Paramedic Protocol Update 2025

KERN COUNTY PUBLIC HEALTH

Prohibited Behavior

EMS Training Rules and Regulations Memorandum No. 2021-09

- Exhibiting threating, confrontational, or disorderly behavior.
- Rallying other participants to exhibit prohibited behavior of any kind.
- Tampering with the training material.
- Arriving at the testing site under the influence of any mind altering or otherwise prohibited substance. (Including but not limited to prescription medications)
- Not following direction from EMS personnel at any time.

Participants showcasing prohibited behavior during Kern County EMS hosted training will not be tolerated.

If participant is suspected of engaging in any prohibited behavior, Kern County EMS personnel will immediately discontinue training and will direct participant(s) to leave training site immediately. Any decision taken by EMS personnel is FINAL.

Agenda

- **George Baker**
  - EMS Program Introduction
- **Sahan Yagmur**
  - Buprenorphine
- **Danielle Stemper**
  - TXA
  - Anaphylaxis
  - Tele911
- **Robert Lopez**
  - Toradol
  - Acetaminophen IV
- **Alec Larroque**
  - Distal Femur IO
  - Proximal Humerus IO
  - Burns (Protocol Update)
- **Mitch**
  - OB Protocol
  - Pitocin
- **Kern Medical Residents**
- **Anthony Dominguez**
  - Olanzapine
  - Droperidol
- **Chris Parks and Aaron Aumann**
  - Emerging Infectious Diseases
- **George Baker**
- Intubation

Buprenorphine Update

Overview

- Buprenorphine is an FDA approved medication used to manage opioid withdrawals or dependency
- Since the start of use in 2023 there has been no negative outcomes with the administration of this medication
- Dose: 16mg SL after Tele911 consult has been initiated
- 2nd dose: 8mg SL if symptoms persist or worsen after 10 minutes

Indications

- Can be administered to 16 years of age and older
- COWS score of 7 or higher
- Requires Tele911 consult prior to administration for indication/symptom review and arrange for a follow up
- Naloxone leave behind required for all patients receiving Buprenorphine

Contraindications

Pregnant patients removed from contraindications

15 years of age or younger

Any methadone use in the last 10 days

Altered mental status

Sepsis

Current intoxication

Recent use of Benzodiazepine within the last 24 hours

COWS score of less than 7

Shock/Hypoperfusion/Bleeding Control (125) & Allergic Reaction/Anaphylaxis (103)

By: Danielle Stemper

TXA

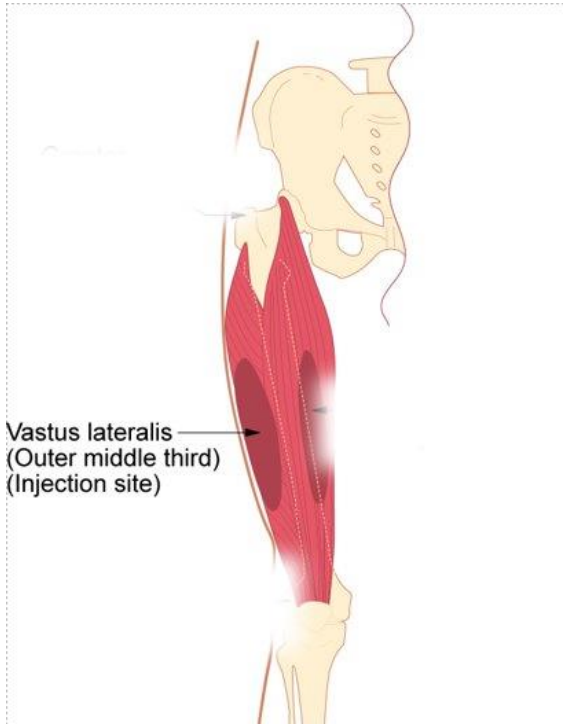
- ***Old Dose*** ~~adults only (1 gram administered over 10 minutes for the initial dose) Mixing 1 gram (10 mL) in 100 mL of NS and infuse via: – Macro 10gtts/mL over 10 minutes @ 110 gtts~~

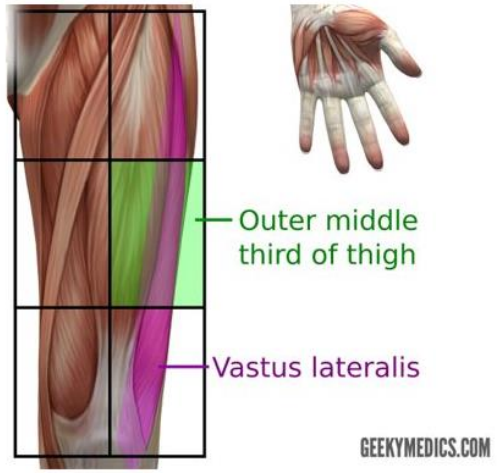
- ***New Dose*** trauma patient's adults only - 2 grams TXA administered slow IVP over 1 minute.
- Trauma Pediatric patients is contraindicated.

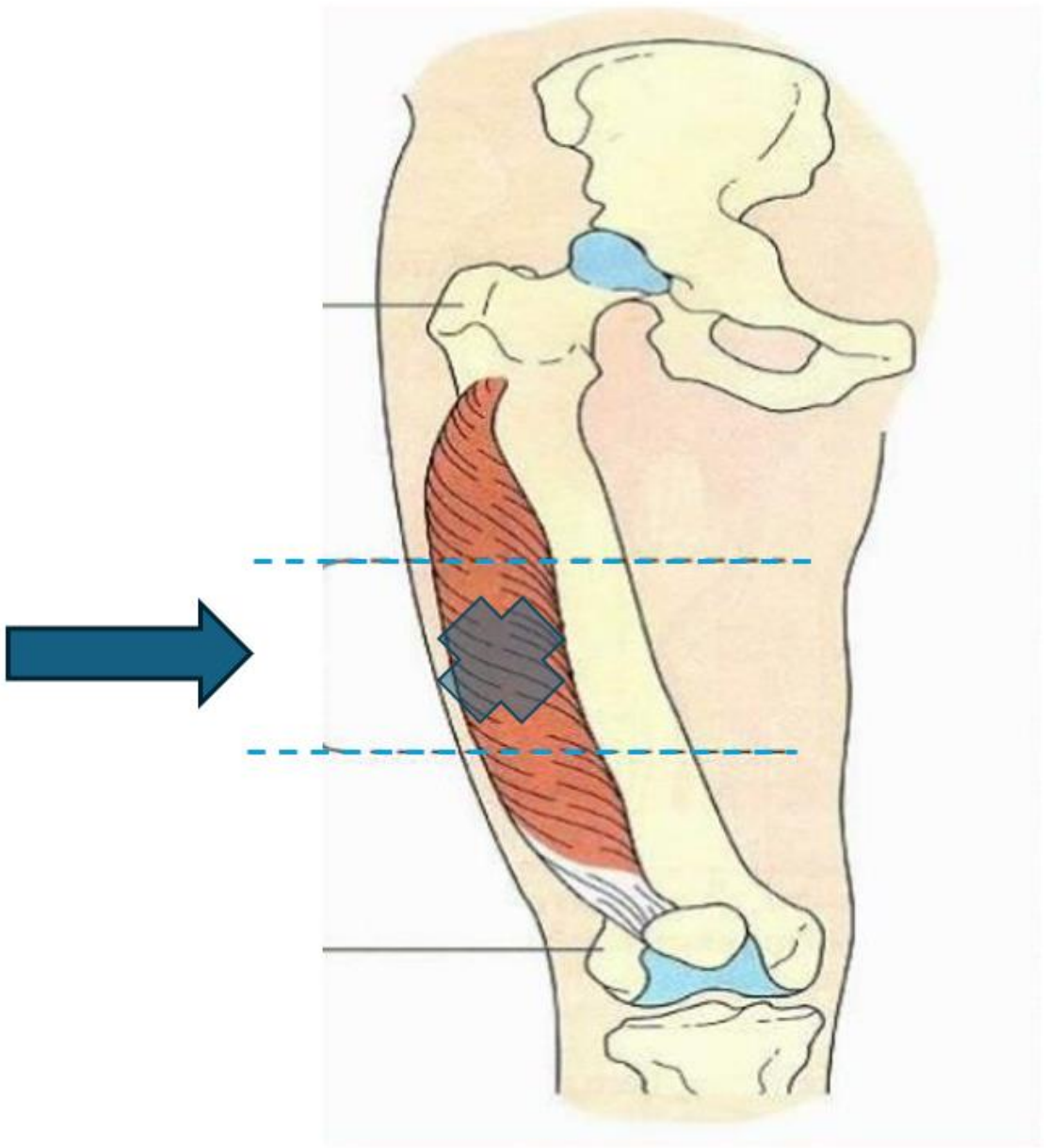
Allergic Reaction/Anaphylaxis (103)

Anaphylaxis Protocol Update

- Same dose
  - 0.3mg IM of 1:1000 Adult
  - Pediatrics see HandTevy
- **New Location**
- No longer given in the upper arm (deltoid) for anaphylaxis
- Now given IM in lateral thigh (vastus lateralis)
- Faster absorption with more vasculature in this site.







A closer look at the new injection site

- The middle third and anterior
- lateral aspect of the thigh.

Kern County & Telehealth

Kern County & Telehealth

TELEHEALTH (1017.00)

Current telehealth provider is Tele911

Telehealth shall be utilized by both BLS and ALS providers who have received proper training and mandatory equipment.

When a patient meets criteria contact telehealth and explain it is mandatory by the county.

Telehealth *SHALL* be contacted for:

- All stable patients who meet the Telehealth Medical Screening Criteria
- All patients > age 65 who refuse ambulance transport.
- All patients who refuse transport Against Medical Advice (AMA)
- All treat in place criteria patients.

TELEHEALTH MEDICAL SCREENING CHECKLIST

QUESTIONS	YES	NO
Age > 1 year	☐	☐
HR 60-120 (adults or normal for age in peds)	☐	☐
SBP > 100 (adults or normal for age in peds)	☐	☐
RR 12-24 (adults or normal for age in peds)	☐	☐
Pulse ox ≥ 94%	☐	☐
Patient does not meet Specialty Center Criteria	☐	☐
GCS 15 or patient is at their neurologic baseline	☐	☐
Not combative/aggressive	☐	☐
Not a pregnancy-related complaint	☐	☐

If ALL of the answers to the criteria above are YES (GREEN)

OR

If the patient is ≥ age 65 and is not being transported

OR

If the patient refuses transport Against Medical Advice (AMA), make contact with Telehealth for a physician assessment and consultation.

Non - transport with age ≥ 65	☐	☐
Refusal of transport Against Medical Advice (AMA)	☐	☐

Contraindications for Consulting Telehealth

Any scene where a physician, physician assistant or nurse practitioner, operating under the direction of a physician, is present and has provided treatment or direction for treatment and/or transport for a patient.

This would include but not be limited to:

1. Urgent Cares
2. Dr. Offices
3. Clinics

Note* This would not include Skilled Nursing Facilities where a physician is not present.

117 Pain Control/Fever

Ketorolac and Acetaminophen (IV) Updates

By Robert Lopez

Ketorolac (Torodal)

- Dose increased

Ketorolac (Torodal)

Classification

Nonsteroidal anti-inflammatory drug (NSAID)

Actions

Inhibits the bodily synthesis of prostaglandins

Ketorolac (Torodal)

Contraindications

- Age <2 years old
- Multisystem trauma
- Hypersensitivity/ Allergy to (NSAIDS)
- Active bleeding
- Pregnancy
- Hx renal disease, kidney transplant
- Patients >65

Adverse Effects

- **Tachycardia**
- **Increased salivation**
- **Laryngospasm**
- **Nausea/ Vomiting**
- **Blurred vision**
- **May increase blood pressure**

Ketorolac (Torodal)

Adult dose
• Single dose • ~~10mg over 2 minutes~~ • 15 mg IV over 2 minutes • ~~Or single dose of 10mg IM~~ • Or single dose of 15mg IM

Pediatric dose
• Single dose • ~~0.5 mg/kg (max of 10 mg) over 2 minutes~~ • 0.5 mg/kg (max of 15 mg) over 2 minutes • ~~Or 0.5 mg/kg IM (max of 10 mg)~~ • Or 0.5 mg/kg IM (max of 15 mg)

Ketorolac (Torodal)

Onset

- 10-15 Minutes

Duration

- 4-6 Hours

Acetaminophen (IV)

- IV added as new route of administration

Acetaminophen (IV)

Classification

- Miscellaneous analgesic

Indications

- Used for fevers > 100.4 to prevent increase of fever and to lower body temperature
- Can be used post-febrile seizure as long as patient is responsive
- Pain relief of minor injuries

Acetaminophen (IV)

Adult dose	Pediatric dose
• Single dose • 15mg/kg IV push • Max single dose of 1 gram	• Single dose • 15mg/kg IV push • Max single dose of 1 gram

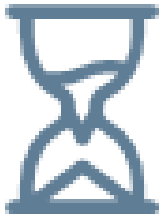
Acetaminophen (IV)

Contraindications

- Use with caution in patients with any active severe liver disease.

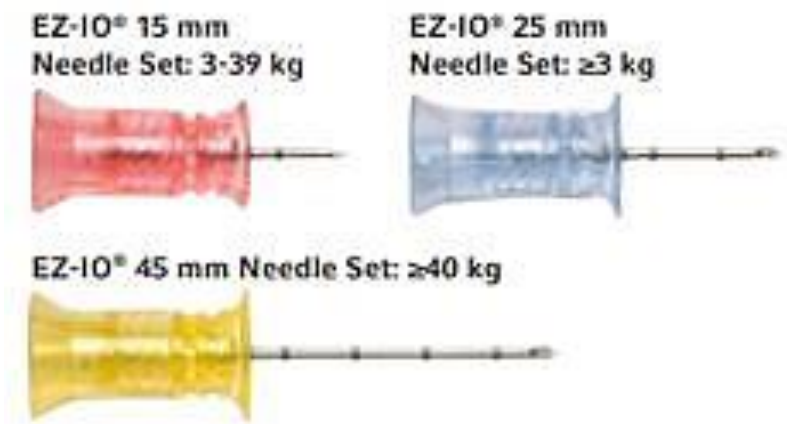
Adverse Effects

- Diarrhea
- Sweating
- Nausea or Vomiting
- Stomach cramps or pain



Acetaminophen (IV)

Onset	•5-10 minutes
Duration	•4-6 hours



IO Sites & Burns

By: Alec Larroque

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Burns

20 Minutes of Cool Running Water

Defined as 20 minutes of cool running water within the first three hours of burn injury.

Shows analgesic benefit

Lessens depth of the burn injury

Improves healing process

Less scarring

Ice cooling shows no benefit or harm in burn treatments

Updated Burns Protocol Format

BLS Procedures: EMT's and Paramedics start here

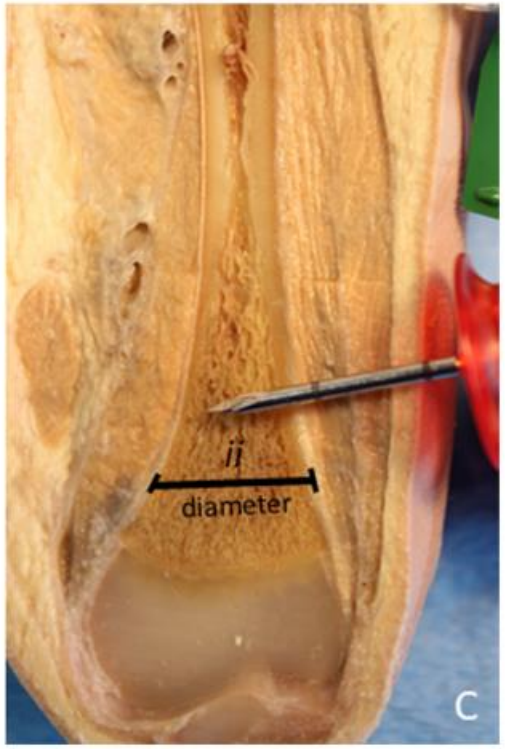
- Primary assessment and ABC's
- Oxygen only if SpO2 <94% or if in respiratory distress or concern of CO toxicity
- Thermal burn? Stop the burning process and place burn wound under cool running tap water for 20 minutes prior to transport and then wrap in dry sterile dressing.
- Chemical burn? Don appropriate PPE determine chemical agent via labeling or SDS, if unable to identify brush off dry chemical, blot excess liquid chemical. Wash with copious amounts of water, apply sterile dressing
- Check for associated injuries, treat shock as needed, do not apply ice **or** cream to burned areas.
- Transport to burn center or closest appropriate facility or ALS rendezvous

Additional Intraosseous Access Sites

Intraosseous Sites

1. Indications:
    a. Cardiac Arrest
    b. Critical patients where rapid vascular access is unavailable by other means in the following conditions:
    c. Multisystem trauma with severe hypovolemia
    d. Severe dehydration with vascular collapse and/or loss of consciousness
    e. Respiratory failure or respiratory arrest.
    f. Patient is unstable.
2. Contraindications:
    a. Fracture is proximal to the proposed intraosseous site.
    b. History of osteogenesis imperfecta.
    c. Current or recent infection at proposed intraosseous site.
    d. Previous intraosseous insertion at the identified site within 24 hours.
    e. Joint replacement at or above the selected intraosseous site.
    f. Excessive tissue (severe obesity) and/or absence of adequate anatomical landmarks.
    g. Distal femur IO access SHALL NOT be obtained on CONSCIOUS patients.

Views from cadavers 39 weeks + 5 days



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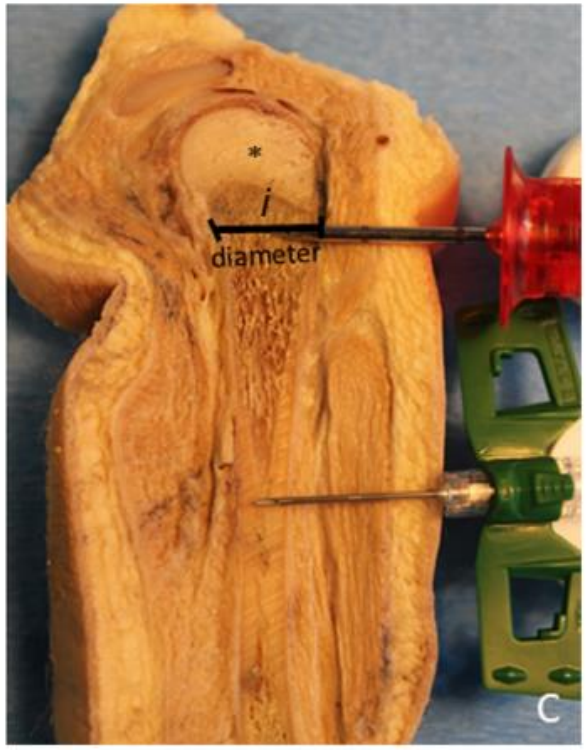

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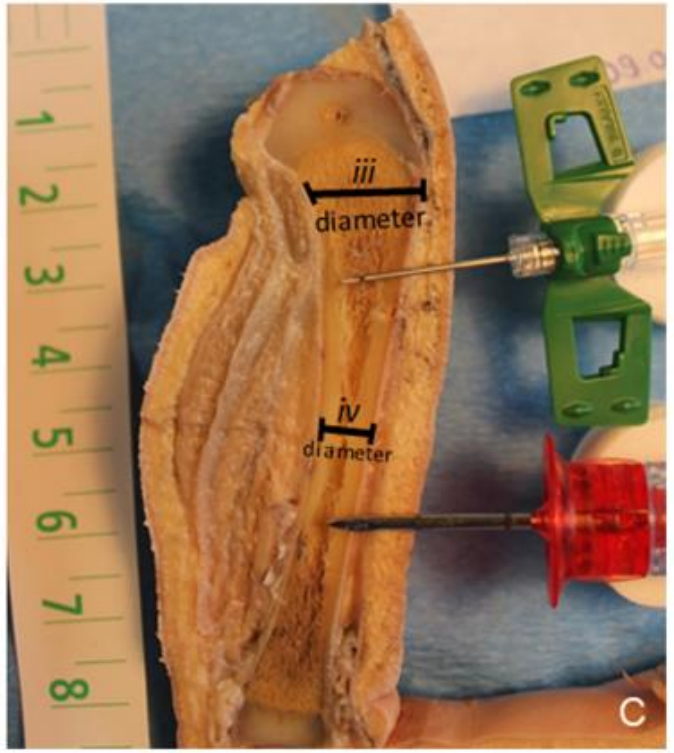


3C

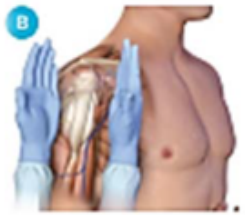
GA Site Diameter Data

Table 2 – Diameter [mm] and cross sectional area [mm^2] in pre- and term newborns.

	GA 25–27 BW: 1.2 kg [0.9–1.4]			GA 28–36 BW: 1.5 kg [1.3–2.2]			GA 37–43 BW: 3.5 kg [3.2–3.9]		
	Diameter [mm]	Cross sectional area [mm^2]	n=	Diameter [mm]	Cross sectional area [mm^2]	n=	Diameter [mm]	Cross sectional area [mm^2]	n=
Tibia (prox.) Metaphyseal	9.1 ± 1.6	66.5 ± 11.2	20	10.6 ± 2.2	88.2 ± 23.3	24	12.0 ± 2.4	111.6 ± 29.5	16
Humerus (prox.) metaphyseal	9.4 ± 1.2*	67.7 ± 11.7	28	11.2 ± 0.9	85.5 ± 14.5	24	12.1 ± 1.8	113.5 ± 19.7	28
Femur (distal) metaphyseal	8.4 ± 1.7*	57.7 ± 11.9	20	10.2 ± 2.5	85.6 ± 19.3	24	11.9 ± 3.4	120.6 ± 28.2	24

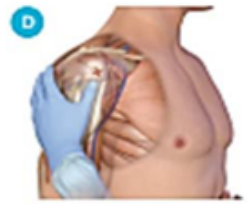
Proximal Humerus I.O. Access

A) Place the patient's hand over the abdomen (elbow adducted and humerus internally rotated). Place your palm on the patient's shoulder anteriorly. The area that feels like a "ball" under your palm is the general target area. You should be able to feel this ball, even on obese patients, by pushing deeply.



B) Place the ulnar aspect of your hand vertically over the axilla. Place the ulnar aspect of your other hand along the midline of the upper arm laterally.

C) Place your thumbs together over the arm. This identifies the vertical line of insertion on the proximal humerus.



D) Palpate deeply up the humerus to the surgical neck. This may feel like a golf ball on a tee – the spot where the "ball" meets the "tee" is the surgical neck. The insertion site is 1 to 2 cm above the surgical neck, on the most prominent aspect of the greater tubercle.

E) Point the needle set tip at a 45-degree angle to the anterior plane and posteromedial.

Distal Femur I.O. Access

Ensure the leg is stretched out with the foot pointing straight up and the knee does not bend.

Palpate the patella. Insert intraosseous needle approximately 1 to 2 cm (1-2 finger breadths proximal to the patella and approximately 1 to 2 cm medial to the midline

Insert needle at a 90-degree angle to the bone.

Aspirate to confirm placement.

Secure in place.

Obstetric Emergencies: Procedures & Management

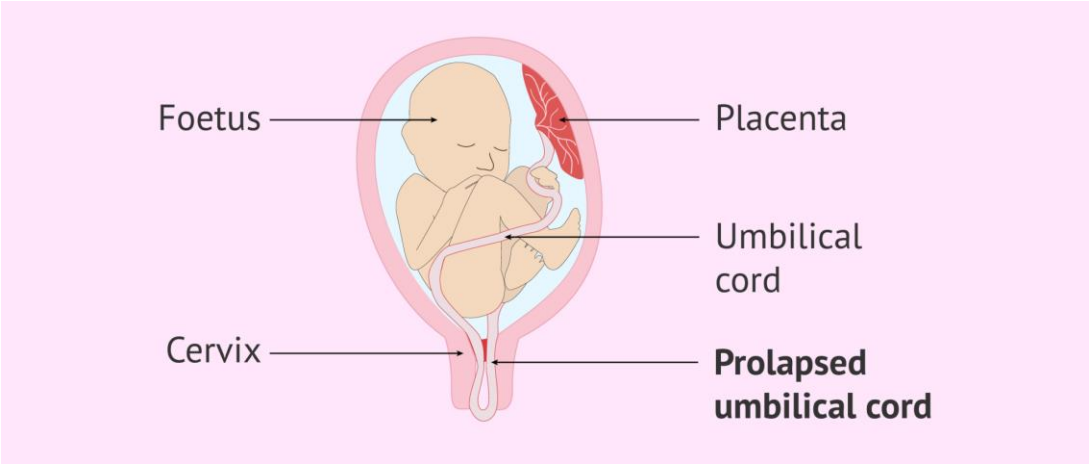
Key Guidelines for Prehospital Care

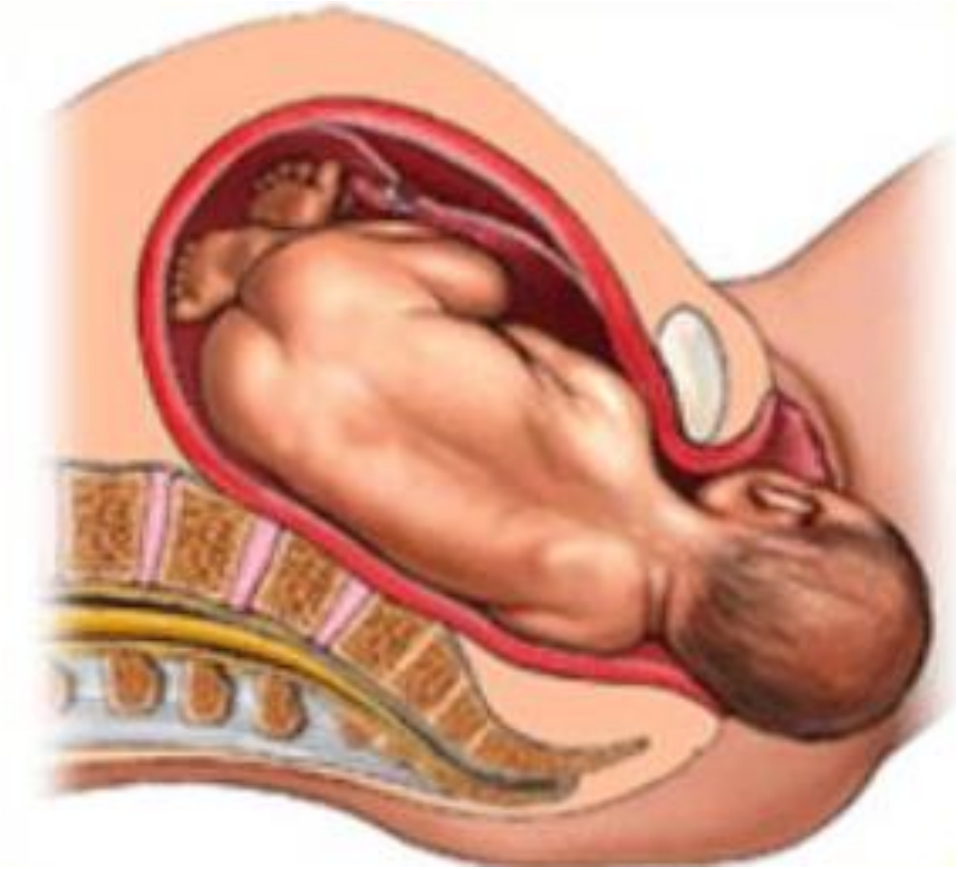
Delivery Complications

- Prolapsed Cord
- Shoulder Dystocia
- Nuchal Cord

Prolapsed Cord

- Position – Place the pregnant patient with hips elevated on pillows or knees to chest (Shock Position)
- Protect Umbilical Cord – Insert gloved hand into vaginal opening to prevent the cessation of blood flowing through the cord.
- Transport – Provider should continue to protect the presenting cord for the entirety of the transport and transfer of care.



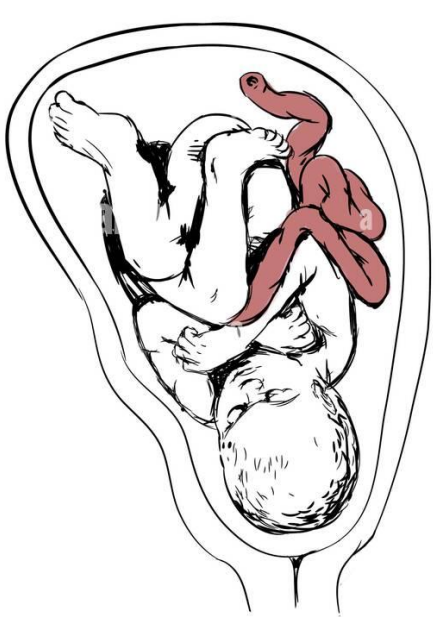


Shoulder Dystocia

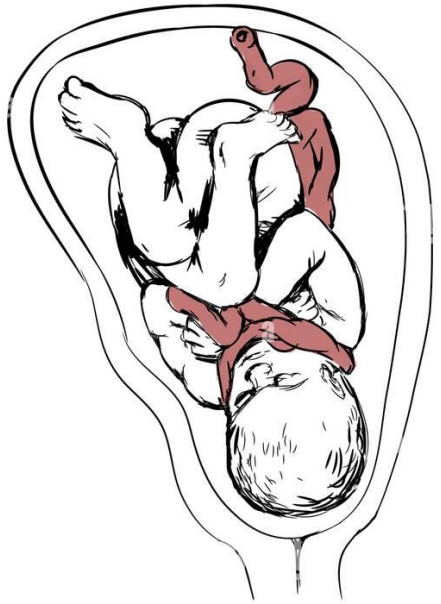
- If the infant's shoulders are preventing the progress of delivery perform the McRoberts maneuver.
  - Elevate both knees to patient's chest.
  - Apply suprapubic pressure by pushing above the pubic bone towards the direction the head is facing.

Nuchal Chord

- After the head has been delivered, palpate the neck for presence of the cord. If present, slip the cord over the back of the head or over the shoulders.
- If the cord is too tight to slip over the head or shoulders, clamp the cord in two spots and cut between the clamps; the newborn should then be delivered promptly.



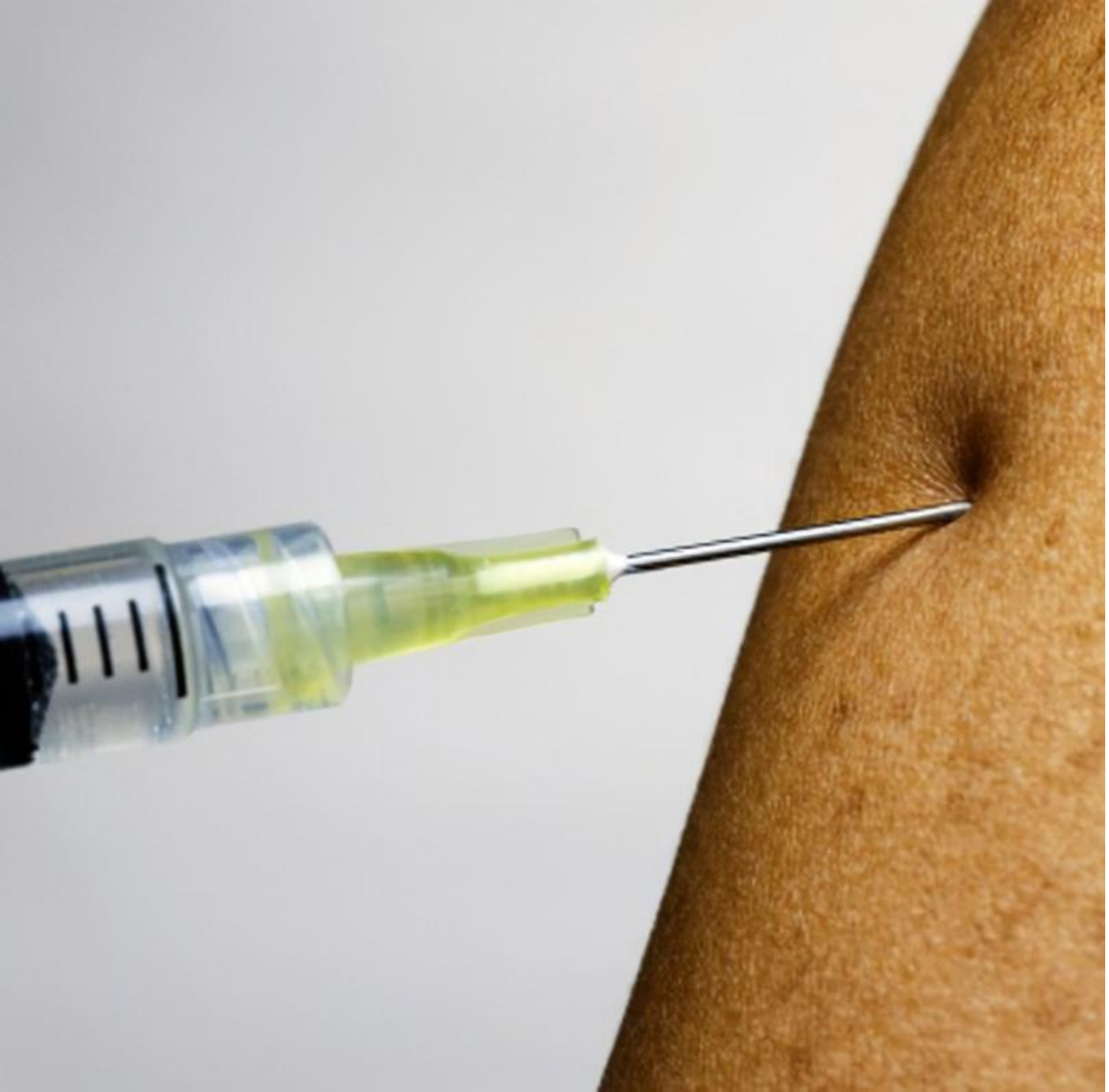
Normal Anatomy



Nuchal Cord Condition

Oxytocin (Pitocin)

- **Class:**
  - Hormone
- **Action:**
  - Stimulates uterine contraction to assist with control of postpartum bleeding or atony.



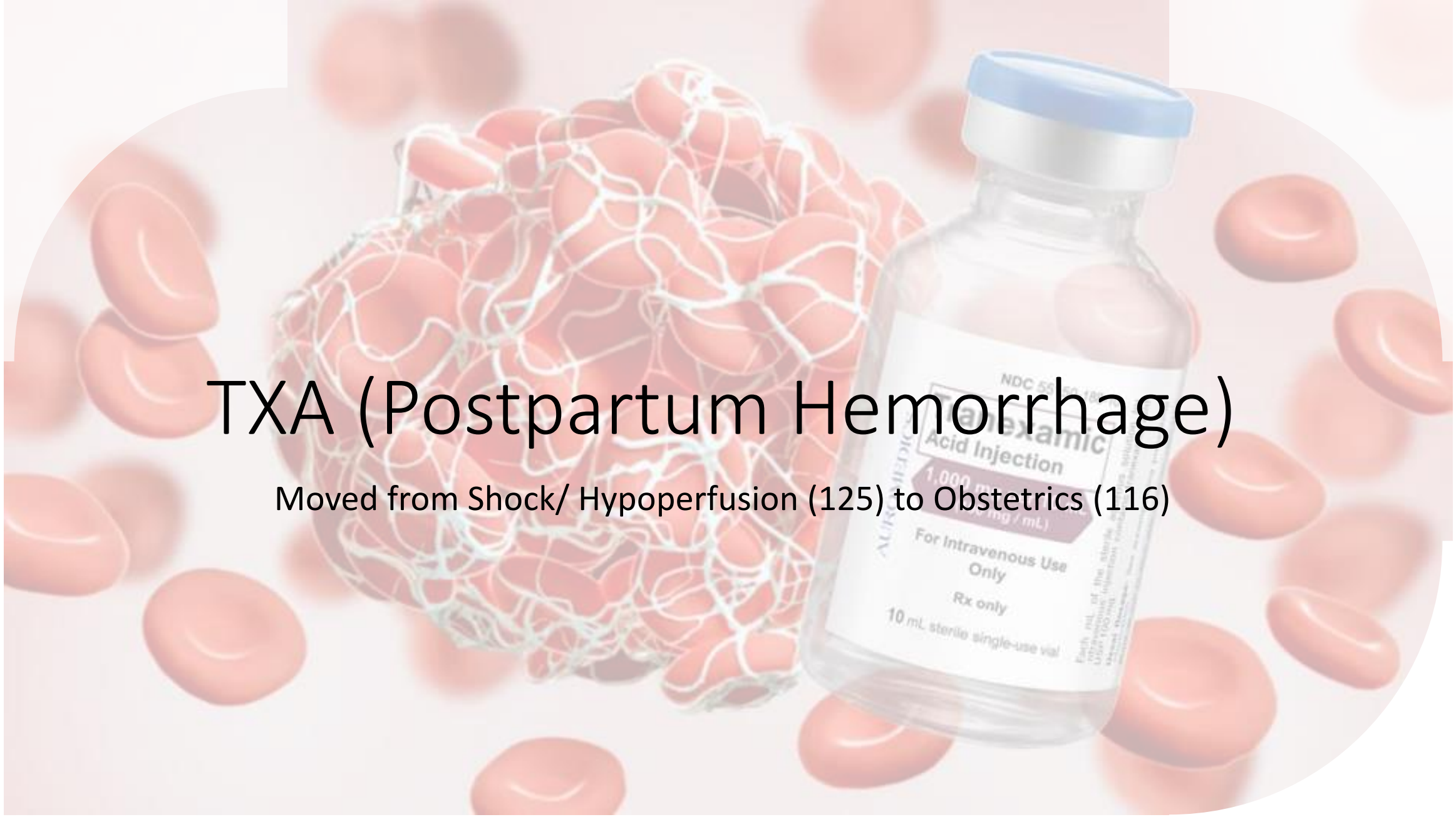
- **Indications**
  - Immediately after delivery of the baby.
- **Dose**
  - Administer 10 units IM

- **Precautions:**
  - Hypersensitivity
  - Hypertension
  - Rapid infusion may lead to hypotension and dysrhythmias
- **Contraindications:**
  - Uterine rupture
  - Incomplete delivery

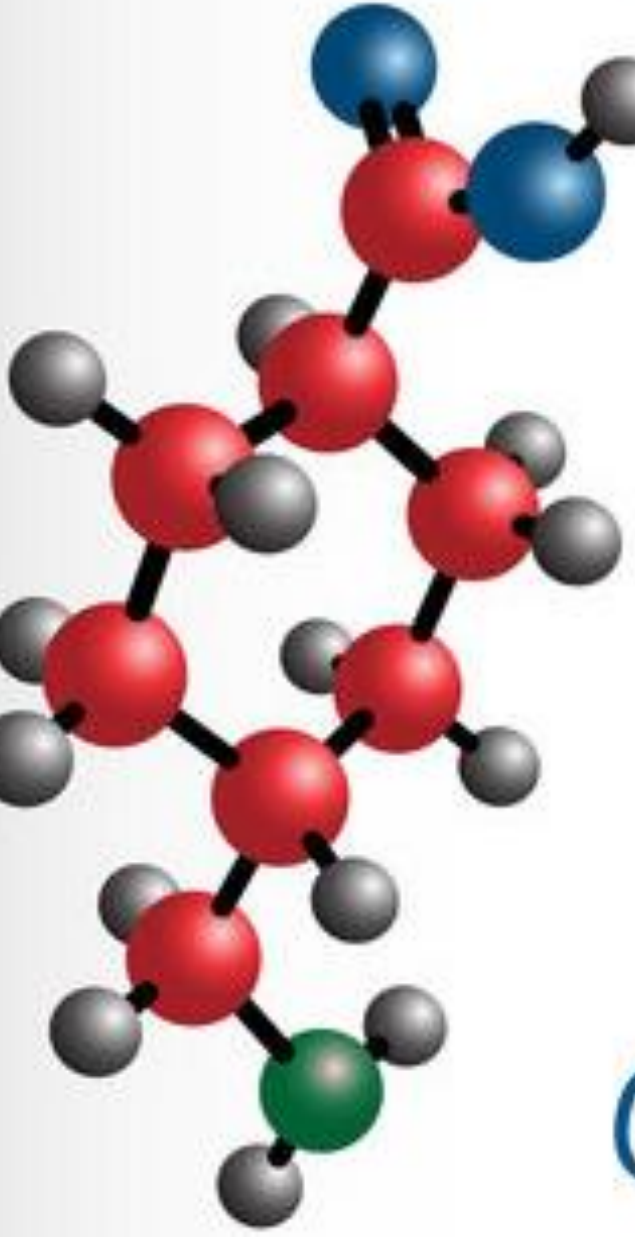
It has now become the clinical standard to administer Pitocin after second stage.

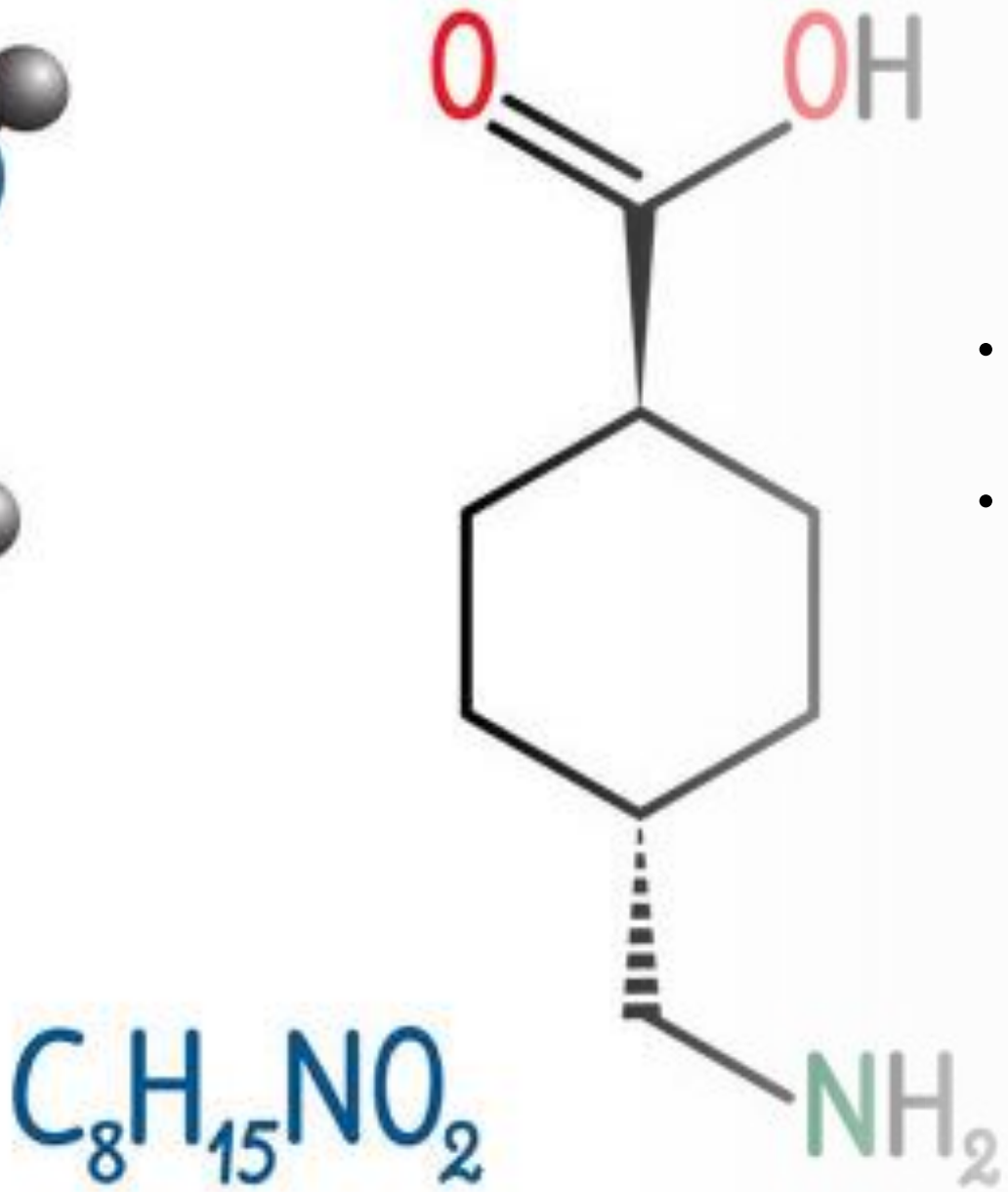
TXA (Postpartum Hemorrhage)

Moved from Shock/ Hypoperfusion (125) to Obstetrics (116)



Tranexamic acid





- Class:
  - Antifibrinolytics
- Action:
  - TXA is a synthetic reversible competitive inhibitor to the lysine receptor found on plasminogen. The binding of this receptor prevents plasmin (activated form of plasminogen) from binding to and ultimately stabilizing the fibrin matrix.

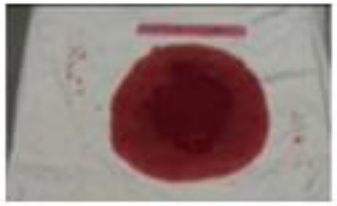
- Indications:
  - Estimated blood loss greater than or equal to 1000 mL with continued bleeding
- Adult Dose:
  - Administered 1 gram of Tranexamic Acid over 10 minutes. Mix 1 gram (10 mL) in 100 mL of NS and infuse via:
    - Macro 10gtts/mL over 10 minutes @ 110 gtts/min.
    - May repeat after 30 min.
- Pediatric Dose:
  - Same as adult
  - Shall make base contact

- Precautions
  - TXA is NEVER administered at a “wide open” rate.
  - Female patients taking birth control containing estrogen or progestin are at risk for blood clots, and TXA significantly increases that risk.
- Contraindications
  - Hypersensitivity to medication
  - Suspected CVA, MI, or PE

Blood Loss Reference

50 mL

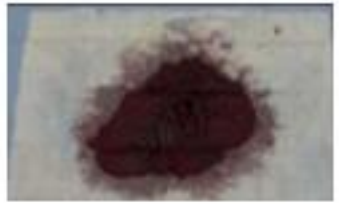
250mL



100mL

300mL

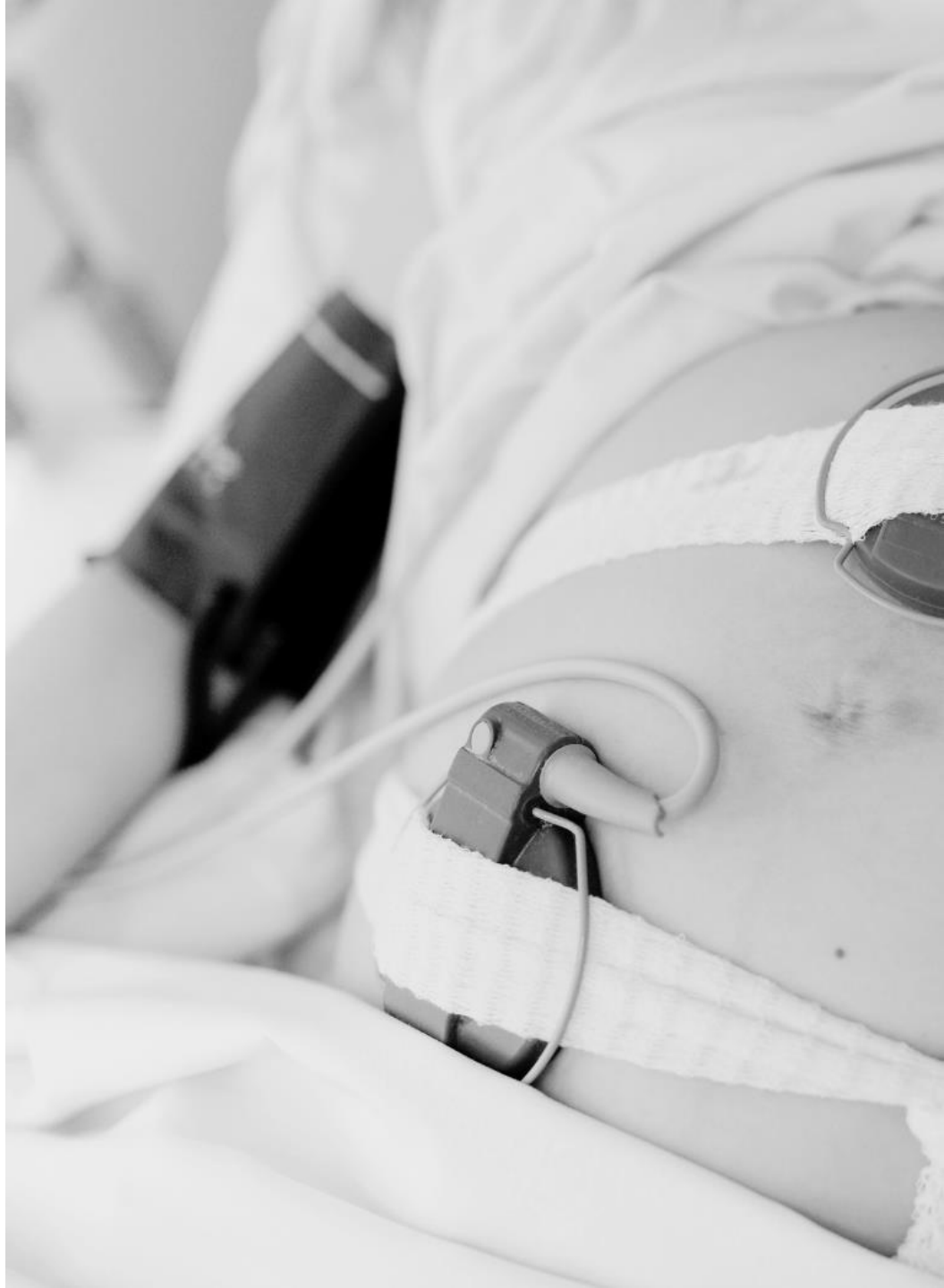
200 mL



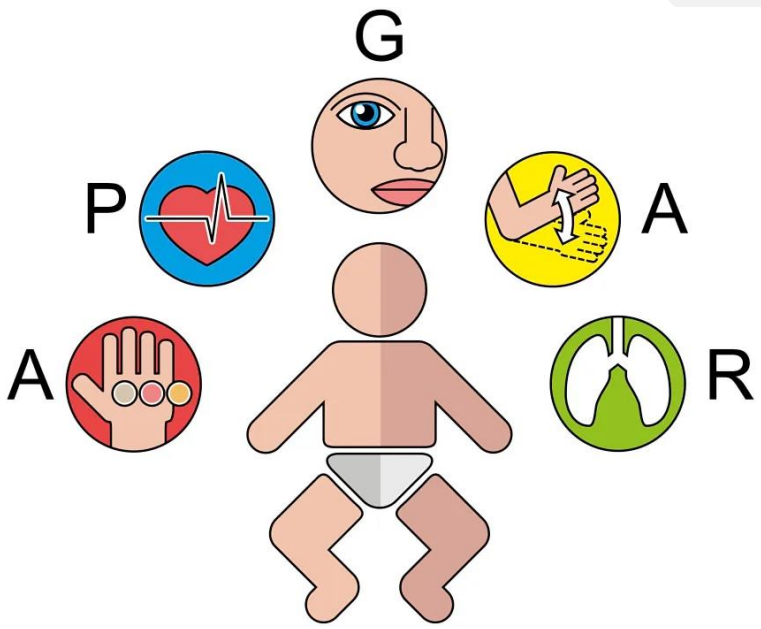
500mL

Special Considertions

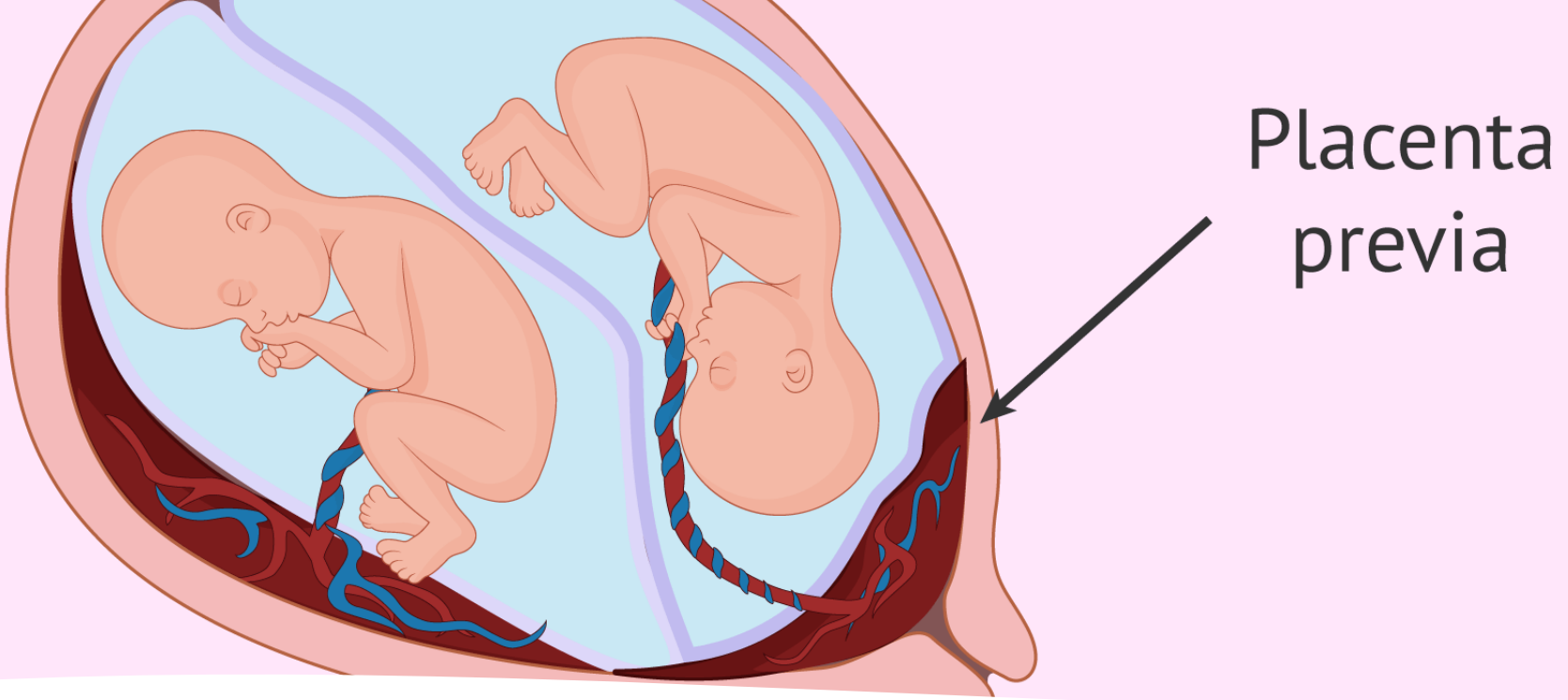
- Complicated deliveries include presenting part of the fetus other than head, prolapsed cord, placenta previa, abruptio placenta, shoulder dystocia if initial maneuvers are not successful or if the patient indicates that they are considered a high risk pregnancy.
- For all complicated deliveries
  - BLS should consider rendezvous with ALS if they’re closer than an OB destination



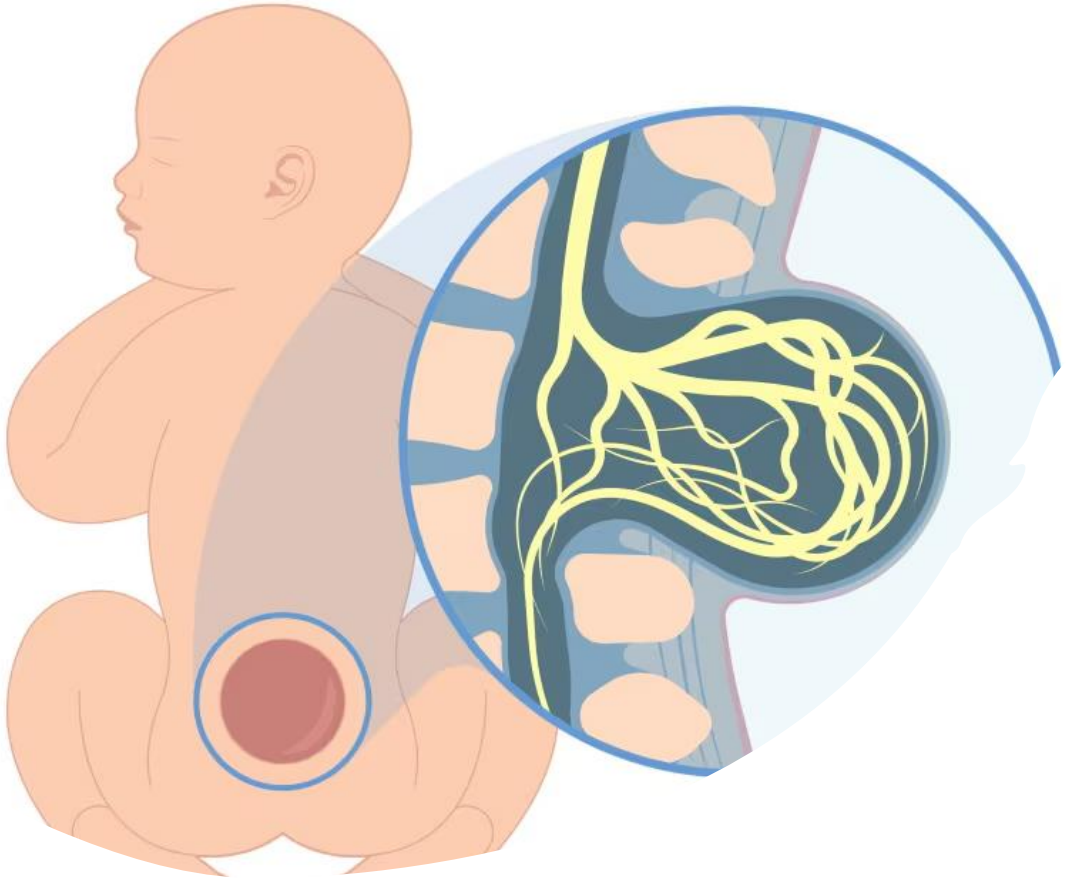
- Do NOT routinely suction the infant’s airway (even with a bulb syringe) during delivery.
- After 1 minute, clamp cord about 6-8 inches from the infant’s abdomen with two clamps; cut the cord between the clamps.
- If resuscitation is needed, the baby can still benefit from a 1-minute delay in cord clamping. Start resuscitation immediately after birth and then clamp and cut the cord at 1 minute.
- While cord is attached, take care to ensure the baby is not positioned significantly higher than the mother to prevent blood from flowing backwards from baby to placenta.

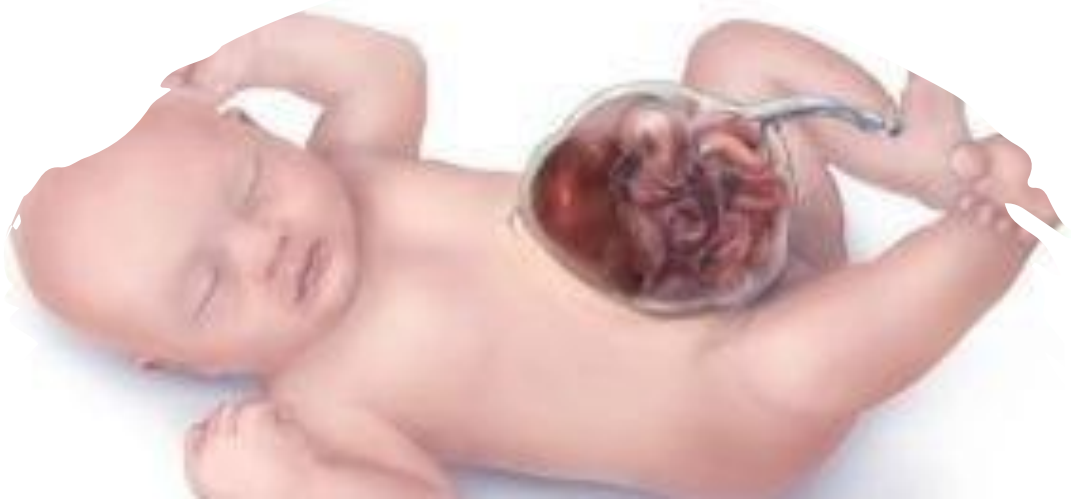


- Resuscitation takes priority over recording APGAR scores. Record APGAR scores at 1 and 5 minutes after neonate is stabilized
- The placenta will deliver spontaneously, often within 5–15 minutes after the infant is delivered.
  - Do not force the placenta to deliver; do not pull on the umbilical cord
  - Contain all tissue in plastic bag and transport
- Abruptio placenta frequently occurs in third trimester of pregnancy; placenta prematurely separates from the uterus causing intrauterine bleeding.
  - Signs and symptoms
    - Lower abdominal pain, uterine rigidity (often not present until abruption is advanced)
    - Vaginal bleeding – this symptom may not occur in cases of concealed abruption
    - Clinical index of suspicion for abruption (history of trauma, maternal hypertension, maternal drug use especially cocaine)
    - Shock, with minimal or no vaginal bleeding



- Placenta previa: placenta covers part of the cervical opening
  - Generally, occurs late in the second or third trimester
  - Painless vaginal bleeding, unless in active labor
- Spontaneous abortion (miscarriage)
  - Generally, first trimester
  - Intermittent pelvic pain (uterine contractions) with vaginal bleeding/passage of clots or tissue





- Spina Bifida (birth defect)
  - Keep clean
  - Place moist sterile gauze over the exposed cord
- Omphalocele (birth defect)
  - Keep clean
  - Place moist sterile gauze

- Most deliveries proceed without complications
- If complications of delivery occur:
  - apply high flow oxygen to mother
  - expedite transport to the appropriate receiving facility
- Maternal resuscitation is critical for best fetal outcome.
- Contact medical direction and/or closest appropriate receiving facility for direct medical oversight and to prepare the receiving team.

Olanzapine

by Anthony Dominguez

Olanzapine (Zyprexa)

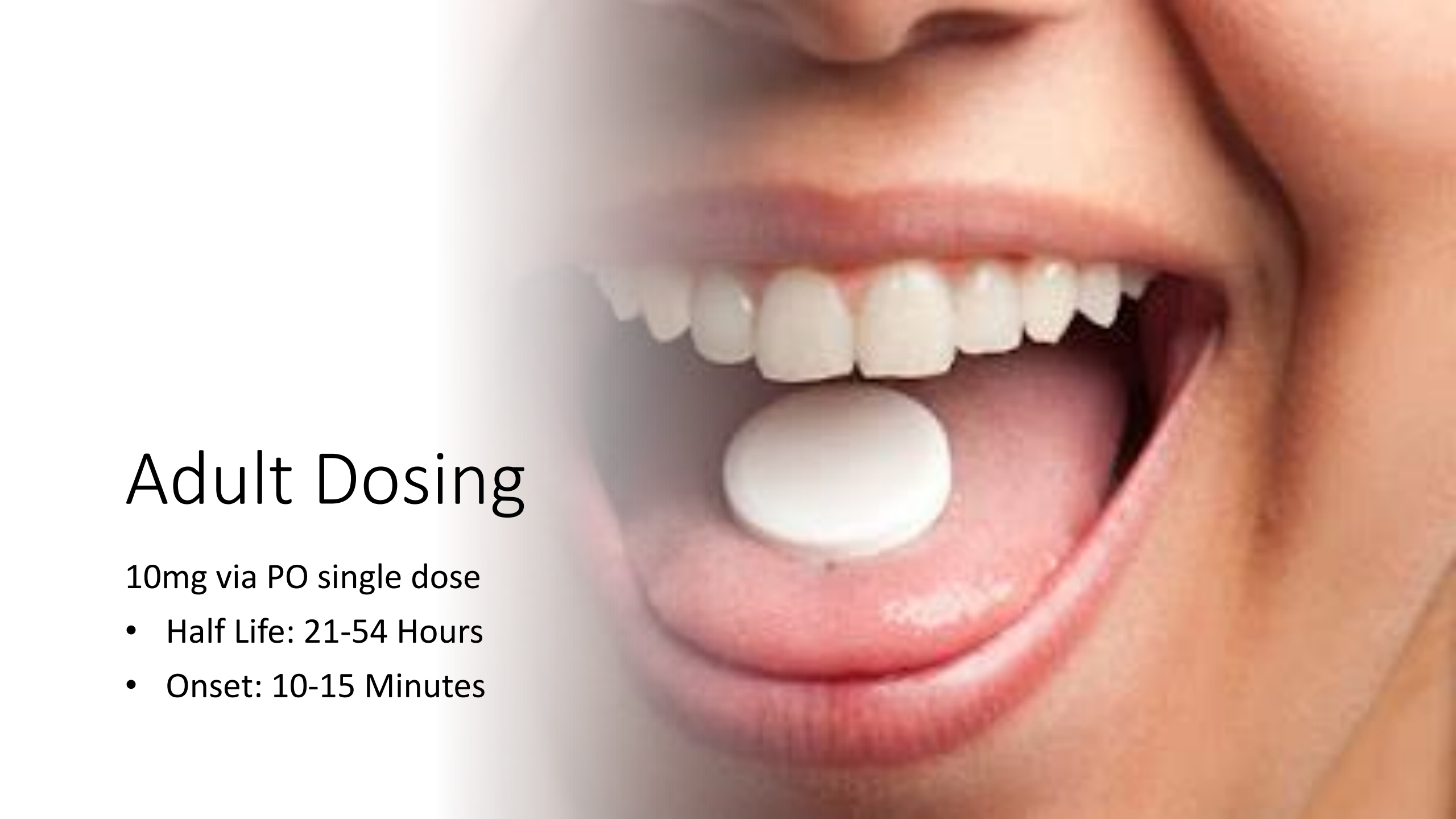
- It works by balancing the levels of dopamine and serotonin in your brain, that help regulate mood, behaviors, and thoughts. It belongs to a group of medications called antipsychotics.

- Indications:
  - Anxious and cooperative patient with a primarily behavior health presentation and a history of psychiatric disorder

Adult Dosing

10mg via PO single dose

- Half Life: 21-54 Hours
- Onset: 10-15 Minutes



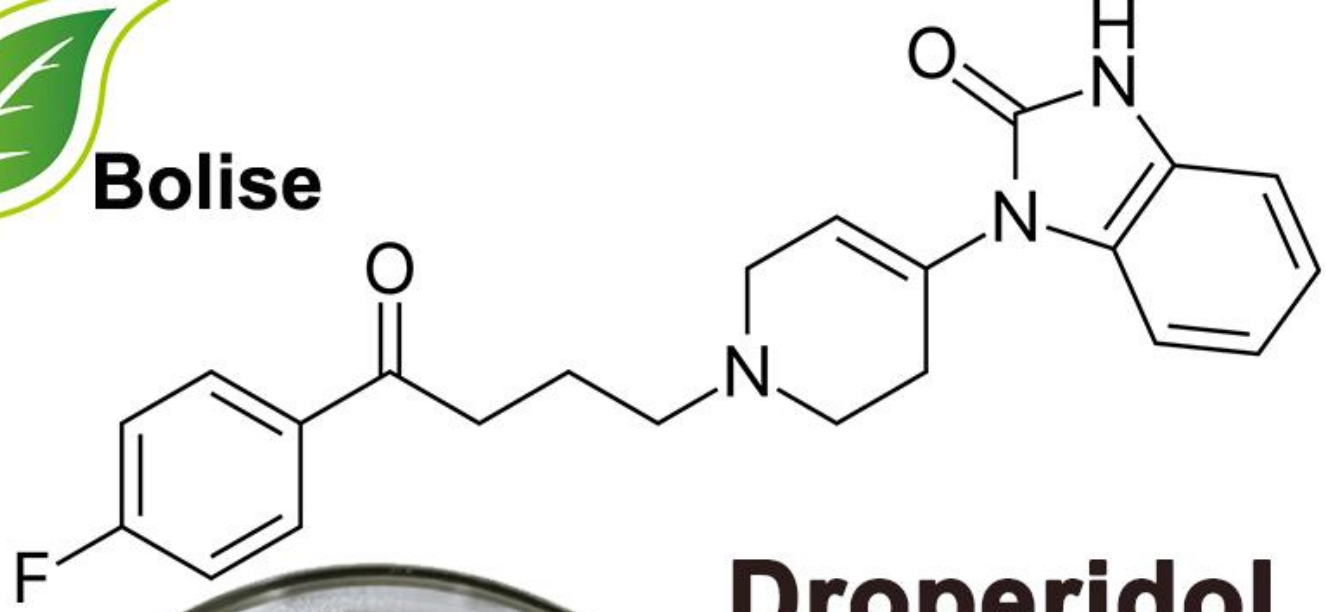
Precautions

- · Hyperglycemia
- · Dystonic Reactions
- · Involuntary muscle movements
- · Altered mental status
- · Generalized Weakness
- · High Fever
- · Excessive sweating
- · Central Nervous System Depression
- · Arrythmias

Contraindications

- · Alzheimer’s disease
- · Breast Cancer
- · Patients less than 18 years of age
- · Pregnant patients
- · Seizures

Bolise



Droperidol

Droperidol

by Anthony Dominguez

Droperidol (Inapsine)

Action: Droperidol blocks dopamine stimulation of the chemoreceptor trigger zone

Onset of Action: 3-10 Minutes

Half Life: 2 Hours

Indications: Agitated patients who pose serious probable and imminent bodily harm to self/others

Contraindications: Hypersensitivity

Adult Dosing: 5mg IM single dose

Precautions

- CNS depression
- Esophageal dysmotility/ aspiration
- Involuntary muscle movents
- Orthostatic Hypotension
- Temperature regulation
- Arrythmias

Avian Influenza A H5N1

California Department of Public Health

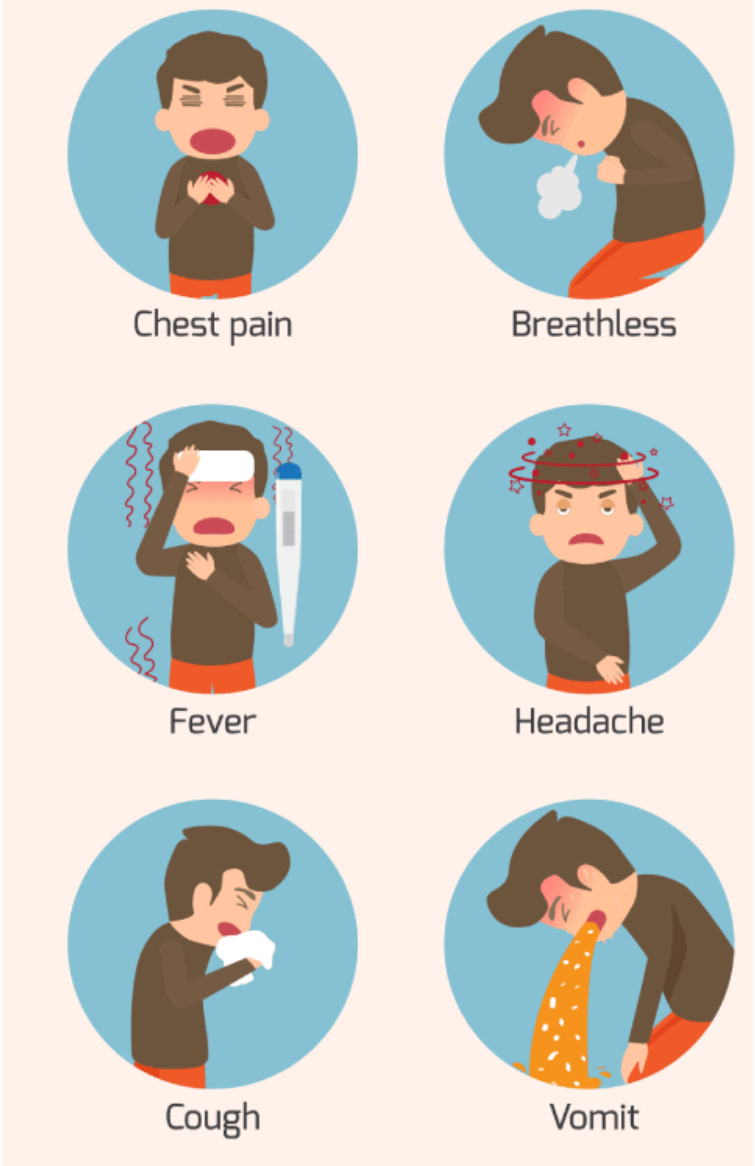
By Chris Parks and Aaron Aumann

Table of Contents

Currently in the US

There is a lot we don’t yet know as the avian influenzaA (H5N1), or bird flu virus, circulating in the US is a new type. Some things we do know:

- The risk to most people is low. People working with infected animals are at greater risk of becoming infected.
- No person-to-person spread of this type of H5N1 has been found.
- One person with comorbitities has died in the US due to this type of H5N1.
- As of January 2025, 68 people in the US have had H5N1.
    - 38 live in California. Most live and work in the Central Valley and had exposure to infected cows.



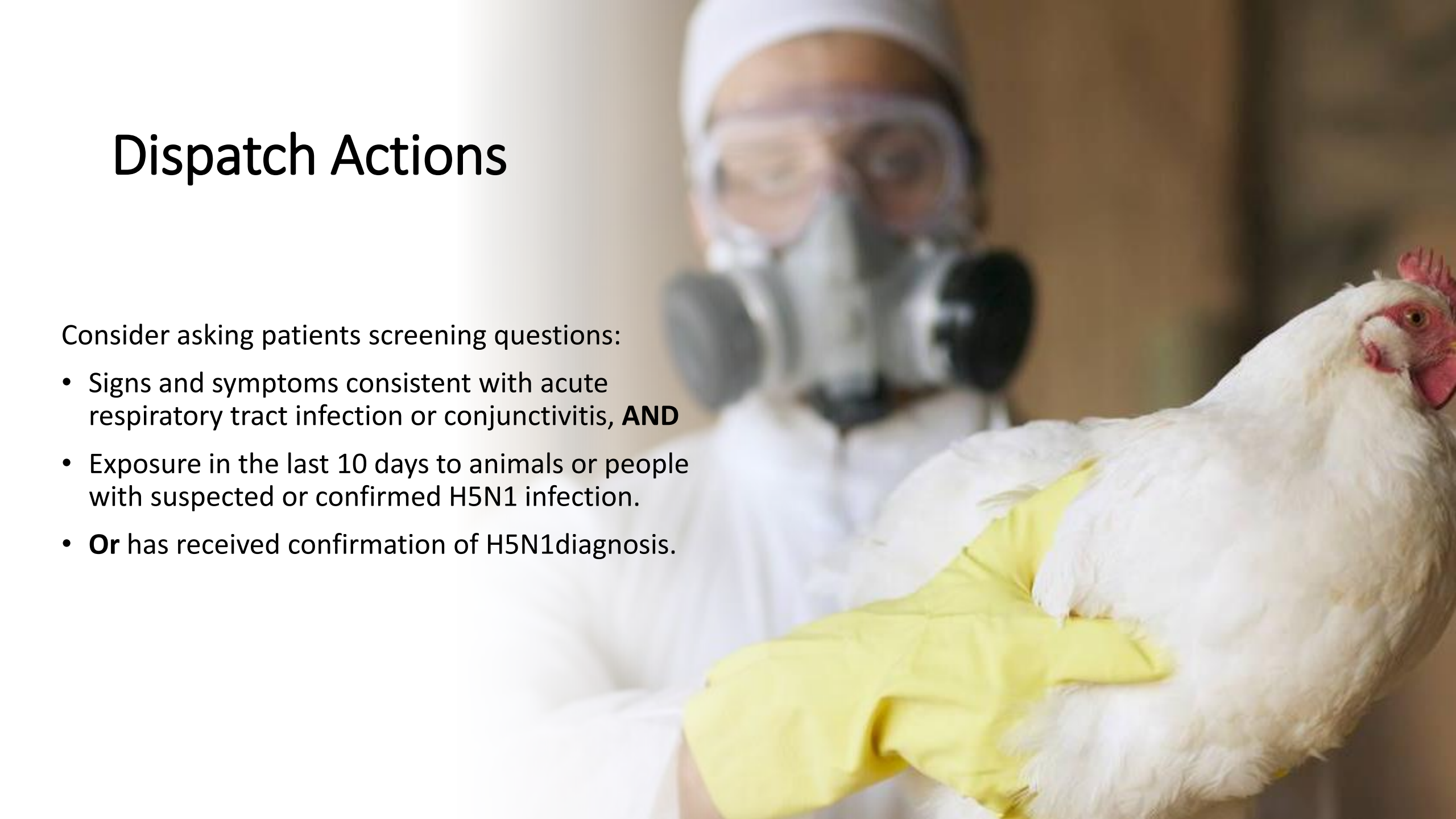
Symptoms of H5N1 in People

- Eye redness or discharge
- Cough
- Sore throat
- Runny or stuffy nose
- Diarrhea
- Vomiting
- Muscle or body aches
- Headaches
- Fatigue
- Trouble breathing
- Fever (100°F or higher)

Dispatch Actions

Consider asking patients screening questions:

- Signs and symptoms consistent with acute respiratory tract infection or conjunctivitis, **AND**
- Exposure in the last 10 days to animals or people with suspected or confirmed H5N1 infection.
- **Or** has received confirmation of H5N1diagnosis.



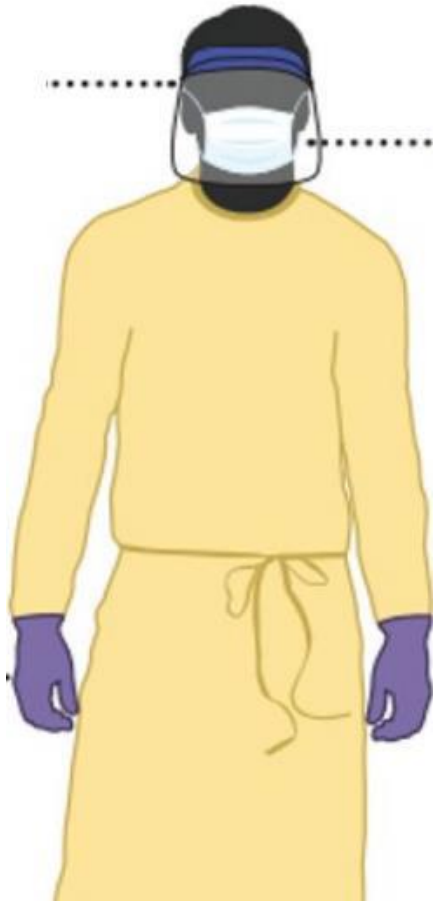
Arriving Emergency Medical Service (EMS) Actions:

- Be aware of community outbreaks
- Ensure history is consistent with dispatch information.
  - Inquire specifically about relevant travel and exposures.
- Adjust personal protective equipment (PPE) based on Symptoms
- Perform hand hygiene before and after all patient care activities.

- Follow appropriate donning and doffing order.
- Ask patient to wear mask
- Provide tissues to patients for secretion control

Personal Protective Equipment for Healthcare Personnel

- Respiratory protection: Fit-tested N95 respirator or higher-level respiratory protection
- A higher-level respirator is required for high hazard, aerosol-generating procedures (P100 or N100 or PAPR).
- Eye protection: Goggles or face shield
- Gown and gloves
- Use diligent hand hygiene before and after contact with the patient
- See CDC Interim Guidance for additional infection control recommendations



EMS Actions:

Transport Considerations

- Notify receiving hospital of the need for an airborne infection isolation room (AIIR) for patient
- Have patient compartment exhaust vent on high

For more information see CDPH Avian Influenza A Infection Control for Healthcare Providers

Ambulance Decontamination

- Follow PPE doffing order.
- Clean with EPA-registered disinfectant any visibly soiled surfaces including; Stretcher
- Stethoscope
- BP cuff

Key Takeaways

- The risk of H5N1 infection to the general public is low, BUT people who work directly with wild birds, poultry, and dairy cattle have the highest risk of exposure.
- Use personal protective equipment.
  - Protect eyes, nose, and mouth.
- Wash hands often.
- Provide education to workers.
- Notify facility and place patient in an airborne infection isolation room (AIIR), if available, and keep the door closed when possible.
- Self-monitor for symptoms
  - If employee develops symptoms after exposure to H5N1influenza,**notify the local public health department immediately.**
  - Contact the local public health department right away to arrange for testing and treatment.

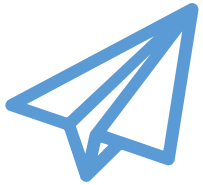
Contact Information

To contact the local health department communicable disease program:

LHD Communicable Disease Contact List

Questions or inquiries related to avian influenza for CDPH coordination contact

Inquiry Submission Portal

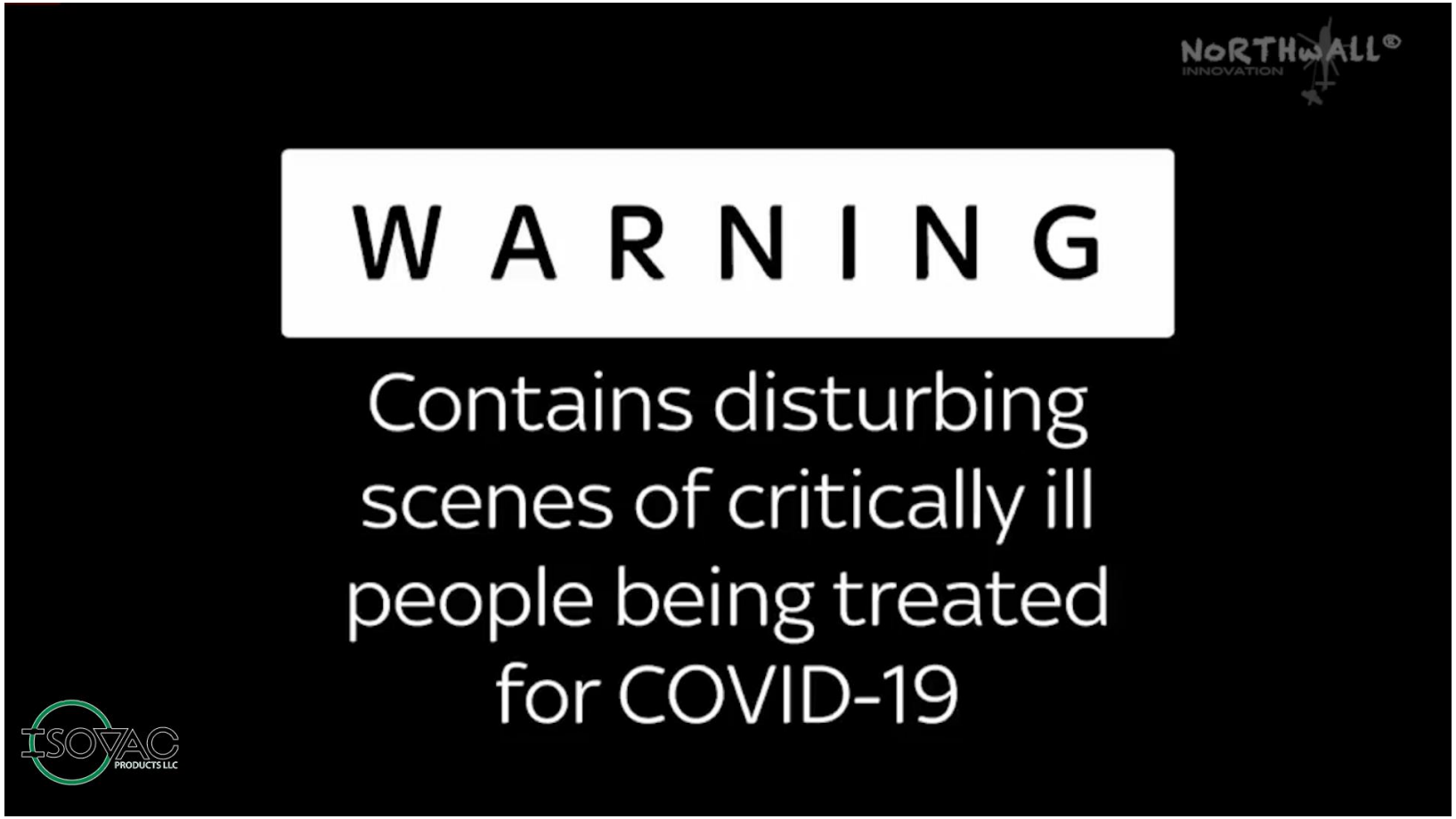


CDPH Email inbox:

CDPHGPInquiries@cdph.ca.gov

Resources for Healthcare Professionals

ISOVAC coming to Kern County

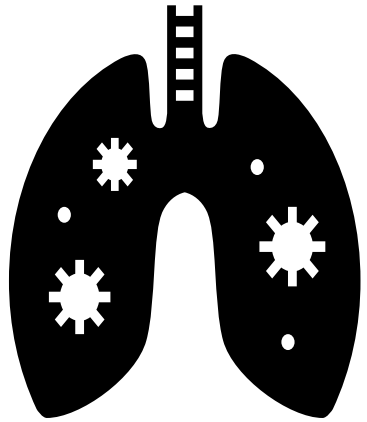


References

- Guidelines for Environmental Infection Control in Health-Care Facilities (Appendix B)https://www.cdc.gov/infection-control/hcp/environmental-control/appendix-b-air.html
- CDC Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease https://www.cdc.gov/bird-flu/hcp/novel-flu-infection-control/index.html

SYSTEM WIDE INTUBATION SUCCESS RATE

- System Intubation Success - **60%**
- **6 ATTEMPTS WITH 1 SUCCESS FOR THE WEEK OF FEBRUARY 10TH.**
- Mercy Air - 73%
- BFD - 71%
- CCFD - 50%
- Hall - 61%
- KCFD - 50% (63%)
- Liberty - 47%



ETCO2 USEAGE SYSTEM WIDE

- System ETCO2 Use - **80%**
- Mercy Air - 100%
- BFD - 17%
- CCFD - 75%
- Hall - 85%
- KCFD - 76%
- Liberty - 73%

ETCO2 STANDARD IS 90%, THIS SHOULD BE VERY NEAR 100% OR CLEARLY DOCUMENTED AS TO WHY IT WAS NOT USED

FIRST PASS SUCCESS RATE

- System First Pass Intubation - **68%**
- Mercy Air - 100%
- BFD - 58%
- CC - 50%
- Hall - 73%
- KCFD - 30%
- Liberty - 86%

SUPRAGLOTTIC AIRWAY SUCCESS RATE

- 12 ATTEMPTS WITH 11 SUCCESSES FOR THE WEEK OF FEBRUARY 10TH.
- System Air-Q/LMA/KA Success - 93%
- Mercy Air - 100%
- BFD - 89%
- CCFD - 100%
- Hall - 93%
- KCFD - 95%
- Liberty - 90%

MITIGATING FACTORS

- THE DATA SHOWN ABOVE WAS TAKEN DIRECTLY FROM FIELD PROVIDER DOCUMENTATION
- 4 ETT INTRODUCER ATTEMPTS DOCUMENTED FOR 2024
- ET TUBE INTRODUCER NOW ***REQUIRED*** FOR ALL ETT ATTEMPTS
- DOCUMENTED 3 USES OF CRIC PRESSURE FOR 2024
- DOCUMENTATION IS CURRENTLY INADAQUATE AND MUST IMPROVE

Paramedic Protocol Update 2025 Quiz

Paramedic Protocol Update 2025 Evaluation

Thank You

KERN COUNTY PUBLIC HEALTH