



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

MEDICAL CONTROL

S-402

PREHOSPITAL DETERMINATION OF DEATH

Date: ~~7/1/2014~~ 7/1/2025

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

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.
- C. In multi-patient incidents where staffing resources are limited, Cardiopulmonary Resuscitation (CPR) need not be initiated for arrest victims. However, if CPR has been initiated prior to arrival of ALS personnel or briefly during assessment, discontinue only if one of the following occurs or is present:
1. Subsequent recognition of obvious death
 2. Per Base Hospital Physician Order (BHPO)

3. Presence of valid Do Not Resuscitate (DNR) Form/Order, Medallion/Advanced Health Care Directive or Physician Orders for Life-Sustaining Treatment (POLST) form indicating “DNR”
4. Lack of response to brief efforts in the presence of any other potentially salvageable patient requiring intervention

D. Except for signs of obvious death, if CPR has been initiated, BLS should be continued while contact is established with the Base Hospital.

1. Once the patient has been pronounced by the Base Hospital Physician, prehospital personnel shall discontinue resuscitation efforts and he/she may contact the Medical Examiner.
2. Prehospital personnel shall describe the incident and the patient’s condition on the PPR clearly stating the circumstances under which resuscitation efforts were terminated to include the name of the Base Hospital Physician who pronounced the patient and all available electrocardiogram (EKG) monitoring documentation.
3. Patients placed in an ambulance or undergoing ambulance transport in CPR status may be pronounced by a BHPO. Criteria to pronounce may include:
 - a. Medical futility
 - b. Latent discovery of a valid DNR
 - c. Development of obvious signs of death
 - d. Social concerns on scene, such as large gatherings, unattended children, highly visible public setting, sensitive family contacts, crew safety, or inclement weather, which may require transport of a patient who would otherwise be pronounced on scene
4. Disposition of patients pronounced in an ambulance:
 - a. Deliver the deceased to the closest appropriate Basic Emergency Facility (BEF) and have the deceased logged in as an Emergency Department (ED) patient
 - b. Turnover will be given to the ED staff (the PPR and all personal belongings will be left with the deceased)
 - c. The receiving facility will assume responsibility for the deceased and contact the Medical Examiner and Life Sharing Community Organ Donation, if appropriate, and provide any necessary social services for the family.

E. For patients with written POLST that documents do not resuscitate or signed “Do Not Resuscitate” orders, follow procedures as established in County of San Diego, Emergency Medical Services (CoSD EMS) Policy S-414 “Do Not Resuscitate (DNR)”.

F. Special Considerations

1. In cases of obvious death, a monitor need not be used to determine death.
2. If monitor is used, a patient with a rhythm other than asystole requires a BHPO for determination of death.

3. If victims of hypothermia, electrocution, lightning strike, or drowning do not meet obvious death criteria, determination of death requires a BHPO.
4. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated.

G. Aeromedical Considerations

1. It is not the responsibility of aeromedical prehospital personnel to pronounce the death of a patient in the prehospital care setting. However, there may be situations where the flight nurse is called upon to determine death on scene.
 - a. If, despite resuscitation efforts, the patient remains pulseless and apneic, the flight nurse may determine death on scene.
2. When a death has been determined, no BLS/ALS shall be initiated or continued.
 - a. The flight nurse is authorized to discontinue CPR or ALS care initiated at the scene.
 - b. The appropriate law enforcement agency must be notified.
 - c. In situations where no other EMS personnel or authorized personnel are available, the flight crew will remain on scene until released by law enforcement.
 - d. The flight crew will document on the PPR and the flight record the patient's name (if known), the criteria for determination of death, the time the death was determined, and resuscitation efforts discontinued.



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

SERVICE PROVIDER AGENCY

S-804

FIRST RESPONDER INVENTORY

Date: **7/1/2024**~~7/1/2025~~

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I. PURPOSE

To identify a standardized inventory on all first responder units.

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

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.

IV. POLICY

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

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	BLS FR	ALS FR	ALS WL	ALS FL PM
BASIC LIFE SUPPORT				
Ankle and Wrist Restraints	1 set	1 set	-	-
Automated External Defibrillator (with adult and pediatric defibrillator pads)	1	-	1	1
Personal Protective Equipment (masks, gloves, gowns, shields)	1 set per crew member	1 set per crew member	1 set per crew member	1 set per crew member
Disposable Gloves - non-sterile	1 box	1 box	1 box	1 box
Disposable Gloves - sterile	-	4 pairs	-	-
Goggles	-	-	2 pair	-
Oropharyngeal Airway				
• Oral Airway 40mm	1	1	1	1
• Oral Airway 60mm	1	1	1	1
• Oral Airway 80mm	1	1	1	1
• Oral Airway 90mm	1	1	1	1
• Oral Airway 100mm	1	1	1	1
• Oral Airway 110mm	1	1	1	1
Nasopharyngeal Airways				
• Nasal Airway 26mm	1	1	1	1
• Nasal Airway 28mm	1	1	1	1
• Nasal Airway 30mm	1	1	1	1
• Nasal Airway 32mm	1	1	1	1
• Nasal Airway 34mm	1	1	1	1
• Nasal Airway 36mm	1	1	1	1
Water Soluble Lubricant	1	1	1	5
Oxygen Cylinder – Portable (D or E) (with 1 regulator and 1 wrench)	2	2	2	-
Bag-Valve-Mask w/Reservoir and Clear Resuscitation Mask				
• Adult	1	1	1	1
• Pediatric	1	1	1	-
• Infant (mask)	1	1	1	-
• Neonate (mask)	1	1	1	-
Oxygen Administration Mask				
• Adult	2	4	2	-
• Pediatric	1	2	1	-
• Infant	1	1	1	-
Nasal Cannula (Adult)	2	2	-	-
Handheld Nebulizer	-	-	-	2
Oxygen Powered Nebulizer				
• Adult	1	1	1	-
• Pediatric	1	1	1	-
Sterile Saline (for nebulizer)	2	2	2	-
Oxygen Saturation Monitoring Device				
• Adult Probe	O	1	1	O
• Pediatric/Infant	O	1	1	O
Portable Suction Equipment (30 L/min, 300 mmHg) OR Manual Suction Device (70 L/ min 170-380 mmHg)	1	1	1	1

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	BLS FR	ALS FR	ALS WL	ALS FL PM
• Suction Catheter - Tonsil Tip (Yankauer)	2	2	1	1
• Suction Catheter (5)	1	1	1	1
• Suction Catheter (6)	1	1	-	-
• Suction Catheter (8)	1	1	-	-
• Suction Catheter (10)	2	1	-	1
• Suction Catheter (12)	1	1	-	-
• Suction Catheter (18)	2	1	-	-
• Suction Tubing	1	1	-	-
Bandaging Supplies				
• 4" Sterile Bandage Compress	6	6	6	6
• 3x3 or 4x4 Gauze Pads (non-sterile)	4	4	4	4
• 2", 3", 4", or 6" Roller Bandage	6	6	4	2
• Coban Wraps/Ace Bandage	0	0	0	2
• 1", 2", or 3" Adhesive Tape	2	2	2	2
• 1" Tape, Cloth	0	0	0	2
• 10" x 30" (or larger) Universal Dressing	2	2	2	4
• Petroleum Dressing	2	2	2	2
• Triangular Bandage	2	2	2	2
• Burn Sheet (or equivalent)	0	0	0	2
• Band Aids Adhesive bandage	5	5	5	-
Trauma Shears	1	1	1	1
Cold Packs	2	2	2	3
Warming Packs (not to exceed 110 degrees F)	2	2	2	2
Pneumatic or Rigid Splint	1	1	1	1
Spinal Immobilization Devices with Straps/Tape	1	1	1	-
Head Immobilization Device	1	1	1	-
Cervical Collars (rigid)				
• Adult	2	2	1	1
• Pediatric (small, medium, large)	2	2	1	-
• Infant	2	2	1	-
Traction Splint				
• Adult (or equivalent)	1	1	1	-
• Pediatric (or equivalent)	1	1	1	-
Tourniquet (County-approved type ¹)	2	2	2	2
MCI Triage Tags and/or Ribbon Kits	1	1	1	1
Obstetrical supplies to include:				
• Sterile Gloves, Umbilical Tape or Clamps, Dressings, Head Coverings, ID Bands, Towels, Bulb Syringe, Sterile Scissors or Scalpel, Clean Plastic Bags	1	1	1	-
Blood Pressure Manometer and Cuff				
• Adult	1	1	1	1
• Pediatric	1	1	1	-
• Infant	1	1	1	-
Stethoscope	1	1	1	1

¹ San Diego County EMS Office approves the [Committee for Tactical Combat Casualty Care \(CoTCCC\) list of recommended tourniquets \(limb non-pneumatic/limb pneumatic\)](#).

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Blood Glucose Monitoring Device & Supplies	1	1	1	1
	BLS FR	ALS FR	ALS WL	ALS FL PM
Penlight	1	1	1	1
Thermometer	1	1	1	1
Razor	1	1	1	1
Blanket	2	2	2	2
Eye Wash (1 bottle)	1	1	1	1
Clear Disposable Trash Bag	1	1	-	-
Biohazard Trash Bag	1	1	1	2
Sharps Container (OSHA approved)	1	1	1	1
EMS Radio	1	1	1	-
Chest Seals	0	2	0	0
Hemostatic Gauze ²	02	2	02	02
Metronome (or equivalent device)	0	-	-	-
Mechanical Compression Device	0	0	0	-
Splinter Kit	-	-	-	1

ADVANCED LIFE SUPPORT

Airway Adjuncts

Quantitative End Tidal CO2 Monitor	-	1	1	1
Pediatric End Tidal CO2 Detection Device (if capnography not equipped to read EtCO2 in patients weighing <15kgs)	-	2	2	-
CPAP Equipment	-	1	-	-
ETT Adapter (nebulizer)	-	1	-	-
Endotracheal Tubes				
• ETT Size 5.0	-	1	1	-
• ETT Size 5.5	-	1	1	-
• ETT Size 6.0	-	1	1	1
• ETT Size 6.5	-	1	1	-
• ETT Size 7.0	-	1	1	-
• ETT Size 7.5	-	1	1	1
• ETT Size 8.0	-	1	1	-
Supraglottic Airway (i-gel: sizes 3, 4, 5) OR Retroglottic Airway (King Airway: sizes 3, 4, 5)	-	1 each	1 each	1 each
Laryngoscope - handle	-	2	1	1
Video Laryngoscope (recording capabilities preferred)	-	0	0	-
Laryngoscope Blades				
• Straight – Size 0	-	1	1	-
• Straight – Size 1	-	1	1	-
• Straight – Size 2	-	1	1	-
• Straight – Size 3	-	1	1	-
• Straight – Size 4	-	1	1	1
• Curved – Size 0	-	1	1	-
• Curved – Size 1	-	1	1	-
• Curved – Size 2	-	1	1	-

² The active hemostatic agent must be incorporated into the gauze (loose granules or granules delivered in an applicator, or particles sprinkled into the wound, are not authorized). The active hemostatic agent must not be exothermic (heat producing) upon contact with the wound.

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• Curved – Size 3	-	1	1	-
	BLS FR	ALS FR	ALS WL	ALS FL PM
• Curved – Size 4	-	1	1	1
Magill Tonsil Forceps – small and large	-	1 each	1 each	-
Stylet – 6 and 14 french, Adult	-	1 each	1 each	-
Bougie	-	1	1	-
Nasogastric Intubation Tubes (5, 6, 8, 10, 12, 14, 18 and one of the following: 10 or 12)	-	1 each	1 each	-
ETT Securing Device	-	1	1	1
Vascular Access/Monitoring Equipment				
IV Administration Sets				
• Macro drip (2 must be vented if using acetaminophen vials)	-	2	1	2
• Micro drip OR • Multi-drip chambers	-	1	1	-
Saline Lock	-	1	1	-
IV Tourniquets	-	2	2	2
Needles				
• IV Cannula – 14 gauge	-	2	2	2
• IV Cannula – 16 gauge	-	2	2	2
• IV Cannula – 18 gauge	-	2	2	2
• IV Cannula – 20 gauge	-	2	2	2
• IV Cannula – 22 gauge	-	2	2	-
• IV Cannula – 24 gauge	-	2	2	-
• IM – 21 gauge x 1 inch	-	3	2	4 ³
• Filter Needles	-	2	1	O
• Angiocath for Needle Decompression – 14 gauge, 3.25 inches	-	2	1	1
• IO – Jamshidi-type (or approved device) Needle – 18 gauge	-	2	2	-
• IO – Jamshidi-type (or approved device) Needle – 15 gauge	-	2	2	-
OR				
• IO Power Driver w/ Appropriate IO Needles:				
o 15 mm (3-39 kg)	-	2	2	-
o 25 mm (40 kg and greater)	-	2	2	-
o IO Needle Stabilization Device	-	1	1	-
Syringes				
• 1 mL	-	2	1	2
• 3 mL	-	2	1	O
• 10 mL	-	2	1	2
• 20 mL	-	2	1	O
• 60 mL	-	1	1	O
Alcohol Preps	O	6	6	6
VeniGuard	-	2	2	2
Betadine Swabs	-	4	4	4
Cardiac Monitor/Defibrillator (with 12-lead EKGECG , transmission and pacing capability, oxygen saturation monitoring, capnography (quantitative), metronome)	-	1	O	O
• Capnography cannula	-	2	O	O

³ IM – 21 gauge x 1 inch may be substituted with 18 and/or 25 gauge needle, per FIREScope.

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• Capnography mainstream	-	2	0	0
	BLS FR	ALS FR	ALS WL	ALS FL PM
Defibrillator Pads				
• Adult	-	1	0	0
• Pediatric	-	1	0	0
EKG-ECG Electrodes	-	1 box	0	0
Carboxyhemoglobin Monitor	-	0	-	-
Other Equipment				
Length Based Resuscitation Tape (LBRT)	-	1	1	-
Mucosal Atomizer Device (MAD)	-	2	2	2
Pediatric Drug Chart (laminated)	-	1	1	-
Standing Orders Protocol (laminated)	-	1	1	-
Fireline Paramedic Pack Inventory Sheet	-	-	-	1
Patient Care Records (when ePCR not available)	-	-	-	6
Agency AMA Form (when ePCR not available)	-	-	5	3
Narcotics Storage System	-	1	1	1
Pad, Writing	-	-	-	1
Pen and Pencil	-	-	-	1
Replaceable Medications				
Acetaminophen – 1000 mg/100 mL (requires vented tubing if using vials)	-	1	1	-
Adenosine – 6 mg/2 mL vial	-	5	-	5
Albuterol – 2.5 mg/3 mL 0.083% or MDI	-	6	6 or 1 MDI	1 MDI
Amiodarone – 150 mg/3 mL (with normal saline 100 mL bag)	-	0	-	0
ASA, chewable – 80 mg	-	6	6	20
Atropine sulfate – 1 mg/10 mL	-	2	2	2
Atropine sulfate – 8 mg/20 mL (0.4 mg/1 mL)	-	2	-	-
Calcium chloride – 1 gm/10 mL	-	1	-	-
Charcoal, activated (no sorbitol) – 50 gm	-	1	0	-
Dextrose, 50% – 25 gm/50 mL	-	10	10	1
Dextrose, 10% – 25 gm/250 mL	-	12	01	-1
Diphenhydramine hydrochloride – 50 mg/1 mL	-	1	1	4
Epinephrine auto-injector, adult – 0.3 mg	1	0	0	0
Epinephrine auto-injector, pediatric – 0.15 mg	1	0	0	0
Epinephrine 1:1,000 – 1 mg/1 mL	-	2	2	4
Epinephrine 1:10,000 – 1 mg/10 mL	-	4	3	2
Glucagon – 1 unit (mg)/1 mL	-	1	1	1
Glucose paste/tablets (15 g tube or 3 tabs)	1	1	1	1
Ipratropium bromide – 0.5 mg/2.5 mL	-	2	2	0
Ketamine – 500 mg/10 mL (with normal saline 100 mL bag)	-	1	0	0*
Levalbuterol – 1.25 mg/3 mL (adults and pediatrics ≥12 years) and 0.31 mg/3 mL (pediatrics ≥6 and <12 years)	-	0	0	0
Lidocaine hydrochloride (preservative-free) – 100 mg/5 mL (2%)	-	2	0	0
Midazolam – 5 mg/1 mL	-	2	2	4*
Morphine sulfate (injectable) – 10 mg/ 1 mL				
OR				
Fentanyl citrate – 100 mcg/2 mL	-	2	2	6*
(units may carry morphine <u>or</u> fentanyl, but <u>not</u> both)				

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Naloxone hydrochloride – 2 mg/2 mL	-	2	2	2
	BLS FR	ALS FR	ALS WL	ALS FL PM
Naloxone hydrochloride – 4mg nasal spray preloaded single-dose device OR Naloxone hydrochloride –2mg/2 mL w/ MAD	1	O	O	O
Nitroglycerin – 0.4 mg (1 container)	-	1	1	1
Ondansetron (injectable) – 4 mg/2 mL	-	1	1	4
Ondansetron (PO/ODT) – 4 mg	-	1	1	4
<u>Ringer's lactate solution⁴</u>	-	<u>O</u>	<u>O</u>	<u>O</u>
Sodium bicarbonate – 50 mEq/50 mL	-	1	-	-
Tranexamic acid – 1 gm/10 mL	-	1	1	1
IV Solutions				
• Normal saline – 1,000 mL bag	-	2 ⁵	2 ⁵²	1 ⁵²
• Normal saline – 500 mL bag	-	O	O	O
• Normal saline – 250 mL bag	-	2	-	-
• Normal saline – 50 mL bag or 100 mL bag	-	1	1	O

Note: Items with “O” are optional

⁴ With the exception of amiodarone and ketamine, medications listed in P-401 may be infused with Ringer's lactate solution during periods when normal saline fluid is in shortage. This substitution shall be on a one-for-one basis, i.e., a protocol treatment of 250 mL normal saline fluid bolus may be replaced with a 250 mL Ringer's lactate fluid bolus.

⁵ Inventory must be configured with combinations of 1,000 mL, 500 mL, or 250 mL bags.

* Fireline paramedics may carry an inventory of controlled substances (e.g., fentanyl and midazolam) if authorized by the employing agency's Medical Director. The authorizing Medical Director is responsible to ensure full compliance with all federal and state laws relating to purchase, storage, and transportation of controlled substances. Only controlled substances approved for use in the incoming paramedic's county may be carried and their use must be in accordance with that county's Local EMS Agency treatment protocols.

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