EMDAC 6.18.19

0901: Call to order SOP Committee meeting.

- SGA
  - Contra Costa
    - Discussion regarding nomenclature of "rescue" vs "secondary" airway
    - Consensus that "secondary" has less negative connotations, but all formerly passed policies have "rescue" as the term. No change made.
    - Time to insertion metric discussed as relatively subjective. Remains optional metric.
    - First Rudnick, second Freeman. Approved.
  - MVEMSA SAD (SGA) for ALS and BLS
    - Discussion of terminology again (as above)
    - First Rudnick, second Atilla. Approved.
  - Coastal Valleys SGA application for BLS
    - Success of SGA > King in ALS so far
    - Application for frontier providers for BLS SGA
    - First Rudnick, second done but I missed the person who did it. Sorry. Approved.
  - Discussion of techniques to increase success and analyze data for SGA in general.
    - Lubricate device and use tongue blade
      - Duncan has this in his protocol with CalStar with excellent results.
    - Nichole Bosson proposed submitting the spreadsheets to her for analysis. She could submit an IRB for such.
- SSV Unified SOP
  - First Freeman. Second Bosson. Approved.
- Alameda Ketorolac
  - Recommended to have age parameter 2 – 65.
  - First Atilla. Second I missed. Approved as modified for age parameter.
- NorCal IFT antibiotics
  - Facilitates transfer to definitive care.
  - Abx started in ED.

- Not co-administered with vasopressor (not septic shock) and stable.
- First Freeman, Second Atilla. Approved.

- San Francisco Naloxone Distribution Project
  - IN kits and training left behind on scene by 911 providers
  - Base physician called as per current protocol.
    - The change is leaving kits with training
    - Kits tracked and coded to see if/when used in future
      - So far, increase in use in people on street
      - Distributed to home users (pills) but unsure if this will be a large consumer of kits
      - Anticipate 2000 kits/year distributed
      - Standing order to distribute
      - Base physician contacted for AMA
  - Funded through SAMHSA and DHCS grant
    - SAMHSA grant covers training/personnel/distribution. 4 y grant.
      - https://www.samhsa.gov/grants/grant-announcements/ti-19-004
      - Priority to rural communities
    - California Dept HealthCare Services grant for naloxone only
      - https://www.dhcs.ca.gov/individuals/Documents/NDP_FAQ.pdf
  - Two arms of distribution
    - To bystanders by 911 providers
    - Community outreach
  - Discussion of this being precedent-setting as a different skillset for EMS providers to distribute and train layperson to use a medication
  - No need for LOSOP approval to proceed
    - Any LEMSA implementing a similar program can contact Mary Mercer and Virginia Chan for help: "we are happy to serve as a resource to share slides or videos, help you set up an electronic tracking system, or to do a video conference for trainings. We would also be happy to either help you administer a pre-post survey for providers re: perspectives on naloxone distribution programs and provider burnout/ well-being."
    - Mary Mercer Mary.mercer@ucsf.edu
    - Virginia Chan Virginia.chan@ucsf.edu

GENERAL EMDAC MEETING

1000 General meeting called to order

- Minutes from March 2019 approved.
- Introductions

1008

- Dr. Lehrfeld presentation: What happened to my trauma patient? A doctor's intro to data systems.

1100

State STEMI and Stroke Technical Advisory Committee volunteers:

- Rural Representative: Reza Vaezazizi
- Urban Representative: Nichole Bosson

1105

- CARES Update Joanne Chapman (California CARES, STEMI, Stroke Coordinator)
- Powerpoint attached
- Volunteer for Data Sharing Committee discussed

1125

- Backer EMSA Report
    - Opportunity to create trauma registry similar to Oregon
    - Link with ACS Trauma center I, II, III
    - No additional burden
    - Regionalization
        - Regional Trauma Care Committee
        - 5 RTCCs try to coordinate on a regional level
        - EMSAAC recently sent a letter
            - Wary of giving authority to RTCCs when LEMSAs have local authority
            - Backer argued that RTCCs should continue.
                - ? redraw map?
            - LEMSAs retain control to add criteria to RTCC baseline criteria for trauma center activation/transport

        - RTCC map: https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/2014_RTCC_map.pdf
- National Forest Service has plan to initiate EMS within bounds of NFS similar to NPS
    - Do not intend to serve public
    - Serve fire line medics
    - No ALS (for now)
    - No transport
    - Medical director Michael Handrigan
    - Vision to coordinate with EMDAC and LEMSAs
- Legislative Regulations
    - Paramedic regulations open
        - Language for alternate destinations to sobering center, psych center
        - First round public comment closed
            - Comments returned that opposed some prereqs for paramedic school (now backed off and no longer an issue)
            - Long diatribes against alternate destination
    - CNA most vocal with lawyer consult on details of logistics of implementation rather than content
        - Statute vs Regulation
        - Medical control is in statute with LEMSA control to direct destination
        - Never well-defined as what is ALS vs BLS
            - Contention from ALS needs to make decision, but some ALS skills (i.e. glucose check) have become … so what is the definition really of ALS in this situation?
    - Cal-ACEP also chimed in that we don't have authority to do this
    - CMA follows Cal-ACEP and agrees
    - CPF agreed
        - Now in second round public comment 15 days
            - **Closes June 27**
        - Time line:

        - Moves to commission in September or December
        - Once commission approves, then submitted to Office of Administrative Law
        - OAL has 30 days to review and approve/deny
    - Discussion re: EMDAC member on Cal-ACEP board
        - Kathy Staats plans to apply for board next year
- You go girl!
- More may apply. ACEP members have more than one vote, so wouldn't need to split vote between Kathy and someone else.
        - Board of Directors meetings are open and John Rose is supposed to go
- Next meeting September 19 in Garden Grove
- AB 1: re EMTs at sporting events making decision re return to play
    - ? training involved to make this decision
    - ? standardized tools
    - ? QI
    - https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1
- SB 156. Freestanding emergency departments
    - Similar bills resurfacing over time for last several years not successful
    - This is specifically to put freestanding ED in Paradise, allowing ED to open with no other hospital services running
    - Language specifically states not intended to open door for other freestanding EDs (but is it really)
    - Designed for disaster situations
- SB 438
    - Undermines LEMSA directors and local control
- Stroke Registry
    - Unclear how this is going to progress and be sustained, but expect some outreach to hospitals
- Opioids
    - Several states administering suboxone after started in ED
        - IN, FL, AK

            - No special waiver from DEA
            - Used as bridge therapy
            - Community paramedic or APP follow-up day 2-5 until clinic f/u
            - DEA reluctant to comment … does not have formal opinion
            - Hern:  waiver training may disappear for providers anyway
            - Would be LOSOP
        - Other states moving forward with community paramedicine more proactively
        - Review of National SOP
            - May be good reference for protocol templates
            - Concern with definition of assisting patients with their own medications
                - May open pill bottle and provide water, but cannot dispense the pill
                - EMTs can do CPAP, B agonists, pulse ox
                - Waveform capnography EMT level
                - Triage to trauma center
        - How to support original hospital to avoid unnecessary transfers?
        - Being reviewed by other states as well
        - Howard says good-bye
            - His last meeting (resignation final 6/30/19)
            - Has thoroughly enjoyed EMDAC and the ability to achieve great outcomes and autonomy despite varied locales and geography
            - Encourages members of this group to apply
                - Physician with significant experience in EM
                - Appointed by governor with recommendation from HHS
            - THANK YOU, HOWARD!!!
- Treasurer's Report
    - $400 dues helpful with rising meeting costs
    - Report had been emailed (attached here as well)
    - Tax status challenges being worked on to revive tax exempt status
    - Costs of meetings are very high

            - Sacramento meeting not tethered to EMSAAC
                - Consider pair with academic center or EMSA
                - Discussed remote meeting
                    - face-to-face has value
                - Proposed to have June 2020 mtg at UCD venue or other option
                - Tied to EMSAAC and commission meetings other 3 meetings of year
                - Sporer: "without EMSAAC mtg is more productive"
                    - Sentiment: true, but we need to align

- Commission
    - Meeting tomorrow – nothing crucial on agenda
    - Paramedic regs will probably make it in next few months
        - Plan to be prepared and strategize
- Legislative Update
    - AB 1544 Gipson
        - Repeat of same bill last year that was not signed by Brown
            - Counties, EMDAC lobbied against last year
        - EMDAC position "Opposed unless amended"
        - Changes make-up of commission
            - takes seat away from emergency nurses, adds more labor union seats
        - Makes alternative destination and community paramedicine very difficult to implement
        - Sunset clause creates more work
        - Oversight required to be created by LEMSA
        - Sailed through this year so far
            - Some fire services support with no foresight of problems of implementation
        - Amendments proposed not accepted by author so far
    - SB 438
        - Dispatch bill
        - EMDAC position "opposed unless amended"

        - EMSAAC has proposed amendments
        - Authors not interested in proposed amendments
    - General discussion regarding EMS politics in general
        - Jim Dunford: physicians should come together and work together
        - Discussion of EMSAAC opposing EMDAC opinion when private/public non-LEMSA agencies involved
        - Discussion of EMSAAC's energy in lobbying and politics, which we (EMDAC) have not prioritized
        - Marianne advocates for unifying and raising our voice to politicians
        - Carl Schultz advocates for unity or we will be divided and not get anything done
        - Marc Gautreau: where is the conflict?
            - Public vs private EMS
            - Medical control vs LEMSA control
        - Jim Dunford "Fire chiefs argue that EMS is not health care, it is public safety"
        - Reza Vaezazizi with historical perspective that membership is open to LEMSA and public safety medical directors and there were arguments when he was president to be more restrictive and this was pushed against "we are non-denominational"
        - Clayton Kazan "If provider medical directors opinions are not valued by EMDAC/EMSAAC, then we are going to end up forming our own organization that represents our interests, and Cal Chiefs and CPF will steamroll over EMDAC/EMSAAC due to their funding and political power."
        - EMSAAC is explicitly polarized
        - Marianne: "We should contribute more substantially to legislative arena. Embrace our providers and work together to solve some of these issues. We are much stronger together."
        - Karl Sporer: "Spend money and be on phone calls."
        - Angelo: Salvucci: As an EMDAC representative, we should collaborate on what our voice is.
        - Kevin Mackey: "As EMDAC representative, if EMDAC opinion differs from FD, I would inform my chief before political stance publicly taken"
            - Karl: "Your fire chief might fire you"
        - Jim Dunford: disagrees with his friend who wrote 1544 because it is not patient-centered. Again states we should come together as physicians even if politicians don't want to hear it.

        - Gene Hern: Fellows seeking employment can't all be LEMSA directors…. Become provider agency directors as well.
        - Carl Schultz: Agree w sentiments. Wins vs losses re: laws. We can't do the same thing over and over again and expect a different result. "I have new eyes and we're getting killed in legislation. We have to advocate for ourselves and public safety. We're losing on both of these things." Agrees with Clayton that FD is rolling over us. In the future one might ask "When you saw the train coming down the tracks, what did you do about it?" Concern that medical director autonomy will be eroded by the time he retires.
        - Reza: We have recognized the value everyone brings to the table. We should strategize as a group to be smarter than the external forces. He's right. We're not being very effective.
        - Angelo: Allowing EMSAAC to choose among our members should not be.
        - Duncan: My hats to all of us to find middle ground. If we can begin to communicate we can do what we need to do. "I need a drink."
        - Marc Gautreau: Perceived conflict between public agency and this group.
        - Karl Sporer: There is a campaign to get rid of medical control in CA.
        - Reza: At the end of the day, when we oppose, we are fighting political dogs. Karl is right. We can not lose our effectiveness. We need to be aware of how we are perceived and any perceived "erosion".
        - Marianne: We need an action plan. One is to work together. The other is money. EMSAAC feels they are in control because they have money and time. To level, we need to contribute to that effort.
        - Karl: Will explore the cost of lobbying. Will put out emails and calls to get representatives to testify.
    - EMS-C report
        - Emailed out
        - Steve Barrow brought up a referral to EMDAC regarding drowning resuscitation.
            - He is involved in rural communities and pediatric advocacy, specifically regarding pediatric drowning.
            - Resp arrest vs cardiac arrest in drowning
            - Compression only CPR appropriate for lay public
            - Jim Dunford states that compression only was done by lifeguards in his region recently
            - Drowning deaths have gone up this year
            - What is Steve's ask?

        - EMS-C regulations all passed
            - Thanks to Marianne
            - She now has time to lobby 😊
        - Trauma:  Summit May 2020
  - Discussion of TXA for PPH
    - Freeman:  TXA LOSOP in Tuolumne recently passed with PPH as indication, which had not been previously discussed in SOP Committee, so brought forward to EMDAC
    - Ken Miller:  Try other available pharmacology first.
    - David Shatz:  TXA discovered during WWII for this indication
    - Dave Duncan:  30% reduction in mortality in first 3 hours.  Oxytocin does not have evidence.  It is recommended first, but does not have evidence to support this.  For every 15 min delay in TXA, effectiveness decreases by 10%.
    - Angelo Salvucci:  Base physician contact for TXA use other than trauma in his system.
    - Kris Lyon:  why LOSOP vs regular SOP?
        - Sean Trask's answer:
            - needs to have change in paramedic regs with public comment
            - Can open SOP section and add things generally supported by EMDAC
        - Or trial study of 18 mo can be a pathway to add to basic or LOSOP in paramedic regs
    - Robert Katzer:  volunteered to give presentation on TXA in September.  Thank you Robert!
    - Sean recommends EMDAC recommendation on what is supported by EMDAC as basic SOP to move toward reg change
- Round Table
  - UCLA Atilla Uner
    - 5000 students of some sort (EMS) with 90 affiliations annually
    - 100 paramedics, 1500 EMTs
  - Kim Roderick: "We're here for the patient"
    - Ghilarducci Santa Cruz/San Benito:  Agrees.  Need to communicate.  EMS for county may be in conflict with city FD.

- SLO Tom Ronay: Skills lab this week. Beginning TXA and fentanyl Aug 1.
- Oakland/Berkeley Gene Hern: public health/bridge clinic/suboxone protocol in process
- Orange County Carl Schultz: OC has been fire-based >30 years. One of the cities (Placentia) withdrew from Orange County Fire to go with private paramedics for ALS. Decision was made in 2018 to be implemented 2020.
- Ventura Daniel Shepherd: Ditched spinal immobilization w new SMR protocol. Post-ROSC protocol/training implemented.
    - Recent arrest received 17 doses epi
    - LAC has 3 doses then done
    - Epi at all EBM?
        - Early epi possibly effective recent literature, esp peds
        - Worse neuro outcomes with > 2.5 mg epi
- San Diego Kristi Koenig:
    - IN and IV ketamine will start July 1. Health-screening assessments at migrant asylums.
    - County performing health-screening assessments at shelter for migrant families seeking asylum. >13,000 assessments to date since mid-Dec with <1% to EDs. Texas has been flying 3 planes full of migrants to San Diego per week. Lots of ILI even though not during "flu season" and Tamiflu given for both treatment and prophylaxis. >230 ILI cases since May.
    - Chair of Board of Supervisors wants Geriatric Emerg Dept Accreditation in all 19 San Diego EDs and Kristi would like comments from anyone familiar with this.
- Santa Barbara County Angelo Salvucci:
    - Physical Environment Assessment Score where paramedics score home situation to help SW at hospital. No one in the room knows about this assessment. New York City is doing this.
    - Anesthesiologist working with TEMS would like to give on-scene medical direction. Bosson has policy allowing on scene medical director to provide medical control that supercedes base physician.
        - Angelo “Where is this in statue?”
        - Bosson “We wrote ourselves in like any good dictator”.
- LAC Nichole Bosson:
    - PHAST – neuroprotectant trial for acute stroke. Enrollment will begin in the fall.

- Adaptive airway trial – pediatric prehospital adaptive airway. Working on a grant to definitively answer the best airway for children. 3 conditions. 3 airway devices. Needs 4000 patients for appropriate. 35 systems interested in participating with help from Eagles. 200,000 pediatric calls needed to get 4000 airway calls. 515,000 estimated calls if all of interested parties nationwide participate. Adaptive bayesian trial design. Trial is layered, which is novel. Enrolling patients < 18 yo needing airway mgmt.. 3 years collection estimated. California systems interested in participating (BVM vs SGA) contact Nichole. You do not have to change your protocol, but need to be willing to randomize likely based on odd vs even day. Primary endpoint ICU/30 days. If you participate, you would not use ETI for teens through duration of trial.

- Alameda Karl Sporer:
  - Starting trial on EleGARD in resuscitation with LUCAS.
  - Starting mental health providers In field - LCSW and/or RN with EMT going to street to transport pt to BH receiving sites rather than ED. 911 calls and this rig (a Tahoe) can be sent to 5150 scene call. No meds to be given.
- Trask: f/u Medical Control question re: TEMS and anesthesiologist.
  - LEMSA MD can appoint 1+ assistant medical directors
  - Medical control at scene of emergency rests with most highly qualified person at scene
- LAC Fire Clayton Kazan: Appreciates discussion earlier.
  - “most of lessons I learned I learned from screwing up the first time.”
  - 3 sides to every story
  - Making assumptions about the why of what is done problematic. Most are doing things for the right reason even if approach is problematic.
  - Resuscitations after attending Resus Academy much better. ROSC rates have tripled and they are still improving.
  - LAC submitted an AWESOME VIDEO to NAEMSP. (Great job Clayton!): https://www.ems1.com/cpr/articles/394131048-3-EMS-agencies-submit-videos-for-NAEMSP-CPR-challenge/
- Santa Clara Ken Miller: As of July 1 will be largest county in California to have non-exclusive transport system. “It’s going to be an adventure.” “Let the games begin.” Expecting lawsuit.
  - Karl: “Thank you for taking on the shit show.”
  - Auto aid reduced. Mutual aid?
- Jay Goldman: Looking at replacing tenecteplase with TXA.
  - DIDO will be looked at from primary facility.

- CalStar Cal Fire Dave Duncan:
    - Dr. Rosen being trained to take over Cal Fire. ePCR coming to Cal Fire. Several permanent employees also have been hired into Cal Fire. Occ med will be provided into Fire Camps through this.
    - Air Ambulance – Unified SOP moving forward across LEMSAs. Data set registry in the works for CalStar.
- Nor Cal Eric Rudnick: Last meeting as LEMSA director for NorCal.
    - Thank you for your 15 years!
    - He will continue for Sierra Medical Services Alliance
- Tuolumne Freeman
    - TPA, txa, ketorolac implementation this summer
- MVEMSA and Sac Fire Kevin Mackey:
    - RFP for Stanislaus done.
    - Community paramedicine >1300 encounters doing medical clearance in field to direct pts directly to psych centers. NONE have needed to go to ED for unrecognized medical need. County CEO has recently hired psych receiving center personnel to facilitate more going to psych centers from EMS.
    - Last meeting as MVEMSA Medical Director. Successor to come in September.
    - Promoting brief video trainings. Working well. "5 min or less of EMS" on youtube.
- Brian from BoundTree: Implores collaborative work moving forward. 146 million ED visits last year. Grows every year.
- Dunford:
    - 1544 contains language for alternate receiving centers as "federally qualified health centers".
    - Article in JAMA in March – critiqued EMS in CA stating our protocols in general were awful. Written by neurologists stating our midazolam doses were inaccurate, etc.
        - Karl: Rampart study states 10mg versed IM necessary for seizure. Only one such dose in California given. Usually IV given. As dose goes up, status epilepticus better treated without adverse airway outcomes. Definition of status epilepticus problematic.

- Next meeting September 17 in San Diego