



Marines Memorial Hotel
609 Sutter Street
San Francisco, CA 94102

Scope of Practice Committee Meeting

- 1) Local Optional Scope Requests (call to order 0832)
 - a) Marin County (Hydroxycobalamin)
 - i) for Smoke Inhalation/Cyanide
 - (1) Only administer for severe symptoms
 - (2) 5 grams IV/IO, repeat dose allowed
 - (3) Adults only
 - ii) Q: regarding pediatric indications
 - (1) Primary intent was for firefighters
 - (2) Would consider adding for pediatrics if scope recommends
 - iii) Motion to accept, seconded. No opposition.
 - b) Contra Costa County (Pain control algorithm)
 - i) Adult (toradol, tylenol, ketamine)
 - (1) Minor questions regarding toradol and Tylenol
 - ii) Pediatric (ketamine)
 - (1) Q: How is decision made by paramedics between opiate and non-opiate?
 - (a) No prioritization in the training, just 1 path must be chosen. Intent to maintain flexibility.
 - (b) Left at the discretion of the paramedic. Would consider more specific direction between the two if scope recommends.
 - (c) Some suggestions to provide various risks and benefits of each drug, with scenarios that would favor one over another.
 - (d) Some suggestions to recommend prioritization based on severity of pain
 - (2) Q: Is IO line started just for pain control, is this counterproductive?
 - (a) Fentanyl can be given IM. Training recommends IV or IM as first choice.
 - (b) IO line is typically reserved for sicker patients requiring resuscitation.
 - (3) Q: was is max dose for ketamine? Some discrepancy in the submission.
 - iii) Motion to accept, seconded. No opposition.
- 2) Unified Scope of Practice (Dr. Gausche-Hill)
 - a) For qualified transport programs (air and ground)
 - i) Includes Pediatric intubation, RSI using Rocuronium or Vecuronium
 - ii) Also, Video laryngoscopy, SGA, IO, Ventilator management and others
 - b) Requirements (summary)



- i) Crew needs to be flight paramedic partnered with qualified nurse
- ii) Initial training (>200 hrs)
- iii) Competency testing, exam and certification procedures
- iv) Transport Medical director (boarded in EM and CAMTS med director requirements)
- v) Medical control = LEMSA Medical director
- c) Oversight
 - i) LEMSA medical director
 - ii) Quality improvement including relevant metrics
- d) Dr. GH Recommends a launch of this program
 - i) Regular reports to this body
 - ii) Emphasis on safety
- e) Questions and discussion
 - i) Proprietary devices removed
 - ii) Minor comments regarding cricoid pressure and uniformity in the document
 - iii) Pediatric and neonatal considerations and specified dosages
 - (1) Document is written with respect to paramedics
 - iv) Statement and discussion about air transport consolidation and potential scenario of one LEMSA's approval, compelling another LEMSA to accept that approval in their LEMSA. Multiple comments about jurisdiction, mutual aid, accreditation, uniform training and quality, and interstate scope of practice.
 - v) Q: What will be the content of the regular reports to scope?
 - (1) Document provides a list of reporting metrics to be submitted to the LEMSA medical director then presented to scope.
 - (2) Document does not address format/process for data reporting. Discussed need for LEMSA Medical Director's to review data and bring to SOP. Some expressed preference to receive data from LEMSA Medical Directors rather than from HEMS directly.
 - (3) SOP and Unified Scope working group agreed to work together to develop a standard reporting form for data. HEMS Medical Director's present felt this would be helpful.
- f) Abstention (Drs. Rudnick). Motion to accept, seconded. No opposition.



EMDAC General Meeting

Meeting start 1010

- 1) Joint Session with EMSAAC
 - a) Dr. Howard Backer (EMSA)
 - i) Congrats for Unified Scope of practice approval today
 - ii) Mergers in Healthcare system and community benefit programs
 - (1) EMSA may get funds for:
 - (a) community paramedicine programs
 - (i) CA Healthcare Foundation may continue funding
 - (ii) This wouldn't supplant that funding
 - (iii) Could provide support for new programs
 - (b) Opioid overdose management (funding opportunities available)
 - (i) Partnering with Santa Rosa Community College to coordinate educational activities for EMS pertaining to interface with community organizations that provide services in this area
 - (ii) There is a large amount of federal funding being pushed out to communities for treatment, naloxone distribution to volunteer and law enforcement.
 - (2) Community paramedicine
 - (a) Legislation vetoed but governor wants pilot programs to continue and for stakeholders to work toward agreement on a mechanism to institutionalize these programs.
 - (b) OSHPD open to new applications within the current project concepts.
 - (3) Alternate destination
 - (a) LEMSA medical director has authority for destination but some conflict in regulations.
 - (b) Could this be approached through policy or regulatory revision?
 - (c) EMSA agrees to opening the paramedic regulations and adding language that better defines ALS, specifically the requirement that the patient is taken to an "acute care hospital".
 - (d) This is not an option for other community paramedicine programs.
 - (e) Anticipate legislation being introduced this year that addresses this issue.
 - (4) Legislation and regulation
 - (a) Legislation passed related to CalFire fire camps for prisoners.



- (i) Many of these folks are unemployable after serving well as firefighters and there is some movement toward providing re-entry into society.
<https://www.nytimes.com/2018/11/15/us/california-paying-inmates-fight-fires.html>
- (ii) Often these folks don't qualify for EMS certifications, preventing employment with FD.
- (iii) EMSA was moving toward EMR certification but unclear if CalFire is on board with this. Stay tuned.
- (iv) No background check required for EMR.
- (5) Primary impression list
 - (a) Developed by a group of medical directors and approved by the data advisory group.
 - (i) Idea was to narrow the PI list from NEMESIS 165 to CEMESIS 73.
 - (ii) Smaller pick list simplifies QA process
 - (b) Just received a proposal for modifications to that list and reviewed
 - (i) Changes require a lot of effort by every vendor to make changes
 1. EMSA decided to send out proposed changes and send out for general comments
 2. Data advisory group will make a final decision for implementation for Jan 1, 2020.
 - (ii) Comments regarding experience with new list and involving vendors.
- (6) POLST Project
 - (a) Project looking at electronic POLST.
 - (i) Contra Costa
 1. Starting to get off the ground
 2. Moving more slowly than anticipated and may not be able to recommend a single mechanism or project methodology statewide
 3. More to come on challenges and barriers.
- (7) Emergency Operations Manual
 - (a) Guide on relationship between locals and state
 - (b) 6 new chapters released, on the website.
https://www.cdph.ca.gov/Programs/EPO/Pages/Resource_Publications.aspx
 - (i) 1 chapter related to behavioral health
 1. RFP for behavioral health plan, contractor will start developing a statewide plan.
 - (ii) Other chapters include BioWatch, Risk Communication, Biological Hazardous and Drinking water.
- (8) CEMESIS data



- (a) CEMSIIS dashboard compiling aggregate statewide data being developed.
- b) Tenaya Lodge, April 30-May 1 EMSACC conference
 - i) EMS at Peak Performance
 - ii) <https://www.emsaac.org/conference>
- c) Trauma Summit Marines Memorial April 23-24
 - i) <https://www.eventbrite.com/e/2019-state-of-california-trauma-summit-tickets-50715056098>

Break

- 2) Introductions
- 3) President's message
 - a) Acknowledgement of Scope and Legislative group's efforts.
 - b) Vote on slate of upcoming officers
 - i) Candidates
 - (1) President - Kris Lyon
 - (2) President Elect - Dave Ghilarducci
 - (3) Past President - Kevin Mackey
 - (4) Treasurer - Karl Sporer
 - (5) Secretary - Kimberly Freeman
 - (6) At Large Active Member - Daniel Shepherd
 - (7) At Large Associate Member - Clayton Kazan
 - ii) Approved by show of hands, no dissent.
 - c) Scope Committee Memberships
 - i) Candidates
 - (1) Ken Miller, Chair,
 - (2) Nichole Bosson
 - (3) John Brown
 - (4) Kim Freeman
 - (5) Eric Rudnick
 - (6) Atilla Uner
 - ii) Approved by show of hands, no dissent.
 - d) Legislative committee
 - i) Candidates
 - (1) David Goldstein, Chair
 - (2) Clayton Kazan
 - (3) Greg Gilbert (possible conflict)
 - (4) Kevin Mackey



- ii) Approved by show of hands, no dissent.
- 4) Treasurer's report
 - a) Dues
 - i) Costs continue to go up.
 - (1) 35 active members and 43 associates
 - (2) fellows do not pay dues
 - (a) no proposal to change that
 - ii) Last time dues were raised was 2012-13
 - iii) CHEAC <https://cheac.org> is our lobbyist, currently used by EMSACC
 - (1) Proposal to partner with EMSACC to contribute to these fees
 - iv) Dues increase from \$300 to \$400.
 - v) Q: How does this relate to NAEMSP dues? No effect since NAEMSP doesn't collect dues
 - vi) Motion to approve increase with report from Treasurer on the costs at the March meeting. Passed unanimously.
- 5) Presentation: *Buprenorphine in the ED and the Role of EMS Presentation* (Dr. Gene Hern)
 - a) Opioid deaths are skyrocketing
 - i) 55-60K died in 2016
 - b) Highland experience
 - i) EDBridge program providing easy Buprenorphine access. <http://www.ed-bridge.org/>
 - ii) Creates magnet hospitals that are prepared to treat opioid crisis cases
 - (1) 10% chance of dying in the next 365 days
 - iii) Ceiling effect. can't create respiratory depression
 - (1) Patients seen in fast track. No monitoring needed, no labs needed.
 - c) How can EMS integrate with a Bridge program?
 - i) Kit distribution?
 - ii) Treatment guides?
 - iii) Specialty destination?
 - d) PP slides shared in EMDAC Listserver

Lunch

- 6) American Heart Association
 - a) GWTG-CAD and Mission Lifeline (Joe Williams)
 - i) Possible data repository for STEMI data?
 - ii) Data set looks at systems level
 - (1) Looking at interoperability
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- (2) EMS and Hospital data integration
- 7) CalACEP President (Dr. Chi Perloth)
 - a) Expressed appreciation for EMS and warm welcome from EMDAC.
 - b) Some discussion about working together and continued cooperation
- 8) Committee reports
 - a) EMS Commission (Dr. Rudnick)
 - i) Summary sent to Listserv
 - ii) Dr. Backer related question at last commission meeting regarding pain scales on core measures. Commission then stripped out pain scales from core measures. Dr. Backer questions rationale behind this decision and Dr. Rudnick will bring this up to commission.
 - b) Legislative committee (Dr. Stratton)
 - i) Next session has started
 - ii) Sam thanked the wide variety of people who have participated in the legislative efforts
 - iii) EMDAC is recognized in the capital and we need to keep up our efforts
 - iv) Two bills vetoed last session.
 - (1) AB 3115
 - (a) We had opposing points of view with CalACEP
 - (b) Some of the issue came down to a misunderstanding of the roles of EMS medical directors
 - (c) This bill was stripping input of the local EMS medical director
 - (d) Sam expects this bill to reappear.
 - (2) AB 2593
 - (a) This bill would not allow for balance billing for air ambulance transports.
 - v) Joint paper from EMDAC and EMSACC to the EMS Authority regarding alternate destination.
 - (1) Thank you to Dr. Backer for suggesting that we could handle through regulation.
 - vi) Other bills signed into law
 - (1) San Bernardino City Police Dog pilot study
 - (a) Requires use of ambulance for injured police dogs
 - (b) Could easily extend into comfort dogs etc.
 - (2) EMS personnel are now mandated reporters for abuse
 - (a) Medical director should have policies and procedures in place.
 - (3) Pharmacies are now allowed to dispense naloxone to law enforcement.
 - (4) AB 2293: Legislation passed that LEMSA could not deny certification for persons with a criminal background with positive DOJ. That bill was watered down to



require LEMSAs to report to EMSA. EMSA is compiling a spreadsheet to collect this data.

- (5) AB 2961: Reporting of APOT times and published publicly. Bill now only requires that APOT times are reported to EMSA
- c) EMS-C report (Dr. Gausche-Hill)
 - i) EMSC Conference in Fairfield was successful
 - ii) EMS agencies can build into their EMS plan how children are cared for.
 - iii) Online web based assessment
 - d) Trauma (Dr. Goldman)
 - i) Discussion about trauma regulations
 - (1) Opening of the regulations is planned
 - ii) Re-Triage guidelines posted on EMSA website.
 - iii) TEQIP. Should there be an investment for a statewide coordinator for TEQIP? Dr. Backer, not moving forward at this time.
 - e) Air Medical International Transport agencies (Dr. Backer)
 - i) Patient quality related to international air transport agency. He received a letter from a nurse in Wisconsin, transported to Europe. Flew commercially. Patient arrived in bad shape. Can EMSA investigate?
 - (1) Turns out these companies fall into a regulatory crack.
 - (2) Some suggestions that peer review may help
 - (3) Discussion about escort service vs medical transport
 - ii) Recently asked about diversion policies statewide
 - (1) Appears to be different definitions for internal disaster.
 - (2) Some suggestions to create a working group to create consistent language.
 - (3) Q: Are any LEMSAs initiating diversion due to long APOT...answer "yes" ...several do.
 - f) CARES update (Dr. Vaezazizi)
 - i) Some LEMSAs have not participated financially
 - g) Gun violence and Integration of EMS (Dr. Brown)
 - i) Would group consider adding core measures related to gun violence?
 - ii) Trauma registries likely have a lot of data.
 - h) Atmospheric changes and the impact on EMS operations (Dr. Brown)
 - i) Adjusted deployment model to place ambulances in buildings while awaiting dispatch.
 - ii) Discussion about air filtration, effectiveness etc.
- 9) Roundtable
- a) Monterey (Dr. Stubblefield) written submission



- i) ACS Review- Went well for our Level II TC. Waiting for official reports before commenting further.
- ii) Policy and Protocol revisions have been conducted to flow and be in keeping with any EMSA mandates and/or guidelines
- iii) Revised Pediatric Trauma guidelines to be in keeping with request/expectations with guidance from Lucile-Packard (Stanford) and UCSF
- iv) Protocols now allow use of Lactated Ringers as well as NS
- v) Burn Protocol/Policy revised better fluid resuscitation in the field during transport.
- b) ICEMA (Dr. Vaezazizi)
 - i) Q: Are transfer centers facilitating transfers?
 - (1) Some discussion about referring transfer call directly to trauma center ED.
 - ii) Zoll is packaging AutoPulse with ITD.
 - iii) US in prehospital? Rudnick looking at PEA.. hasn't moved ahead yet. Now there is a butterfly device for about 2000. Is this a technology looking for an application?
 - iv) Some discussion on EMCO receiving centers and prehospital criteria, using Minnesota criteria. Many SRCs in LA actively interesting in receiving ECMO candidates. LA County will now reroute cardiac arrest patients to SRCs. US may help objectively identify presence of PEA. More discussion about evidence and cost.
- c) San Luis Obispo (Dr. Ronay)
 - i) Some hospitals are allowing US for starting IVs.
 - ii) Why couldn't EMS use US for IV access?
- d) Marin County (Dr. Ballard)
 - i) Miles Julian retired
 - ii) Question about impella devices. <http://www.impella.com/how-the-impella-heart-pump-works>. Becoming more frequent.
 - iii) Question about video laryngoscopy. San Mateo is seeing a lower ROSC rate...possibly due to overventilation
- e) Jay Goldman (Kaiser)
 - i) All KP hospitals on strike...possibly for 1 week. (starting Dec 10). Also, CNA may also walk.
- f) Question: How many CSCs do not have a neurologist come to the patients beside for tPA administration.
- g) LA County (Gausche-Hill)
 - i) Rolled out primary impression list.
 - (1) Greater accountability by paramedic for assessments
 - ii) Two-tiered stroke system
 - (1) Small increase in tPA admin
 - (2) Increased intravascular intervention rate



- h) Dave Duncan (CalFire)
 - i) Leaving from Cal Fire, looking for candidates.
 - ii) Asking for permission to use device they are used to.
 - iii) Discussion about medical control during transfer
- i) Norcal EMS (Dr. Rudnick)
 - i) Looking at LVO screening
 - ii) Q: why can't paramedics administer vaccines?
 - (1) Dr. Backer (not in basic scope)
- j) San Diego (Dr. Koenig)
 - i) IV Acetaminophen working well
 - ii) Migrant caravan being monitored
 - iii) Border closure is causing staffing shortages
- k) Minutes stopped at 1630 while roundtable still in progress

Upcoming Events

<p>EMDAC Meeting March 19 Embassy Suites by Hilton Anaheim-South 11767 Harbor Blvd. Garden Grove, CA 92840</p>	<p>EMDAC Meeting June 18 Courtyard by Marriott Sacramento Cal Expo 1782 Tribute Road Sacramento, CA 95815</p>
<p>Trauma Summit April 23-24 Marines Memorial Club and Hotel 609 Sutter Street San Francisco, CA 94102</p>	<p>EMDAC Meeting September 17 Holiday Inn Bayside 4875 North Harbor Drive San Diego, CA 92106</p>
<p>EMSACC Conference April 30-May 1 Tenaya Lodge, Yosemite CA</p>	<p>EMDAC Meeting December 3 Marines Memorial Club and Hotel 609 Sutter Street San Francisco, CA 94102</p>