

Bylaws Meeting

- 0800-0830
- Marianne consulted with EMSAAC and legislative partners: “EMDAC” brand is important and carries meaning and clout when letters are signed on legislative initiatives.
 - Per Jay Goldman, who might be the longest standing associate member: Important to appear as LEMSA members and be unified on important legislation. This preserves the ability to persuade to governor.
- The associate membership brings a lot of depth, and would like to continue to honor that.
- EMDAC brings a forum for California EMS physicians, which is important.
- How to move forward:
 - Different areas of controversy thought to be needed to be reframed:
 - Concerning membership categories. Active and Associate Members as of now. Same dues. Associate don’t vote. Part of the angst is the voting rights.
 - Consider voting members from associate group – is that a reasonable voice with keeping current levels of membership? If accepted, consider different fee structure.
 - How many and how selected?
 - Currently a nominating committee selects nominees for vote.
 - Option to have 2 members that are selected by associate members and voted on by associate members to be voting members of EMDAC.
 - Consider no difference in membership. Problem with this may be controversy with legislative initiatives when LEMSA medical directors want to support something that may not align with agency directors.
 - Our alignment with EMSAAC is possibly a problem. What they do is essential. The ability to work together is extremely powerful.
 - We have disagreements with EMSAAC and we have the power to disagree. It is felt that they listen and respect our perspective.

important to our breadth and depth. EMSAAC needs us as much as we need them.

- Next discussion and need for EMDAC input:
 - Vote that the two classes should (or not) continue.
 - Vote that if two classes continue, should there be a different fee schedule.
 - Vote on associate member voting representation
- Other comments during meeting to consider next meeting:
 - EMDAC has provided a forum to bring us all together to collaborate and it is appreciated and thought that we shouldn't separate legislative from the group.
 - CHP an active member
 - Cal Fire "functions as a LEMSA" and is non-profit. They certify own providers. Brett Rosen is advocating for Cal Fire to be an Active member.
 - Voting may become a major issue in the future, even though not historically important.

Scope of Practice Committee

- 0834: Call to order.
- Summary of 11/25 conference call:
 - Yolo heparin and nitro renewed.
 - Tuolumne IFT antibiotics approved with caveat that no age range be recommended.
 - Kern King airway approved.
- Imperial Kathy Staats: IFT antibiotics
 - currently require CCT or helicopter. IFT antibiotics will allow ground ALS transport.
 - Accepted with request to remove age limit.
- Imperial: Cyanide toxicity protocol.
 - Imperial has a gold mine, which uses cyanide to mine it.
 - Protocol for hydroxycobalamin or Lilly Kit.
 - Lilly Kit only allowed in industrial incidents.
 - Hydroxycobalamin for other exposures, specifically fires.
 - EMS to have option of which kit they will carry.

- Accepted.
- Santa Barbara, Angelo Salvucci: Renewal of olanzapine
 - Approved 2 y ago for the first time. Has not been used to date. Planned to be used for IFT only.
 - Accepted.
- Kern County Ketamine, Kris Lyon:
 - Question about potential diversion when only 5-10% of vial used and rest wasted. Is it worth having that risk? LAC got approved, but didn't start using it for this reason yet. Sac Fire and air ambulances haven't felt that risk or issue has been significant.
 - San Diego County has been using 0.2mg/kg IV and 0.5mg/kg IN. Preliminary data shows 58% IN administration July – Oct 2019. 91% of medication is being wasted.
 - Yolo has had about 100 administrations and has not had significant side effect issues until redosed.
 - Riverside and Inland, Reza has had about 40% redosing, with lower side effect of dissociation with slower rate given rather than total amount of dose.
 - With experience gained to date, is it reasonable to use fentanyl in conjunction with ketamine rather than narcotics as a contraindication.
 - Dave Duncan: does it need a new application among ketamine-using LEMSAs?
 - Yes. It should be rediscussed because it had been agreed by scope previously that ketamine was to be used INSTEAD of narcotics.
 - Accepted with change of dose to 0.3mg/kg to standardize across (most of) state.
- El Dorado County, David Brazzel: Ketamine, IV Tylenol, IV ketorolac:
 - Accepted with elimination of IM dose (since IN is effective with less risk) and change lower age for toradol dosing to 2 yo.
 - Santa Barbara, Angelo Salvucci: Ketamine:
 - Accepted as is.
- El Dorado TXA:
 - Accepted with change of SBP criteria to < 90 and remove tachycardia as an indication. Suggested to rework flow chart to be easier to follow.
- Imperial TXA:
 - Discussion of TXA in postpartum hemorrhage. Updated ACOG guidelines does use oxytocin first. WOMEN trial shows decrease in mortality not dependent on

- Accepted with adding clarity on indications. CRASH III has indicated that TBI an indication, so suggested to remove traumatic SAH and acquired change of color vision. Clarify amputation indications. Remove temperature restrictions. Extremity injury to be restricted to trial of two tourniquets and direct pressure/ packing. Restrict TXA to be age 15 or older for all indications.
- There is a large randomized trail underway for pediatric TXA.
- Voted to allow amendments for indication of postpartum hemorrhage for all LEMSAs without reapplication.

EMDAC Meeting

- Joint EMSAAC/EMDAC meeting:
 - Call to order 1020
 - Introduction of new State EMSA Director Dave Duncan by Jack Wood.
 - Dave Duncan:
 - Biggest goal was to get people to talk and collaborate even if we disagree. So far, going well.
 - SB438: All about patient care. If fire wants to take it over, hopefully they can do it better.
 - Presentation of SB438 (attached)
 - Jay Goldman: Strikes in past year in Northern California. Looking for offline feedback.
 - “When you hear from them that there is a pending strike, do you want to get emails to affected LEMSAs regarding status and plans for patient receipt. Does it bother anyone or do you feel it is not useful? Request to know what you want.”
 - Save the date: EMSAAC conference 2020 May 27 and May 28 in Gaslamp area of San/ Diego. Registration opens soon.
 - Save the date: Trauma summit May 12 and 13 in San Diego. Great line-up of speakers.

- 1104: Main EMDAC meeting.
 - Introductions.
 - Presentation by Dr. Guterman (attached):

- None of CA protocols allow adequate midazolam dose for seizures.
- 1235: Dave Duncan EMSA update.
 - Regulations completed for EMSC, STEMI, Stroke
 - HIE relationships and availability of outcomes data moving forward.
 - Analytics firm, Biospatial, just contracted with CA. We are 23rd state with them. Data gets dumped in and we have analytic control and customization. This will be available to LEMSAs.
 - PSPS and fire updates.
 - October was busy with both.
 - A couple of acute care hospitals had to be evacuated.
 - 15 SNFs (about 400 patients) evacuated in 16 hours.
 - Cal-Mat teams activated to support Cal Fire.
 - No deaths.
 - 1544 extended to new 2-year bill. It doesn't have much community paramedicine. Mostly advanced alternate destination. Big targets are psych and sobering centers. Urgent care destination currently off the table. Consider VA emergency department also as an alternate destination. 1544 also changes the commission member makeup.
 - San Diego police is particularly excited about community paramedicine.
 - Medi-cal has made some changes to encourage movement toward community paramedicine.
 - Kris Lyon encourages ACEP members to run for Cal-ACEP board. A lot of EMS support could be garnered for your success!
 - At the end of the day, deployment of community paramedicine needs to be palatable for all to get deployed well. Includes the other providers involved, like home health.
 - On board to get ET3 funded.
- Report on Bylaws Committee. Marianne Gausche-Hill.
 - Differential in dues between active and associate members was discussed. Active members would be higher with potential to support lobbying. Need to discuss with accountant vs 501c status.
 - Participation in voting by associate members discussed. It was felt that EMDAC as a brand, as a group that represents EMS medical directors often aligns with EMSAAC and is aligned. It was decided not to remove legislative piece of EMDAC from EMDAC.

- Plan for another call to discuss details of both of these things. Initiative planned to be prepared by March meeting.
- Unified Scope Update: Marianne Gausche-Hill
 - 12 applications from LEMSAs to date. Data not ready yet for reporting. Soon. Stay tuned. Erin Cox, Nichole Bosson, Dave Duncan, Atilla Uner, and Gary shout-outs for thanks.
- Definition of a patient. Brett Rosen.
 - Definition throughout the state variable.
 - No national definition.
 - Mark Gautreau – person needs to self-identify as a patient and/or bystander/EMS states not hurt/ill.
 - Proposed to have a workgroup to create this definition.
 - This workgroup should create a definition that all of the LEMSAs would agree to, or work on this has been for not.
 - Trauma Audit Committee. Angelo Salvucci.
 - What's the purpose of a trauma audit committee? Trouble getting consensus among trauma centers to get joint projects done meaningfully. Participants in the room find these meetings not very helpful vs very helpful with noticeable improvements to the system. Seems that more than one trauma system in the region degrades the ability to accomplish anything.
 - San Diego is further along this path with good collaboration.
 - LAC has 15 trauma centers that collaborate
 - SSV has 4 trauma centers that also collaborate
 - Opioid Treatment Options: Gene Hern
 - Presentation attached.
 - Advanced Practice Provider on 911 calls: Reza
 - LAC has a role for APPs. Oversight of the nurse is through the medical director of the agency. They operate within SOP of LAC protocols. They are seeing frequent flyers and screen mental health. They do minor procedures. There has not been great interface for postdischarge follow-up as a facet of community paramedicine, but this is in the works. If they go to a site and patient is more ill than dispatch found, paramedics will be dispatched. They are an approved unit for the provider agency so exclusive operating areas are not violated. They are expensive, so it hasn't expanded much, though payers are considering it discussions

operating area (EOA) violations and ensuring paramedic not operating beyond scope. EMS otherwise has no jurisdiction over nurses, though could refuse to allow. Marianne has allowed with some reporting, trying to determine cost-benefit. APPs dispatched through 911 system and dispatcher decides. Either on own for frequent flyer or opt-in in addition to traditional EMS. Sometimes EMS activates APP unit. May not be as simple as just an omega call. They are LA city, LA county, or Beverly Hills employees, and not directly overseen by LEMSA. Interesting, as it is like a mobile urgent care center that is unregulated by the LEMSA.

- Sustainability issues discussed.
- AB 1: Dave Duncan
 - Does anybody think anyone should be returned to play?
 - No one thinks on scene EMS or other person should clear for play.
 - ACE scale used at Stanford.
 - Schaefer first
 - Gausche-Hill second
- Approved panel of new officers.
 - David Ghilarducci: President
 - Past President: Kristopher Lyon
 - President-Elect/Vice President: Kim Freeman
 - Secretary: Nichole Bosson
 - Treasurer: Danny Shepherd
 - At Large: Kathy Staats
 - At Large Associate Member: Clayton Kazan
- Round table
 - San Diego getting all EDs geriatric certified
 - Question if ETCO₂ used to guide sepsis treatment
 - Gilbert – yes <25 plus one clinical criteria
 - Bosson looking at this
- Brett Rosen Cal Fire
 - New PCR for State Fire
 - If issues, contact him

- Trying to standardize equipment across counties when able
 - State-wide approach to standards of equipment is not supported by state
- Sac Fire Kevin Mackey
 - 4th resuscitation academy this week, this time focused on dispatch
- ICEMA Reza
 - 611 patients who received 751 doses of ketamine. 18% needed to repeat dose of 0.3mg. Handful of complaints of the side effects. No intubations.
- David Goldstein Contra Costa County, David Goldstein
 - recruiting for EMS director
- Atilla Uner.
 - Strong Just Culture
 - One person of crew can decline
 - They will know if another crew declined a flight and make decision otherwise on their own.
 - Air crews do not always fly. They will help on ground if needed.
 - Questioned about wasting of narcotics. His pharmacy reports 30% wastage.
 - Crash Rate has been coming down steadily since 2008. In 2015, fatality per mile was same as ground ambulance.
 - Number of transports annually per air ambulance also trending down
- San Mateo County, Gregory Gilbert
 - App released of protocols on Android and IOS
 - ECMO program had a few snafus. Interventional cardiologist was being called directly, which didn't work. Plan B was page operator, who also was confused about who to call. Now on Plan C Ring Central knows who to call. More to be reported in March.
 - In March of 2020 upgrading what?
 - Mobile Stroke Unit (MSU) to date:
 - On scene to TPA 31 minutes.
 - 17 responses. 9 cases to date treated. 7 not treated. 5 TIAs. 1 excluded. Most hospitals door-to-drug 45 minutes prior to implementation. Study to come out that is believed that will show cost benefit. Total alerts were 214. 128 MSU not available. Responded 86. 69 arrived. 17 cancelled. 42 outside treatment window.

- LAC 2 million to initiate. 1 million a year. 50% of “stroke” dispatches are not strokes. Lots of false positives. Uses LAMS for 79% accuracy of stroke and LVO.
 - G-FAST 4 just under 70% are strokes. Less than half are LVO.
 - ECMO prerequisites: Persistent V fib, age <70
- Alameda, Karl Sproer
 - First Responder Tahoes taking patients to alternative destinations with EMT. Primarily psych units. 40 5150s a day. Half go to ED. Half go to PES. Strict criteria to send to PES. Published to be extremely safe. PES has a license under the hospital – not an EMTALA violation.
- Sacramento County, Garzon. Reporting to CARES. Some data retrospective and will have full 2019 data.
 - Ketamine 18% of pain control. 28% redosed of ketamine (protocol allows redoes at 20 min). Opiate use gone down, but only by about 9%. Treating pain more is the conclusion.
 - Slowing dosing down of ketamine has decreased side effects.
 - Public mental health has partnered with LE. They are travelling around with mental health social workers and taking patient to ED or psych facilities without involving EMS.
 - “smart clear” allowing patients to be cleared for psych assessment without labs.
- San Francisco John Brown
 - New set of California fellows
 - Congratulations to awardees this week
 - Project Friend update
 - Adding to regular destinations including PES and sobering centers
 - Going ahead with ambulance destination determination trial. Starts with base physician doing some active distribution based on location and time to destination.
 - Mary Mercer
 - Project Friend distributing narcan kits for the past 2 months. >100 kits reported distributed. 4 documented reversals. Now in 2nd phase with community education and harm reduction
- EMSA Dave Duncan
 - Pediatric intubation

- Consensus of age?
 - If “fit the tape, don’t intubate”
 - Goes up to 36 kg
 - Approx. age 12 size
 - Sacramento “age 8 or tape”
- Imperial, Staats
 - Big protocol update
 - STEMI center in county pending
 - Joining CARES
- SGA issues?
 - Where is the data that we are reporting on the mandated forms?
 - Consensus that we should analyze this data and possibly publish.
- LAC Marianne Gausche-Hill
 - Starting ECMO trial next year.
 - Expecting to enroll of 100 or less per year. There are over 8000 cardiac arrests annually in LAC.
 - Ketamine considered, but not yet rolled out. Concern re diversion and method of use.
 - Drug-dosing app was ready a year ago, but then county got involved and delayed
- Santa Clara County Ken Miller
 - PSPS was interesting.
 - DME patients were not always easy to find with databases inaccurate.
 - Planned to improve and maintain
 - Boundtree, Brian Hartley.
 - Change in orders now only 10 vials per box due to “serialization”
- Tuolumne, Kim Freeman
 - I-gel switched to LMA Supreme as of 12.1.19 due to issues with maintaining i-gel in place.
 - PSPS strained EMS and ED, but many lessons learned
- David Ghilarducci adjourned at 3:50pm