



Non-Substantive Policy Updates for 2025

February 27, 2025



P-410 Special Assignment Paramedic



 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL	P-410
	SAN DIEGO COUNTY SPECIAL ASSIGNMENT PARAMEDIC	
	Date: <u>7/4/20407/1/2025</u>	Page 1 of 2

I. PURPOSE

To establish policy for special paramedic operations and patient care while assigned to extraordinary special assignments or missions.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.172 and 1798.4; and California Code of Regulations, Title 22, Division 9, Chapter 3.3, Section 100091.02, ~~Section 100144~~.

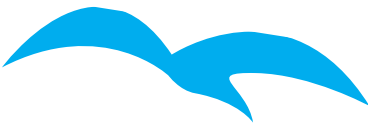
The following updates were made:

- Re-chapter update under Authority section
- Removed references to protocols P-110 and P-111, which are no longer in effect

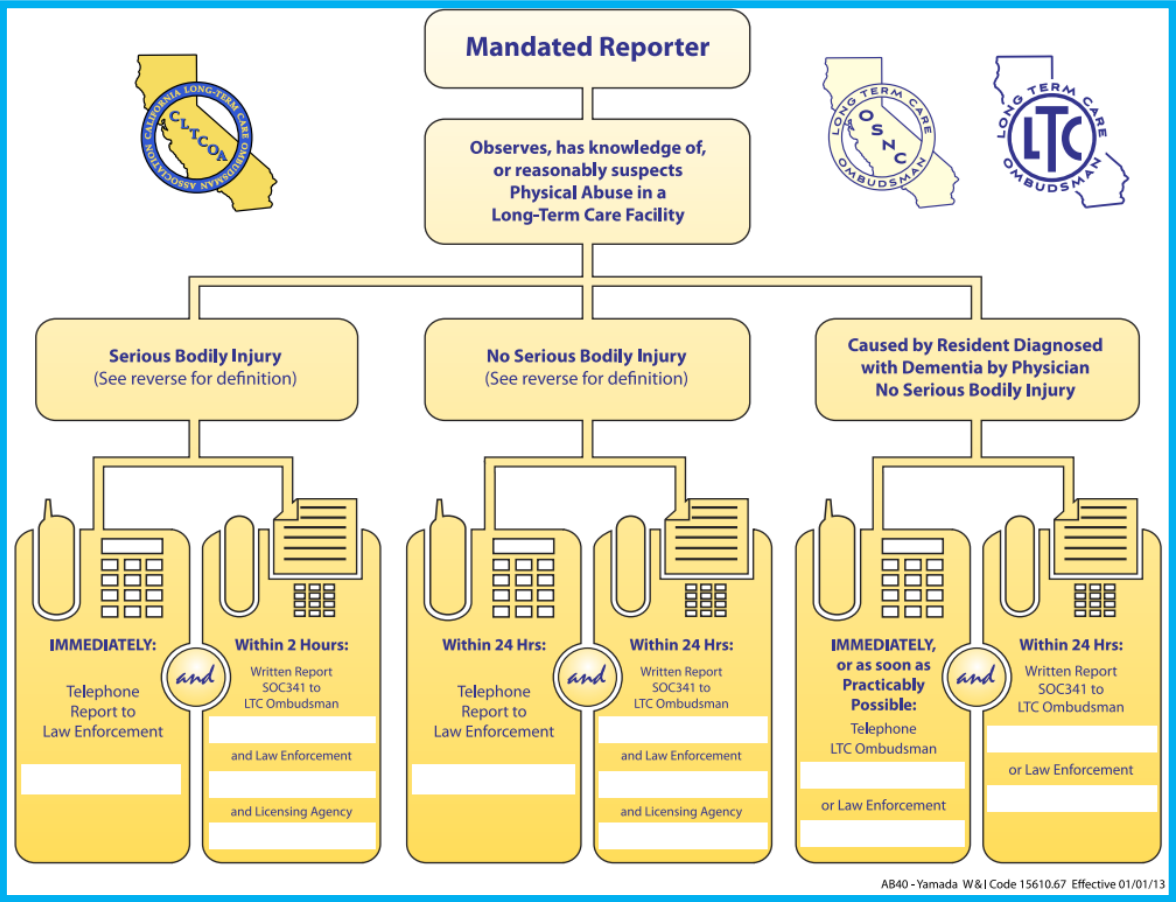
San Diego County Emergency Medical Services Office
Policy / Procedure / Protocol

- ~~1. Paramedic Treatment Protocol – CoSD EMS Policy P-110 “ALS Adult Standing Orders” Any adult or pediatric protocol listed as Standing Order (SO) or Base Hospital Order (BHO) within the approved County of San Diego EMS protocols~~
- ~~2. Paramedic Treatment Protocol – CoSD EMS Policy P-111 “Adult Standing Orders for Communication Failure”~~
- 3-2. Paramedic Treatment Protocol – CoSD EMS Policy P-405 “Communications Failure”
- 4-3. A report must be filed as specified in CoSD EMS Policy P-405A (Attachment A) “Communications Failure Form” should any patient receive ALS treatment in connection with a special assignment/mission when communication failure occurs.

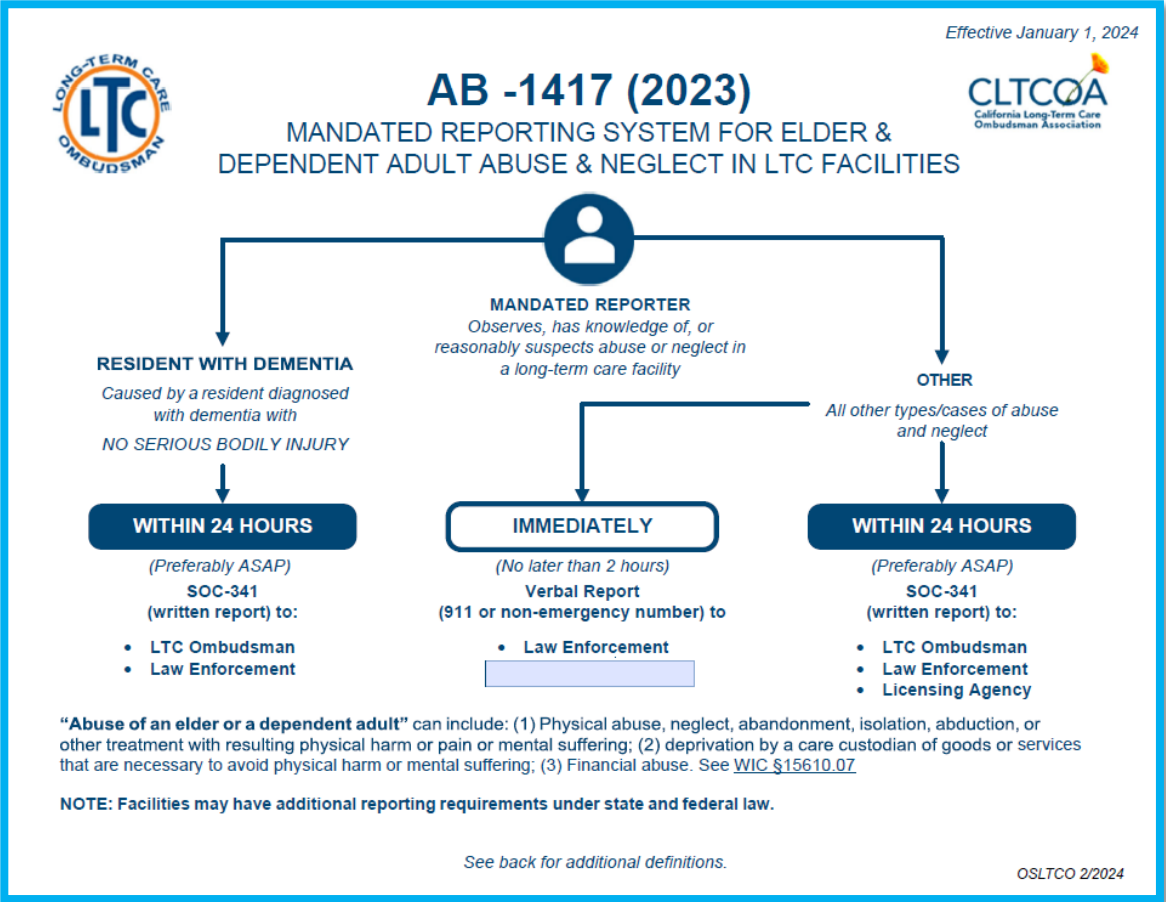
S-411A Mandated Reporter Flowchart



Current Version



Updated Version



S-412 Prehospital Treatment and Transportation of Adults - Refusal of Care or Suggested Destination, Release



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 PCCMdowngraded~~ 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.

The following updates were made:

- Replaced all instances of "downgrade" with "Patient-Centered Care Modification" or "PCCM"

S-601 Documentation Standards and Transferral of Prehospital Care Record (PCR) Information



 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	DATA COLLECTION	S-601
	DOCUMENTATION STANDARDS AND TRANSFERRAL OF PREHOSPITAL CARE RECORD (PCR) INFORMATION	
	Date: revised 7/4/2018 7/1/2025	Page 1 of 3

I. PURPOSE

To identify minimum patient documentation standards for transferral of prehospital patient information in order to meet state regulations, legal patient documentation requirements, enhance the continuum of care, and provide for Emergency Medical Services (EMS) system oversight and management. This policy reflects Assembly Bill 1129 Amendment to Health and Safety Code, Section 1797.227.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, and 1798; California Code of Regulations, Title 22, [Division 9, Chapter 3.3, Sections 100096.03 and 100097.01](#); ~~Sections 100170 and 100171~~; and California EMS System Core Quality Measures (~~EMSA #166—Appendix E~~).

The following updates were made:

- Re-chapter update under Authority section
- Removed reference to protocol P-140 and replaced with policy P-413

1. Each agency making patient contact shall complete a PCR which includes personnel from the agency who participated in that patient's case (assessment, treatment, advice, and/or transport).
2. Agencies may complete and electronically submit PCRs for non-patient response (e.g., call cancelled) for statistical analysis and quality by LEMSA.
3. In all incidents involving more than one patient, one form shall be completed for each patient, except when the County's mass casualty plan (Annex D) is activated (see CoSD EMS Policy [S-140-413](#) "Triage, Multiple ~~Patient Incident~~/Mass Casualty Incidents~~s~~, Annex D").
4. The PCR shall be completed in accordance with standards provided in the CoSD LEMSIS Data Dictionary to ensure Continuous Quality Improvement (CQI).
 - a. EMS personnel are encouraged to review their documentation and are responsible for PCRs to be complete and accurate.



Policies with Re-Chaptering

The following policies have re-chapter updates that become effective on July 1, 2025:

- S-011 EMT/Advanced EMT/Paramedic Disciplinary Process
- S-016 Patient Information/Confidentiality
- S-019 Cardiac Advisory Committee
- S-020 ST Elevation Myocardial Infarction Critical Care System Designation
- S-021 De-Designation of an ST Elevation Myocardial Infarction Critical Care System Center
- S-028 Stroke Critical Care System Designation
- S-029 Stroke Advisory Committee
- S-030 Extracorporeal Cardiopulmonary Resuscitation (ECPR) Critical Care System
- A-200 Air Medical Treatment Protocol Unified Scope of Practice for California
- P-301 Paramedic Training Program Requirements and Procedures for Approval/Reapproval
- P-303 Mobile Intensive Care Nurse Authorization/Reauthorization
- P-305 Paramedic Accreditation/Reaccreditation
- S-306 Designation of Authorized Emergency Medical Services Continuing Education Providers
- S-307 Continuing Education for Prehospital Personnel
- S-308 Public Safety First Aid Training Programs
- B-351 EMT Training Programs
- B-353 EMT Out-of-County Status
- B-360 Advanced EMT Training Programs S-400 Management of Controlled Substances for ALS Agencies
- P-401 Paramedic Scope of Practice
- S-402 Prehospital Determination of Death
- P-405 Communications Failure
- P-410 San Diego County Special Assignment Paramedic
- S-415 Base Hospital Contact/Patient Transportation and Report – Emergency Patients
- S-422 Application of Patient Restraints
- P-430 Special Assignment – Fireline Paramedic
- B-450 EMT Scope of Practice
- B-451 Advanced EMT Scope of Practice
- A-475 Air Medical Support Utilization
- S-476 Emergency Medical Services at Special Events
- S-601 Documentation Standards and Transfer of Prehospital Care Record (PCR) Information
- S-602 EMS Provider Data Submission Process
- S-603 System Management and Support During Downtime
- P-701 Paramedic Base Hospital Designation
- T-718 Public Information and Education on Trauma Systems
- P-801 Designation of Providers of Advanced Life Support Service
- S-837 Public Safety First Aid Optional Skills Provider Designation
- A-875 Prehospital EMS Aircraft Classification
- A-876 Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance
- A-877 Air Ambulance Service Provider Authorization

Regulation Re-Chaptering Example



 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL		P-410
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	Date: 7/1/2014 <u>7/1/2025</u>	Page 1 of 2	

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