



EMS Medical Director Report

Emergency Medical Care Committee

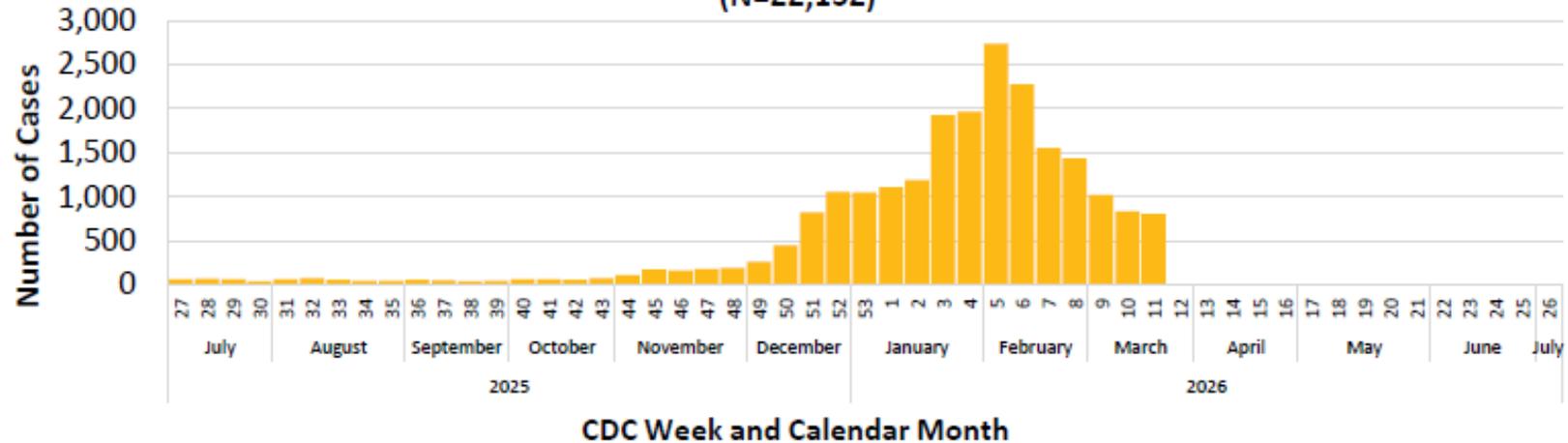
March 26, 2026



Flu Season Almost Over!

Respiratory Virus Surveillance Report (March 26, 2026)

Figure 1.2. San Diego County **Influenza** Cases
(N=22,152)



[San Diego County Respiratory Virus Surveillance Report \(March 19\)](#)

Health Officer Flu Order



Influenza Season
Nov 1 to Mar 31



During flu season, unless vaccinated, healthcare personnel—including **EMS professionals**—must wear a mask when involved in patient care

[Healthcare Personnel Flu Season Health Officer Order \(Evergreen\)](#)

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF
ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1261
(619) 531-5800 • FAX (619) 542-4186

ELIZABETH A. HERNANDEZ, PhD
DIRECTOR
SAYONE THIHALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

ORDER OF THE HEALTH OFFICER (Masking or Vaccination of Healthcare Personnel During Annual Influenza Season)

Persons with chronic medical conditions, infants and children, seniors, and pregnant women are at greater risk for severe influenza-related illnesses and deaths. All healthcare personnel are at risk for both contracting influenza and transmitting the virus to their vulnerable patients. Patients in healthcare facilities are especially vulnerable to influenza.

Masking and/or vaccination of healthcare personnel protects patients and reduces employee absenteeism during influenza season. Since 2014, the Health Officer of the County of San Diego (Health Officer) has mandated masking in healthcare settings and for healthcare professionals during annual influenza seasons, unless they have received a current influenza vaccine by November 1, 2025.

The Health Officer therefore ORDERS pursuant to California Health and Safety Code section 120175:

1. Healthcare personnel in licensed acute care hospitals, ambulatory and community clinics, emergency medical service agencies, long-term care and skilled nursing facilities, and private physician practices are to wear a mask for the duration of influenza season while in contact with patients or working in patient care areas.
2. For purposes of this Order, "healthcare personnel" are all persons, including paid and unpaid employees, contractors, students, and volunteers, who work in areas where patient care is provided in a licensed or unlicensed facility, or who, otherwise, have direct contact with patients.
3. Healthcare personnel with an up-to-date seasonal influenza vaccination are exempt from this Order.
4. This Order supersedes any prior Order regarding this subject and shall remain in effect for this influenza season, and every year thereafter unless otherwise rescinded or superseded by the Health Officer.

IT IS SO ORDERED.

Sayone Thihalolipavan, MD, MPH
Public Health Officer
County of San Diego

Dated: October 30, 2025

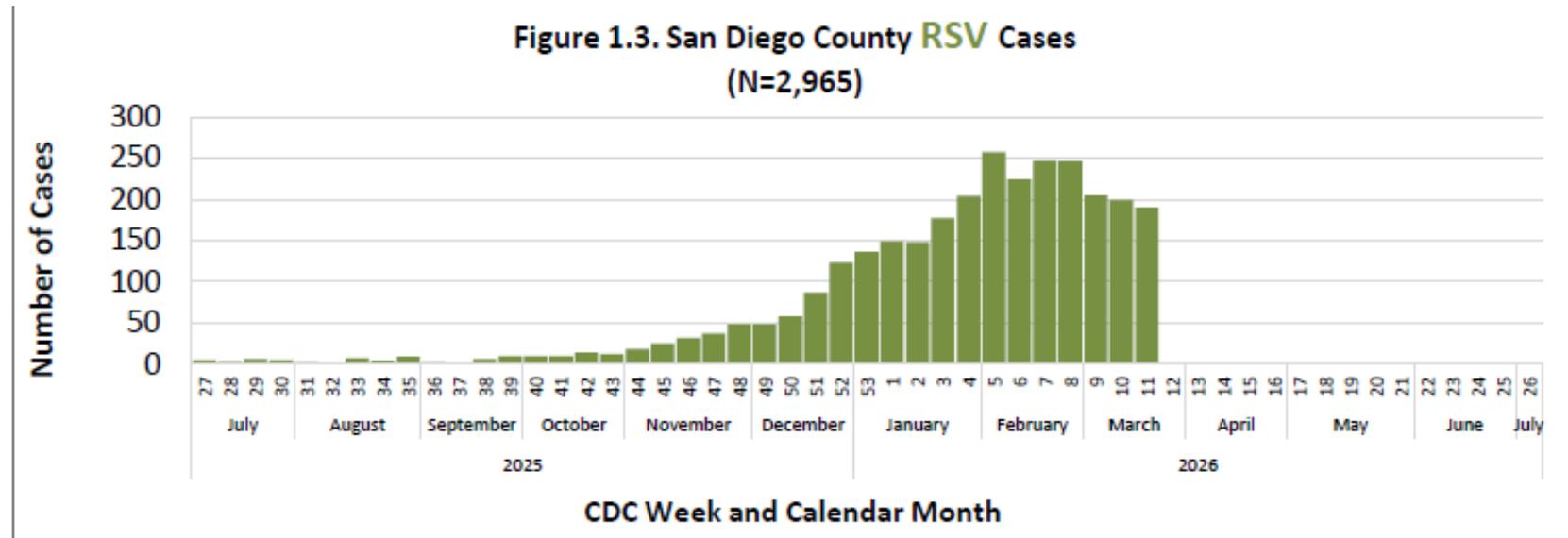
Resources – For additional information, visit:

- www.sandiegocounty.gov/respiratoryviruses
- [Influenza Prevention: A Guide for Healthcare Personnel](#)

Questions may be directed to the County of San Diego Immunization Unit at (866) 358-2966 or email to izinfo.hhsa@sdcounty.ca.gov.

Respiratory Syncytial Virus

Respiratory Virus Surveillance Report (March 26, 2026)



[San Diego County Respiratory Virus Surveillance Report \(March 19\)](#)

Respiratory Syncytial Virus

RSV Monoclonal Antibody Infant Immunization

- RSV season started late
- Viral activity remains high in San Diego
- **Adults aged 50 and older**
 - **Speak with your doctor about vaccination**
- Eligible infants and young children
 - Monoclonal antibody products
 - RSV immunization **extended through April 30**



To: CAHAN San Diego Participants
Date: March 12, 2026
From: Public Health Services

Health Alert: CDPH Recommends Immunizing Infants with RSV Monoclonal Antibodies through April 2026

Key Messages

- Respiratory Syncytial Virus (RSV) transmission is continuing throughout California. In [San Diego County](#), the 2025-2026 RSV season started late and RSV activity remains elevated. For the week ending March 7, 2026, RSV test positivity was 8% among all ages.
- The California Department of Public Health (CDPH) issued a [health alert](#) on March 10, 2026, extending RSV immunization of eligible infants and young children with RSV monoclonal antibody products through April 30, 2026.
- The Vaccines for Children (VFC) program provides nirsevimab and clesrovimab at no cost for providers immunizing children who are: Medi-Cal eligible, uninsured, underinsured, and American Indian/Alaska Native.
- Under [AB144](#), California regulated health plans are required to cover RSV immunization based on CDPH guidance.

Actions Requested

1. **Continue** RSV immunization with RSV antibody products for another month, through April 30, 2026, to:
 - a. All infants aged 0 through 7 months, within 1 week of birth, ideally during the birth hospitalization or as soon as possible after discharge (unless prenatal RSV immunization occurred between 32 through 36 weeks of gestation and at least 14 days before delivery).
 - i. Nirsevimab or clesrovimab are recommended.
 - b. Children aged 8 through 19 months at [high risk](#) of severe RSV.
 - i. Only nirsevimab is recommended.

Resources

- American Academy of Pediatrics (AAP): [RSV Immunization Administration](#)
- CDPH: [California Respiratory Virus Dashboard](#)
- CDPH: [Immunization Recommendations](#)
- CDPH: [RSV Toolkit](#)
- COSD: [Respiratory Viruses Surveillance](#)

Thank you for your participation.

CAHAN San Diego

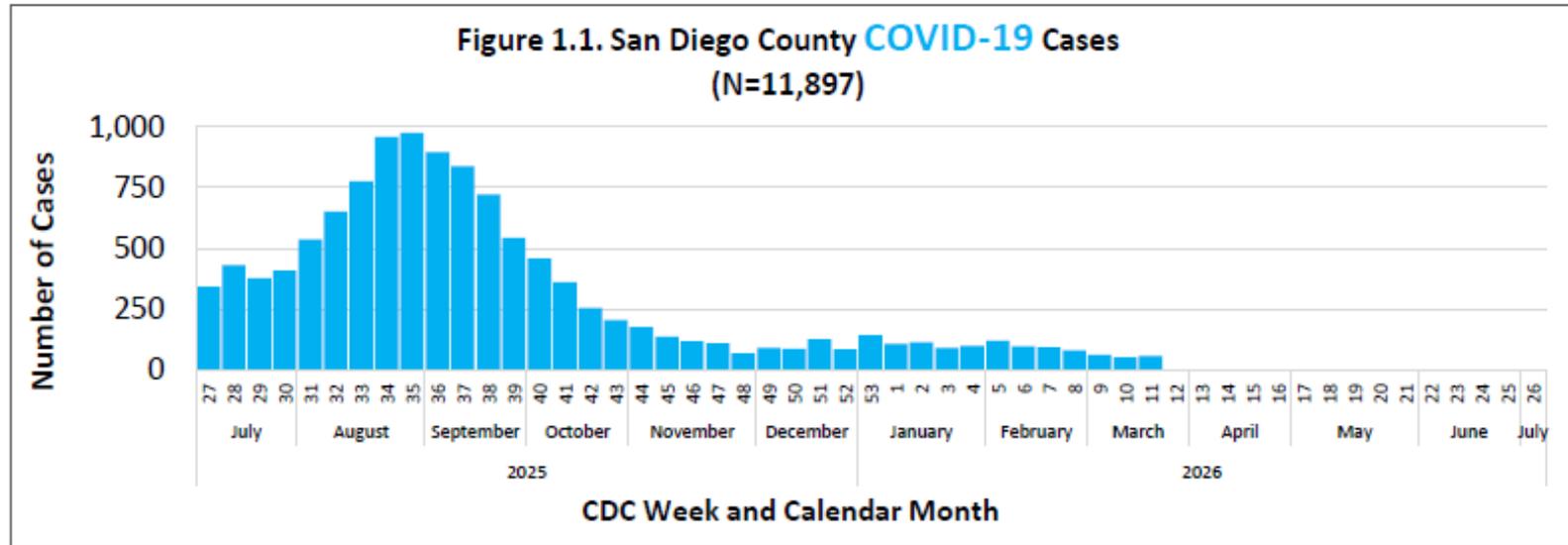
County of San Diego Health & Human Services Agency
Phone: (619) 692-8499; Fax: (858) 715-6458
E-mail: cahan@sdcounty.ca.gov
Public Website: <http://www.cahansandiego.com>

Epidemiology and Immunization Services Branch
Urgent Phone for pm/weekends/holidays: (858) 565-5255
Secure Website: <https://cahan.ca.gov>



COVID-19

Respiratory Virus Surveillance Report (March 26, 2026)



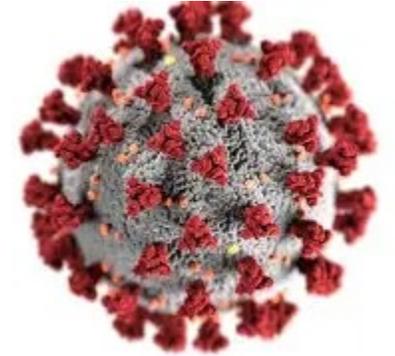
[San Diego County Respiratory Virus Surveillance Report \(March 19\)](#)



COVID-19

New Variant Detected in the US

- BA.3.2 new lineage, highly-mutated variant
 - Reported ≥ 23 countries
 - 25 US states (wastewater surveillance)
- First identified in South Africa (November 2024)
- Spike protein mutations
 - **Could reduce protection from vaccine or infection**
- [CIDRAP Report on New BA.3.2 Variant](#)
- [CDC MMWR on New SARS-CoV-2 Lineage \(BA.3.2\)](#)



Long COVID

A good reason to be up-to-date on vaccinations

- COVID-19 reinfection results in ~35% increase in the incidence of Long COVID
- What's the best way to avoid Long COVID?

What is "Long COVID"?

A proportion of COVID-19 patients experience lingering symptoms for weeks to months following acute COVID-19 infection.

Common symptoms include:

- Fatigue
- Shortness of breath
- Cognitive dysfunction
- Headache

Such may affect daily life functioning.

The infographic features a central question mark in a speech bubble, a doctor character on the right, and four circular icons representing the symptoms: a person sleeping for fatigue, a person coughing for shortness of breath, a person with question marks for cognitive dysfunction, and a person holding their head for headache.



Rashes can look similar

Which one is Measles, Mpox, Ebola?



Measles

First 2026 Case in San Diego County

County Notifying People Potentially Exposed to Measles from Adult Out-of-State Traveler



[Measles potential exposure \(SD County News Story\)](#)

Measles

Healthcare Workers (Including EMS Clinicians)

Exposure March 11 at Sharp Memorial (March 25 is Day 15)

- Incubation period 7 to 21 Days
 - No secondary cases in San Diego, to date
 - BOLO !!
- If can only prove presumptive immunity, e.g., born before 1957
 - No quarantine, but **excluded from work until can proof immunity via titers**
- No documentation/unknown immune status, **without** presumptive immunity
 - Quarantine from **Day 5** to Day 21 (Day 7 for non-healthcare workers)
 - *Unless* receive PEP before Day 7 post exposure

County Public Health Recommendation for EMS Clinicians

- Request primary care provider document your MMR vaccination in CAIRS
 - avoids exclusion from work while determining immune status



System Stress

Health Services Capacity Plan Level 5 (Baseline Surveillance)



JEFF COLLINS
DIRECTOR
San Diego County Fire
(619) 339-0283

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ANDREW (ANDY) PARR
EMS ADMINISTRATOR
Deputy Director, Departmental Operations
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March 12, 2026

TO: Health Services Capacity Task Force

FROM: Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS
Marlena Montgomery, MSN, MBA, RN

ALL-HAZARD HEALTH SERVICES CAPACITY MANAGEMENT PLAN LEVEL DE-ESCALATION TO LEVEL 5 BASELINE SURVEILLANCE

Effective immediately, after consultation with the Health Services Capacity Task Force (HSCTF), the All-Hazard Health Services Capacity Management Plan activation level has de-escalated from Level 4 Enhanced Surveillance to Level 5 **Baseline Surveillance**. Over the last several weeks, metrics have indicated increased levels of stability in the healthcare delivery system.

County staff continue to closely monitor the continuum of care for signs of increased system stress and the need to escalate to a higher plan level. As contemplated in the Capacity Plan, various tools may be deployed as needed.¹

Masking and other protective mitigation practices should be employed in appropriate settings to reduce the risk of additional patient surges and to protect our workforce. Being up to date on vaccinations and boosters against COVID-19, influenza, and measles is strongly encouraged.

The HSCTF Operational Group remains engaged to monitor for all-hazard threats to the healthcare infrastructure. Sector representatives provide important updates, facilitate information sharing, and recommend coordinated plan actions to optimize healthcare delivery countywide. Thank you to all Health Services Capacity Task Force members for your ongoing service to our county's residents and visitors.

CC: Jennifer Tuteur, MD, FAAFP, Chief Medical Officer
Sayone Thihalolipavan, MD, MPH, Public Health Officer
Jeff Collins, Director
Andy Parr, EMS Administrator

¹ Active system stress tools are [posted on the San Diego County EMS webpage](#).

- Plan is “*all hazard*”
 - Infectious diseases, disasters, labor actions, cyberattacks, fires, heat waves, supply chain disruptions, drug shortages
 - No-notice, with notice, prolonged, time-limited
- March 12
 - Lowered from “Enhanced” to “**Baseline Surveillance**”
 - A new normal?



Quarterly State EMS Meetings



Orange County

EMDAC March 17

EMS Commission March 18

- National Pediatric Readiness Project
- Regulations
 - Chapter 6 (Specialty Care)
 - DEA Final Rule



**GOVERNOR
GAVIN NEWSOM**

FOR IMMEDIATE RELEASE

Thursday, September 11, 2025

Governor's Press Office: (916) 445-4571

Governor Newsom announces appointments

SACRAMENTO – Governor Gavin Newsom today announced the following appointments:

David Duncan, of Penryn, has been appointed to the Emergency Medical Services Commission. Duncan has been Medical Director at El Dorado County Emergency Medical Services since 2021. He was Director of the Emergency Medical Services Authority from 2019 to 2021. Duncan was a Staff Emergency Physician at the Mather Veterans Affairs Emergency Department from 2016 to 2019. He was Executive Medical Officer and Medical Director at Air Medical Group Holdings/REACH Air Medical Services from 2008 to 2019. Duncan was Medical Director at California Department of Forestry and Fire Protection from 2010 to 2019. He was Medical Director at Placer County Corrections from 2005 to 2020. Duncan was a Staff Emergency Physician at Sierra Nevada Memorial Hospital from 1995 to 2015. He was a Staff Emergency Physician at Mercy San Juan Hospital from 1996 to 1999. Duncan was a Staff Emergency Physician at University of California, Davis from 1994 to 1996. He is Member of the American Medical Association. He earned a Doctor of Medicine degree from University of California, San Diego and a Bachelor of Science degree in Human





National Pediatric Readiness Project



Supported by:



EMSC
Emergency Medical
Services for Children

ENA
EMERGENCY NURSES
ASSOCIATION

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



 American College of
Emergency Physicians®

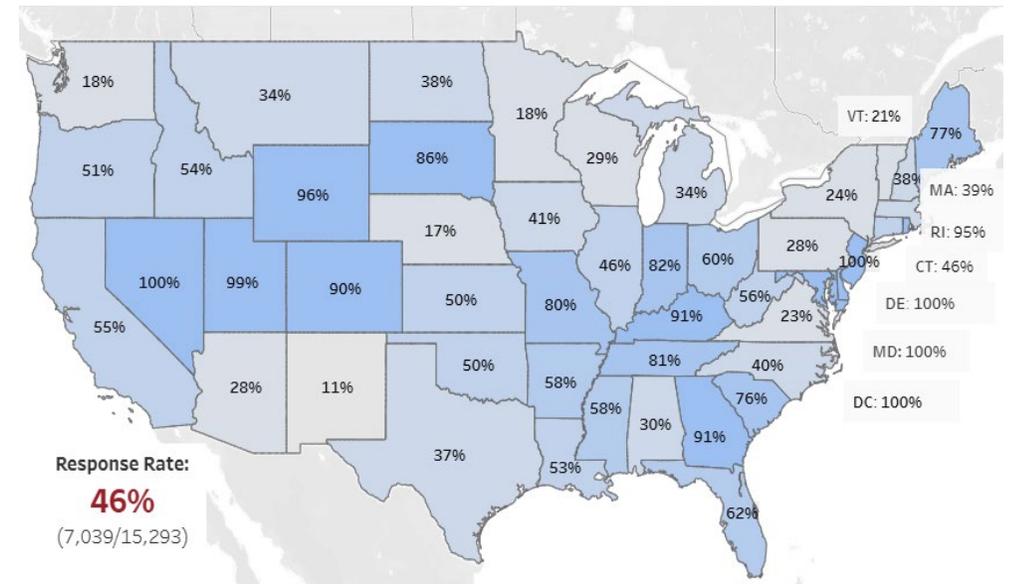


National Prehospital Pediatric Readiness Project

National **Prehospital** Pediatric Readiness Project (NPPRP)

- Nationwide Assessment: From May 1 – July 31, 2024 ([National PREHOSPITAL Pediatric Readiness Project](#))
- *First national assessment* of pediatric readiness in EMS
- Response Rates
 - National: 46% (6,989 agencies)
 - California: 55%
 - **Local: 91%**
- KUDOS to our San Diego EMS Agencies!!

National Participation 7,039 EMS Agencies/Fire-Rescue Services



National Prehospital Pediatric Readiness Project Results Published

ARTICLE IN PRESS

PEDIATRICS/ORIGINAL RESEARCH

The National Pediatric Prehospital Readiness Project: First Comprehensive Assessment of United States Emergency Medical Services Agencies

Kathleen M. Adalgais, MD*; Katherine E. Remick, MD; Hilary A. Hewes, MD; Rachel Crady, MPH; Rachael Alter, BA; Marianne Gausche-Hill, MD; Patricia Schmuhi, BA; Andrea L. Genovesi, MA; Manish I. Shah, MD

*Corresponding Author. E-mail: Kathleen.adalgais@childrenscolorado.org.

Study objective: The National Prehospital Pediatric Readiness Project aims to optimize pediatric out-of-hospital care by emergency medical services (EMS). The current report details the findings of the first national assessment of pediatric readiness among US EMS agencies.

Methods: We performed a cross-sectional study of data collected from 911-responding EMS agencies in the United States via a scored web-based survey developed based on national guidelines for out-of-hospital care. The survey contained 207 questions across 8 domains of out-of-hospital readiness: education, equipment, safety, family-centered care, pediatric coordination, interaction with systems, policies, and quality improvement. The primary outcome was the Prehospital Pediatric Readiness Score (range 0-100); secondary outcomes were median domain scores and the effect of a pediatric emergency care coordinator on scores.

Results: Overall, 6,989/15,293 (46%) agencies responded; 2,661 (38%) reported having a pediatric emergency care coordinator. Median Prehospital Pediatric Readiness Score was 65.5 (interquartile range [IQR] 50.9 to 78.8). Domain scores were highest for equipment (median 12.0, IQR [12 to 12], range 0 to 12), policies (11.5, IQR [10 to 12], range 0 to 13), and safety (11.5, IQR [7 to 14], range 0 to 14) and lowest for family-centered care (5.8, IQR [2 to 8], range 0 to 10), quality improvement (5.7, IQR [3 to 9], range 0 to 12), and interactions with systems (4.9, IQR [3 to 7], range 0 to 10). Presence of a pediatric emergency care coordinator was associated with a perfect score in all domains.

Conclusion: A national assessment of EMS agencies revealed strengths and gaps in pediatric readiness. Pediatric emergency care coordinators are associated with higher readiness scores. Future work should address barriers to pediatric readiness and the effect of higher readiness on patient outcomes. [Ann Emerg Med. 2026;■:1-10.]

Please see page XX for the Editor's Capsule Summary of this article.



[Annals of Emergency Medicine Publication on First EMS Agency Assessment of Pediatric Prehospital Readiness](#)



National Pediatric Readiness Project

Goal: 100% ED Survey Completion

2026 National Pediatric Readiness Project (ED Survey)

- National Pediatric Readiness Project (**NPRP**)
- Nationwide survey open from **March 3 – May 31, 2026**
- Each Emergency Department Completes One Survey
 - Identify new gaps and opportunities for improvement
 - Track progress since 2024 assessment
 - Benchmark to updated national standards
 - Contribute to life-saving research and policy
- Why should we participate?
 - High readiness for critically ill pediatric patients associated with **~76% reduced mortality risk**

California Specialty Services Regulations (Chapter 6 Regs)

- Regulatory package disapproved by Office of Administrative Law (OAL)
 - Administrative Procedure Act (procedural/clarity requirements)
- EMSA revising package to address (120 days to resubmit)
- EMSA will re-notice the updated language soon
 - **15-day public comment period**
 - Goal: return to June EMS Commission
- [HSC, Div 2.5 Emergency Medical Services, Chapter 6. Facilities \[1797.100-1797.183\]](#)
 - [CCR Title 22, Division 9, Prehospital Emergency Services, Chapter 6, Specialty Services](#)
 - Chapter 6.1 **Trauma Care Systems**
 - Chapter 6.2 **ST-Elevation Myocardial Infarction Critical Care System**
 - Chapter 6.3 **Stroke Critical Care System**
 - Chapter 6.4 **Emergency Medical Services for Children**



DEA Final Rule

Effective March 9, 2026

- [2026 DEA Final Rule - 2017 PPAEMA](#)
- Protecting Patient Access to Emergency Medications Act 2017 (PPAEMA)
- Paramedics administering controlled substances are required to document the *last name* or *initials* of the “Medication Authorizing Physician”
- **Documentation Standards**
 - Standing Order:
 - “Koenig” or KK”
 - BHO, BHPO, or BHP EPE:
 - Base Hospital Physician “last name” or “initials”
- LEMSIS PCR updated to include new data element for “Medication Authorizing Physician” (**eMedications.12**)





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March 6, 2026

NEWLY PUBLISHED DEA REGULATIONS, EFFECTIVE MARCH 9, 2026
PARAMEDIC DOCUMENTATION GUIDANCE WHEN ADMINISTERING CONTROLLED SUBSTANCES

The Drug Enforcement Administration (DEA) issued the [final rule](#) implementing the Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA). This rule codifies the statutory framework established by PPAEMA and sets regulatory standards for registered emergency medical services (EMS) agencies under 21 CFR Parts 1300, 1301, 1304, 1306, and 1307. **The final rule takes effect March 9, 2026.**

This memo provides documentation guidance for paramedics when administering controlled substances (e.g., fentanyl/morphine, midazolam, ketamine, buprenorphine) as part of the local EMS delivery system. To ensure compliance with the newly published DEA regulations, the Local EMS Information System (LEMSIS) patient care record (PCR) has been revised.

The updates include a new data element, “Medication Authorizing Physician” (eMedications.12), that will be a required field that paramedics must complete when administering a controlled substance. Third-party PCR platform users should contact their vendors to ensure compliance with DEA final rule documentation requirements.

When administering controlled substances, paramedics must record the *ordering physician’s last name* **OR** *initials*. The “Medication Authorizing Physician” for each type of order is as follows:

Standing Order (SO)	Base Hospital Order (BHO)	Base Hospital Physician Order (BHPO)	Base Hospital Emergency Protocol Exception (EPE)
“Koenig” or “KK” (EMS Medical Director)	Base Hospital Physician	Base Hospital Physician ordering BHPO	Base Hospital Physician ordering EPE

EMS agencies should thoroughly review their controlled substance policies and procedures to ensure compliance with all applicable DEA regulations.

Thank you for your assistance in ensuring compliance with the DEA final rule, effective March 9, 2026.

Respectfully,



Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director
San Diego County Emergency Medical Services Office
San Diego County Fire

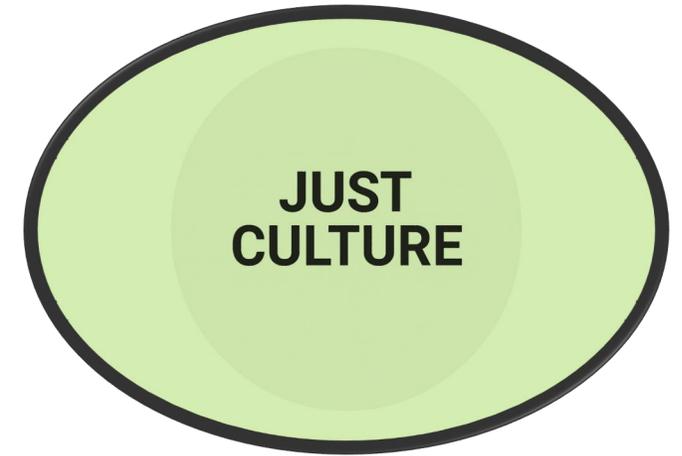


Andrew Parr, EMS Administrator
San Diego County Emergency Medical Services Office
San Diego County Fire

[CoSD EMS Memo - DEA Final Rule](#)
[\(Regs Effective 9 March 2026\)](#)

EMS Delivery System Redesign

Rebranding



- Reflects focus on
 - non-punitive, collaborative framework
 - ***Just Culture*** and ***System Improvements***
- All invited to participate!
 - Base Station Physician's Committee → EMS Medical Director's Advisory Committee (BSPC changes to CoSD EMS MDAC) to align with existing policy ([Policy S-005](#))
 - Prehospital Audit Committee (PAC) → Quality Care Consortium (QCC) ([Policy S-013](#))
 - Provisional Policy, effective January 6, 2026





EMS Delivery System Redesign

Focus on Science

- Data-driven, Evidence-based Policies & Protocols
- Community Engagement
- New Quality Care Consortium (QCC)



2026-2027 EMS Protocols



- EMS Protocol Workgroup
 - Reviewed all public comments and recommended changes
 - Introduction of one new medication
 - **Magnesium sulfate** (for treatment of preeclampsia and eclampsia)
- Draft protocols presented and discussed at CoSD EMS MDAC
 - **Final drafts completed**
- Developing *standardized education and training* for all agencies
- On track for July 1, 2026, implementation
- EBM sessions at CoSD EMS MDAC supporting protocol development
 - within QCC framework of EMS Delivery System Redesign





EBM Speaker March 24 Dr. Michael Redlener

People-Centered A Quality Framework for EMS

Immediate Past President, Board of Directors,
National EMS Quality Alliance (NEMSQA)

FDNY Division 3 Medical Director



EMS MEDICAL DIRECTOR'S ADVISORY COMMITTEE

Evidence-Based Medicine (EBM) Presentation

March 24, 2026

12:00-12:55 pm

How Are We Doing? Measuring What Matters for Patients

Michael Redlener, MD, FAEMS

Join by Computer

<https://sdcounty-ca-gov.zoom.us/j/84270743903?pwd=PppyrCjrzeAuzViasos1paULLyTs.1>

Join by phone	Meeting ID	Passcode
1-669-444-9171	842 7074 3903	507741

Dr. Michael Redlener is the Deputy Medical Director for the Fire Department of the City of New York. He is the Immediate Past President of the National EMS Quality Alliance (NEMSQA), past Chair of the National Association of EMS Physicians (NAEMSP) Quality and Safety Committee, and Co-Founder of the NAEMSP Quality and Safety Course, which is helping transform quality improvement practices across the EMS community.



With a focus on systems integration and quality improvement, Dr. Redlener has worked to strengthen service delivery and system performance in trauma and disaster preparedness, cardiac response, and stroke across the full spectrum of emergency and acute health services. He is deeply committed to developing high-value, evidence-based, patient-centered quality measures that equip EMS agencies and organizations with the tools needed to improve outcomes.

Dr. Redlener is a board-certified Emergency and EMS physician and Associate Professor of Emergency Medicine at the Icahn School of Medicine at Mount Sinai in New York City.

**April 21, 2026
EBM Speaker**

***Child Maltreatment
Screening in the
Prehospital Setting***

**National Child Abuse
Prevention Month**



**Makenzie Ferguson
RN, BSN, CPEN**

Children's Hospital of Orange County



May 29, 2026
EBM Speaker

**Quality CPR Measures
&
Use of Automated
Cardiac Compression
Devices**



Dr. Bridgid Joseph
DNP, RN, CCNS



Illicit Drug Updates



**CARRY
NALOXONE**

 Cocaine in San Diego
may contain fentanyl.

Can you tell
the difference?



COCAINE

COCAINE
WITH FENTANYL

Image source: Drug Enforcement Administration

COUNTY OF SAN DIEGO

LIVE WELL
SAN DIEGO



Tijuana River Valley Air Quality Alert

Elevations in Hydrogen Sulfide Levels



Dear South Bay Healthcare Professionals,

We understand that this week has been extremely challenging for your patients and those who work or live in the Tijuana River Valley (TJRV) area with respect to continued elevations in hydrogen sulfide levels, which you may be tracking via APCD's [website](#), email alerts, or text advisories. Due to ongoing sewage infrastructure construction on the other side of the border and the current heat, levels continue to be elevated at night and for many hours even into the mornings. To assist patients you may be seeing who are affected by sewage pollution, please refer patients to APCD's [AIRE program](#) which can provide air purifiers at no cost to residents who qualify. Their flyers are here [Air Improvement Relief Effort \(AIRE\) Program \(Español\)](#) and here are tips to pass along County and South Bay providers continued TJRV discussion [About Your Air Purifier \(Español\)](#).

To assist healthcare professionals with additional information on health effects associated with the TJRV sewage pollution, please review the health alert: [9-22-2025.pdf](#).

Healthcare professionals can reach out to us with questions by emailing our inbox at TJRV.MedicalProviders.HHSA@sdcounty.ca.gov.

Please visit our main website page for updates: [Tijuana River Valley & Beach Water Sewage Crisis - Public Health Response](#). It contains plenty of resources or information, such as the [Environmental Dashboard](#) or results of the recent [Feasibility Study](#) of fixes to the Saturn Boulevard "Hotspot".

Please let us know if any questions as we are here to support you. Thank you!

Sincerely,
Sayone

Sayone Thihalolipavan, MD, MPH, Public Health Officer

[Health Advisory: Update #1: Cross-border pollution in the Tijuana River Valley and potential health effects](#)

September 22, 2025



International Border

Prospective QA Data Collection

- Metro Dispatch is re-engaged
 - Advantages
 - Ambulance responds faster
 - CRUM will get the SS (incident) number (we no longer need to manually link to CAD data)
- Meeting March 23 with the *Medical Emergency Regulatory Center (CRUM)* for Tijuana
- **CRUM** completes online form to capture information on cross-border transports
 - Data include:
 - Patient age
 - Patient gender
 - Mexican ambulance agency
 - Scene type (911 or IFT)
 - Referring hospital
 - Requested destination

CRUM Notifies County EMS (Online Form)

County EMS
Reviews Data

Mexican Ambulance Notifies CRUM



Prehospital ECPR Pilot Program Dashboard

Now Online!



Prehospital ECPR Pilot Program

ABOUT

In April 2022, San Diego County Emergency Medical Services (EMS) started a team, the San Diego Resuscitation Consortium (SDRC), to look at new ways to save people whose hearts stop. The team suggested creating an Extracorporeal Cardiopulmonary Resuscitation (ECPR) program, and we began a pilot on July 1, 2023.

When paramedics respond to a cardiac arrest, they check if the patient qualifies. If so, the patient is taken to a hospital in the program. There, doctors may use a machine called Extracorporeal Membrane Oxygenation (ECMO) to do the heart's job and keep blood moving until they can treat the problem.

GOALS

The SDRC created three time goals based on the Extracorporeal Life Support Organization (ECLS) recommendation to put patients on an ECMO machine within 60 minutes after a cardiac arrest. ([Richardson, et al.](#))

- 1 | Time on Scene under 15 minutes
- 2 | Cardiac Arrest to Participating Hospital within 45 minutes
- 3 | Cardiac Arrest to ECMO within 60 minutes

ECPR Participating Hospitals

Scripps Memorial Hospital La Jolla

Sharp Chula Vista Hospital

Sharp Grossmont Hospital

Sharp Memorial Hospital

UC San Diego Medical Center Hillcrest



Dashboard includes data from July 2023 - January 2026
Data are preliminary and subject to change. Data are updated approximately every other month.
For more information, please contact EMSNotifications@sdcounty.ca.gov



ECPR Pilot Program

ECPR Alerts

- **Once an ECPR alert; always an ECPR alert!**
 - If a patient meets criteria, transport to ECPR Receiving Center
 - *If you pull the parachute cord, there's no putting it back!*
- STEMI diversion does not change transport destination
 - Even if achieve ROSC and 12-lead ECG shows STEMI



On the Horizon



- Prehospital Blood Transfusion
- Revive & Survive 1 million trained milestone



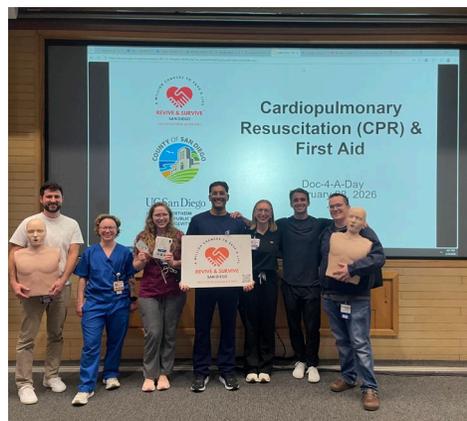
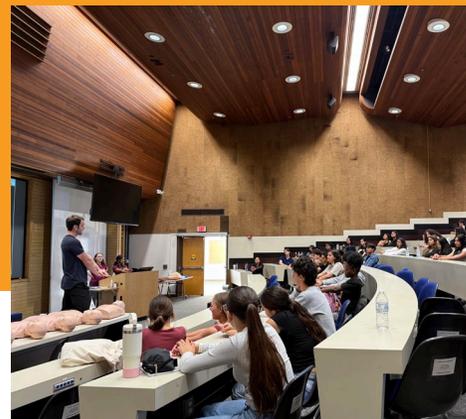


REVIVE & SURVIVE
SAN DIEGO
revivesurvive.ucsd.edu



UC San Diego

**HERBERT WERTHEIM
SCHOOL OF PUBLIC HEALTH AND
HUMAN LONGEVITY SCIENCE**



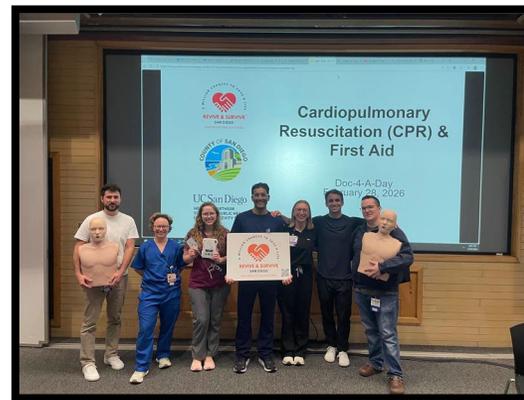
Revive & Survive San Diego

Partnership between County of San Diego County EMS and UC San Diego School of Public Health

Goal: One Million

822,363 trained

21,312 training sessions
since January 2024



UC San Diego
HERBERT WERTHEIM
SCHOOL OF PUBLIC HEALTH AND
HUMAN LONGEVITY SCIENCE

Revive & Survive San Diego Training 1 Million Initiative

CPR Refresher Training
— for Medical Students —

- ✓ Hands-on CPR refresher for adult and infant patients
- ✓ Brief, high-yield mini-lecture on CPR fundamentals
- ✓ Led by **Dr. J. Joelle Donofrio-Odmann**, Associate Medical Director for San Diego Fire-Rescue & Associate Professor in Emergency Medicine at UCSD
- ✓ Guided practice using CPR training mannequins
- ✓ Focus on real-world emergency response skills
- ✓ Supportive, low-stress learning environment
- ✓ Free pizza lunch provided



Scan to RSVP



Wednesday, 25th | 12:00 PM | LL-152



Questions?

