



San Joaquin County

Emergency Medical Services Agency



Memorandum

DATE: April 24, 2024

TO: All Prehospital Personnel and Providers
Base Hospital Personnel
Emergency Department Physicians and Nurse Liaisons

FROM: Katherine Shafer, M.D., EMS Medical Director
Jared Bagwell, EMS Director

SUBJ.: EMS Policy Revisions effective July 1, 2024

The purpose of this memorandum is to advise EMS system stakeholders that the following policies have completed the stakeholder comment period. The following policies have an effective date of July 1, 2024.

EMS Policy No. 2551, 12 lead ECG Performance Criteria:

1. Added the requirement to "State: They will transmit 12 lead to SRC."

EMS Policy No. 2560, Paramedic Scope of Practice:

1. Removed Ativan,
2. Added "for CHEMPACK use only" to valium.
3. Added Tranexamic Acid.

EMS Policy No. 2571, Paramedic Student Intern Authorization:

1. Clarified language in section V. L. It now states, "Paramedic intern assignments shall be limited to duties associated with the student's training or the student training program."
2. Clarified language in section V. K. Paramedic interns shall not fulfill the minimum staffing requirements of an ambulance or fire apparatus with less than three (3) personnel.

EMS Policy No. 2610, Mobile Intensive Care Nurse Authorization:

1. Minor Administrative changes.
2. Removed requirement for MICR training for MICN.
3. Added additional Continuing Education opportunities.

EMS Policy No. 4101, EMS Response Vehicle Medication and Equipment:

1. Added Tranexamic acid (TXA).

EMS Policy No. 4301, Paramedic Field Internship ALS Provider Responsibilities:

1. Clarified language in section III. S. It now states, "Prohibit paramedic interns from fulfilling the minimum staffing requirements of an ambulance or a fire apparatus with less than three (3) personnel."
2. Clarified language in section III. T. It now states, "Specify that paramedic intern assignments shall be limited to duties associated with the student's training or the student training program."

EMS Policy No. 4441, EMS Aircraft Classification:

1. Removed reference to "Lifecom."

EMS Policy No. 4448, EMS Aircraft Utilization:

1. Removed reference to "Lifecom."
2. Added Section III outlining "Simultaneous Aircraft Dispatch."
3. Removal of Aircraft Utilization Form and associated content.
4. Modified "responding paramedic" to "EMS responders" may request while enroute secondary to previous knowledge.

EMS Policy No. 4448A, EMS Aircraft Simultaneous Dispatch Map:

1. Repurposed EMS Policy No. 4448A, EMS Aircraft Utilization Form, to reflect simultaneous air ambulance dispatch area.

EMS Policy No. 4901, Base Hospital Standards:

1. Added in section "G. 2." have a dedicated unencumbered MICN available at all times to provide immediate medical direction to prehospital personnel.
2. Clerical changes to align with other designation policies.

EMS Policy No. 4981, Receiving Hospital Status.

1. Updated definitions.
2. Multiple clerical and administrative changes throughout.
3. Added EMS Duty Officer override of hospitals status.
4. Removed 08:00 update in EMResource.
5. Added the requirement to have the EMResource mobile app.
6. Removed reference to diversion.
7. Added the requirement to have the Administrator on Call (AOC) involved should a facility go on internal disaster.

EMS Policy No. 5201, Medical Patient Destination.

1. Removed "Sustained" to transport ROSC patients to a STEMI Center.
2. Multiple clerical and administrative changes throughout.
3. Removed Doctors Hospital of Manteca from the OB receiving facility list.
4. Clerical changes to section "V" regarding Trauma Center status.
5. Removed RACE score requirement to transport to closest facility.

6. Removed and clarified language in section "III., 3." Regarding distance between Dameron Hospital and St. Joseph's Medical Center.

EMS Policy No. 5531, BLS Seizures:

1. Added the use of "High Flow O2" regardless of SpO2.

EMS Policy No 5700, ANRO-05 & PNRO-04, Seizures:

1. Added the use of "High Flow O2" regardless of SpO2.

EMS Policy No. 5700, ATRA 1 Trauma Protocol ATRA 1 AND 2:

1. Added TXA.
2. Multiple clerical and administrative changes throughout.
3. Updated Traumatic Arrest algorithm to remove working on scene for ten (10) minutes if greater than 20 minutes to trauma center.
4. Added an EKG rhythm check for V-fib or V-tach in the decision tree to transport or cease efforts.

EMS Policy No. 6640, STEMI Quality Improvement Committee:

1. Changed meeting frequency from quarterly to biannual.

EMS Policy No. 6650, Stroke Quality Improvement Committee:

1. Changed meeting frequency from quarterly to biannual.