

**EMS MEDICAL DIRECTORS' ASSOCIATION OF CALIFORNIA, INC.  
EMDAC**

**AGENDA for September 12, 2017**

**Holiday Inn Bayside  
4875 North Harbor Drive  
San Diego, CA 92106-2394**

**SCOPE OF PRACTICE COMMITTEE MEETING**

**I. LOCAL OPTIONAL SCOPE RENEWAL REQUESTS**

**A. Santa Clara County EMS Agency – Pediatric Endotracheal Intubation**

1. Followed Joelle Donofrio asking for renewal of pediatric intubation
  - a) Extensive discussion by Scope members as well as the vast majority of EMDAC Members who were also present.
  - b) Scope of Practice members present agreed that based upon the established evidence that pediatric intubation should be removed from the paramedic scope of practice for ground paramedics. Verbal discussion by the entire EMDAC membership that was present and agreement without any dissent expressed.
    - (1) Includes all pediatric patients who are shorter than the length based resuscitation tape.
2. The decision was finalized to remove of pediatric intubation from basic paramedic scope of practice with carve out for flight paramedics by July 2018.

**B. San Joaquin County EMS Agency – Nasotracheal Intubation, IV Heparin (IFT), and IV Nitroglycerin (IFT).**

1. Nitroglycerin: paramedics able to titrate drip based upon transferring physician order. Base contact for any other changes. May discontinue drip.
  - a) Non Base hospital physicians do not have statutory authority to give orders? However, based upon pre approved LEMSA protocols.
2. Nasotracheal intubation will be addressed at the December EMDAC meeting

**C. Tuolumne County EMS Agency – IV Heparin (IFT), and IV Nitroglycerin (IFT), Oxytocin, Verapamil.**

1. On hold until representatives are available from LEMSA

**D. Joelle Donofrio, DO – Prehospital Pediatric Intubation**

1. High confidence level but low success.
2. Lit review. Overall poor outcomes, limited success, many extubated in ED.
3. Will share presentation with the group.

**II. TRIAL STUDY REQUEST**

**A. Mountain Valley EMS Agency's amended ketamine trial study request – This version contains the Scope Committee's recommendations from the June 20, 2017 meeting as well as additional information.**

1. Not discussed

### III. DISCUSSION

#### A. Helicopter Emergency Medical Services

1. Not Discussed

### EMSAAC/EMDAC Meeting

#### I. Howard Backer -

##### A. Authority to request National ambulance contract; update on regulations; using paramedics to draw blood alcohol level

1. Dan Smiley: Must look at specific setting. Paramedic may be allowed to draw blood if within protocols if they are dispatched to a 911 request. Not allowed for non 911 requests. Per vehicular code. VC23158. Not clear in paramedic regulations.
2. No exemption in Confidentiality of Medical Information Act CMIA to provide information to law enforcement.
3. State ALJ opinion: At the request of a law enforcement officer (LEO) a paramedic may draw blood at scene and turn over to LEO.
4. Consider case law regarding need for a warrant to force a draw.

##### B. Immunizations are not within basic scope.

1. Emergency order in the past for pandemic influenza could be instituted as needed

##### C. Data

1. 25 of 33 LEMSAs submitting NEMSIS 3.4 data with a few others close behind.
2. Core measures have been established however LEMSAs are not making changes based upon the results. New Core Measures work group to revise core measures.
3. Lots of non values in the data being received. Need to improve data entry education.

##### D. APOT

1. 8-10 LEMSAs reporting. Need full statewide picture. Even if your LEMSAs doesn't perceive a problem it needs to be reported to demonstrate a full picture of statewide offload times.

##### E. EMDAC making evidence based decisions

##### F. Regulations

1. Stroke, STEMI, EMC and Paramedic regulations are at California Health and Human Services Agency and Department of Finance
  - a) Hope for approval this month. Then to Office of Administrative Law (OAL) with goal of implementation if all goes well 4/2018.
2. EMT regulations implemented 7/1/17

#### II. Tammi McConnell - EMSAAC Conference May 30-31, 2018; Lowes Coronado Bay Resort, San Diego

##### A. AJ Singh is the EMDAC rep

##### B. Working on providing physician CME may be associated additional cost

**III. John Rose/ Marianne Gausche-Hill - EMDAC/CAL-ACEP Joint CPR Flash Mob Events – week of June 4-8, 2018**

**IV. Marianne Gausche-Hill - Update on Joint Commission Stroke Center Levels, Embolectomy Capable Stroke Center**

A. 24/7 embolectomy capability.

[https://www.jointcommission.org/certification/certification\\_for\\_thrombectomycapable\\_stroke\\_centers.aspx](https://www.jointcommission.org/certification/certification_for_thrombectomycapable_stroke_centers.aspx)

B. Can pre apply now for certification if already primary stroke center certified with restrictions. Others may apply in January 2018.

C. Webinar tomorrow at 11AM from Joint Commission

1. [https://www.jointcommission.org/complimentary\\_webinar\\_an\\_overview\\_of\\_the\\_new\\_thrombectomy-capable\\_stroke\\_certification/](https://www.jointcommission.org/complimentary_webinar_an_overview_of_the_new_thrombectomy-capable_stroke_certification/)

**V. Angelo Salvucci - CARES discussion**

A. AMR and Heart Saver are going to host the coordinator position. Finalizing details.

**EMDAC General Session**

**I. Introductions / Announcements / Sign in**

**A. New EMS Fellows in California**

1. All California education sessions. Quarterly podcast. Joelle will email the group when the first one is available.

**B. Approval of June Minutes**

**II. Reports**

**A. EMSA (Howard Backer)**

1. Finalizing patient movement plan. National Ambulance Contract. In times of declaration of emergency. Ambulances deployed and would then fall under LEMSA however not feasible to have all LEMSAs sign. One option would be to delegate to Dr. Backer to sign.

2. Disciplinary Coordination

a) Concern that EMSA is not coordinating well with LEMSAs with disciplinary actions. State must take into account discipline at the local level. EMSA must be notified and entered into state level registry.

b) Notification of initiation of investigation. Performed by investigations unit not legal.

c) Temporary Suspension Orders initiated by LEMSAs. (Steve Mcgee)

(1) 20 since 2007 EMSA has upheld majority but usually take action.

(2) Individual whose conduct is a danger to the public. Only options for the personnel are surrender license or go to hearing.

(3) Will result in TSO:PC290 (sex offender), Patient abuse (striking a patient), Types of patient abandonment, theft of controlled substances, theft from a patient

- (4) After review by administrative law judge (ALJ) will not necessarily result in a TSO: poor patient care
- (5) LEMSA should be calling EMSA immediately for all TSO
- (6) Arrest vs conviction makes a difference in ability to provide TSO or revocation
  - (a) EMSA will uphold arrest TSO for PC290 offense under commission of an offense. HOWEVER unless you have the evidence (arrest report, etc) likely cannot uphold
- d) Enforcement unit
  - (a) 300-400 cases per year
  - (b) Do not coordinate DUI cases with LEMSA
  - (c) Scope of practice and care issues are coordinated with LEMSA
- e) Accusations all include statement of revocation. Always ask for revocation. Very rare for ALJ to grant revocation. Usually bargain down to probation or education.

**B. Treasurer's Report (Karl Sporer)**

1. Over 65 members. Cost will likely exceed income next year and may need to increase membership. Discuss change of structure of the Treasurer position to encourage others to take on the position.
2. Social gathering prior to EMDAC meeting in December – John Brown hosting – will require contribution for those that participate

**C. Special presentation: Joelle Donofrio, DO – Prehospital Pediatric Intubation**

Discussed in Scope

**D. Committee Reports:**

**1. EMS Commission (Eric Rudnick) Not present**

**2. Scope of Practice (Ken Miller)**

- a) Approved with minor revisions for heparin and nitro for san joaquin and Tuolumne
- b) Tabled oxytocin and verapamil discussion until Tuolumne can be present
- c) Pediatric Intubation to be removed. Allow DL for FB removal. Pediatric patient population defined as shorter than length based tape. Implementation by July 2018.
- d) Ketamine Trial: Mackey (approved by Scope/EMSA during EMDAC meeting)
  - (1) 0.3mg/kg 30mg max for pain.
  - (2) 50mg/ml concentration is most common available thus volume is very small which makes slow IV push very difficult.
  - (3) No IV push. Give via infusion 50ml bag to decrease dissociation.
  - (4) IM gives to much variability of onset and effect. IV gives better consistent onset and effect.
  - (5) Cannot have received ANY opiates in past 6 hours (includes home meds) Those who get both have highest complications.
  - (6) Historical case control
  - (7) Mandate same concentration

### **3. Legislative (Sam Stratton)**

- a) Most have moved to 2 year bills with next year being an election year.
- b) Federal: SB 916 EMS medical director controlled drugs by protocol passed House. Currently in joint session. Expected to pass and go to the President in November. EMDAC has joint support letter submitted online.
- c) AB1250 (OPPOSED) Bill regarding counties and cities contracts for personal services. passed Assembly. Will likely pass Senate and go to the governor. Before city/county can contract outside civil service must evaluate whether a city/county employee could perform the duties. If challenged would have to present an audit that is paid for by the contractor. Working to try to get a carve out for EMS medical directors.
- d) SB 443 (SUPPORT) Automatic drug dispensing. Currently on floor of Assembly. Moving forward. Does not allow for nurses to restock.

### **4. MAC (Karl Sporer/John Brown)**

- a) Multiple successful papers published. Working on ALOC, Respiratory Distress and 3rd trimester emergencies. APOT paper in the works.
- b) Future directions: topics based upon leadership direction. Trying to increase involvement of newer members.
- c) Hot topics with specific targeted questions.
- d) EDAG ~70% LEMSAs providing data. Feedback to be provided to LEMSAs on data quality.
- e) Core Measures need members for revamp of CA Core Measures

### **5. EMS for Children (Marianne Gausche-Hill)**

- a) EMS for Children Conference November 9, 2017, Double Tree, Sacramento, CA
- b) Regulations now at state. 4 levels of facility designation modeled after national guidelines. National coalition.
- c) [www.pedsready.org](http://www.pedsready.org)
  - (1) National toolkits
  - (2) Gap analysis

### **6. CAL/ACEP (Rose)**

- a) Board meeting 9/22

### **7. Community Paramedicine (Backer)**

- a) OSHPD request for 3rd year extension of pilot project. However, must be careful that its not viewed as a way to bypass regulations. Ok with extension and adding pilot projects. About 11 letters of interest have been received. Full applications now being received with some attrition. About 8 moving forward with new programs. Alternate destination psych and sobering centers (not urgent care) , post discharge follow up, frequent EMS callers
  - (1) Urgent care alternate destination projects being shut down.
  - b) 2 two year bills pending but have split up projects. Need to work on moving a final bill forward before 3 year extension is up.

### **8. State Trauma (Goldman)**

- a) Trauma Regulations:

(1) EMSA needs trauma coordinator to help move forward.

**9. Tactical (Thomas Ronay)**

- a) Working on training opportunities including hemostasis and narcan.
- b) Wound packing: included in many manufacturer recommendations and TCCC teaching.
- c) AB 909 watch position EMSAAC supports
- d) Should tourniquets be considered as part of PPE?

**10. Aeromedical (Dave Duncan)**

- a) Update on establishing state wide scope for aeromedical services
  - (1) comparison of FPC and CCP included in distributed document
  - (2) CAMTS recognizes both FPC and CCP.
  - (3) Flight medics to move forward in optional scope must be on the FPC or CCP track within specific timeframe(2 years). "Flight medic in training" may perform specific interventions in scope except RSI and ventilator in which the flight medic may assist the flight nurse. After completing the FPC or CCP they may perform all 6 items.
  - (4) 6 uniform scopes of practice
  - (5) Definitions of a qualified flight medic, qualified flight program, qualified flight medical director
  - (6) Establish working committee with EMSA representation
    - (a) Duncan to lead: Members - Trask, Stratton, Salvucci, Duncan, Shafer, Rudnick, McCalla, Gausche-Hill
  - (7) Medical control stays in LEMSA's control.
  - (8) Work group to finalize document and present to Scope

**11. POST Training (Ken Miller, Atilla Uner)**

- a) LEO fentanyl ppe and risk. DEA document somewhat of an outlier recommendations. Interagency Board has published a document with recommendations on PPE based on risk assessment.
  - (1) Interagency Board: <https://www.hsd.org/?view&did=803191>
  - (2) ACMT and AACT:  
[http://www.acmt.net/Library/Fentanyl\\_Position/Fentanyl\\_PPE\\_Emergency\\_Responders\\_.pdf](http://www.acmt.net/Library/Fentanyl_Position/Fentanyl_PPE_Emergency_Responders_.pdf)
- b) May be further questions from LEO

**12. Stroke Registry Update (Reza)**

- a) Get with the guidelines test input into data registry. Then test of direct data submission. Moving forward slowly.

**13. TXA update: (Reza)**

- a) ICEMA 192 Riverside 263 Some excluded. 400+ included patients. Trying to identify missed opportunities. Primary outcome is use of blood products. Early analysis to be presented in December.
- b) Optional scope presentation at Scope in December.
- c) Need cost, adverse outcomes and training info

**14. Website updates (Sporer) (No updates)**

**E. Drug shortages (Kristi Koenig)**

1. FDA app available for drug shortage information.
2. Epinephrine: Par pharmaceuticals not labeled for IV use.
3. Duncan: expired drugs is probably the safest method (Florida it is felony to prescribe an expired drug)
4. Reza: Most of the drugs used are stored outside temperature storage recommendations.
5. Use of disaster cache or requests? RDMS? OES? DGS?

**F. Notifying ED of possible sepsis patients (Jay Goldman)**

1. Sepsis protocol with prehospital notification to receiving hospital with sepsis alert to then help push EDs to increased early identification and treatment. ETCO2 25 or less correlates with lactate of 4. Alarm fatigue?

**G. Primary impressions List (Greg Gilbert)**

1. Need to have unified voice (specifically in collaboration with EMSAAC) to AMR that we support a specific concise primary impression list.
2. Statute does not allow EMSA to mandate list however LEMSA medical control does allow mandate of primary impression list.
3. Joint letter as a state position to mandate primary impression.
4. EDAG to oppose movement to NEMSIS 3.5 for the time being.

**H. Automated Dispensing Systems (Clayton Kazan) Discussed previously**

**I. EMS Agenda of the Future 2050 (Marianne Gausche-Hill)**

1. Important for this group to provide input. May provide comments directly or via Marianne.
2. <http://emsagenda2050.org>
3. January 17, 2018 in LA.

**J. SIREN Networks (Strategies to Innovate Emergency Care Trial Network) (Marianne Gausche-Hill)**

1. 11 sites throughout US. Emergency care research. Coordinating center at University of Michigan. Contact Marianne for more info or to join.

**K. Resuscitation Academy (Kris Lyon)**

1. Bakersfield October 26-27
2. Hopefully 2 full RA's in 2018.

**L. SAD:**

1. Model application to be created with existing documents and email/phone discussion with SCOPE.

**M. Round Table (All)**

**NEXT MEETING:**

**December 5, 2017**

**Marine's Memorial Club and Hotel**

**609 Sutter Street**

**San Francisco, CA 94102**

**Below is the list of attendees for the September 2017 meeting.**

## **Active Members**

Dustin Ballard – Marin Co EMS

Peter Benson – Napa Co EMS

Nichole Bosson – LA Co EMS

John Brown – San Francisco Co & City

Hernando Garzon – Sacramento EMS

Marianne Gausche-Hill – LA Co EMS

David Ghilarducci – Santa Cruz / San Benito EMS

Greg Gilbert – San Mateo EMS Medical Director, Stanford ED

Kristi Koenig – UCI

Mark Luoto – Coastal Valleys EMS

Kristopher Lyon – Kern County EMS Agency

Kevin Mackey – Mountain Valley EMS

Ken Miller – Santa Clara

Bryn Mumma – Solano Co EMS

Tom Ronay – SLO Co EMS

John Rose – Yolo Co EMS

Angelo Salvucci – Santa Barbara

Katherine Shafer – San Joaquin Co EMS / Mountain Valley

Daniel Shepherd – Ventura EMS

Ajinder Singh – Merced

Karl Sporer – Alameda Co EMS

Sam Stratton – Orange Co EMS

Reza Vaezazizi – ICEMA Medical Director / San Bernardino/Riverside EMS

Howard Backer – EMSA

Sean Trask – EMS



## **Associate Members**

Dave Duncan – Cal Fire / CalStar

Jay Goldman – Kaiser Permanente

Christopher Kahn – UCSD

Clayton Kazan – LA County Fire

Kimberly Roderick – CalChiefs North

Brian Savino

Atilla Uner – Reach

## **Fellows and Emeritus**

Denise Whitfield – LA Co. EMS

Nicole D’arcy

Jenny Farah