



A DIVISION OF  
HEALTH CARE SERVICES  
AGENCY

# San Joaquin County Emergency Medical Services Agency



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## **Policy Memorandum No. 2018-03**

DATE: July 23, 2018

TO: Prehospital Personnel  
Prehospital Service Providers  
Emergency Departments

FROM: Katherine Shafer, MD, EMS Medical Director  
Dan Burch, EMS Administrator

SUBJ. Removal of Pediatric Endotracheal Intubation from Scope of Practice

Effective July 1, 2018, the Emergency Medical Services Authority removed pediatric endotracheal intubation from the paramedic scope of practice. The local EMS agency medical director may allow paramedics employed by a qualified critical care transport program to continue pediatric endotracheal intubation for a limited time under limited circumstances while the phase out of the skill proceeds statewide.

The San Joaquin County EMS Agency (SJCEMSA) has approved the use of pediatric i-Gel to replace pediatric endotracheal intubation for patients whose airways cannot be effectively managed using basic life support airway adjuncts and bag-valve mask ventilation. All advanced life support (ALS) service providers are required to provide training and instruction to their personnel on use of the i-Gel. Paramedics that have not received training or instruction should contact their employer and arrange such training prior to reporting to their next shift. SJCEMSA issued EMS Policy No. 2558, Pediatric i-Gel Airway Performance Criteria and EMS Policy No. 2557, Adult i-Gel Airway Performance Criteria with an effective date of July 1, 2018. These policies define the performance standard for use of the i-Gel.

SJCEMSA is working to revise and update all policies referencing pediatric endotracheal intubation. Affected policies include, but may not be limited to:

1. EMS Policy No. 2540B, Paramedic Competency Verification Form;
2. EMS Policy No. 2541, Paramedic Infrequently Used Skills;
3. EMS Policy No. 5817, Pediatric Airway Obstruction;
4. EMS Policy No. 5819, Pediatric Respiratory Distress: Stridor;
5. EMS Policy No. 5820, Pediatric Respiratory Distress: Bronchospasm;
6. EMS Policy No. 5826, Pediatric Allergic Reaction; and,
7. EMS Policy No. 5850, Neonatal Resuscitation

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Until such time that all references are updated whenever pediatric endotracheal intubation is specified in a treatment protocol paramedic personnel are directed to first employ BLS airway adjuncts to be followed by insertion of an i-Gel if needed by the patient's condition.

For questions regarding this memorandum, please contact Matthew R. Esposito, Prehospital Care Coordinator at 209-468-6818 or by email at [mesposito@sjgov.org](mailto:mesposito@sjgov.org).