EMDAC Meeting Minutes – May 27, 2014 – San Diego

Present: Gilbert, Sporer, Bair, Koenig, Haynes, Goldman, Brazzel, Bosson , Van Stralen, Uner, Smiley, Brown, Backer, Rudnick, Stiver, Miller, Trask, Mackey, Salvucci, Squire, Vaezazizi, Barger, Pointer. Falck, Ronay, Benedict, Buys.

Item	Discussion	Action
Scope Meeting	**Nor-Cal request for Furosemide:** approved with limited indications as delineated in prior meeting. **Discussion about other potential future scope items:** Vasopressin, Captopril, TXA metntioned. **Hemostatic agents:** A position statement has been issued by ACSCOT. State has approved two gauze-like products consistent with the statement. Orange County is equipping all ALS and BLS units with this. Most agencies are only utilizing in tactical groups. Junctional tourniquets may be a future discussion as well. **Optional scope data requirements:** Dan Smiley reminded all that optional scope items now have a 3-year duration and will require local data collection.	
EMDAC Meeting		
Public First Aid Standards	The 45-day comment period is starting tomorrow and will propose addition of many optional skills including epinephrine, duodote, naloxone, oxygen, hemostatic agents, and oral airways. This scope would be subject to local medical control by EMS and needs to be within the current regulatory and statutory framework.	Kevin Mackey and Troy Falck will be reviewing.
POLST	Dr. Steinberg gave a presentation on changes to POLST form which will be implemented in October. There was also discussion about potentially revising the regulations for Residential Care Facilities that mandate a 911 call with a "change in condition."	
State NAEMSP Chapter Concept for EMDAC	John Brown will be investigating further although a barrier is the 20% of dues that would need to go to NAEMSP. This affiliation may facilitate CME capabilities.	John will see if percentage of dues negotiable.
EMSA Report (Backer)	**Community Paramedicine:** OSHPD public comment hearing held and there was a paucity of detail in the conceptual framework on purpose, but now additional detail will be submitted. Would need to start training in August to stay on schedule. **EMS Systems:** Orange County is a hotspot with regard to an issue around delegating responsibility of the EMS Agency to cities (OC EMS should be running RFPs). Still determining those who have 201 rights and those who don't and wish to apply principles uniformly, although some jurisdictions do not have records of events from long ago that led to current system. **EMSA Funding:** Looking to get one-time funding to beef up systems programs, address plans, get an analyst to address data and HIE. **Wall Times:** Working with EMSAAC and hospital association on this still.	
EMDAC Officers	Karl noted that there are a number of offices and at-large board member that need to be filled and a nominating committee will need to address this.	

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Legislative Committee Report (Sporer)	• **AB 1975 –** This involved a bill which is now sidelined but would have legislated more trauma system evaluation on a regular basis – sidelined at appropriations level but may reappear in the future. One potential benefit of a bill would be to provide funding for the state in terms of trauma oversight. • **AB 1535** – Would allow pharmacists to furnish naloxone – consultation could not be waived. Appears to be moving forward. • **AB 1598 –** Active shooter – Curriculum advisory committee – involves EMSA and POST (watch) • **AB 1621** – EMS Data and information systems – EMSAAC is concerned with local mandate and with amendments have softened position. • **AB 2217 -** We support this one – AEDs in schools. • **AB 2406 –** Misuse of EMS resources -. Per Dan Smiley there are difficulties with funding and metrics. Unlikely to move forward. • **AB 1422 –** POLST registry (watch) • **SB 388 –** Would make QI a FBOR issue (oppose) • **SB 1211 –** Involves next-generation 911 – probably 8-10 years out given the technological challenges. • **SB 1266** – Epi autoinjectors in school (support) • **SB 1438** – Allow police to give naloxone. Likely to pass no matter how much we oppose. • **AB 1465 –** Will have EMSA aggregate local reports on Maddy Fund use.	
Medical Advisory Committee (Sporer)	Karl reported on the draft document created to address concerns with the current Core Measures process. The MAC has also developed a primary impression list which would assist us in the future to have more comparative Core Measures data. NEMSIS 3 does not have an equivalent list at this point. Karl is also looking to start a process looking at evidence-based guidance for a few basic protocols.	
Cal-ACEP (Sporer)	Karl believes there was a lack of vision with regard to the Cal-ACEP response to community paramedic pilots.	
State Trauma Advisory Committee (Barger)	The state Trauma Plan has been reviewed by STAC and will be going to EMDAC and EMSAAC to comments, as well as to HHS.	
Tactical (Ronay)	Lots of interest between fire and law – question about the role of LEMSA medical directors in medical oversight. Dan Smiley stated the local optional scope items must go through LEMSA medical director and that the EMTs and paramedics still work under the LEMSA medical director.	
Aeromedical Issue	Howard and Dan just received a letter from DOTr egarding a local issue in Kern with regard to restriction of trade due to exclusive arrangement with provider in violation of airline deregulation act. This may be a local issue dealing with the nature of the ordinances and contracts in Kern and may have narrow application.	
Medication Shortages	Saline continues to be an issue. Some systems are getting fluid from European sources. Atropine and sodium thiosulfate continue to be unavailable. Ken Miller noted that encouraging saline lock has led to much less saline use in their system.	
Research initiatives	Aaron Bair sent out a poster on video laryngoscopy study with discussion about various devices. There was a recent study on diversion and affect on specialty centers. There have been two studies in LA County, one on cardiac arrest centers' impact and on oxygen titration. Ben Squire also completed a study showing that prehospital activation decrease STEMI door to intervention time by 13 minutes.	
Adjournment	Following roundtable.	