



EMS Medical Director Report

Emergency Medical Care Committee

October 23, 2025



Topics



- Respiratory Virus Season
- Mpox Health Alerts
- Protocol Season
- Prehospital Blood Update
- Opioid Epidemic Mitigation
- National Domestic Violence Month
- National Sudden Cardiac Awareness Month
 - Ready to Respond Week (Oct 12-18)
 - Revive & Survive San Diego
 - CARES Dashboard
 - ECPR Pilot Program



Protect Yourself and Others

RSV, Flu, and COVID relatively low, but...



- Holiday Season
 - Increased travel and indoor mingling
- Infectious Diseases
 - Follow the data
 - Take sensible precautions




Respiratory Virus Season

Flu Season (~ October to May)

- Last season severe
 - Nearly 40,000 cases with 200 deaths
 - Immunization rates are low locally (~ 32%)!
- Southern hemisphere had severe season
- [San Diego County Health Officer Flu Order](#)
 - During flu season, unless vaccinated, healthcare personnel, **including EMS**, must wear a mask when involved in patient care




County of San Diego

<small>KIMBERLY GIARDINA, DSW, MSW DEPUTY CHIEF ADMINISTRATIVE OFFICER</small>	<small>HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES 5409 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578 SAN DIEGO, CA 92121 (619) 531-5800 • FAX (619) 542-4186</small>	<small>ANKITA S. KADAKIA, MD INTERIM PUBLIC HEALTH OFFICER ELIZABETH HERNANDEZ, PhD PUBLIC HEALTH SERVICES DIRECTOR</small>
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ORDER OF THE HEALTH OFFICER
(Masking or Vaccination of Healthcare Personnel during Annual Influenza Season)


The Centers for Disease Control and Prevention (CDC) preliminary estimate for the 2023-2024 influenza season resulted in between 34 million to 75 million illnesses, between 380,000 to 900,000 hospitalizations, and between 17,000 to 100,000 deaths. Within the county of San Diego, the 2023-2024 flu season resulted in 19,035 cases, and 63 deaths. 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. The CDC recommends that all healthcare personnel receive an annual influenza vaccination.

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.

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.

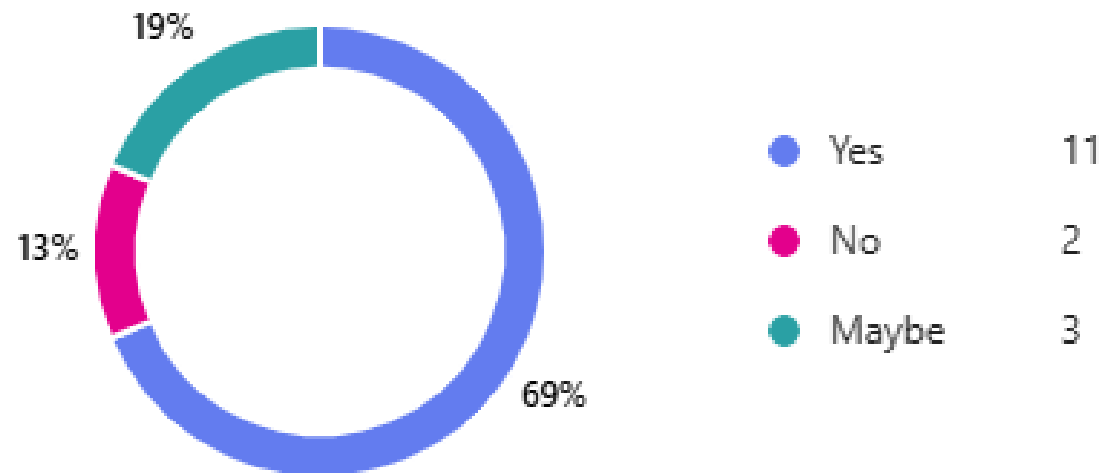

Ankita Kadakia, MD
Interim Public Health Officer
County of San Diego

Dated: October 29, 2024

Respiratory Virus Season

Vaccination LOSOP Approved!

- Paramedic and EMT vaccine administration
 - COVID-19, influenza, and “other diseases of public health concern”
 - Adults and children
- Implementation and reporting requirements under development
- San Diego County Fire Chiefs Association Survey Results (16 responses)
 - *Would your agency be interested in participating in a prehospital vaccination program?*



Mpox (Prehospital)

Three unrelated cases of clade I with no international travel = community spread!

Mpox 3I Tool for EMS Paper




Identify – Isolate – Inform




Monkeypox 2022

A 3I Tool for EMS Professionals

Information Current as of July 17, 2022



IDENTIFY^A
^A Alerted by emergency medical dispatcher of exposed or confirmed monkeypox patient



EXPOSURE

- Contact with person(s) with suspected or confirmed monkeypox
or
- Contact with person(s) with rash consistent with monkeypox
or
- Multiple or anonymous sexual partners^B
or
- Attended a large party that included sex with multiple partners
or
- Contact with animals with suspected monkeypox^C
or
- Travel within 21 days to a region with endemic monkeypox

^B Within a social network with probable or known monkeypox
^C Live or dead endemic African animals (e.g., rodents, such as Gambian pouched rats or prairie dogs, and some non-human primates) or their products (e.g., meats, creams, lotions, powders)

SIGNS & SYMPTOMS

Prodrome^D

- Fever^E, chills
- Lymphadenopathy (distinguishes from smallpox)
- Backache
- Myalgia
- Sore throat or cough
- Asthenia (profound weakness)
- Malaise
- Enanthem (e.g., rash in mouth or anus)
- Nausea, vomiting, diarrhea
- Tenesmus (painful urge to defecate when no stool present)

Exanthem (rash) may occur concurrent with prodrome or follow within 4 days

- Progression from:
macular → papular → vesicular → pustular → crusts → scarring
- Often in same stage of development within a body region
- Typically manifests **initially in genital/anal region^F** followed by face, palms, and soles
- Often becomes generalized
- Not attributable to other conditions^G

ISOLATE

- Don PPE: N95 respirator/equivalent (or higher level), gloves, gown, eye protection, and shoe covers (if available)
- Place surgical mask on patient for source control
- Cover patient's lesions and rashes
- Avoid aerosol-generating procedures (AGPs), especially in confined spaces
- Disinfect contaminated surfaces (e.g., back of the ambulance, gurney)
- Carefully discard stretcher covers^H

^H Use caution as skin sheddings can be infectious and become aerosolized

INFORM^I

- Agency's infection control officer
- Receiving facility's healthcare staff
- Local health department (if patient not transported)

[Insert local phone number:]

[Insert phone numbers:]

[Insert phone numbers:]

^I Notify receiving hospital as early as possible before arrival to facilitate safe transfer of care of these potentially infectious patients

The Identify-Isolate-Inform tool was conceived by Dr. Kristi L. Koenig, County of San Diego EMS Medical Director & Professor Emerita, UC Irvine

Mpox 3I Tool for EMS

Mpox (Hospital)

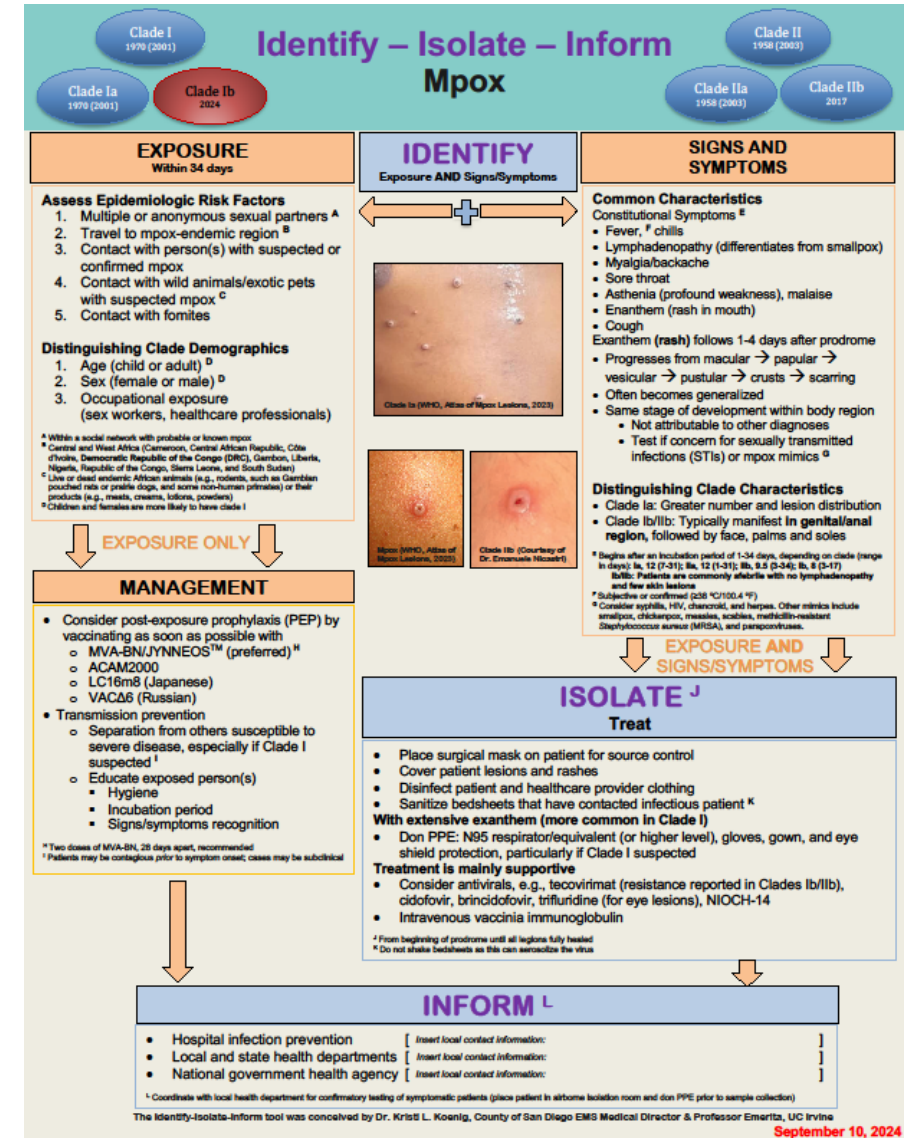
Tools & CAHANs

3I Tools

- [Mpox 2022 3I Tool](#)
- [Mpox 2024 3I Tool](#)

CAHANs

- [California CAHAN](#) (Oct 17)
- [San Diego CAHAN](#) (Oct 21)



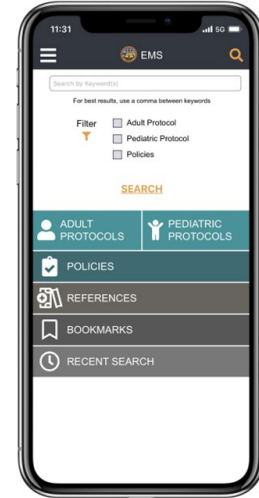
September 10, 2024

Protocol Season

Kudos to the Protocol Workgroup!

Protocol workgroup (New!)

- Discusses feedback received by October 1
 - Makes recommendations for prioritization
 - For implementation July 1, 2026
- **Public comment welcome year round**
 - Annual survey sent August 29
 - Comments received by **October 1** are considered for the **current protocol revision cycle**



2025-2026 PROTOCOL & POLICY UPDATES



SANDIEGOCOUNTYEMS.COM

Updated 5/1/2025



Prehospital Blood Update

Ongoing Feasibility Analysis | No Decision Made

- Preliminary data reviewed with MAC on October 20
 - Engagement from additional advisory groups needed
- Ongoing internal epidemiologic needs analysis
- Outstanding considerations
 - Logistics
 - Funding
 - Timeline for implementation



Opioid Epidemic Mitigation

- EMS epidemiologists contribute surveillance data
 - Example: ODMAP
- Prehospital buprenorphine LOSOP
- Leave Behind Naloxone (***free naloxone opportunity***)
 - California Department of Health Care Services Naloxone Distribution Program
 - Request up to 2,400 units of no-cost naloxone online
 - No limit to reapply
 - [NDP Online Application](#)
 - [NDP Frequently Asked Questions \(FAQs\)](#)
 - [NDP Website](#)



Naloxone Distribution Project: Application for Naloxone and Fentanyl Test Strips

About the Naloxone Distribution Project (NDP)

The Naloxone Distribution Project (NDP) provides free naloxone to eligible organizations. To check if your organization is eligible, please see the [Department of Health Care Services \(DHCS\) webpage](#). Individuals requesting naloxone do not qualify for this program. Only organizations are eligible.

If you have additional questions about the NDP, please view the [NDP FAQ](#). If your questions are not addressed in the FAQ, please contact the team by email at Naloxone@dhcs.ca.gov.

About Fentanyl Test Strips (FTS) Distribution

DHCS is providing free, all-in-one FTS kits to organizations throughout California for a limited time. To check if your organization is eligible, please see the [DHCS webpage](#). All organizations eligible for naloxone from the NDP are also eligible to receive FTS kits. Individuals requesting FTS kits do not qualify for this program.

If you have additional questions, please view the [FTS FAQ](#). If your questions are not addressed in the FAQ, please contact the team by email at Naloxone@dhcs.ca.gov.

Required Supplemental Documents

In addition to completing this application form, there are several supplemental documents required as part of the naloxone and fentanyl test strips application. These documents must be submitted with every application, regardless of if you've applied before. Please have these documents prepared and ready to upload prior to completing this online application form. To view the required supplemental documents, please see the [DHCS webpage](#).




National Domestic Violence Awareness Month

Training on Identification and Management of Strangulation

- BSPC EBM Lecture (October 21)
 - Dr. Steve Campman
 - Gael Strack, Esq.
- Emerging Topics ([Domestic Violence Report](#))
 - Sexual choking/strangulation
 - Strangulation in children
 - *“Hidden Homicides”*
- Training Institute on Strangulation Prevention
 - Paramedic training
 - [Free resources](#)





COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

EMS MEDICAL DIRECTOR'S ADVISORY COMMITTEE

Evidence-Based Medicine (EBM) Presentation

October 21, 2025

12:00-12:55 pm

[The Medical Examiner & Community Advocates:
Roles in Protection of Public Health and Safety](#)

Dr. Steven Campman & Gael Strack, Esq.

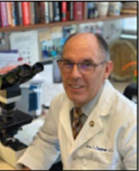
Join by Computer


<https://sdcounty-ca-gov.zoom.us/j/86319041050?pwd=PHB8ZqKSCXaliBRf5jWxVVOmE8TEhR.1>

Join by phone	Meeting ID	Passcode
1-669-444-9171	863 1904 1050	954382

Dr. Steven Campman

Dr. Campman recently retired after more than 20 years of service for the County of San Diego, culminating in his appointment as Chief Medical Examiner. He earned his B.S. in Biology from Loyola Marymount University, graduated from Creighton University School of Medicine in Omaha and completed residency in Anatomic and Clinical Pathology at the University of California, Davis Medical Center. In addition to serving the County, Dr. Campman served 13 years in the U.S. Air Force and Air Force Reserve, retiring as a colonel in 2016. He is Board Certified in Anatomical/Clinical, and Forensic Pathology.





Gael Strack, Esq.

Gael Strack, JD is the Chief Executive Officer and Co-Founder of Alliance for HOPE International. The Alliance oversees the National Family Justice Center, Training Institute on Strangulation Prevention, Camp HOPE America, VOICES and the Justice Legal Network. Ms. Strack is an internationally recognized expert in non-fatal strangulation and is a frequent speaker. Ms. Strack is also an Adjunct Professor at California Western School of Law teaching a class on "Domestic Violence and the Law." She will provide a special presentation on a new phenomenon known as "Hidden Homicides."



National Sudden Cardiac Arrest Awareness Month

Save a Life with Hands-Only CPR

Ready to Respond: Sudden Cardiac Arrest (SCA) Training Week

October 12-18, 2025

Various locations



Gain the skills you need to be a
lifesaver in your home and community

What you'll learn:

- How to recognize sudden cardiac arrest
- The simple steps of hands-only CPR
- How your actions can more than double a person's chance of survival

No registration required - scan the QR code
for training sites!



In partnership with Sudden Cardiac Arrest Foundation

Ready to Respond Week October 12-18

Goal: Train 3,000 people in CPR

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





National Sudden Cardiac Arrest Awareness Month *Ready to Respond Week: EMS Corps (October 16)*



- **EMS Corps** students participate in hands-only CPR training at the County Operations Center
 - County EMT training program
 - Students from underserved communities
- [EMS Corps Students Teach Hands-Only CPR](#)

Revive & Survive San Diego

Featured as *Community Spotlight* at Gull's Game Last Night!

Partnership between San Diego
County EMS and UC San Diego SPH

Goal: One Million

656,588 trained

since January 2024

revivesurvive.ucsd.edu



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



National Sudden Cardiac Arrest Awareness Month



Cardiac Arrest Registry to Enhance Survival (CARES)

ABOUT

Each year, approximately 350,000 persons in the United States experience an out-of-hospital cardiac arrest (OHCA) or sudden death; approximately 90% of persons who experience an OHCA die. Despite decades of research, median reported rates of survival to hospital discharge are poor (10.4%) and have remained virtually unchanged for the past 30 years. Without a uniform and reliable method of data collection, communities cannot measure the effectiveness of their response systems, nor can they assess the impact of interventions designed to improve OHCA survival.

CARES enables the County of San Diego (CoSD) to compare patient populations, interventions, and outcomes with the goal of identifying opportunities to improve quality of care and ascertain whether resuscitation is provided according to evidence based guidelines. This registry allows the CoSD determine standard outcome measures for OHCA locally, allowing for quality improvement efforts and benchmarking capability to improve care and increase survival.

Source: Cardiac Arrest Registry to Enhance Survival (CARES). <https://mycares.net/>

Data are updated each May for the previous year. Dashboard includes incident data from 2016 - 2024.
For more information, please contact EMSNotifications@sdcounty.ca.gov



Participating 9-1-1 Transport Agencies ^①

American Medical Response

Starting 05/2012

AMR County Service Area 17

Starting 01/2014

Camp Pendleton FD

Starting 01/2021

Carlsbad FD

Starting 01/2017

Chula Vista FD

Starting 01/2025

Escondido FD

Starting 01/2025

Federal FD

Starting 01/2021

Lakeside FPD

Starting 01/2015

Miramar FD

Starting 01/2016

North County FPD

Starting 01/2017

Oceanside FD

Starting 01/2016

Poway FD

Starting 02/2016

San Diego County FPD

Starting 01/2022

San Diego Fire-Rescue Dept

Starting 07/2009

San Marcos FD

Starting 01/2016

Santee FD

Starting 01/2015

Vista FD

Starting 01/2016

A full list of Prehospital EMS Agencies can be found [here](#).



EMS Dashboard of Dashboards Now Live!

County of San Diego, Emergency Medical Services Public Dashboards

Trauma System

Transfer of Care

Cardiac Arrest Registry to Enhance Survival (CARES)

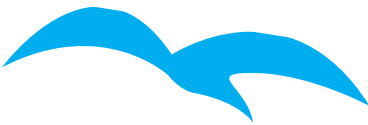


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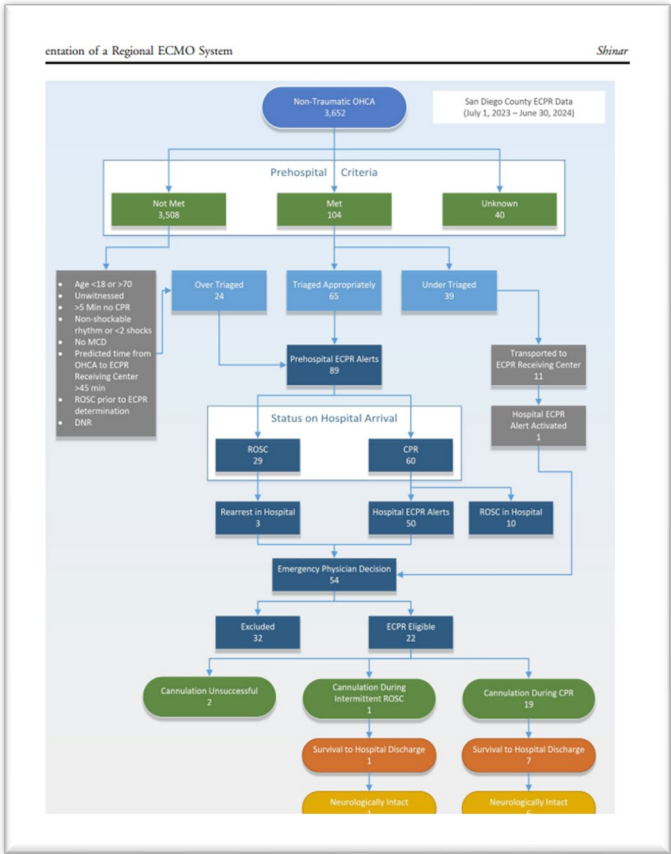
[San Diego County EMS Dashboard and Data](#)

ECPR Pilot Program



Research Letter published in November 2025 issue of Annals of Emergency Medicine (year 1 data)

Implementation of a Regional Emergency Physician-Initiated Extracorporeal Cardiopulmonary Resuscitation System



ECPR Pilot Program

New Receiving Center approved, effective November 3!

Welcome and congratulations to **Sharp Chula Vista Medical Center**

5th participating ECPR receiving center

Supports Health Equity Goal



Questions?

