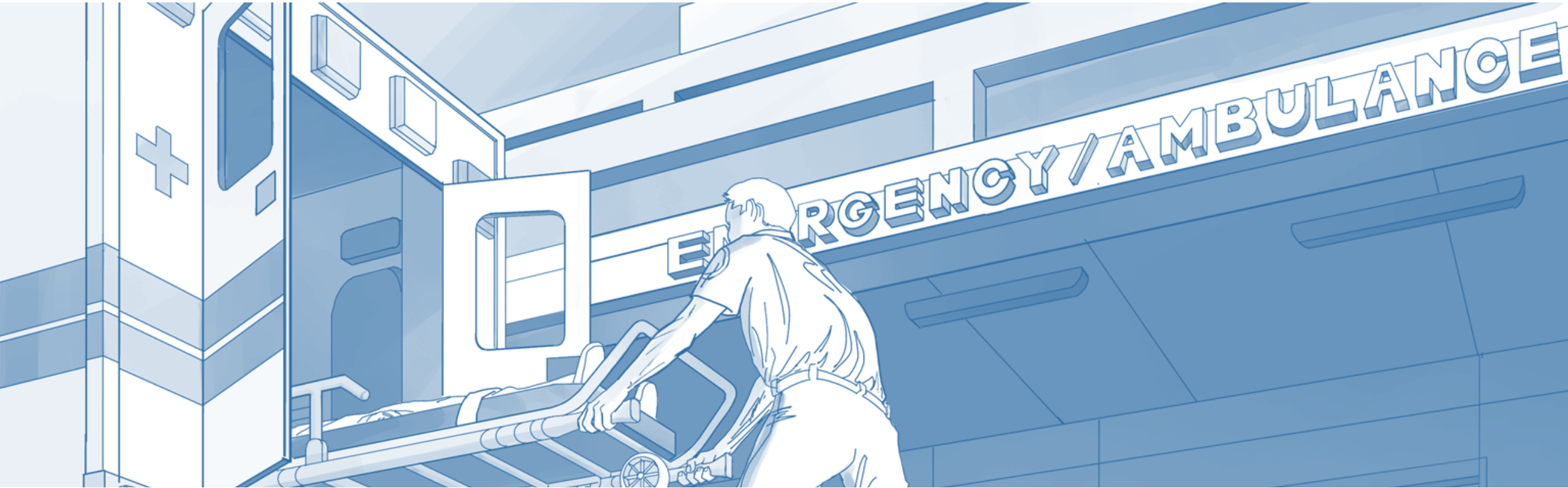




# POLICY UPDATES TO ALIGN WITH PROTOCOLS



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# POLICIES UPDATED

Three policies were updated to align with protocol revisions from the 2025-2026 cycle:

- S-402 Prehospital Determination of Death
- S-412 Prehospital Treatment and Transportation of Adults - Refusal of Care or Suggested Destination, Release
- S-804 First Responder Inventory

These policies were presented at EMCC Prehospital/Hospital Subcommittee on April 10

# POLICY S-402 REVISIONS

- Revisions based on updates to protocol S-139 Trauma
- Language was updated to include blunt or penetrating traumatic arrest for adults
- Removed additional criteria under A.2. a. – c.


## II. PROCEDURES

- A.** When the patient is determined to be obviously dead, no Basic Life Support/Advanced Life Support (BLS/ALS) shall be initiated or continued.
1. The obviously dead are victims who, in addition to absence of respiration and cardiac activity, have suffered one or more of the following:
    - a. Decapitation
    - b. Evisceration of heart or brain
    - c. Incineration
    - d. Rigor Mortis
    - e. Decomposition
  2. Adult ~~blunt traumatic~~ cardiac arrest of blunt or penetrating traumatic etiology, with initial rhythm of asystole and no signs of life (spontaneous movement or breathing). ~~ALL of the following:~~
    - ~~a. No visible signs of life (no spontaneous movement, apneic, pulseless)~~
    - ~~b. Cardiac rhythm of asystole~~
    - ~~c. Mechanism of injury consistent with injuries~~
  3. Prehospital personnel shall describe the incident and victim's condition on the Prehospital Patient Record (PPR) clearly stating the reason(s) that life support measures were not initiated or were discontinued.
- B.** ~~All p~~Patients with absent vital signs shall be treated with resuscitation measures, unless they are obviously dead (I.A.1.) or an adult with ~~blunt trauma cardiac~~ arrest of traumatic etiology (I.A.2.). The Base Hospital Physician may make pronouncement of death by radio communication.

# POLICY S-412 BACKGROUND

Establishes the procedures for a patient to refuse care or request an alternate disposition

- Against Medical Advice (AMA)
- Refusal of transport to a recommended facility
- Patient-centered care modification (PCCM)
- Release

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL	<b>S-412</b>
	<b>PREHOSPITAL TREATMENT AND TRANSPORTATION OF ADULTS – REFUSAL OF CARE OR SUGGESTED DESTINATION, RELEASE</b>	
	Date: 7/1/2017	Page 1 of 4

**I. PURPOSE**

To establish a procedure for a patient or designated decision maker to refuse care (assessment, treatment, or transport) or request an alternate disposition by Emergency Medical Services (EMS) personnel.

**II. AUTHORITY:** Health and Safety Code, Division 2.5, Section 1798.

**III. DEFINITION(S)**

**Against Medical Advice (AMA):** The refusal of treatment or transport by an emergency patient or his/her designated decision maker against the advice of the medical personnel on scene or of the Base Hospital.

**Designated Decision Maker (DDM):** An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., a parent, legal guardian, and "attorney-in-fact" through a Durable Power of Attorney for Health Care, or an "agent" through an Advance Health Care Directive).

**Emergency Patient:** Any person for whom the EMS/9-1-1 system has been activated and who meets the following criteria:

1. Has a chief complaint or suspected illness or injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

**Release:** A call outcome that occurs when the patient and the EMS personnel (including the Base Hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services and the patient does not require the services of a prehospital system.

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# POLICY S-412 REVISIONS

- In February 2023, a memo was issued authorizing patient-centered care modifications
- The memo clarified this is termed as **downgrade** in some existing policies
- The language of **downgrade** was revised to **patient-centered care modification** or PCCM
- Revisions were presented to EMCC on January 9, 2025

## C. Patient Refusal of Transport to Recommended Facility

Should the situation arise wherein a patient refuses transport to what is determined by the Base Hospital to be the most accessible emergency facility equipped, staffed, and prepared to administer care appropriate to the needs of the patient but the patient requests transport to an alternate facility:

1. Field personnel should discuss with the Base Hospital that patient's or DDM's rationale for their choice of that alternate facility.
2. Inform the patient/DDM of Base Hospital's rationale for its selected destination.
3. If the patient still refuses transport to the selected destination, follow procedures for the patient to refuse treatment and/or transport AMA. However, if, in the judgment of the Base Hospital, the patient's refusal of transport would create a life-threatening or high-risk situation, and the patient continues to refuse the recommended destination, document the AMA and transport the patient to the requested facility if possible.
4. Arrange for alternate means of transportation to the facility of choice, if appropriate.

## D. ~~Downgrade~~ Patient-Centered Care Modification (PCCM)

1. Following a complete Paramedic assessment and Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report"), the Base Hospital may authorize a ~~downgrade~~ PCCM in the transportation and treatment needs of an Advanced Life Support (ALS)-dispatched patient from ALS (i.e., AEMT or Paramedic treatment and transport) level of prehospital care to Basic Life Support (BLS) (EMT treatment and transport) level of care, and that the unit can continue to transport the patient to any destination. All ~~downgrades~~ PCCMs shall be reviewed by the agency's internal Quality Improvement program.
2. If the patient's condition deteriorates during the transport, the AEMT or Paramedic shall contact the Base Hospital authorizing the ~~downgrade~~ PCCM, initiate appropriate ALS treatment protocols, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
3. If the paramedics have transferred care to a BLS service provider and the patient's condition deteriorates during the BLS transport, the EMT shall contact a Base Hospital, inform the Base Hospital that the patient had been a ~~PCCM~~ ~~downgraded~~ from ALS to BLS, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.



# PROTOCOL S-100 REVISIONS

- Protocol S-100 was revised to include a new section titled [ALS/BLS Transport Criteria – 100.2](#)
- Establishes the procedure for determining the most suitable level of transport for an emergency patient and initiating a PCCM on standing order
- Revisions were presented to the EMS Medical Director's Advisory Committee on February 18 and March 25, 2025

BLS/ALS TRANSPORT CRITERIA – 100.2	
<b>Principle</b> <ul style="list-style-type: none"> <li>All patients should receive the most suitable level of transport to optimize clinical outcomes, efficient use of resources, and overall patient care.</li> </ul>	
<b>Standards</b> <ul style="list-style-type: none"> <li>Patients meeting the following criteria shall be transported by ALS*</li> </ul>	
<b>Decompensating Patient</b> <ul style="list-style-type: none"> <li>Provider impression of extremis, including new onset of altered mental status, poor appearance, airway issues, severe respiratory distress/failure, signs and symptoms of shock/poor perfusion, or imminent cardiac respiratory arrest</li> </ul>	<b>Disability</b> <ul style="list-style-type: none"> <li>Acute change in mental status (GCS &lt;13)</li> <li>New neurologic deficit (e.g., positive BE-FAST)</li> <li>Seizure not returned to baseline or multiple seizures</li> <li>Syncope</li> <li>Acute agitation</li> <li>Severe intoxication or overdose</li> </ul>
<b>Airway</b> <ul style="list-style-type: none"> <li>Current or anticipated need for airway management</li> </ul>	<b>Miscellaneous</b> <ul style="list-style-type: none"> <li>Meets T-460A criteria (including special considerations designated for transport to a trauma center)</li> <li>ALS medication administered (except single therapeutic treatment of naloxone, ondansetron, glucagon, dextrose, or acetaminophen and are not anticipated to require repeat doses)</li> <li>Hypoglycemia with persistent altered mental status</li> <li>Hyperglycemia with persistent altered mental status</li> <li>Pediatric patients with a high-risk complaint (e.g., BRUE) or complex medical history</li> <li>EMT provider has a clinical concern</li> <li>ALS procedure performed (excluding IV placement or 12-lead ECG interpretation)</li> </ul>
<b>Breathing</b> <ul style="list-style-type: none"> <li>Respiratory failure or distress</li> <li>Hypoxia (SpO<sub>2</sub> &lt;94%) despite NRB or PPV (including CPAP)</li> </ul>	
<b>Circulation</b> <ul style="list-style-type: none"> <li>Cardiac chest pain or anginal equivalent</li> <li>ECG with ischemia or infarct</li> <li>ECG with new or concerning dysrhythmia</li> <li>Current or anticipated need for IV fluids, vasopressors, or other IV medication</li> <li>Unstable bradycardia/tachycardia</li> <li>Hypotension</li> </ul>	
<b>*Exceptions</b> <ul style="list-style-type: none"> <li>BLS transport may be considered under the following conditions: <ul style="list-style-type: none"> <li>MCI/Annex D activation</li> <li>ALS resources not available within a reasonable timeframe</li> <li>Hospital-to-hospital interfacility transfers meeting criteria in Policy B-450 EMT Scope of Practice and Protocol S-135 Existing Devices and Medications</li> </ul> </li> </ul>	

# POLICY S-412 REVISIONS

## Previous Language

### D. Downgrade

1. Following a complete Paramedic assessment and Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report"), the Base Hospital may authorize a downgrade in the transportation and treatment needs of an Advanced Life Support (ALS)-dispatched patient from ALS (i.e., AEMT or Paramedic treatment and transport) level of prehospital care to Basic Life Support (BLS) (EMT treatment and transport) level of care, and that the unit can continue to transport the patient to any destination. All downgrades shall be reviewed by the agency's internal Quality Improvement program.
2. If the patient's condition deteriorates during the transport, the AEMT or Paramedic shall contact the Base Hospital authorizing the downgrade, initiate appropriate ALS treatment protocols, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
3. If the paramedics have transferred care to a BLS service provider and the patient's condition deteriorates during the BLS transport, the EMT shall contact a Base Hospital, inform the Base Hospital that the patient had been downgraded from ALS to BLS, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.

## New Language

### D. Patient-Centered Care Modification

1. Paramedics shall perform a patient assessment and complete a Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report") prior to initiating a PCCM.
2. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all incidents where a PCCM was applied.
3. Patients meeting criteria in CoSD EMS Protocol S-100.2 shall be transported with an ALS level of care, unless a specified exception criteria is met.
4. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all patients that are transported by BLS level of care when ALS criteria were met.
5. If a patient's condition deteriorates during BLS transport, the EMT shall contact a Base Hospital for direction on destination and inform them that a PCCM was applied. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
6. All PCCMs shall be reviewed by the agency's internal Quality Improvement program.

# POLICY S-412 REVISIONS

## New Language


### **D. Patient-Centered Care Modification**

1. Paramedics shall perform a patient assessment and complete a Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report") prior to initiating a PCCM.
2. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all incidents where a PCCM was applied.
3. Patients meeting criteria in CoSD EMS Protocol S-100.2 shall be transported with an ALS level of care, unless a specified exception criteria is met.
4. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all patients that are transported by BLS level of care when ALS criteria were met.
5. If a patient's condition deteriorates during BLS transport, the EMT shall contact a Base Hospital for direction on destination and inform them that a PCCM was applied. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
6. All PCCMs shall be reviewed by the agency's internal Quality Improvement program.



# POLICY S-804 REVISIONS

- Revisions based on updates to protocol S-103 BLS/ALS Ambulance Inventory
- Nasogastric tube sizes changed to 8, 10, 12, 14, 18
- Added Ringer's lactate solution as an optional medication

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY	<b>S-804</b>
	<b>FIRST RESPONDER INVENTORY</b>	
	Date: 7/1/2025	Page 1 of 7

**I. PURPOSE**

To identify a standardized inventory on all first responder units.

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**II. AUTHORITY:** Health and Safety Code, Division 2.5, Section 1797.204 & 1797.206; California Governor's Office of Emergency Services, FIREScope, ICS 702, Appendix A & B, 2016

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**III. DEFINITION(S)**

**BLS FR:** Basic life support first responder apparatus.

**ALS FR:** Advanced life support first responder apparatus.

**ALS WL:** Advanced life support wildland apparatus.

**ALS FL PM:** Advanced life support fireline paramedic.

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**IV. POLICY**

Essential equipment and supplies to be carried on each first responder unit shall include the following:

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# QUESTIONS?

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