource that may be helpful, either for EMS crews or for receiving hospitals, to discuss possibilities for hyperbaric chamber therapy.