

## EMDAC Meeting Minutes – December 2, 2014 – San Francisco

**Present:** Brown, Rudnick, Squire, Stiver, Luoto, Singh, Ronay, Ghilarducci, Stubblefield, Ord, K. Koenig, W. Koenig, Gilbert, Falck, Wood, Hsia, Teufel, van Stralen, Stratton, Andrews, Ballard, Michaels, Salvucci, Sporer, Barger, Chase, Shatz, Duncan, Trask, Hartley, Tamkin, Giannini, B. Smith, Lemieux, Patel, Rosen, Backer, Malmud, Savino, Magocsy, Sabbagh, Brant-Zawadzka, Alassaf, Yeh.

Item	Discussion	Action
Scope Meeting	El Dorado request to add heparin and intravenous nitroglycerin for interfacility transfer was approved. Comments regarding training (more emphasis on complications) and procedure (medications only to be started at sending facility) will be referred back to Dr. Brazzel. Air-Q trial study to be starting this week. Dr. Salvucci sent out additional information today.	
EMDAC Meeting	September minutes approved.	
Announcements	Jim Pointer sent word that he will be leaving Napa EMS.	
STEMI Systems Research	Renee Hsia from UCSF presented information concerning a research project to assess the benefits and potential detriments of regionalized STEMI systems. Survey tool is still in development.	
President's Report (Gilbert)	Awards ceremony tomorrow. A lot of work has been done with the state on Ebola.	
Treasurer's Report (Sporer)	PayPal process has worked well. Total income this year \$11,750. Website will be continuing cost of \$1500 yearly.	
EMSA Report (Backer)	<p><b>Ebola:</b> Consuming lots of resources now, but feel this is good groundwork for other future infectious diseases we may encounter. For the most part the Public Health and EMS interface is working well. The entire issue is not being managed (from the federal level) using established emergency management principles and it is felt that the CDC is ignoring the existing structure (ASPR). Would like to see 100% review of suspect cases. The updated state document is awaiting Cal-OSHA recommendations. Issues concerning worker restrictions (or lack thereof) can be added to the document.</p> <p><b>Appeals Process:</b> Lots of issues to still resolve and Chapter 13 workgroup still has lots of work to do.</p> <p><b>Community Paramedic:</b> OSHPD has finally given approval and training will begin in mid-January, with projects beginning in June. No other state has approached these type of projects with systematic data gathering in mind and much of the rest of the country is very interested in our projects.</p> <p><b>HIE Summit:</b> EMS now seems to be recognized as an important part of HIE and patient care. Also has important role in disaster incidents. He feels more federal funding may be forthcoming.</p> <p>Data: California is the first state to successfully transmit NEMSIS 3 data. Core measures continue to grow and now there is a national effort – he wants California to give input on these.</p> <p><b>Tactical Medicine:</b> The EMS group is accepted as the standard-setting group.</p> <p><b>Trauma:</b> Updated regs are now at the agency level.</p>	
PPE in Ebola	Mike Wilson from Department of Industrial Relations gave a report on the current status of PPE-related guidelines from Cal-OSHA. Have focused initially on in-patient issues and now working on prehospital. He believes there will be two categories – identified Ebola patients needing IFT and the other being the unplanned interaction. No work has been done on the latter category. The first category will parallel the in-patient guidelines. No timeline on completion was offered.	

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Committee Reports		
EMS Commission (Rudnick)	CAL-MAT is being reconfigured into north and south divisions. One field hospital is being maintained. Stroke and STEMI plans are awaiting work with EMSAAC with regard to EMS Plan submissions. Commission will be addressing appeals process that deals with approval of EMS Plans (primarily EOA impacts). Kristi Koenig brought up the issue of wireless 911 at the commission level. It was felt that the current interaction with state 911 bureaucracy is unlikely to lead to any material short term change and a higher level approach (OES) or legislative approach may be needed. Howard Backer is trying to get 911 staff to meet with EMDAC but it is felt that this operative is simply blowing smoke at this point, that the 911 commission has no idea of any data on the issue of wireless dysfunction, and that given the current approach, nothing will be done in the near future with continued promise of changes 5-10 years from now.	K. Koenig and A. Salvucci will work on a letter to be presented at the EMS Commission. EMSA will be attending an additional meeting with OES soon.
Medical Advisory Committee (Sporer)	No report.	
Legislative Report (Gilbert, Sporer)	Greg Gilbert outlined the multiple bills that were addressed in the prior session. A third person is needed to serve on the legislative committee (in part to participate in Thursday calls with EMSAAC)	
Cal-ACEP (Sporer)	Prop 46 defeated. Not much action at this point but EMS subcommittee is getting started up.	
State Trauma Advisory Committee (Barger)	Awaiting latest version of trauma regs – there are subcommittees on PIPS and retriage that are now meeting.	
Community Paramedicine	Karl Sporer is volunteering to assume this role from Kent Benedict who has retired. Lou Meyer is looking to have uniform protocols among different projects (care and issues like consent forms). Looking to have similar protocols for alternative destination projects and chronic disease projects.	
EMS for Children (Stratton)	Pediatric treatment guidelines are being updated. Pediatric regulations still in limbo. Guidelines for equipment for ambulances and hospitals will be discussed at the February meeting.	
Tactical (Ronay)	The group has been meeting regularly, looking at curriculum and best practices.	
POST Training	Since new Public Safety regs are adding many more topics, Sean Trask says POST would like a representative from EMDAC to address uniform curriculum. In two years all agencies will need to update to new standards. Not everyone will use optional skills but POST would like one set of guidelines.	
Dope Project	Clement Yeh presented a project to utilize EMS (Fire Captains) to distribute naloxone to persons at risk. The most important part of the project is connecting patients to ongoing treatment options. Will submit this proposal to the state – discussion about whether this would be consistent with regs – many felt it is similar to community paramedicine projects.	
NAEMSP Chapter	We will have a room at the January meeting in New Orleans, Imperial 2, from noon to 1 p.m. on Thursday. Karl also reminded us that NAEMSP is interested in newsletter items from California and this could help keep up California profile with NAEMSP.	
Comprehensive Stroke Centers	Greg Gilbert discussed the comprehensive stroke center concept and stated some new evidence may support use of perfusion studies to determine appropriate candidates. Greg will invite a speaker at the next meeting. Plenty of skepticism voiced.	
ACS/COT EMS Committee	David Shatz gave a rundown of discussions at this meeting. He stated he believed NSQIP and TQIP are worthwhile, with big potential benefit for fairly small cost. Currently there is work to expand this to Level 3s.	

Item	Discussion	Action
Upcoming EMDAC Officers for 2015	President – Gilbert President-Elect – Haynes Secretary – Rudnick Treasurer – Sporer At-Large Active Member – Haynes At-Large Associate Member – Shatz	The slate of officers was accepted by the membership by unanimous vote
2015 EMDAC Meeting Dates and Sites	LA – March 17 San Diego – May 26 (EMSAAC Conference) San Diego – September 1 San Francisco – December 1	
Roundtable	<p>El Dorado (Brazzel) – Level 3 trauma center verification of hospital in Lake Tahoe went well – awaiting official word.</p> <p>Contra Costa (Barger) – still working on improvement in CPR quality – fall-off noted after intensive training.</p> <p>Shatz – Have implemented selective spinal immobilization in RTCC North area – still some reluctance.</p> <p>Cal Fire (Duncan) – As certifying entity, Cal Fire has certified around one-quarter of EMTs. Some question about local requirements for EMT that are perceived as onerous.</p> <p>San Francisco (Savino for Brown) – EMT training program at USF approved. There will be a massive movement of patients from Parnassus and Mt. Zion campuses to Mission Bay Campus on February 1.</p> <p>Alameda (Sporer) – mentioned the successes of the EMS Corps program in Alameda.</p> <p>Ventura/Santa Barbara (Salvucci) – Air Q trial starting this week. Discussion on pelvic splints – Dave Shatz stated they are helpful when pelvic symphysis is disrupted but that traditional exam techniques used in the field are not helpful.</p> <p>Orange (Stratton) – RFP for 1.2 million of the county population was pulled back due to irregular scoring and it turned out one bidder had submitted a fraudulent bid. Some cardiologists questioning use of epinephrine in cardiac arrest. Still doing Fast BP study with NTG patches but only 6 cases so far. Some question about the easy availability of interventional care for stroke may have led to a much higher intervention rate – about twice expected rate (6-7% vs. 3%). 50% of interventions are in huge MCA strokes who fail TPA. Not sure if risk is higher or lower with higher number of interventions. NIHSS is being measured and mortality is a crude measure.</p> <p>Monterey (Stubblefield) – Trauma center on verge of startup (Level 2 at Natividad in Salinas). Looking at standardized skill training for paramedics.</p> <p>Merced (Singh) – Two stroke centers appear to be doing well. Reviewing IFT protocols.</p> <p>San Luis Obispo (Ronay) – Looking at incorporation of pit crew and integration with hospital staff.</p> <p>Marin (Ballard) – SMR going well. Stroke system is in development (already have 3 primary stroke centers but no EMS system of care).</p> <p>San Mateo (Gilbert) – Rolling out video laryngoscopy (Vivid-Trak) system wide but trying to cut down on cost of training. San Mateo has new administrator (Nancy LaPolla). One of primary stroke system hospitals now using robot because of difficulty with neurology staffing.</p>	
Adjournment		