



NAPA COUNTY EMS AGENCY
Public Safety First Aid (PSFA)
Local Optional Scope of Practice (LOSOP)
 AGENCY APPLICATION

PSFA Agency Name: _____

PSFA Agency Address: _____

Agency Liaison Name: _____

Agency Liaison Phone: _____ Agency Liaison Email: _____

Please check which item your agency will be applying for and include subsequent trailing documents as outlined below:

- Naloxone Supplemental Oxygen Epinephrine Auto-Injectors
 Basic Airway Adjuncts (Oropharyngeal and Nasopharyngeal Airway Adjuncts)

Please submit the following for approval by the Napa County EMS Agency:	ENCLOSED	APPROVED <small>**Office Use Only**</small>
LOSOP Skill(s)		
1. Letter of Intent	Yes / No	
2. Name(s) and qualifications of training Officer(s)/Coordinator(s)	Yes / No	
3. Statement that officers are POST trained or trained in accordance with the Public Safety-First Aid/CPR/AED course outlined in Title 22, Division 9, Chapter 1.5.	Yes / No	
4. Documentation of medical control for ongoing procurement of equipment and/or medications.	Yes / No	
5. Description of training that includes:	Yes / No	
a. Course Outline	Yes / No	
b. Presentation materials, e.g., PowerPoint, Prezi, Keynote, etc.	Yes / No	
c. Written test	Yes / No	
d. Sample record for documenting use, restocking, and waste of equipment and/or medication	Yes / No	
e. Description of agency's continuous quality improvement plan, and process related to inventory control	Yes / No	
f. Statement of commitment to retrain on LOSOP skill(s) every two years	Yes / No	
g. Reporting the use of naloxone or epinephrine auto-injectors to the Napa County EMS Agency using the Napa County EMS Event Reporting Form	Yes / No	
6. Description of the quality improvement (QI) and oversight processes.	Yes / No	