



Draft Policy Public Comments Received: 01/05 - 02/04/2024

P-305 Paramedic Accreditation/Reaccreditation		
DATE	NAME	PUBLIC COMMENT
1/8/2024	Paul Maxwell	ALS continuing education programs should have the ability to deliver Paramedic Accreditation Workshops. Waiting for a scheduled workshop causes a delay in staffing. This is a hardship during times of staffing shortages.
2/4/2024	Christopher Kahn	" IV. A. 4 The first revision of this draft policy allowed for something other than an AHA card. The LEMSA for many years has consistently stated at various meetings that it does not require that a specific organization's course be used, only that the training be consistent with national standards. Now, we are presented with a revision that throws that out completely and reverts to mandating the use of a specific training course from the AHA. Agencies that have already contracted with other organizations consistent with years of LEMSA policy will suddenly find themselves scrambling to arrange new contracts and potentially lose significant funds already spent on their current contracts. This does not seem reasonable. The prior draft that allowed for agency flexibility while maintaining appropriate competency standards should not have been discarded, but rather revised after stakeholder discussion. Agencies should be able to establish training that is specific to San Diego regional protocols/policies while maintaining consistency with national standards and have that course equivalency be established upon paramedic service provider request. "



Draft Policy Public Comments Received: 11/20 - 12/20/2023

P-305 Paramedic Accreditation/Reaccreditation		
DATE	NAME	PUBLIC COMMENT
12/20/2023	Christopher Kahn	III. While requiring “unaltered course materials” seems reasonable per se, this would actually require that EMS educators teach content that is inconsistent with LEMSA protocol. For example, the 2020 AHA “Adult Basic Life Support Algorithm for Healthcare Providers” requires CPR to be performed in a 30 compression to 2 breath ratio prior to placement of an advanced airway, but San Diego County Protocol S-127 requires that CPR be continuous with a compression rate of 100-120/minute and a ventilation rate of 10-12/minute, resulting in a compression to ventilation ratio ranging from 30:2.5 to 30:3.6 but never a ratio of 30:2.

12/20/2023

Christopher Kahn
(Cont.)

Given that the AHA guidelines themselves specify that “healthcare providers, with their training and understanding, can realistically tailor the sequence of subsequent rescue actions to the most likely cause of arrest,” it seems preferable to allow for alteration of course materials to meet LEMSA protocol requirements on the presumption that the LEMSA has the training and understanding and ability to tailor the sequence of rescue actions within its area of responsibility. Reference: <https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/adult-basic-and-advanced-life-support-policy> should be clear that the list will be posted. Further regarding “unaltered course materials”, do all of the materials have to be unaltered, or is it acceptable to use some unaltered materials in addition to other materials? By a strict interpretation, this proposed language would mean that EMS educators could not show/discuss LEMSA protocol since that would be altering the sum content of the materials included in the course provided by the national organization. What is the timeline for the process where “course equivalency will be established upon paramedic service provider request”? “Will” it be established, or “might” it be established? If one agency has already established equivalency, does another have to ask for the same equivalency, or can that be published as “we’ve been asked, and these are considered equivalent”?

12/20/2023

Christopher Kahn
(Cont.)

Could an EMS provider agency (or group of agencies) develop their own course based on national organization guidelines and LEMSA protocol then successfully submit it for course equivalency declaration? IV. What is a “locally-oriented paramedic While one must assume that means somebody who’s undergone orientation to the local system, it reads like somebody who’s civically minded. Is this meant to refer to paramedics who intend to work in San Diego County? Perhaps paramedics who have been oriented to San Diego County EMS policies/protocols/procedures? The list of programs approved by the LEMSA to meet the requirements of IV.A and IV.L should be publicly posted, and this policy should be clear that the list will be posted.



Draft Policy Public Comments Received: 08/15 - 09/14/2023

P-305 Paramedic Accreditation/Recacreditation		
DATE	NAME	PUBLIC COMMENT
		No comments received.



Draft Policy Public Comments Received: 07/15 - 08/12/2023

P-305 Paramedic Accreditation/Reaccreditation		
DATE	NAME	PUBLIC COMMENT
7/14/2023	Rick Foehr	This policy looks good to me as is. I'm looking forward to offering this accreditation class to paramedics who need it in order to work in SD County. Thank you for the opportunity to review this policy!
7/27/2023	Jakub Jagielinski	Add Require Paramedics maintain a current CPR provider card Same verbiage from P801 Policy Section A5. Remove the maximum hour limit, allows for agency approve programs to incorporate workshop into longer onboarding process.

8/9/2023	Joe Russo	Current: Possess a current Advanced Cardiac Life Support (ACLS) course completion card (Provider or Instructor level). Recommendation: Possess a current Advanced Life support Cardiac Arrest management card. ACLS is specifically designed for AHA.
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