City and County of San Francisco
London N. Breed, Mayor

Department of Public Health
Emergency Medical Services Agency

Date: September 5, 2018

To: All Permitted San Francisco Ambulance Providers

From: Dr. John Brown
EMS Agency Medical Director
Department of Public Health

Re: IMMEDIATE RELEASE: Policy 4001 "Vehicle Equipment & Supply List"

As Policy 4001 "Vehicle Equipment & Supply List" was not voted on at the August 22, 2018 EMSAC meeting due to time constraints and the need to finalize protocols and policies affecting the equipment and supply in our EMS system, we are issuing an emergency release of critical updates to Policy 4001 in order to protect public health and safety pursuant to EMSA Policy 1000, Section IV "Policy Release Without Public Comment". This is necessary due to imminent provider equipment procurement timelines and the overarching need to standardize equipment across the EMS system for time-sensitive emergencies treated by multiple providers.

While all of the September 7, 2018 critical revisions and intended revisions for the next EMSAC meeting have been through public comment, another full public comment of the entire Policy 4001 will take place within 60 days with review and vote at the October 16, 2018 EMSAC meeting. This version (September 7, 2018 emergency release of Policy 4001), containing the critical updates, is effective for 90 days beginning on September 7, 2018 at 0800.

The critical updates going into effect now and intended updates for the near future are listed below.

Effective September 7, 2018 – Critical Updates:

Standardized Portable Cardiac Monitor Recommendations –
The EMS Agency has two major cardiac initiatives.

2020/50 – A 50% witnessed cardiac arrest survival rate with a CPC score of 2 or less by 2020.
2020/60 – A 60 minute timeframe from time of patient contact to cath lab insertion for STEMI patients by 2020.

An EMS System with portable cardiac monitor/defibrillators with standardized features to improve cardiac patient care (see below) provides the best possible care and is in the best interest of the patient. Standardized features ensure patient safety as multiple agencies respond to the same call, provide compatibility and interoperability between ambulance providers and hospitals, give a single data source for post-call annotations and research, and allow for cost efficiencies. Policy 4001 is updated with this critical update now to inform procurement options.

1. **Portable Cardiac Monitors with Compression Feedback Puck –**
   High-quality compressions and minimizing interruptions during chest compressions is paramount to improving our cardiac resuscitation rate. With instantaneous feedback during a resuscitation, EMTs and Paramedics can see the quality of compressions and therefore improve quality of care. Furthermore, EMS Providers and the EMSA can review CPR performance data in case review after each cardiac arrest as part of quality improvement (QI). From recent resuscitation case reviews, evidence exists that poor CPR compressions are being performed within the EMS System.

2. **CPR Filter—**
   A CPR filter is necessary in order to provide the ability to view underlying cardiac rhythms to increase overall compression performance and timeliness of care for cardiac dysrhythmias.

3. **Standardization Across Devices—**
   The standardization of sensor/therapy devices (pads, leads, etc.) is critical to minimize care disruption during handoffs between providers (first responders, transport personnel, etc.).

Effective September 7, 2018 – Other Critical Updates:

Pain Medications –
As nation-wide drug shortages have caused EMS Systems, including San Francisco, to have limited quantities of life-saving medications, it is imperative that Providers are able to order and procure newly approved pain medications prior to the effective date of October 29, 2018.

Definitions and Equipment Lists for Unit-types (ALS/BLS Ambulance, ALS/BLS First Response, Mobile Assistance Team (MAT), and ALS Supervisor) –
For EMS system improvement, each medical response vehicle and team must have a standardized list of required medical equipment to provide optimal and interoperable patient care.

MCI Kits –
Due to recent active shooter MCIs nationally, the MCI kit is being revised to include more bleeding control devices. Supervisor vehicles are required to have a larger MCI kit while transport units have a modified MCI kit. All Special Medical Events (Policy 7010) are required to have the equipment from the Supervisor vehicle MCI list.

Minor Administrative Updates also effective September 7, 2018:

Magnesium Sulfate –
Updated concentration to 2 g/100 mL and a minimum of 4 g to better reflect medication availability.

Icepacks –
Cold pack language "(8 reserved for ROSC Pts on ALS Ambulance)" is removed due to scientific evidence.

Removal of Nasal Intubation Equipment –
Nasal intubation equipment shall be removed as all ALS medical response vehicles have CPAP. Nasal intubation will not be renewed as part of Local Optional Scope of Practice from EMS Authority.

Intended Policy 4001 Updates for October 16, 2018 EMSAC Meeting:

ETCO2 Oxygen Cannula – Addition of ETCO2 oxygen cannulas for anticipated approval of Local Optional Scope of Practice from EMS Authority and in conjunction with newly revised pain control policies.

Radio Capability to Contact the Base Hospital – All response vehicles with Accredited Paramedics must have the ability to speak and communicate with a Base Hospital physician.

QRV – With the proposed Quick Response Vehicle (QRV) program, Policy 4001 needs to reflect the approval process and equipment list. For the interim, QRVs will follow the ALS Supervisor equipment list.

AVL – Automatic Vehicle Locator (AVL) must be functional and able to provide location to DEC for ambulance dispatch. The AVL must be fully functional in order for the ambulance to be in service.

Stair Chairs on Response Vehicles – With the unique urban environment of San Francisco, many homes, residences, and buildings require extrication of patients from multiple-storied structures. Delays in patient care can occur if all emergency response vehicles do not have stair chairs.

Please see the attached revision of Policy 4001 effective September 7, 2018 at 0800. For ease of review, two copies of Policy 4001 are provided:

- Highlighted revisions in yellow
- Final version

If you have any questions, please contact me at 415-487-5000.