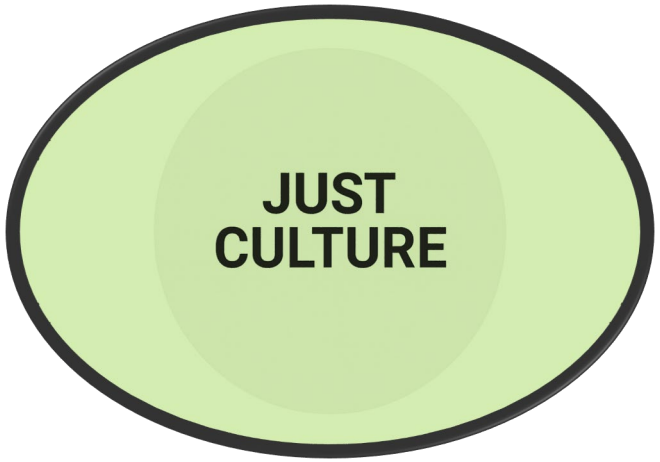
EMS Medical Director Report

Emergency Medical Care Committee

January 22, 2026

EMS Delivery System Redesign

Rebranding



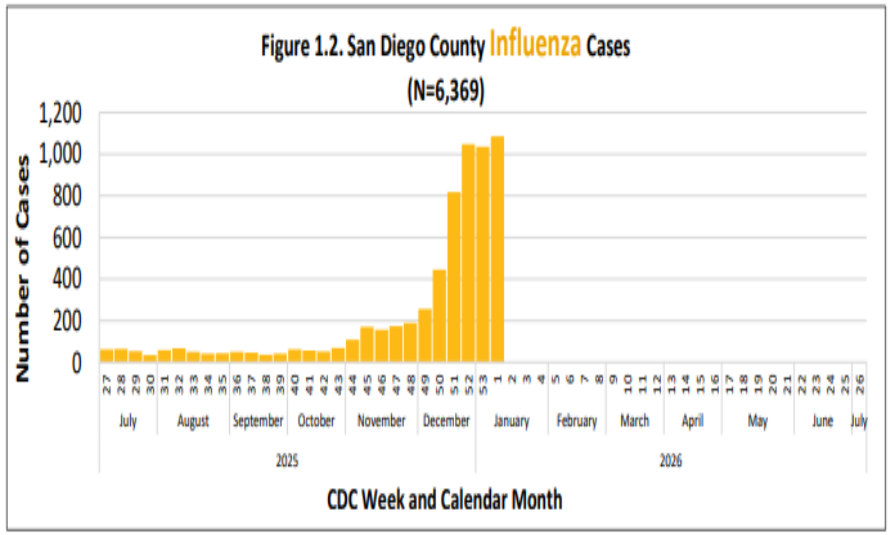
- Reflects focus on
  - non-punitive, collaborative framework
  - ***Just Culture*** and ***System Improvements***
- All invited to participate!

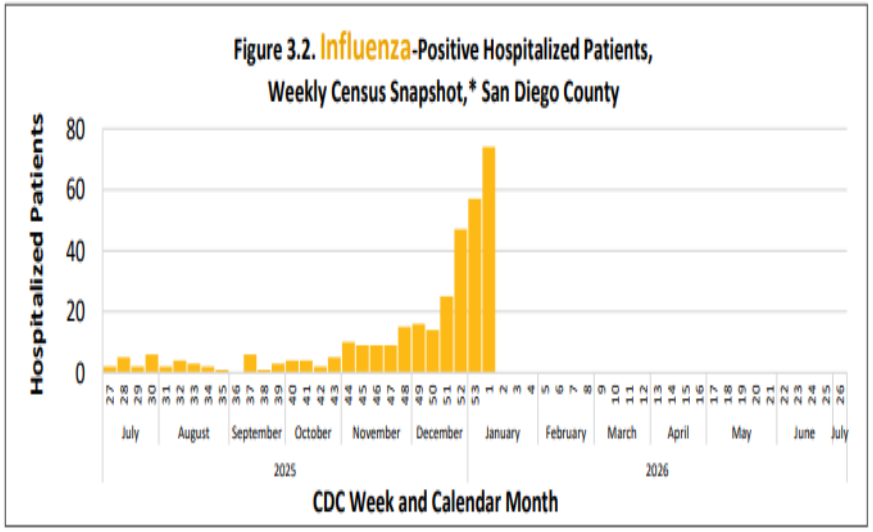
  - Base Station Physician's Committee → EMS Medical Director's Advisory Committee (BSPC changes to CoSD EMS MDAC) to align with existing policy (Policy S-005)

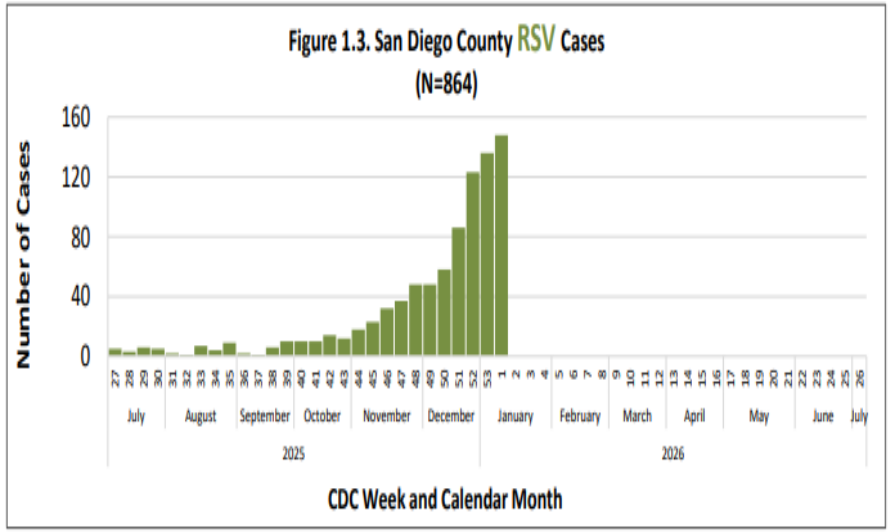
  - Prehospital Audit Committee (PAC) → Quality Care Consortium (QCC) (Policy S-013)
    - Provisional Policy, effective January 6, 2026

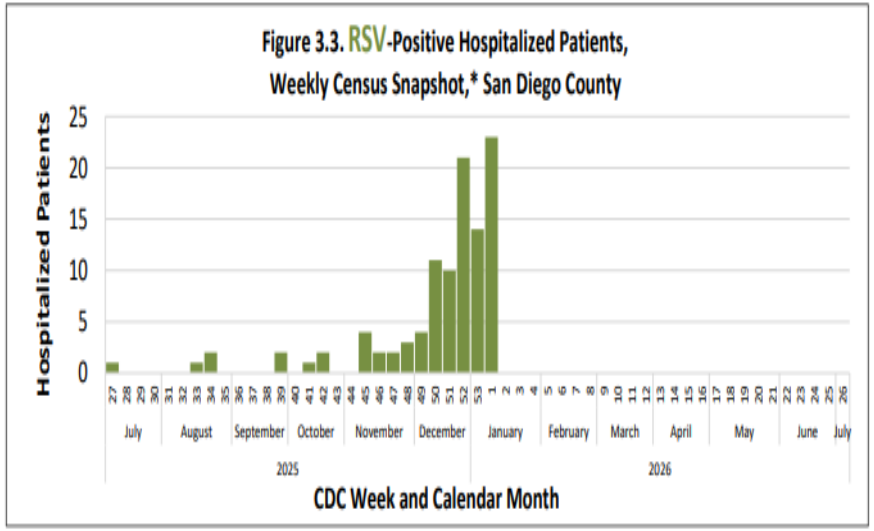
It’s Influenza (and Respiratory Virus) Season!

Respiratory Virus Surveillance Report (January 15, 2026)









[San Diego County Respiratory Virus Surveillance Report]

Vaccination LOSOP

CoSD vaccination rates are low (30% overall for influenza)

- Applied and received LOSOP approval from EMSA on October 14, 2025
- CoSD EMS Medical Director currently authorizing COVID-19 and influenza vaccination
  - Adults & children
  - Possible future expansion, e.g., hepatitis A, mpox, measles
- Paramedic and EMT vaccine administration (S-190)
  - **Apply to CoSD EMS to participate**
- Participating agencies (Seven so far!)
  - American Medical Response
  - **Chula Vista Fire Department**
  - **Falck Mobile Health Corp.**
  - Lakeside Fire Protection District
  - National City Fire Department
  - San Diego County Fire
  - Santee Fire Department

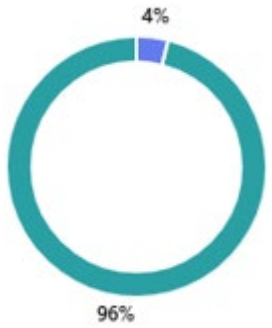
Vaccination LOSOP

October 2025 - Present

Total Vaccine Administrations: 51

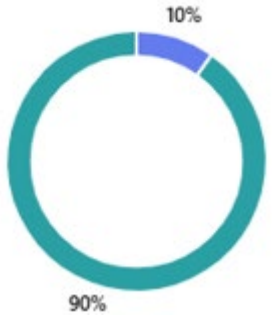
EMS Clinician Type

EMT	2
AEMT	0
Paramedic	49



Vaccine Recipient

First Responder or EMS Clinician	5
Other Public Worker	0
General Public	46



New! Wastewater Dashboard*

	Target	Last detected	Encina	Point Loma	South Bay
SDPHL	SARS-CoV-2	-	↗	↗	↗
	Influenza A	-	↑	↑	↑
	Influenza B	-	→	↘	↗
	RSV	-	↑	↑	↑
WastewaterSCAN	Norovirus	-		↗	
	Rotavirus	-		↑	
	EVD68	-		✳	
	H5 Influenza	2/17/2025		○	
	Hepatitis A	12/29/2025		○	
	HMPV	-		↑	
	MPOX Clade II	8/19/2024		○	
	MPOX Clade IB	Never Detected		○	
	Measles	Never Detected		○	
	WNV	Never Detected		○	

Current Level

- Low
- Moderate
- High
- Very High
- Not calculated

Current Trend

- Sporadic detection
- Decrease
- Plateau
- Increase
- Strong Increase
- Not calculated

Last Update:
1/15/2026 11:27:23 PM

*Appears clinically 1-2 weeks later

Transitioned to CoSD PHL 12/1/25
Data on variants coming soon
H3N2 Subclade K dominant

[Wastewater Surveillance Dashboard]

2026-2027 EMS Protocols

Thank You to the EMS Protocol Workgroup!

- **CoSD MDAC** EMS Protocol Workgroup
  - Collaborative and inclusive
  - More efficient
  - Plan to continue in future protocol cycles
- EBM session was devoted to discussion of draft protocols
- Next phase: development of *standardized education and training* for all agencies

National Pediatric Readiness Project

National PRP Pediatric Readiness Project
Ensuring Emergency Care for All Children

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 Pediatric Readiness Project

National Pediatric Readiness Project (NPRP)

- Nationwide Assessment: Launches March 3, 2026 (pedsready.org)

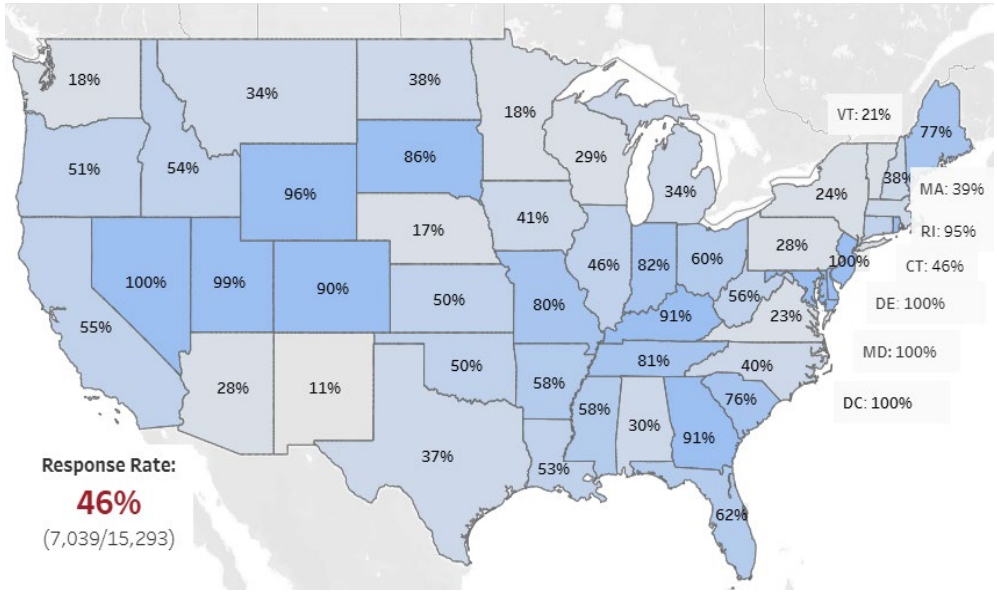
- EDs have opportunity to
  - Identify new gaps and opportunities for improvement
  - Track progress since 2021 assessment
  - Benchmark to updated national standards
  - Contribute to life-saving research and policy

- Trauma regulations approved by EMS Commission
  - Require resuscitation equipment
    - *Pediatric Readiness Toolkit*

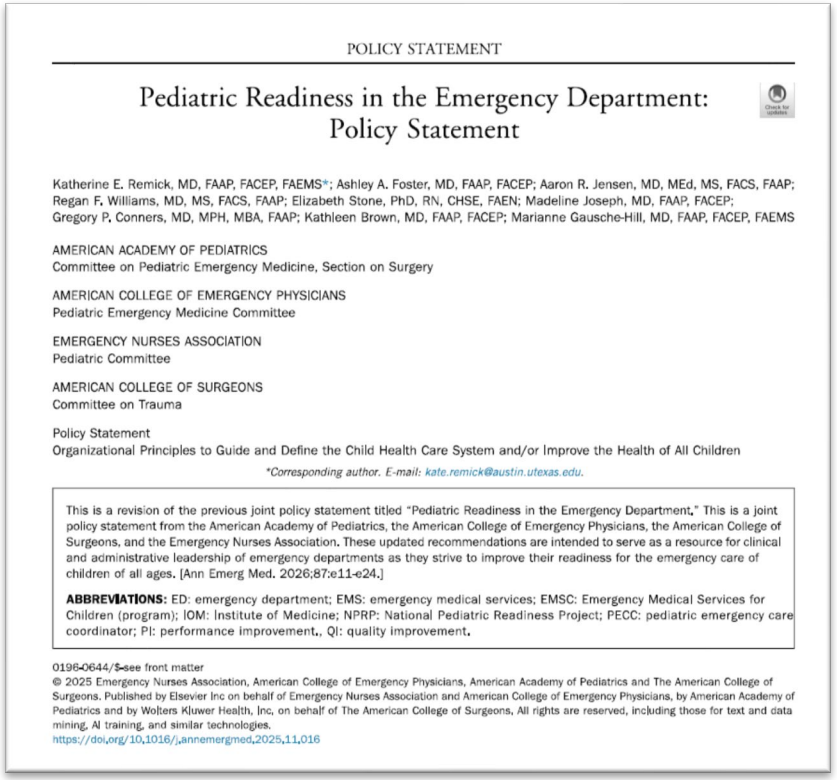
- Prehospital Pediatric Readiness Survey
  - Data collected two years prior being analyzed
  - County of San Diego EMS reported 100%

National Participation

7,039 EMS Agencies/Fire-Rescue Services



National Pediatric Readiness Project



POLICY STATEMENT

Pediatric Readiness in the Emergency Department: Policy Statement

Katherine E. Remick, MD, FAAP, FACEP, FAEMS*; Ashley A. Foster, MD, FAAP, FACEP; Aaron R. Jensen, MD, MEd, MS, FACS, FAAP; Regan F. Williams, MD, MS, FACS, FAAP; Elizabeth Stone, PhD, RN, CHSE, FAEN; Madeline Joseph, MD, FAAP, FACEP; Gregory P. Conners, MD, MPH, MBA, FAAP; Kathleen Brown, MD, FAAP, FACEP; Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS

AMERICAN ACADEMY OF PEDIATRICS
Committee on Pediatric Emergency Medicine, Section on Surgery

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
Pediatric Emergency Medicine Committee

EMERGENCY NURSES ASSOCIATION
Pediatric Committee

AMERICAN COLLEGE OF SURGEONS
Committee on Trauma

Policy Statement
Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

*Corresponding author. E-mail: kate.remick@austin.utexas.edu.

This is a revision of the previous joint policy statement titled "Pediatric Readiness in the Emergency Department." This is a joint policy statement from the American Academy of Pediatrics, the American College of Emergency Physicians, the American College of Surgeons, and the Emergency Nurses Association. These updated recommendations are intended to serve as a resource for clinical and administrative leadership of emergency departments as they strive to improve their readiness for the emergency care of children of all ages. [Ann Emerg Med. 2026;87:e11-e24.]

ABBREVIATIONS: ED: emergency department; EMS: emergency medical services; EMSC: Emergency Medical Services for Children (program); IOM: Institute of Medicine; NPRP: National Pediatric Readiness Project; PECC: pediatric emergency care coordinator; PI: performance improvement,, QI: quality improvement.

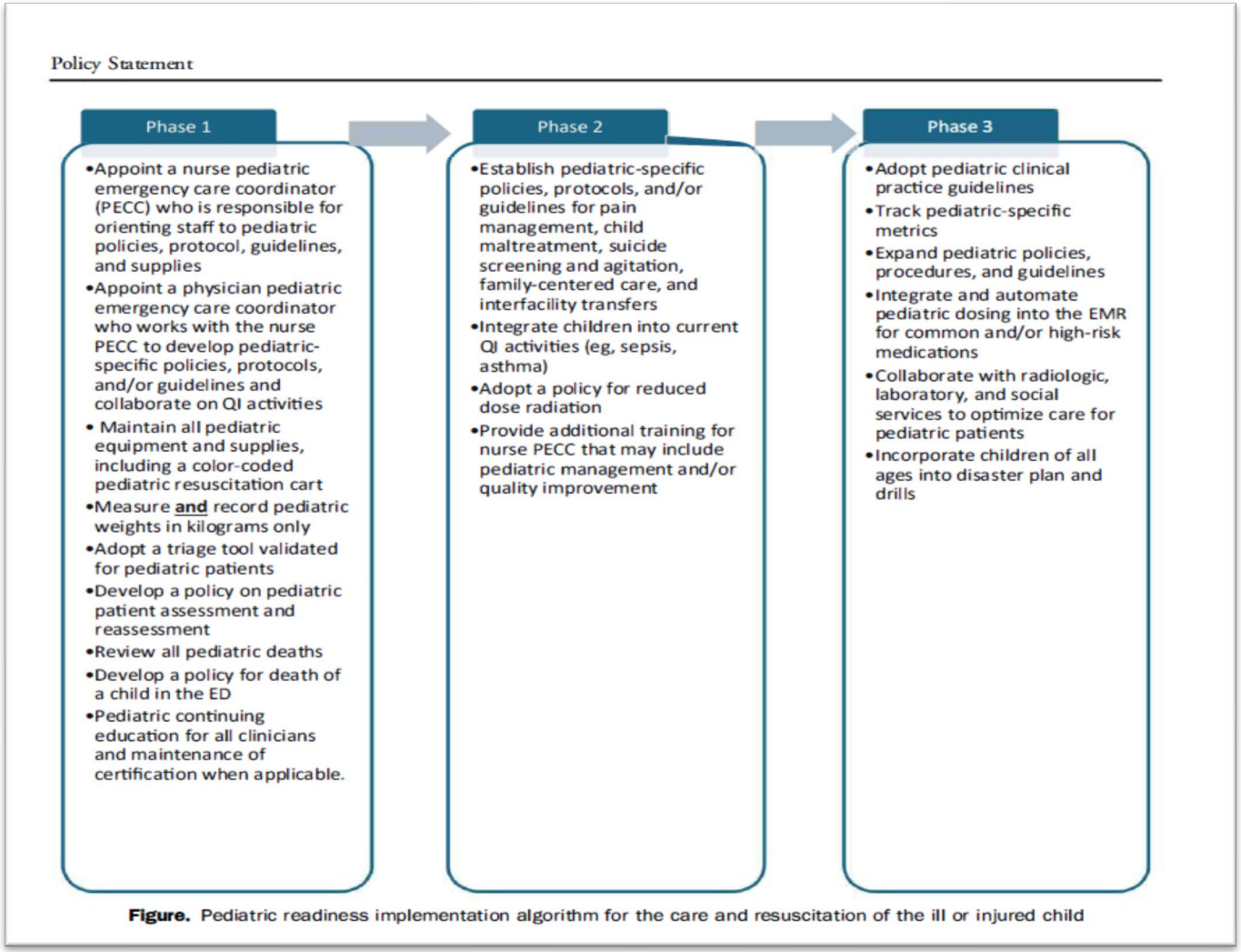
0196-0644/$-see front matter

https://doi.org/10.1016/j.annemergmed.2025.11.016

[Policy Statement]

[Pediatric Readiness in the ED]

[Annals of Emergency Medicine (Feb 2026)]



Policy Statement

Phase 1

- Appoint a nurse pediatric emergency care coordinator (PECC) who is responsible for orienting staff to pediatric policies, protocol, guidelines, and supplies
- Appoint a physician pediatric emergency care coordinator who works with the nurse PECC to develop pediatric-specific policies, protocols, and/or guidelines and collaborate on QI activities
- Maintain all pediatric equipment and supplies, including a color-coded pediatric resuscitation cart
- Measure **and** record pediatric weights in kilograms only
- Adopt a triage tool validated for pediatric patients
- Develop a policy on pediatric patient assessment and reassessment
- Review all pediatric deaths
- Develop a policy for death of a child in the ED
- Pediatric continuing education for all clinicians and maintenance of certification when applicable.

Phase 2

- Establish pediatric-specific policies, protocols, and/or guidelines for pain management, child maltreatment, suicide screening and agitation, family-centered care, and interfacility transfers
- Integrate children into current QI activities (eg, sepsis, asthma)
- Adopt a policy for reduced dose radiation
- Provide additional training for nurse PECC that may include pediatric management and/or quality improvement

Phase 3

- Adopt pediatric clinical practice guidelines
- Track pediatric-specific metrics
- Expand pediatric policies, procedures, and guidelines
- Integrate and automate pediatric dosing into the EMR for common and/or high-risk medications
- Collaborate with radiologic, laboratory, and social services to optimize care for pediatric patients
- Incorporate children of all ages into disaster plan and drills

Figure. Pediatric readiness implementation algorithm for the care and resuscitation of the ill or injured child

CDPH Health Advisory 1/16/26

Kratom and 7-OH

- Kratom
  - complex pharmacological profile; potential for sedative, stimulant, and opioid effects
  - Widely available and advertised, but illegal to sell and manufacture for consumption

- 7-OH (7-hydroxymitragynine)
  - synthetic compound derived from kratom plant
  - potent opioid, makes up very small percentage of kratom leaf
  - can be concentrated and added to products to increase their activity

- Other side effects
  - constipation, nausea, dizziness, drowsiness/sedation, dry mouth, weight loss, fatigue, hallucination, insomnia, tremors, vomiting, liver damage, high blood pressure, itching, anxiety, and seizures

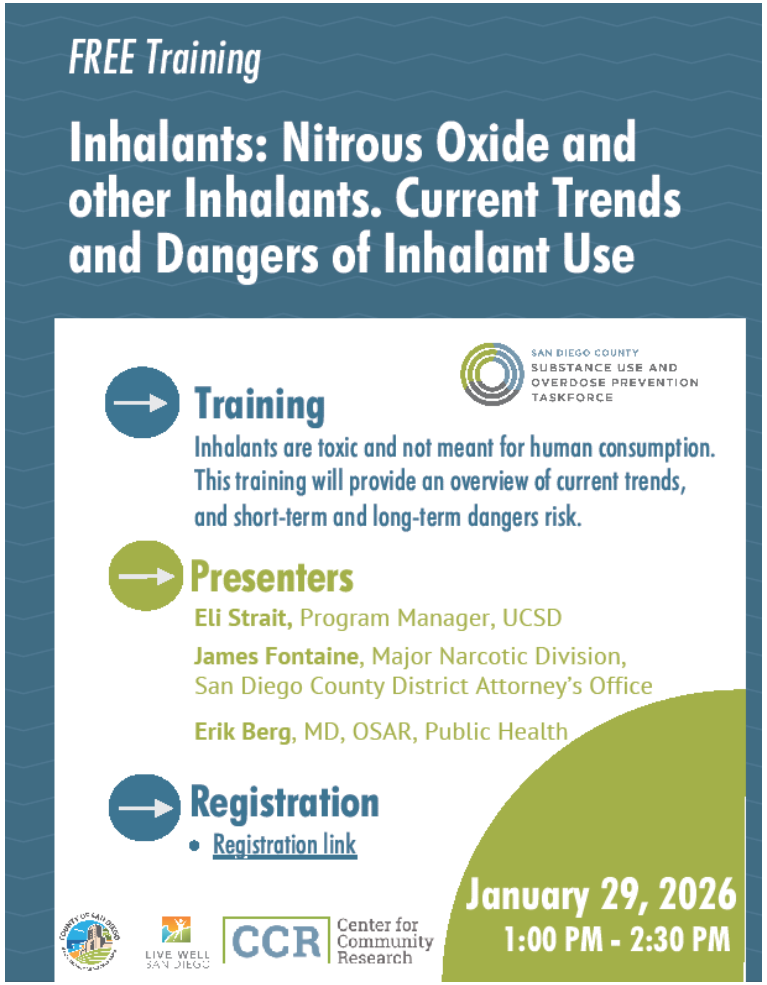
- **Six fatal overdoses** related to 7-OH ingestion in LA County
  - between April and October (Adults age 18-40)

- https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Kratom-addiction.aspx

Training Opportunities

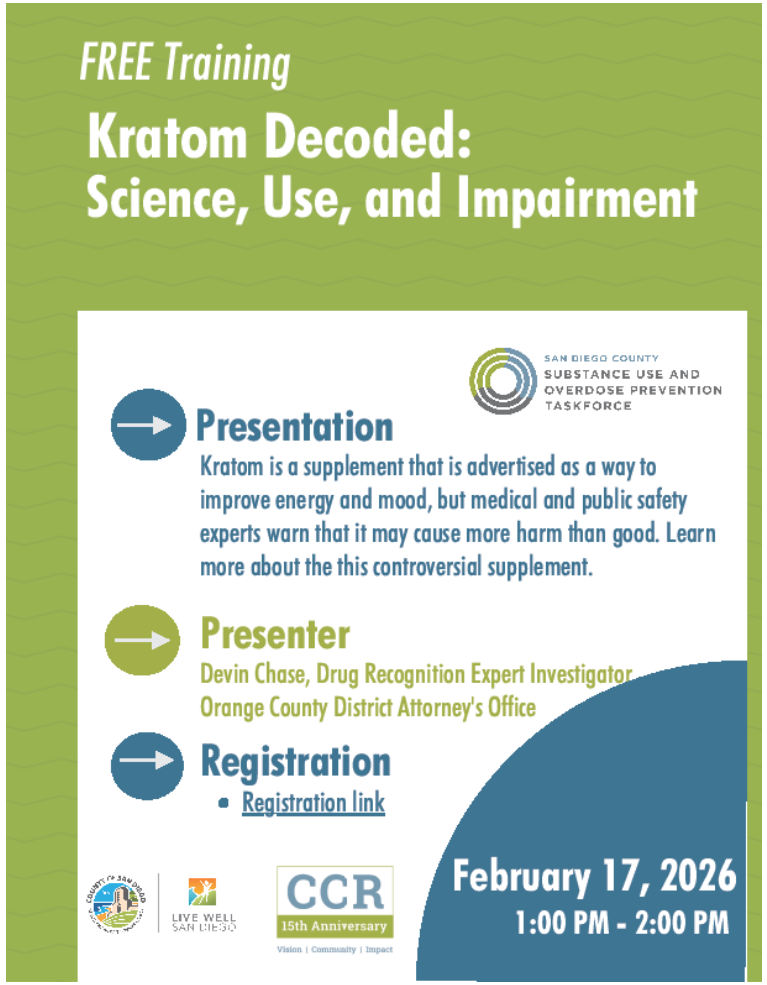
Nitrous Oxide

"Whippets" or "Laughing Gas"



Webinar Registration - Zoom

Kratom



Webinar Registration - Zoom

International Border

Task Force

Task Force Name:

- Cross-Border EMS Task Force

Nombre del Grupo de Trabajo

- Grupo de trabajo sobre servicios médicos de urgencia transfronterizos

Mission:

- To ensure a patient-centered approach to interfacility transfers between Mexico and San Diego and Imperial Counties.

Misión:

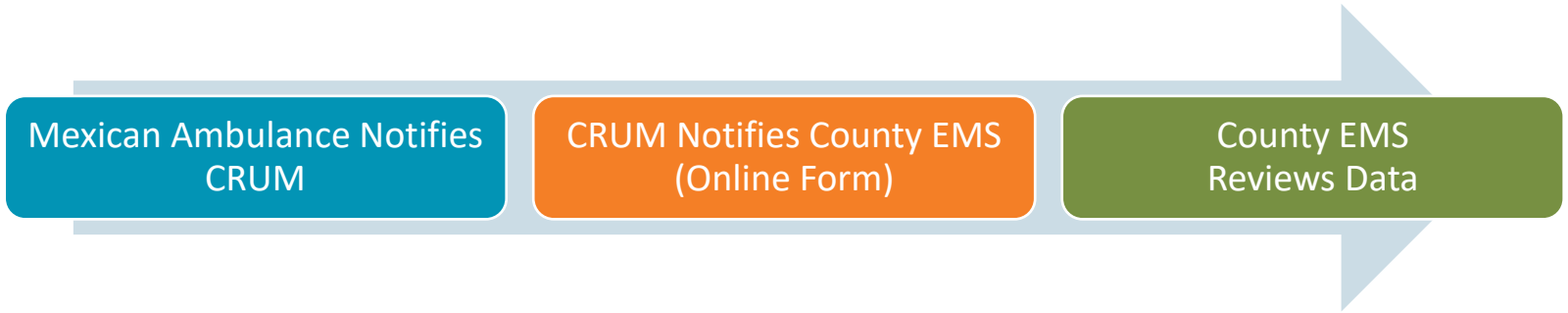
- Garantizar un enfoque centrado en el paciente para los traslados entre centros entre México y los condados de San Diego e Imperial.

International Border

Prospective QA Data Collection as of December 1, 2025

- Regular meetings with the *Medical Emergency Regulatory Center* (**CRUM**) for Tijuana

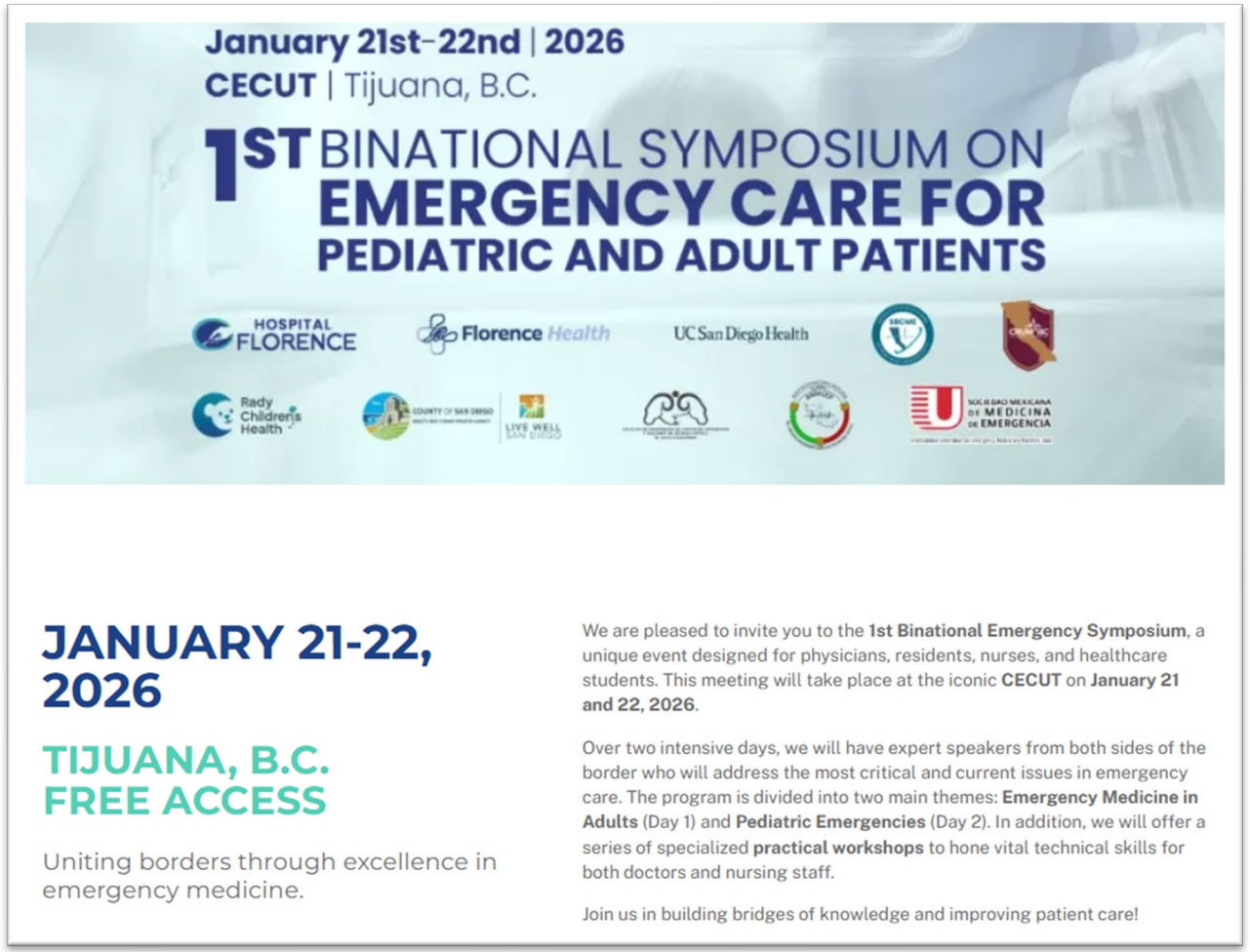
- Online form developed to capture information on cross-border transports
- **CRUM** completes form
  - Data collected include:
    - Patient age
    - Patient gender
    - Mexican ambulance agency
    - Scene type (911 or IFT)
    - Referring hospital
    - Requested destination



International Border

Binational Emergency Symposium 2026

[Simposio-emergencias - Hospital Florence Tijuana]



Revive & Survive San Diego Vision 2026

Revive & Survive Bystander CPR Consortium

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

REVIVE & SURVIVE SAN DIEGO

COUNTY OF SAN DIEGO

REVIVE & SURVIVE SAN DIEGO VISION 2026

December 23, 2025

Revive & Survive San Diego Organizational Structure
As co-leads for *Revive & Survive San Diego*, we are writing to share exciting new updates to our vision for 2026. Since our inception in January 2024, we have made tremendous progress toward our goal to train *one million San Diegans in hands-only, bystander CPR*. We are pleased to announce the launch of a new organizational structure to streamline and more efficiently manage *Revive & Survive San Diego* (attached).

The Revive & Survive San Diego Bystander CPR Consortium
As part of the reorganization of *Revive & Survive San Diego* for 2026, we are dissolving the Bystander CPR Workgroup and creating a new *Revive & Survive San Diego* Bystander CPR Consortium. The Consortium will be open to all interested persons and will provide the infrastructure to collect and review project proposals related to *Revive & Survive San Diego*. The Executive Leadership will approve proposals and authorize the creation of task forces to operationalize them. The Consortium will designate task force leaders, who will appoint task force team members to pursue the initiative and provide progress reports to the Consortium. We have invited Dr. Brad Schwartz and Dr. Saul Levine to co-chair the Consortium and deliver regular updates to the County of San Diego EMS Medical Director's Advisory Committee.

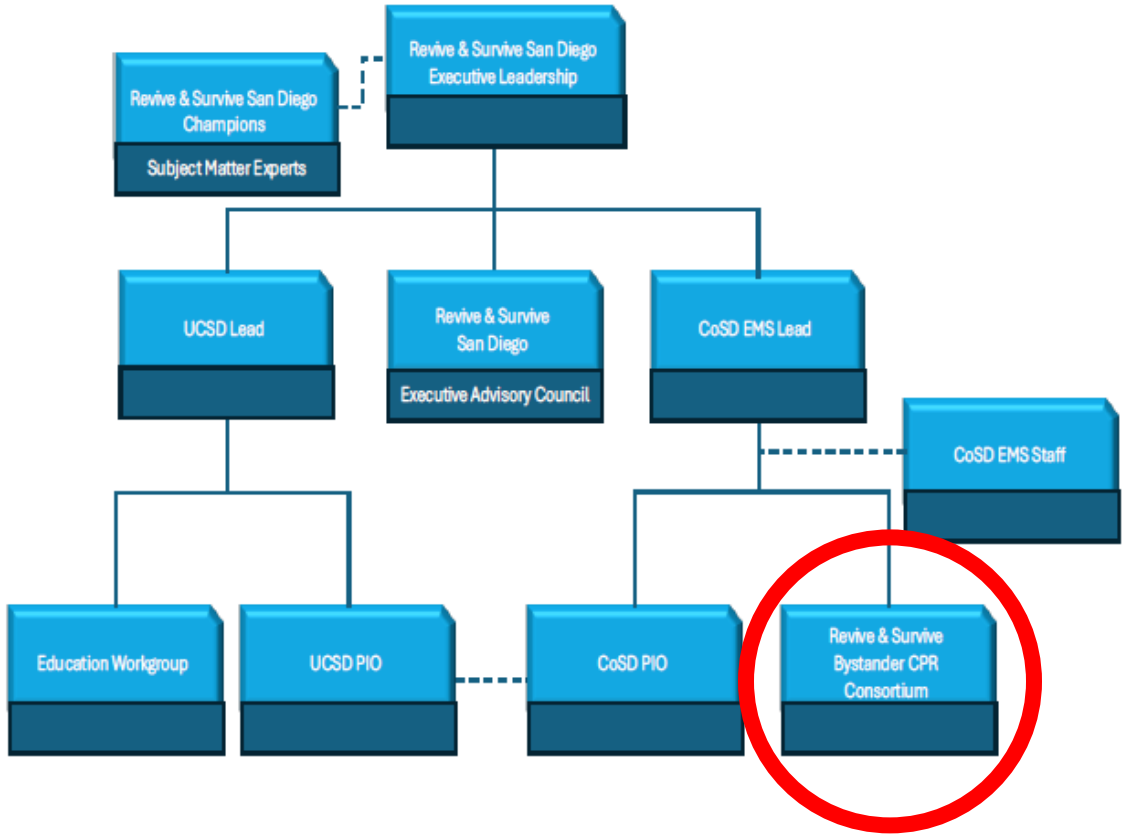
Education Workgroup
The Education Workgroup will continue to convene and will focus training opportunities on large events as well as educational institutions. One primary activity of the Workgroup will be to expand the success of the Sweetwater High School best practice model across the entire County. Another important goal will be to create a roadmap for sustainment training to ensure *Revive & Survive San Diego* continues to supply a cadre of trained cardiac arrest resuscitators into the future once we have met our initial goal of training 1 million San Diegans in hands-only, bystander CPR.

Executive Advisory Council and Revive & Survive San Diego SME Champions
The Executive Leadership will provide quarterly updates to the Executive Advisory Council and engage them to provide focused, expertise-driven consultations. In addition, we will create a new roster of **Subject Matter Expert (SME) Champions** to be available as needed to offer specialized knowledge in support of the *Revive & Survive San Diego* mission.

We thank you for your commitment and look forward to your continued support and collaboration in reaching our goal of training one million San Diegan in hands-only, bystander CPR through the *Revive & Survive San Diego Movement*. Together, we will save lives in 2026 and beyond!

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

Cheryl A.M. Anderson, PhD, MPH, MS
Professor and Dean
University of California San Diego
Herbert Wertheim School of Public Health and Human Longevity Science



Dr. Brad Schwartz & Dr. Saul Levine

Revive & Survive San Diego

Partnership between County of
San Diego County EMS and UC San Diego SPH

Goal: One Million

748,141 trained

19,767 training sessions

since January 2024

revivesurvive.ucsd.edu

A MILLION CHANCES TO SAVE A LIFE
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COUNTY OF SAN DIEGO

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HUMAN LONGEVITY SCIENCE

COUNTY OF SAN DIEGO

EMS Delivery System Redesign

Focus on Science

- Data-driven, Evidence-based Policies & Protocols
- Community Engagement

Join us!