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**STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES**

March 16, 2016

10:00 A.M. – 1:00 P.M.

(Meeting may end early at the completion of all agenda items)

Embassy Suites by Hilton Anaheim South

11767 Harbor Blvd.

Garden Grove, CA 92840

Ph (714) 539-3300

- 1. Call to Order and Pledge of Allegiance**
- 2. Introduction of New Commissioners**
- 3. Review and Approval of December 2, 2015 Minutes**
- 4. Director's Report**
 - A. EMSA Budget Status
 - B. EMSA Program Updates [Personnel] [DMS] [Systems]
- 5. Consent Calendar**
 - A. Legislative Report
 - B. Administrative and Personnel Report
 - C. Legal
 - D. Enforcement
 - E. EMS Plan Status Report

Regular Calendar

- 6. EMS Personnel**
 - A. Trial Studies [Attachment]
 - B. EMT Regulations
 - C. Paramedic Regulations
 - D. Community Paramedicine
 - E. National Registry of EMTs [Paramedic] [EMT]
- 7. EMS Systems**
 - A. EMS Plan Appeal Regulations
 - B. Wireless 911 Routing Status
 - C. State Trauma Plan
 - D. Chapter 13 Workgroup

Agenda – Commission on EMS

March 16, 2016

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8. **Disaster Medical Services Division**
 - A. Patient Movement
 - B. HICS Update
9. **Election of Officers**
10. **Items for Next Agenda**
11. **Public Comment**
12. **Adjournment**

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Jennifer Lim at (916) 431-3700 no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, DECEMBER 2, 2015
MARINES' MEMORIAL CLUB AND HOTEL
CRYSTAL BALLROOM – 11TH FLOOR
609 SUTTER STREET
SAN FRANCISCO, CA 94102
800-662-8899 – Reservation line**

MINUTES

COMMISSIONERS PRESENT:

Dan Burch, Jaison Chand, Steve Drewniany, Aaron F. Hamilton, Mark Hartwig, Ruth Haskins, MD, Richard O. Johnson, MD, Kristi L. Koenig, MD, Daniel Margulies, MD, David Rose, Eric Rudnick, MD, Jane Smith, Lewis Stone, Dave Teter

COMMISSIONERS ABSENT:

Linda Broyles, Alexis F. Leiser, MD, Joy P. Stovell

EMS AUTHORITY STAFF PRESENT:

Howard Backer, MD, Daniel R. Smiley, Jennifer Lim, Steven McGee, Tom McGinnis, Lou Meyer, Lisa Schoenthal, Sean Trask

AUDIENCE PRESENT:

Dave Austin, American Medical Response – West Region
Robert Bennett, AT&T
Mike Giannini, Marin County Fire Department
Ray Ramirez, California Fire Chiefs Association

[Full List]

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairman Lew Stone called the meeting to order at 9:02 a.m. Fourteen Commissioners were present. He asked Commissioner Hamilton to lead the Pledge of Allegiance and it was recited.

2. REVIEW AND APPROVAL OF SEPTEMBER 2, 2015, MINUTES

Chairman Stone asked to add the term “partial listing” after the list of attendees present who spoke during the meeting.

Action: Vice Chairperson Smith moved approval of the September 2, 2015, Commission on Emergency Medical Services Meeting Minutes as presented, with

the stated correction. Commissioner Rose seconded. Motion carried unanimously with one abstention.

3. DIRECTOR'S REPORT

Howard Backer, M.D., the EMSA Medical Director, presented his report:

A. EMSA Program Updates

EMSA Budget Status

The 2015-16 California state budget included an expenditure authority in the amount of slightly over \$32 million for EMSA. EMSA has 71 permanent and 20 temporary positions for an overall staffing level of 91. A Notification of Grant Award was received for a second year for the Preventive Health and Health Services Block grant.

Discipline

An issue has recently arisen relating to discipline for EMTs and paramedics. Certification and discipline is decentralized for EMTs, but centralized at the state level for paramedics. These inconsistencies need to be discussed among medical directors and administrators to determine if changes need to be made in regulations, policy, or statute. Dr. Backer suggested that the Commission weigh in on this important topic.

Narcotic Management

EMSA is working with the Board of Pharmacy, who intends to modify their regulations next year to allow for EMS agencies to handle and manage narcotics within the state rules.

The Drug Enforcement Administration is also drafting changes to their federal regulations, but these changes have not been made public yet.

Current federal law mandates that narcotics can only be prescribed by physicians for a specific patient. Medical organizations, including the College of Emergency Physicians and the EMS physicians, are looking for a sponsor to change federal statute to allow for legal EMS practice, which relies on standing orders for administration of narcotics.

Trauma System Assessment

An eight-member team from the American College of Surgeons will evaluate the state trauma system in San Diego on March 22-25 of 2016. Dr. Backer invited Commissioners to attend the assessment. Staff will send out details and an invitation, which can be extended to colleagues that are interested.

Legislation

Dr. Backer summarized the bills that EMSA has had a role in implementing, and that had impacting issues such as the POLST form and the data systems: Assembly Bill (AB) 503, AB 637, AB 1129, and Senate Bill (SB) 19, SB 287, and SB 658.

Appeal Regulations Status

The Commission approved the draft regulations in the September meeting. The draft is currently pending approval by the Department of Finance (DOF), and then will be sent

to the Office of Administrative Law (OAL) for their approval. It is anticipated that the regulations will be implemented in March. Eight additional regulatory packets will be opened during 2016.

Community Paramedicine

All projects have been implemented and several have received favorable press coverage.

Preparedness

There is an interest in closer collaboration between the Governor's Office of Emergency Services (Cal OES) and the health and medical emergency function. Cal OES asked EMSA to participate in their warning center but EMSA does not have the budget to place staff in it. EMSA staff have been in discussions with Cal OES on how to familiarize their operations staff with the operational procedures that will interface with the health and medical function during an activation, and how to strengthen collaborations so Cal OES and EMSA can learn from each other.

9-1-1 Communication

Cal OES was unable to be in attendance today but will be scheduled to present in a future meeting. A representative from a communication carrier will present today during the 9-1-1 communication agenda item.

Commissioners and Staffing

Ruth Haskins will be leaving EMSA, as she was elected President of the California Medical Association.

Lisa Schoenthal and Jeff Schultz will also be leaving EMSA.

4. CONSENT CALENDAR

- A. Legislative Report**
- B. Administrative and Personnel Report**
- C. Legal Report**
- D. Enforcement Report**
- E. Trauma System Update**

Action: Commissioner Rudnick moved to approve the consent calendar. Commissioner Koenig seconded. Motion carried unanimously. The item was noted and filed.

REGULAR CALENDAR

5. EMS PERSONNEL

A. Physician Order for Life Sustaining Treatment (POLST) Form

Sean Trask, the chief of the EMS Personnel Division, stated staff worked with the California Coalition for Compassionate Care (Coalition) to revise the POLST form, as per AB 637, to include nurse practitioners and physicians' assistants to the list of

healthcare providers who can sign a POLST form. Staff will continue to work with the Coalition to add more demographic information to the form.

SB 19 requires EMSA to create a POLST registry pilot project. Commissioner Koenig spoke in support of Dr. Backer's suggestion to integrate the POLST registry with the electronic medical record. She asked if there had been any opposition to adding nurse practitioners to the form. Chief Trask stated he was not aware of any opposition during the legislative process.

Action: Commissioner Johnson moved to approve the revised POLST form. Commissioner Margulies seconded. Motion carried unanimously.

B. Do Not Resuscitate (DNR) and Other Patient-Designated Directives

Mr. Trask stated the DNR guidelines have been revised to incorporate the newly-revised POLST form.

Action: Commissioner Rudnick moved to approve the revised DNR form. Commissioner Haskins seconded. Motion carried unanimously.

C. Epinephrine Auto-Injector Regulations

Mr. Trask stated the Commission approved the Draft Epinephrine Auto-Injector Regulations at the September meeting. They have been submitted to and approved by the OAL and will go into effect January 1, 2016. Staff is working on internal procedures to review EpiPen training programs, and how to issue non-EMT EpiPen certificates for the lay public.

D. Office of Administrative Law Rulemaking Calendar

Action: Commissioner Burch moved to approve the Office of Administrative Law Rulemaking Calendar. Commissioner Rose seconded. Motion carried unanimously.

E. Community Paramedicine

Lou Meyer, the project manager for the Community Paramedicine Project, presented his report:

- All twelve Community Paramedicine Pilot Projects have implemented
- The Office of Statewide Health Planning and Development (OSHPD) has approved an extension with "continuing approval" through November of 2016
- OSHPD made site visits to the pilot projects in Ventura, Alameda, and Stanislaus Counties and a visit to Solano County is scheduled this month
- OSHPD is enthusiastic about the outcomes seen on the site visits so far

- Partial implementation data has been submitted for June through September because all project sites were not yet implemented by the cut-off date
- The UCSF data report to be filed next quarter will contain the data from all project sites.
- Like-concept pilot project managers will collaborate to learn from each other and make modifications that will improve their projects
- The OSHPD Advisory Committee met in October and gave positive feedback about the pilot projects

Mr. Meyer acknowledged the pilot project managers and community paramedics who have worked diligently to implement their projects.

F. EMT Regulation Revisions

Medical directors of local EMS agencies (LEMSAs) met yesterday and discussed the EMT Regulations. Mr. Trask presented his report on the revisions made to the Draft EMT Regulations:

- Administration of Epinephrine
 - The medical directors approved EMTs being trained in either the use of an EpiPen and/or drawing up epinephrine from a vial
 - The administration of epinephrine will require LEMSA medical director approval
- Mandatory Training
 - The EMS Authority along with the task force is proposing to require mandatory training in the administration of naloxone, epinephrine by auto-injector or drawing it up, and the use of a glucometer
 - Even though all EMTs will be trained in these medications and skills, the LEMSA medical director will need to approve one or more of these items for use in the local EMS system.
- Basic Training
 - In addition, the EMS Authority is proposing to add eight hours of basic tactical casualty care principles to the basic training. Along with other additions, this will increase the basic training from a minimum of 160 to 174 hours

Mr. Trask stated the draft regulations will go out for approval to the California Health and Human Services agency and the Department of Finance, and are expected to be released for public comment mid-to-late February.

Commissioner Burch stated there might be a slight disconnect between the LEMSA administrators and LEMSA medical directors. The administrators met yesterday and were opposed to the scope creep that occurred several years ago and were in support

of keeping EMT Basic, basic. He stated the concern that EMT Basic individuals will be allowed to give intramuscular (IM) injections.

Commissioner Koenig also stated the concern that EMT Basic individuals will be allowed to draw up epinephrine and administer it as opposed to the use of an auto-injector with a pre-measured, specific dose.

Commissioner Johnson agreed and stated even highly-trained hospital personnel make errors in drawing up epinephrine. A crisis situation out in the field presents a much higher risk of error. Also, increasing the number of training hours required for EMTs increases the difficulty in the recruitment and retention of EMTs, especially in rural areas.

Dr. Backer stated Mike Giannini provided additional information at yesterday's Emergency Medical Directors Association of California (EMDAC) meeting, after, which the medical directors changed their opinion. An economic factor may be one of the driving forces: a vial of epinephrine is \$10 or less, as opposed to auto-injectors, which are between \$300 and \$500 and have a short-dated expiration. Also, there are programs nationwide that allow EMTs to draw up and do injections from a vial. They have developed quality assurance procedures to ensure that there are no errors in dosing.

Commissioner Koenig spoke in support of Commissioner Johnson's concerns and stated safety must be considered over cost.

Commissioner Rudnick suggested exploring the possibility of a pre-load.

Public Comment:

Mike Giannini, the EMS Battalion Chief for the Marin County Fire Department, stated Washington, Utah, New York, and Florida have programs that allow EMTs to use a syringe and administer an IM injection. While the safety concerns are paramount, these areas employ strategies to minimize the potential for an adverse effect. To date, the Washington program has had no adverse outcomes or errors with dosing. Dr. Mickey Eisenberg from the Washington program will address his position to EMDAC in a letter in the near future. It is important to note that this will rely on LEMSAs medical director approval. LEMSAs can build their quality improvement process programs to instill high-quality delivery of care.

6. EMS SYSTEMS

Tom McGinnis, the chief of the EMS Systems Division, presented his report:

A. EMS Plan Review Process

Mr. McGinnis provided a sample of an EMS plan review report with the number of plans reviewed, the length of time they have been in review, and the LEMSAs' annual plan submittal schedule that could potentially be included on the consent calendar.

The EMS plan process currently in place is significantly dated. The Emergency Medical Services Administrators' Association of California (EMSAAC) has formed a work group

with EMSA to increase the efficiency of the EMS plan process and the information obtained.

B. EMS Systems Regulations Workgroup Update

Dr. Backer stated the Chapter 13 task force was appointed by EMSA to work on contentious issues in the EMS statute and to draft regulations to clarify the EMS statute, including the most controversial elements, which have to do with exclusive operating areas, specifically Sections 201 and 224. Those sections deal with the relationship between exclusive operating areas and the interface of fire agencies, EMS providers, and the LEMSAs, and the process for developing exclusive operating areas.

The Chapter 13 task force is a small group of key stakeholders that drafts language that will subsequently be submitted to the Commission, and then sent through the standard regulatory process.

A lawsuit has been filed by the California Fire Chiefs Association (CalChiefs), naming Dr. Backer and Mr. Smiley, as officers of EMSA, as defendants related to Section 201 issues that they felt were not being resolved by the Chapter 13 task force, and with the intent of stopping the Chapter 13 process.

Members of the Chapter 13 group feel there is value in continuing the work; however, they have asked for the group to continue without CalChiefs' representation. Dr. Backer asked the Commission for input on this issue.

Commissioner Hartwig read a letter that was sent to Dr. Backer and Mr. Smiley from the President of CalChiefs, Tracey Hansen, regarding their desire to remain on the Chapter 13 task force.

Commissioner Hartwig stated the Chapter 13 regulations address more than Section 201 issues. CalChiefs represents numerous public agencies that will be affected by the Chapter 13 regulations and is committed to working productively with EMSA and other EMS stakeholders to develop workable draft regulations for improved integration and coordination of California's numerous EMS systems. He stated, as California's primary providers of first response EMS in the state, public agencies represented by CalChiefs must be at the table as stakeholders contemplate the rules by which all providers operate.

Public Comment:

Dave Austin, the Director of Administration for American Medical Response – West Region, and a member of the original Chapter 13 task force, stated his disappointment over this situation. CalChiefs has contributed greatly to this process, but he stated he was unsure that the task force can continue its work with CalChiefs at the table.

Ray Ramirez, the CalChiefs representative on the Chapter 13 task force, spoke in support of the regulatory rulemaking process and encouraged the Commission to continue moving forward in the regulatory process.

Commissioner Burch spoke in support of excluding CalChiefs from further participation in the task force. He stated the task force established a set of ground rules when the

task force was formed. The task force agreed to not go to the Legislature or to court over disagreements among members of the task force, not to disseminate work product, and not to talk about the work of the task force publicly, but to talk issues out among the members of the task force until a member declared an impasse where they could no longer continue, at which time they would opt out. CalChiefs violated the ground rules that were established and have disqualified themselves from further participation.

Chairman Stone stated, although progress was slow, it was moving in the right direction. Members of the task force understood the rules starting out. CalChiefs violated the tenets of the rules. The task force has a valuable work product going forward, but, sadly, the task force cannot move forward with CalChiefs at the table.

Dr. Backer thanked all of the members of the group, including CalChiefs, who has done a lot of work on the regulations. Combined energies are needed to face challenges to further development of the EMS systems.

C. Wireless 911 Routing Status

Tom McGinnis, the chief of the EMS Systems Division, introduced Robert Bennett, from AT&T, who was asked to share issues concerning wireless 911 routing.

Robert Bennett, the principal engineer for Wireless E911 National Compliance at AT&T, stated he would limit his discussion on wireless 911 routing issues to current industry abilities for improving services such as call delivery, call routing, caller location, and public safety answering point (PSAP) transfers.

The Federal Communications Commission (FCC) published new guidelines, the Fourth Report and Order, in April of 2015 that called for radical improvements in location accuracy, especially in the indoor environment. Beginning in April of 2017, all wireless carriers must submit an annual report on the accuracy of their wireless network.

The 2017 report must prove that 40 percent of 911 calls provide location accuracy within 50 meters. The percentage increases 10 percent every year until 2021, when the annual report must prove that 80 percent of 911 calls are located within 50 meters.

AT&T is working to meet the April 2017 goal in April 2016 by employing new technologies, such as dispatchable location, 4G-LTE deployment, Voice over LTE (VoLTE), Observed Time Difference of Arrival (OTDOA), and enhanced Cell ID (eCID). The new built-in triangulation service technology will increase accuracy in trouble areas, such as indoor locations or urban canyons.

Wireless 911 routing and delivery is moving from the current routing based on a fixed relationship between the cell tower and the PSAP that is served in that area and routing based on the caller's location, a calculated location using Next Generation 911 (NG911) technology. NG911 is currently being tested in Southern California.

Commissioner Koenig asked why nonemergency calls, such as ordering a pizza or a cab, have a quicker and more accurate localization than medical emergencies.

Mr. Bennett stated emergency calls were limited by additional FCC requirements that commercial calls did not have. The new Fourth Report and Order lifts many of those restrictions for emergency calls. AT&T is working aggressively to make improvements, such as asking permission from the Legislature and FCC to utilize GLONASS, a

Russian GPS system. Other navigation satellite systems to explore are the Chinese BeiDou and the European Space Agency Galileo, launched this year.

Commissioner Haskins asked what EMSA can do to help legislatively and organizationally. Mr. Bennett stated it would help to leverage the State of California to incorporate the NG911 service and to open a dialogue to learn community concerns and needs.

Commissioner Rudnick shared his frustration with the wireless 911 system. With today's level of technology and detail, the process should be farther along than it is. The most important thing for a 911 caller calling from a cell phone is to promptly bring a health care provider to their location.

Commissioner Hamilton stated routing to the proper PSAP needs to be one of the higher priorities over spending effort and technology trying to get a 50 meter location indoors that will not necessarily be faster than avoiding diversions to different PSAPs. He asked if anything is being developed that would give the responders a preliminary location estimate that can be refined as they respond.

Mr. Bennett stated routing based on cell tower provides a rough estimate but there are new technologies to help make those calculations much quicker, such as the 4G LTE environment. Speed and accuracy will increase as these technologies are deployed nationwide.

Dr. Backer asked if cell sector or PSAP routing and localization of victims are two aspects of the same problem that can be solved with the same technology or two separate problems with two separate solutions.

Mr. Bennett stated they are independent and it is the wireless carrier's responsibility to merge them so it is seamless to the first responder. Setting up the call and routing it to the right location is completely independent of finding where the caller is.

D. EMS Plan Appeal Regulations

Mr. McGinnis stated that once the EMS Plan Appeal Regulations are approved by the DOF, they will be submitted to the OAL for approval.

E. CEMSIS Data Update

Mr. McGinnis stated EMSA partnered with the Inland Counties Emergency Management Agency (ICEMA) to set up a system to accept data in one of two standard formats. EMS takes data in the NEMSIS format and trauma takes data in the National Trauma Database system.

The goal is to have 100 percent of the LEMSAs reporting 100 percent of their 911 call volume EMS data. Currently, only 20 of the LEMSAs report to EMSA on some scale. To date, there are approximately 2.7 million records in the EMS database but well over 3 million requests for service in the state of California a year.

The intent is, for the first time, to have two-way communication on data and to give the submitted data back so the LEMSAs can compare themselves to the rest of the state and to other areas of the nation.

7. DISASTER MEDICAL SERVICES DIVISION

A. Mobile Medical Assets Program Update

Lisa Schoenthal, chief of the Disaster Medical Services Division, stated the California Medical Assistance Team Program (CAL-MAT) is transitioning to use emergency hiring of personnel by the state. The transition will be finalized during the first quarter of 2016.

The Emergency Pharmaceutical Services Unit of the California Department of Public Health has requested EMSA to convert one of the CAL-MAT pharmacy caches to a mobile pharmacy cache. EMSA received the request through the Standardized Emergency Management System for a mobile pharmacy in August; however, that need was met at the regional level. EMSA will not move forward with developing the mobile pharmacy until the need is determined.

B. Hospital Incident Command System (HICS) Update

An outcome of the 2011 HICS National Summit was that there was a need for research in the implementation of HICS. A HICS implementation model has been developed that can be used as a predictor of HICS' success or as an after-action report item that could be submitted to EMSA for future research. There is a lack of standardization for training, training materials, and trainers for HICS. It is a gap that exists today as well as the lack of ongoing funding supporting HICS.

Commissioner Koenig asked Ms. Schoenthal what the most pressing issues are in disaster medical services that the Commission and the State of California should focus on.

Ms. Schoenthal stated the need for a robust disaster medical system. The priorities of disaster medical services should remain in the forefront. We should not wait for a disaster to strike for this to suddenly become a priority.

Also, having plans or identifying programs does not replace the need to train, drill, and exercise as an ongoing effort. There is a large potential margin for error if professionals are not able to practice the discipline, learn lessons, and revise plans.

Disaster Medical Services is dependent on the continued support of partners and stakeholders. The collaboration is essential because, when disaster does hit, it is critical that the trusting relationships that have been established continue.

8. NOMINATION OF OFFICERS FOR MARCH 2016 – MARCH 2017

Chairman Stone entertained nominations for the position of EMSA Chair.

Action: Commissioner Rose nominated Dan Burch as Chair of EMSA for March of 2016 to March of 2017. Commissioner Koenig seconded.

Chairman Stone entertained nominations for the position of EMSA Vice Chair.

Action: Commissioner Rudnick nominated Steve Drowniany as Vice Chair of EMSA for March of 2016 to March of 2017. Commissioner Burch seconded.

Chairman Stone entertained nominations for two Commissioners to serve on the Administrative Committee.

Action: Commissioner Burch nominated Lewis Stone to serve on the Administrative Committee from March of 2016 to March of 2017. Commissioner Drowniany seconded.

Action: Commissioner Rose nominated Jaison Chand to serve on the Administrative Committee from March of 2016 to March of 2017. Commissioner Teter seconded.

9. APPROVAL OF 2017 MEETING DATES

Action: Commissioner Teter moved to accept staff's recommendations for the 2017 meeting dates, including September 13, 2017. Commissioner Rose seconded. Motion carried unanimously.

10. ITEMS FOR NEXT AGENDA

Commissioner Koenig suggested inviting a representative from CalOES to give an update on the wireless 911 situation.

Commissioner Hamilton agreed and suggested also inviting a representative from CTIA, the cellular industry.

Commissioner Smith suggested inviting a representative from National Registry to give an update on the changes affecting the psychomotor exam.

11. PUBLIC COMMENT

There were no questions or comments from the public.

12. ADJOURNMENT

Action: Commissioner Drowniany moved to adjourn the meeting. Commissioner Hamilton seconded. Motion carried unanimously.

Chairman Stone adjourned the meeting at 11:09 a.m.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336
 FAX (916) 324-2875



**EMS COMMISSION MEETING
 SAN FRANCISCO 12/2/15
 MARINES' MEMORIAL CLUB & HOTEL**

NAME (PLEASE PRINT)	COMPANY (PLEASE PRINT)	SIGNATURE
LISA Schoenthal	EMSA	<i>[Signature]</i>
Rick Covey	Fremont FD	<i>[Signature]</i>
Pat [unclear]	FFD	<i>[Signature]</i>
EVIE ANGUIANO	LACOFD	<i>[Signature]</i>
MARGIE CHIDLEY	LACOFD	<i>[Signature]</i>
MIKE THOMAS	Fremont FD	<i>[Signature]</i>
CHRIS SHELUS	Fremont Fire	<i>[Signature]</i>
Miranda Mulhall	San Bernardino County Fire	<i>[Signature]</i>
David Beumann	LA County Firefighters-L104	<i>[Signature]</i>
Ray Ramirez	CAL CHIEFS	<i>[Signature]</i>
Edward Hill	KCEMS	<i>[Signature]</i>
Kristin Thompson	Newport Fire	<i>[Signature]</i>
Ross Fay	CALSTAR	<i>[Signature]</i>
Ken Miller	Orange Co	<i>[Signature]</i>
Cathy Chidester	LA Co	<i>[Signature]</i>
D Van Stolk	REMSA	<i>[Signature]</i>
BRUCE HAYWARD	Imperial / San Diego	<i>[Signature]</i>

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**EMS COMMISSION MEETING
 SAN FRANCISCO 12/2/15
 MARINES' MEMORIAL CLUB & HOTEL**

NAME (PLEASE PRINT)	COMPANY (PLEASE PRINT)	SIGNATURE
Jennifer Hunt	APCC	J Hunt
Lee Siegel	Alameda County EMS	[Signature]
Richard Murdock	MVENSA	[Signature]
Chris Ward	Fremont Fire	[Signature]
Craig Rhoades	" "	[Signature]
Leslie Parham	Chino Valley Fire	[Signature]
MIKE GIANNINI	MARIN COUNTY FIRE	[Signature]
CHRIS HERRING	IMPERIAL EMS	[Signature]
Patty Gleed	HBFD	Patty Gleed
Marcy Metz	San Diego Co EMS	[Signature]
Sandy Carnes	Rancho Cucamonga FD	[Signature]
MIKE CARNES	LA Co. FD	[Signature]
M. Coeuschel	LAC EMS	[Signature]
Jodie Pierce	Santa Rosa Fire	[Signature]
Ross Elliott	CAA	[Signature]
Brian Henriksen	Napa EMS	[Signature]
Emil Ricchi	WOODSIDE FIRE	[Signature]
Ted Petersen	Novato Fire	[Signature]

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 SAN FRANCISCO 12/2/15
 MARINES' MEMORIAL CLUB & HOTEL**

NAME (PLEASE PRINT)	COMPANY (PLEASE PRINT)	SIGNATURE
David Austin	AMR	<i>[Signature]</i>
DAVID MAGNINO	SACRAMENTO EMS	<i>[Signature]</i>
LANCE CALKINS	ALBANY FIRE DEPARTMENT	<i>[Signature]</i>
Ed Rodriguez	Salinas Fire Dept	<i>[Signature]</i>
Scott Houchin	salinas F. D.	<i>[Signature]</i>
Louis Brubake	North Coast EMS	<i>[Signature]</i>
Lynne Seabloom	Oceanside F.D.	<i>[Signature]</i>
Denise Stiles	ICEMA	<i>[Signature]</i>
Maurice Johnson	Metro Fire	<i>[Signature]</i>
Jenny Kuzn	Student	<i>[Signature]</i>
Jeremy Ault	Citrus Valley Fire Dist.	<i>[Signature]</i>
Jodi Nevandro	Santa Monica Fire Dept	<i>[Signature]</i>
Victoria Hernandez	LA County Fire	<i>[Signature]</i>
Brian Parham	Big Bear FD	<i>[Signature]</i>
Aaron Hamilton	EMSA	<i>[Signature]</i>
Jen Banks	CVEMSA	<i>[Signature]</i>
DAN SPIESS	NOR-CAL EMS	<i>[Signature]</i>
SEAN TRASK	EMSA	<i>[Signature]</i>

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**EMS COMMISSION MEETING
 SAN FRANCISCO 12/2/15
 MARINES' MEMORIAL CLUB & HOTEL**

NAME (PLEASE PRINT)	COMPANY (PLEASE PRINT)	SIGNATURE
DWAYNE PRESTON	LONG BEACH FIRE	<i>[Signature]</i>
PETE HOWES		<i>[Signature]</i>
Shawn Vincent	Napa County EMS	<i>[Signature]</i>
Nancy Spalla	San Mateo EMS	<i>[Signature]</i>
STEVEN SILVEY	WOODSIDE FIRE	<i>[Signature]</i>
Clayton Thomas	PennValley FPD	<i>[Signature]</i>
Zita Konik	Novato Fire	<i>[Signature]</i>
David McPurtland	Berkeley Fire	<i>[Signature]</i>
DAN LYNCH	OC/EMSA/EMSAAC	<i>[Signature]</i>
RICHARD WATSON		<i>[Signature]</i>
JIM GOLOSOWSKY	UCLA	<i>[Signature]</i>

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 SAN FRANCISCO 12/2/15
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NAME (PLEASE PRINT)	COMPANY (PLEASE PRINT)	SIGNATURE
Robert Bennett	AT&T	<i>[Signature]</i>
Kevin Kuan	LAC	<i>[Signature]</i>
LAYNE CONTRERAS	LOS ANGELES COUNTY FIRE DEPT.	<i>[Signature]</i>
Leigh Overton	San Bernardino County Fire	<i>[Signature]</i>
BJ BARZANSON	CCU Hospital Ass	<i>[Signature]</i>
TAMMI MCCONNELL	OCAMS	<i>[Signature]</i>
Cathy Ord	NBFD/CalChiefs	<i>[Signature]</i>
Philip Puhke	NBFD	<i>[Signature]</i>
Bret McISLIE	MCFD	<i>[Signature]</i>
Brian Hartley	BOWLING GREEN MOUNTAIN	<i>[Signature]</i>
John Surface	Hall Amb's	<i>[Signature]</i>
ART HSIEH	^{EPPD} SC Paradise ASSN	<i>[Signature]</i>

EMS PERSONNEL DIVISION PROGRESS REPORT

March 16, 2016

ACTIVITY	PRIMARY CONTACT	STATUS/COMMENT
1. First Aid Practices for School Bus Drivers	Lucy Chaidez Extension 434	There are 11 school bus driver training programs currently approved. Renewal reviews are ongoing. Technical assistance to school staff and school bus drivers is ongoing.
2. Child Care Provider First Aid/CPR Training Programs	Adrienne Kim	There are 21 currently approved programs. Renewal reviews are ongoing. EMSA convened a work group to revise the Chapter 1.1 Training Standards for Child Care Providers; pediatric first aid and CPR training standards are a part of this work. Technical assistance is being provided to child care training program instructors and directors, licensing staff, and child care providers. EMSA First Aid and CPR sticker sales are ongoing.
3. Preventive Health Training Programs	Lucy Chaidez and Adrienne Kim	There are 19 preventive health training programs approved. EMSA began the implementation of AB 290, which added the topic of nutrition to child care provider training and became effective January 1, 2016. EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers. EMSA is serving as a partner with CDE and CDSS in the plan for implementing federal laws (CCDBG) to improve child care. EMSA is serving on the Child Care Disaster Preparedness Workgroup to develop a child care disaster annex to the state disaster plan. EMSA is serving on the state-wide Regulatory Workgroup to improve child care licensing regulations and children's health and safety. Renewal reviews are ongoing. Technical assistance to instructors and child care providers is ongoing. EMSA Preventive Health sticker sales are ongoing.
4. Child Care Training Provider Quality Improvement/Enforcement	Adrienne Kim and Lucy Chaidez	Technical assistance and education regarding compliance issues is continually given to approved training programs, child care providers, DSS community care licensing, and child care resource and referral staff. Currently, there are 2 open complaint cases involving EMSA-approved training programs.
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Betsy Slavensky Extension 461	Ongoing technical assistance for Lay Person AED programs and program review for Public Safety AED programs. On September 3, 2015 Senate Bill (SB) 658 (Hill, 2015) <i>Automated external defibrillators</i> was signed by the Governor and amended Section 1714.21 of the Civil Code and Section 1797.196 of the Health and Safety Code. This bill reduces liability conditions on persons or entities that acquire an AED. In addition, the statute removes numerous requirements that are identified in Chapter 1.8, making these regulations inconsistent and in conflict with the statute. EMSA is in the process of reviewing ways to address the new implications of SB 658, while fielding many phone calls regarding the changes.
6. BLS Training and Certification Issues	Betsy Slavensky	Providing ongoing daily support and technical assistance to EMTs and Certifying Entities. EMSA is editing and opening the EMT regulations for public comment, implementing SB 1438 which requires the addition of naloxone training and scope of practice addition for all EMTs. In addition to changes for SB 1438, regulation revisions under consideration include: <ul style="list-style-type: none"> • Scope of practice changes to allow EMTs to use epinephrine auto-injectors and glucometers • Addition of tactical casualty care found in Assembly Bill (AB) 1598 (Rodriguez, 2014) <i>Emergency response services: active shooter incidents</i>

EMS PERSONNEL DIVISION PROGRESS REPORT

March 16, 2016

		<ul style="list-style-type: none"> • Simplification of the initial and renewal certification requirements • Changes to reinstatement requirements and consistent expiration dates • The skills verification process along with the inclusion of high fidelity simulation patient contacts <p>EMSA currently anticipates opening the rule-making in March 2016 and seeking approval of the regulations from the Commission on EMS at the September 2016 meeting.</p>
7. State Public Safety Program Monitoring	Betsy Slavensky	Provide ongoing review, approval & monitoring of State Public Safety EMSA approved Public Safety First Aid/CPR, EMR, and EMT programs for statutory and regulatory compliance. Revisions to the Chapter 1.5 regulations were approved and took effect April 1, 2015. The regulations require 21 hours of initial training for peace officers, firefighters and lifeguards, and eight hours of retraining every two years. Working with POST to develop the curriculum and testing competency standards as they apply to peace officers. All training programs must include a curriculum that complies with the new public safety course content no later than April 1, 2017.
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky	EMSA is continuing to monitor the EMT Central Registry to verify that the 80+ certifying entities are in compliance with the California Code of Regulations regarding data entry including background checks and disciplinary notification for all EMT personnel. Correspondence is maintained via Newsletter, email, phone, and EMS Coordinator meetings with certifying entities to disseminate updates, changes and corrections. Website improvements have been implemented for ease of certification staff use and EMT resources. Ongoing development of discipline and certification procedures is in progress to support central registry processes and reduce time spent on technical support.
9. Epinephrine Auto-injector Training and Certification	Corrine Fishman Extension 927	On January 1, 2016 the EMS Authority began accepting application for training programs to provide training and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. Certification from an approved training program will allow a layperson or off-duty EMS personnel to obtain a prescription for and administer an epinephrine auto-injector to a person experiencing anaphylaxis, with civil liability protection, when acting in good faith and not for compensation.

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Ambulance Strike Team (AST)/Medical Task Force (MTF) System Development	Michael Frenn, ext. 435	<p>AST/MTF Leader Trainings continue to be conducted on an ongoing basis as requested. Courses are presently scheduled for Spring in Southern and Central California, and a Northern California course is anticipated. The curriculum continues to improve. Information regarding the AST Program can be found at: http://www.emsa.ca.gov/Ambulance Strike Team.</p> <p>The Disaster Medical Support Units (DMSUs), which support and have affiliated Ambulance Strike Teams are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed providing a total of 41 DMSUs with affiliated ASTs in the State.</p>
2. California Medical Assistance Teams (CAL-MAT) Program	Michael Frenn, ext. 435	EMSA continues its reorganization of the CAL-MAT program with a strategic focus on balancing resources with anticipated response needs. Efforts are presently focused on identifying the appropriate Civil Service route for hiring CAL-MAT personnel. EMSA maintains a response readiness level for this program in accordance with previously published standards.
3. CAL-MAT Cache	Craig Johnson, ext. 4171	EMSA has completed bi-annual inventory maintenance on all three CAL-MAT caches. Medical supplies and pharmaceuticals are 100% accounted for and ready for immediate deployment. Annual servicing of the biomedical equipment has been completed.
4. California Public Health and Medical Emergency Operations Manual (EOM)	Jody Durden, ext. 702	The Regional Disaster Medical and Health Specialists (RDMHS) conduct EOM training on an ongoing basis. The EOM Workgroup is currently in the process of revising the EOM based on lessons learned since the initial 2011 release.
5. California Crisis Care Operations Guidelines	Bill Campbell, ext. 728	This project is on hold at this time as EMSA and California Department of Public Health (CDPH) assess priorities due to current fiscal challenges.
6. Disaster Interest Group (DIG)	Patrick Lynch, ext. 467	The DIG has been suspended due to the re-prioritization of DMS staff projects.

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>7. Disaster Healthcare Volunteers (DHV) of California (California’s ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel</p>	<p>Patrick Lynch, ext. 467</p>	<p>The DHV Program has over 21,000 volunteers registered. Over 18,800 of these registered volunteers are in healthcare occupations.</p> <p>All 58 counties have trained System Administrators. EMSA provides routine training and system drill opportunities for all DHV System Administrators.</p> <p>Over 8,600 of the 21,000 DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 41 participating MRC units.</p> <p>EMSA has distributed copies of the “DHV Volunteer Handbook.” This handbook informs volunteers about the state’s DHV Program, and provides information about deploying in response to a disaster.</p> <p>DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing.</p> <p>EMSA publishes the “DHV Journal” newsletter for all volunteers on a tri-annual basis. The most recent issue was released on January 14, 2016. The spring edition will be released in mid-May of 2016.</p> <p>The DHV website is: https://www.healthcarevolunteers.ca.gov.</p> <p>The DHV Deployment Operations Manual (DOM) is available on the EMSA webpage: http://www.emsa.ca.gov/Media/Default/PDF/DHV_DOMRevisionFebruary21-2012.pdf.</p> <p>The “DHV Journal” is available on the DHV webpage of the EMSA webpage: http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>8. Exercises and Training</p> <p>Weapons of Mass Destruction (WMD)</p> <p>Medical Health Operations Center Support Activities (MHOCSA)</p> <p>Statewide Exercises:</p> <p>California Capstone 2015 - 2016</p>	<p>Bill Campbell, ext. 728</p> <p>Bill Campbell, ext. 728</p> <p>Bill Campbell, ext. 728</p>	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students.</p> <p>The initial Medical Health Operations Center Support Activities (MHOCSA) course will be offered in Southern California on February 23 & 24, 2016. A second course will be offered in Modesto, CA on May 3 & 4, 2016.</p> <p>California Capstone 2015 was based on the Southern California Catastrophic Earthquake Plan Scenario and response. EMSA participated in the multi-day Emergency Operations Center (EOC) exercise in May 2015. The lessons learned in the exercise will be tested in upcoming exercises.</p>
<p>2015 Statewide Medical and Health Exercise (2015 SWMHE)</p>	<p>Theresa Gonzales, ext. 1766</p>	<p>On November 19th, 2015 the EMS Authority participated in the Statewide Medical and Health Exercise (SWMHE) in partnership with the California Department of Public Health (CDPH). The exercise was designed as a multiphase exercise program for statewide participants to exercise response to an influenza pandemic. The SWMHE will include objectives for Ambulance Services, Community Clinics, EMS Agencies, Fire Services, Hospitals, Law Enforcement, Long Term Care Facilities, Medical Examiners/Coroners, Offices of Emergency Management, and Public Health. The jurisdiction-specific objectives were designed to further enhance participants' exercise play.</p>
<p>9. Hospital Available Beds for Emergencies and Disasters (HAVBED)</p>	<p>Nirmala Badhan, ext. 1826</p>	<p>EMSA continues working with the California Department of Public Health (CDPH) and other partners to integrate hospital data collection that meets federal HavBED requirements.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
10. Hospital Incident Command System (HICS)	hics@emsa.ca.gov	<p>The Fifth Edition of HICS was released in May of 2014 and is available on the EMSA website for download: http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system.</p> <p>The 2014 revision project did not include the development of education and training materials. Refer to the list of HICS Trainers to view vendors which have identified themselves as providers HICS training based on The HICS Guidebook, Fifth Edition: http://www.emsa.ca.gov/media/default/HICS/HICS_Training_3.pdf The California Emergency Medical Services Authority does not endorse or recommend any provider. If you are a trainer that would like to be added to this list, please send a request to: hics@emsa.ca.gov along with your contact information.</p> <p>EMSA would like to receive copies of After Action Reports (AAR) and presentations on the use of HICS. This information will aid future revisions. These informative documents should be addressed to the HICS Coordinator via email: hics@emsa.ca.gov.</p>
11. Medical Sheltering	Bill Campbell, ext. 728	The California Department of Public Health (CDPH) released the guidance entitled “California Guidance and Toolkit for Sheltering Persons with Medical Needs” in October 2014. This document will be used as a foundational document when EMSA has the staff resources to revise the “Emergency Medical Services Field Treatment Site (EMS FTS) Guidelines.”
12. Mission Support Team (MST) System Development	Michael Frenn, ext. 435	Based on lessons learned from the last two full scale exercises conducted by EMSA (Golden Guardian 2012 at Sacramento State University and Golden Guardian 2013 at Moffett Field), the MST program is being reviewed in an effort to structure it to adequately support EMSA’s Mobile Medical Assets. Inter-Governmental Employee Exchange Agreements are now being sent to local governments to permit compensating them for their employee’s participation when deployed by EMSA on an MST.

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
13. Response Resources	Craig Johnson, ext. 4171	<p>The Bi-annual inventory maintenance of the Mission Support Team (MST) caches has been completed. The MST caches are constantly being refined on After Action Reports following exercises and real word deployments. In addition, the Response Resources Unit (RRU) is currently working to add I.T. equipment to improve MST networking and Internet functionality in the field.</p> <p>The RRU has begun conducting audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located around the State. During the audits, EMSA will verify that all the DMSU vehicles are being properly maintained and utilized according to written agreements. 32 audits have been completed so far with no major problems noted. Annual servicing of the biomedical equipment for the California Medical Assistance Teams (CAL-MAT) caches is completed. The RRU is currently working to establish a multi-year contract to service the biomedical equipment.</p> <p>General annual maintenance for generators, forklifts, and fleet vehicles has been completed with no major problems noted.</p>
14. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Nirmala Badhan, ext. 1826	<p>The RDMHS program continues to work with EMSA and California Department of Public Health (CDPH) staff in supporting major disaster planning activities in addition to supporting information management processes. The RDMHSs have been instrumental in the response to recent events such as the Butte and Valley Wildfires in California.</p>
15. Mobile Field Hospital (MFH) Program	Craig Johnson, ext. 4171	<p>Three 200-bed MFHs are being stored in Sacramento, California. Due to a loss in program funding the MFHs are no longer considered rapidly deployable. However, the MFH shelters remain a viable asset and can be deployed to support a response. In addition, EMSA will continue to work with the Regional disaster Medical Health Coordinators (RDMHC) program to pre-identify sites for a MFH deployment. The identified sites remain viable options for CAL-MAT, ACS, and other Federal resources. Although the MFH program is without funding, EMSA continues to try to identify alternatives to sustain this valuable program without stressing the State budget.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
16. Medical Reserve Corps (MRC)	Sheila Martin, ext. 465	41 MRC units have trained Disaster Healthcare Volunteers (DHV) System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and quarterly DHV user group webinars. Over 8,600 of the DHV Program's 21,000 volunteers are Medical Reserve Corps volunteers.
17. Statewide Emergency Plan (SEP) Update	Jody Durden, ext. 702	The Governor's Office of Emergency Services (Cal OES) updated the Statewide Emergency Plan (SEP) and is moving toward implementing Emergency Functions (EFs). EMSA is a lead participant in the development of the Public Health and Medical Emergency Function of the SEP and is supporting the development of six other EFs.
18. Emergency Medical Services Field Treatment Site (EMS FTS) Guidelines	Bill Campbell, ext. 728	The revision of this document is on hold as EMSA has insufficient staff resources to complete a review at this time.
19. Southern California Catastrophic Earthquake Response Plan	Bill Campbell, ext. 728	EMSA continues to participate in the validation of the Southern California Catastrophic Earthquake Plan. EMSA participated in the SoCal Rocks exercise that was held in March 2015. The SoCal Rocks exercise was designed to examine the processes required to establish, communicate and coordinate public health and medical resource needs. The scope of this design included the coordinated efforts of local, state, federal, and private sector partners in response to a catastrophic earthquake in Southern California.
20. Patient Movement Plan	Jody Durden, ext. 702	The Statewide Patient Movement Workgroup met on October 22, 2015. The first draft of the California Statewide Patient Movement Plan was reviewed by the workgroup. The contractor selected to assist with the development of the plan is currently developing the next draft.
21. Bay Area Catastrophic Earthquake Plan	Bill Campbell, ext. 728	EMSA participated as part of the Medical Planning Group for this plan revision and anticipates that the draft plan for public comment will be released soon.

**Emergency Medical Services Authority
 Disaster Medical Services Division
 Major Program Activities
 March 2016**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
22. Northern California Catastrophic Flood Response Plan	Nirmala Badhan, ext. 1826	EMSA is working with the Governor’s Office of Emergency Services (Cal OES) for the development of the concept of operations for a catastrophic event based upon historically occurring atmospheric rivers that result in catastrophic flooding. Input was provided for “Courses of Action” based on identified response capabilities. An operational framework for the development of local flood plan annexes, training, and exercises is also a primary objective for this plan. Work on the plan will continue this year, 2016.

EMS SYSTEMS PROGRESS REPORT
March 16, 2016

<p>1. Trauma:</p>	<p>Bonnie Sinz Extension 460</p>	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC has not met since the December EMS Commission meeting due to preparation work for the American College of Surgeons' State Trauma System Consultation visit. The next meeting will be scheduled after the ACS visit.</p> <p><u>Regional Trauma Coordinating Committees (RTCC)</u> Each Regional Trauma Coordinating Committee representative provides regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. Details of current activities can be found on the EMSA website at www.emsa.ca.gov. The State Trauma Coordinator attended a meeting for each of the RTCC in the end of 2015.</p> <p><u>Performance Improvement and Patient Safety (PIPS) Subcommittee</u> The DRAFT State PIPS Plan is under review by the EMS Authority management staff. Revisions will be made as needed.</p> <p><u>Regional Trauma Network for Re-Triage Subcommittee</u> The guidance document is being developed to provide re-triage guidelines, non-trauma center early management protocols, data collection and analysis regarding re-triage and IFT patterns throughout the state, and the identification and development of functional regional trauma networks linked by regional cooperative agreements that will reduce delays and improve communication and collaboration.</p> <p><u>Trauma Centers</u> Valley Children's Hospital in Madera, California was designated as a Level II Pediatric Trauma Center on February 3, 2016.</p> <p><u>American College of Surgeons Visit</u> The American College of Surgeons (ACS) will be conducting a State Trauma System Consultation survey for California from March 22-25, 2016. The ACS team will meet with California trauma partners at the Holiday Inn Bayside in San Diego. Information is provided on the EMSA website.</p>
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EMS SYSTEMS PROGRESS REPORT
March 16, 2016

2. STEMI/Stroke Systems of Care	Farid Nasr Extension 424	EMSA staff continue to work with the STEMI Regulations Taskforce members to revise the draft STEMI regulations to bring them in compliance with Rulemaking requirements under the Administrative Procedure Act. ..The next taskforce meeting is scheduled for November 6, 2015.
3. EMS Systems, Standards, and Guidelines	Lisa Galindo Extension 423	The EMS Systems, Standards, and Guidelines are available on the EMS Authority’s website. Since the Guidelines have not been updated in over twenty years, an EMS Plan Workgroup has been developed to review the entire EMS plan submission process and update the guidelines as needed based on that review process.
4. EMS Transportation	Laura Little Extension 412	<p><u>EMS Systems Regulations Work Group / Chapter 13 Task Force:</u> Work on these regulations has been temporarily suspended.</p> <p><u>Request for Proposals:</u> Request for Proposals (RFPs) for Exclusive Operating Areas continue to go through a dual review process, to ensure that they meet statutory requirements as well as address EMSA Guideline #141 “Competitive Process for Creating Exclusive Operating Areas”. The EMS Authority continues to provide technical assistance to LEMSAs by email, phone, and mail in order to help them create a RFP that meets all required criteria.</p> <p><u>Bi-Annual Statewide Public Safety Air Rescue Inspections:</u> Bi-Annual inspections of all CHP helicopters will begin this year, but have yet to be scheduled</p> <p>EMSA has been unable to continue conducting inspections of CAL Fire helicopters, based on the most recent fire season. EMSA is continuing to coordinate further inspections.</p>

EMS SYSTEMS PROGRESS REPORT
March 16, 2016

<p>5. Poison Center Program</p>	<p>Lisa Galindo Extension 423</p>	<p>The University of California, San Francisco remains under contract until June 30, 2016, as the sole provider of poison control services for the State of California. The California Poison Control System (CPCS) provides poison help and information to both the public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week. Quarterly and annual reports are submitted to the EMS Authority providing statistical data of CPCS activity. The reports continue to be reviewed by the EMS Systems Division to ensure compliance with the Scope of Work and contractual requirements.</p>
<p>6. EMS Plans</p>	<p>Lisa Galindo Extension 423</p>	<p>The EMS Authority continues to review EMS Plans and Annual Plan Updates that have been submitted by the LEMSAs. The EMS Systems Division continues to submit a quarterly report to the Commission reflecting the progress and timelines of EMS plan submissions.</p> <p>The EMS Plan Workgroup is currently reviewing <i>EMSA #101</i>, for revision. The primary focus is the evaluation of the current plan components and processes, as well as making recommendations for changes that better reflect the current and future status of EMS in California.</p>
<p>7. EMS for Children Program</p>	<p>Heidi Wilkening Extension 556</p>	<p><u>Regulations:</u> EMS Authority staff has scheduled a conference call for February 24, 2016 to continue revisions to the EMS for Children Regulations to ensure clarity of the language. Following the conference call, staff is anticipating the proposed regulations will be finalized and the OAL process will be expected to begin in May 2016.</p> <p><u>CFED:</u> The EMS for Children program collaborated with CFED to integrate pediatric courses into the 2015 CFED Expo in Southern California in May 2015. The EMS for Children program coordinator attended two of the pediatric sessions. EMS for Children has been communicating with CFED to have part in the CFED Expo to be held in Southern California in May 2016.</p>

EMS SYSTEMS PROGRESS REPORT
March 16, 2016

		<p>The partnership with CFED has been a great opportunity for EMS for Children outreach within the EMS system in California.</p> <p><u>Educational Forum:</u> The EMS for Children Educational Forum in northern California was held on November 5, 2015 in Sacramento at the Doubletree by Hilton Hotel. Staff has started to plan for the next EMS for Children Educational Forum to be held on October 24, 2016 at the Doubletree by Hilton in Sacramento.</p> <p><u>HRSA Grant:</u> The next four-year HRSA grant cycle will start on March 1, 2017. Discussions have begun regarding the upcoming 2017-2021 HRSA grant application.</p>
8. CEMSIS-EMS Data	Kathy Bissell Extension 742	<p>Since November 2014 the EMS CEMSIS database has grown from 1.1 to over 2.2 million records with 17 LEMSAs participating. We are now beginning development of reports based on NEMSIS V2 data elements and will be generating simple reports from data submitted by the participating LEMSAs. Beginning February 2015, we are organizing the data submitted in the EMS plans to show the local agency data more clearly. We will be able to compare EMS plan data to data in the Image Trend application which will allow us to better review the quality of our system data.</p>
9. CEMSIS – Trauma Data	Bonnie Sinz Extension 460	<p>There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 37 of the 58 counties. Currently 26 LEMSAs are transmitting into CEMSIS-Trauma representing 73 of the 75 designated Trauma Centers. For years 2013 through 2015 there are over 139,000 records in the CEMSIS-Trauma data system. The EMS Authority is currently developing a report for each LEMSA showing data completion compliance to be shared with their Trauma Centers.</p>
10. Grant Activity Coordination	Kay Spencer Extension 462	<p><u>Local Assistance Grants:</u> EMSA staff have received and reviewed final progress reports from each of the four (4) LEMSA's who received PHHFBG grant funds to conduct HIE and/or QI/Data projects during the 2015 FFY. The LEMSA's actively progressed as agreed and were successful in completing their projects by the end of the FFY grant period.</p>

EMS SYSTEMS PROGRESS REPORT
March 16, 2016

		<p><u>Office of Traffic Safety Grants:</u> EMSA has recently applied for three (3) OTS grants for the upcoming federal fiscal year. These grant applications concentrate on further implementation of NEMSIS Version 3 with CEMSIS, increased storage capability for data that will be stored and formatted using NEMSIS Version 2.2.1 and Version 3, and will assist local EMS providers in post-crash survivability data collection efforts.</p> <p><u>Health Resource Services Administration (HRSA) Grant:</u> EMSA staff continues the work associated with the Health Resource Services Administration (HRSA) grant in further integration of the Emergency Medical Service for Children (EMSC) into the State EMS system. EMSA submitted the required noncompetitive continuation application and was notified of the award of funds for the final year of the four (4) year grant. EMSA staff is initiating the planning phases for the upcoming application process for the HRSA four (4) year grant project period beginning March 2017.</p> <p><u>Preventative Health and Health Services Federal Block Grant (PHHSFBG):</u> EMSA staff remained continually involved in the Preventative Health and Health Services Federal Block Grant and submitted the 2015 Semi-Annual Summary Reports, Annual Reports and Success Stories. EMSA staff are preparing to outline goals, objectives, and annual activities associated with the EMS Systems Division that are funded by this grant.</p>
11. Communications	Heidi Wilkening Extension 556	EMSA personnel are working with the Office of Emergency Services (OES) to address public concerns on issues related to Wireless 9-1-1.
12. Core Measures	Adam Davis Extension 409	The updated Core Measures Instruction Book was distributed the first week of January 2016. LEMSAs are expected to report on each of the core measures no later than March 31, 2016. EMSA is providing outreach and assistance to all LEMSAs. EMSA continues to host the Core Measures Task Force meetings. The next task force meeting is set for early March.

EMS SYSTEMS PROGRESS REPORT
March 16, 2016

13. EMS Plan Appeal Regulations	Teri Harness Extension 462	The appeal regulations were approved by the Commission at the September 2, 2015 meeting. Approval of the Economic and Fiscal Impact Statement by Agency and the Department of Finance was obtained on January 14, 2016. The regulations were submitted to the Office of Administrative Law (OAL) for approval on January 14, 2016. The OAL has 30 days to review the Rulemaking File. The deadline for OALs review is February 13, 2016.
14. HIE Summit	Adam Davis Extension 409	The 2016 HIE in EMS Summit is being held at the Hyatt Regency Orange County in Garden Grove, CA. The event will take place on April 19 th and 20 th and will feature speakers representing EMSA's federal, state, and regional partners in HIE. Registration for the event is currently open at 2016hie.eventbrite.com . EMSA staff is updating EMSA's website and the "HIEinEMSinCA.com" blog as more information is released.
15. Office Support	Lori O'Brien Extension 401	Participated in two EMSA Strategic Planning meetings. Attended and participated as note take in one Core Measures meeting. Worked with the Data Coordinator to produce several statewide EMS and Trauma reports. Formatted and organized the Pre-Review Questionnaire and associated documents for the review panel for the March 22-25, 2016 ACS visit. Prepared non-state employees Travel Expense Claims (TECs) for reimbursement. Assisted the Executive Office by updating rosters with contact information on local EMS agencies, and other business partners, and stakeholders. Continue to streamline office processes including redesigning forms, correspondence tracking, report formatting, TECs, onboarding of new employees, ordering office supplies, and organizing file space both physical and electronic.

COMMISSION ON EMERGENCY MEDICAL SERVICES

10901 GOLD CENTER DRIVE, SUITE 400
SACRAMENTO, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: Jennifer Lim, Deputy Director
SUBJECT: Legislative Report

RECOMMENDED ACTION:

Receive information regarding EMS-related legislation.

FISCAL IMPACT:

None.

DISCUSSION:

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at http://www.emsa.ca.gov/current_legislation. Copies of the printed Legislative Report will also be available at the Commission Meeting on March 16, 2016.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Rick Trussell, Chief
Fiscal, Administration, and Information Technology Division

SUBJECT: Fiscal and Administration

RECOMMENDED ACTION:

Information Only.

FISCAL IMPACT:

None.

DISCUSSION:**EMS Authority Budget****2015/16**

Recently approved budget augmentations as a result of additional grant funding from the Office of the National Coordinator and the Centers for Disease Control has increased the Department's overall expenditure authority to \$35.4 million. Of this amount, \$15.2 million is delegated for State Operations and \$20.2 million is delegated to Local Assistance.

As you are aware, the Department is currently in the process of transitioning from CalSTARS to the Financial Information System for California (**FI\$Cal**) which is a business transformation project for state government in the areas of budgeting, accounting, procurement, and cash management. This transition has not been without its issues, one of which is that the Department is unable to print out accounting data from FI\$Cal at this time. It is anticipated that accounting reports will be available by May 1, 2016 and an updated report will be distributed prior to the next Commission meeting.

2016/17

The Governor's Proposed Budget for 2016/17 released in January 2016 includes expenditure authority in the amount of \$36.1 million and 66.9 permanent positions. Of this amount, \$15.2 million is delegated for State operations and \$20.9 million is delegated to local assistance. Currently, the Department does not have any workload or policy adjustments under consideration by the administration or legislature.

EMS Authority Staffing Levels

The EMS Authority is authorized 65.2 positions and also has 21 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 86.2. Of the 86.2 positions, 6 positions are vacant at this time and we are in the process of recruiting to fill the positions.

	Admin/Exec Division	DMS Division	EMSP Division	EMS Division	Total
Authorized	14.0	19.0	23.2	9.0	65.2
Temporary Staff	8.0	3.0	6.0	5.0	22.0
Staffing Level	22.0	22.0	29.2	14.0	87.2
Authorized (Vacant)	-1.0	-4.0	-1.0	0.0	-6.0
Temporary (Vacant)	-2.0	0.0	-1.0	0.0	-3.0
Current Staffing Level	19.0	18.0	26.2	14.0	78.2

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP, Director
PREPARED BY: Steven A. McGee, Administrative Adviser
SUBJECT: Update on Legal Office Activity

RECOMMENDED ACTION:

Receive the Legal Office Report.

FISCAL IMPACT:

None.

DISCIPLINARY CASES:

From October 21, 2015, to February 12, 2016, the Authority issued twenty-four new Accusations against existing paramedic licenses, issued four Statement of Issues denying an unrestricted license, issued two notices of Administrative Fine, and two Temporary Suspension Orders. Of the newly issued actions, four of the Respondents have requested that an administrative hearing be set. There are currently twenty-three hearings scheduled. The Authority currently has two cases where the administrative law judge’s proposed decision was not adopted, and the Director is currently reviewing written arguments. There are currently fifty-eight open active disciplinary cases in the legal office.

LITIGATION:

The Authority is currently involved in litigation, California Fire Chiefs Association, Inc., vs. Howard Backer and Daniel Smiley. The suit pertains to federal anti-trust protections claimed by Calchiefs on behalf of its members pursuant to Health and Safety Code section 1797.201. The Authority’s response was filed on January 11, 2016. Calchiefs’ response was due February 11, 2016, with the Authority’s reply due on February 18, 2016. The matter was set for hearing in the Eastern District Court for February 25, 2016.

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: M.D. Smith
Supervising Special Investigator
Enforcement Unit
SUBJECT: Update on Enforcement Activities

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None

DISCUSSION:

Unit Staffing:

As of February 5, 2016, the Enforcement Unit has 5 full-time Special Investigators and 1 Retired Annuitant working as Special Investigator.

Investigative Workload:

The following is a summary of currently available data extracted from the paramedic database.

Cases opened since January 1, 2016, including:

Cases opened: 37
Cases completed and/or closed: 35
EMT-Paramedics on Probation: 236

In 2015:

Cases opened: 337
Cases completed and/or closed: 366
EMT-Paramedics on Probation: 236

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Status of Current Cases:

The Enforcement Unit currently has 99 cases in “open” status.

As of February 5, 2016, there are 23 cases that have been in “open” status for 180 days or longer; 2 Fire Fighters’ Bill of Rights (FFBOR) cases and 7 are California Society of Addiction Medicine (CSAM....cases where Respondents are directed to a physician who specializes in addition medicine for an examination/review) cases.

Those 23 cases are divided among 5 Special Investigators are in various stages of the investigative process, (i.e. awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.).

[Delays in the interview process are common due to unforeseen difficulties in obtaining certified copies of documents, court records, availability of witnesses and/or the subject(s) of an investigation (due to medical action/disability issues, on-going investigations for FFBOR staff or on-going criminal investigations, court actions), plus the routine requirement for two or more follow-up interviews.]

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Galindo
EMS Plans Coordinator

SUBJECT: Update on EMS Plan Activity

RECOMMENDED ACTION:

Receive updated information on the activity involving EMS plans related to submissions by the LEMSAs and review by EMSA, as well as progress related to the EMS Plan Workgroup.

FISCAL IMPACT:

None

DISCUSSION:

The EMS Authority is providing the Commission with a report on the statewide EMS plan activity that has taken place during the period of November 2, 2015, through January 31, 2016, for review.

Topics covered in this report include:

- LEMSA EMS Plan Determinations
- Status of LEMSA EMS Plan Submissions
- Average Review Time of Active EMS Plan Submissions

The EMS Plan Workgroup consists of EMSA and LEMSA Administrators and will focus on improving the processes related to EMS plans. The Workgroup is scheduled to meet twice a month. To date, the group has discussed the goals and objectives and has determined the best approach for updating the EMS System Standards and Guidelines *EMSA #101* (revised June 1993). The group is currently reviewing the Minimum Standards/Recommended Guidelines section of *EMSA #101*, and the goal is to complete the review/modification of at least one out of the eight components within the section during each meeting. The estimated date of completion for the section is April 28, 2016.

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The EMS Authority will continue to keep the Commission apprised of the activity involving EMS Plans and the progress of the EMS Plan Workgroup.

Attachment

LEMSA EMS Plan Determinations	# of Plans
Plans Approved	3
Plans Not Approved	0
New Plans Submitted	2

Status of LEMSA EMS Plan Submissions	# of LEMSAs	%
On Schedule <i>(Approved Plan on File < 12 months)</i>	15	45%
Active Submissions* <i>Under Initial EMSA Review</i> <i>Under EMSA Subject Matter Expert Review</i> <i>Awaiting Info/Clarification from LEMSA</i> <i>Review/Routing through Management for Signature</i>	12 2 0 9 1	36%
Not Approved <i>(Appeal Requested)</i>	0	0%
Submission Past Due* <i>(No Plan Submitted > 12 months from Previous Approval)</i>	7	21%

* San Diego County is counted twice due to the receipt of two plans.

Average Review Time of Active EMS Plan Submissions	# of Days
Under Initial EMSA Review	33
Under EMSA Subject Matter Expert Review	10
Awaiting Info/Clarification from LEMSA	146
Review/Routing through Management for Signature	7

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10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
 Director

PREPARED BY: Sean Trask, Chief
 EMS Personnel Division

SUBJECT: Trial Studies

RECOMMENDED ACTION:

Receive information regarding the status of current trial studies

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:**Ventura County and Santa Barbara County EMS Agencies**

On November 26, 2013, the EMS Authority received a trial study request from the Ventura County and Santa Barbara County EMS Agencies to study the effectiveness of their paramedics placing an Air-Q (supra-glottic) airway device in lieu of other advanced and basic airway management techniques. This trial study was approved by the EMS Authority on December 8, 2014. The Ventura County leg of this trial study started enrolling patients on December 12, 2014. The Santa Barbara County leg of this trial study started enrolling patients on May 18, 2015. The eighteen month report for the Ventura County study is due to the EMS Authority on June 12, 2016 and the Santa Barbara County eighteen month report is due November 18, 2016. As of January 31, 2016 261 patients have been enrolled in the Ventura County leg of this trial study. As of February 10, 2016 67 patients have been enrolled in the Santa Barbara County leg of this trial study.

Inland Counties EMS Agency

On September 9, 2014, the EMS Authority received a trial study request from the Inland Counties EMS Agency to study the role of administering tranexamic acid (TXA) in the prehospital setting to improve hemorrhagic shock outcomes. TXA will be administered to adult (18 years and older) patients who meet trauma triage criteria. This trial study was approved by the EMS Authority on October 23, 2014. This trial study began enrolling patient on March 9, 2015. The eighteen month report is due to the EMS Authority on September 9, 2016. As of 2/10/16 there have been 57 TXA administrations

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by EMS ground paramedics and 4 TXA administrations by approved air provider (nurse-paramedic crews).

Riverside County EMS Agency

On January 1, 2015, the EMS Authority received a trial study request from the Riverside County EMS Agency to study the role of administering tranexamic acid (TXA) in the prehospital setting to improve hemorrhagic shock outcomes. TXA will be administered to adult (18 years and older) patients who meet trauma triage criteria. This trial study was approved by the EMS Authority on April 1, 2015. This trial study began enrolling patient on June 1, 2015. The eighteen month report is due to the EMS Authority on December 1, 2016.

- 66 Patients received TXA appropriately within the inclusion criteria parameters of the trial study.
- 10 patients were identified as meeting inclusion criteria in the field, although the first dose was given in the hospital setting.
- 4 patients received TXA outside the parameters of the inclusion criteria.

Alameda County EMS Agency

On January 6, 2015, the EMS Authority received a trial study request from the Alameda County EMS Agency to study the role of administering tranexamic acid (TXA) in the prehospital setting to improve hemorrhagic shock outcomes. TXA will be administered to adult (18 years and older) patients who meet trauma triage criteria. This trial study was approved by the EMS Authority on April 22, 2015. This trial study began enrolling patient on January 1, 2016. The eighteen month report is due to the EMS Authority on June 1, 2017. As of February 3, 2016 there have been no patients enrolled in this study.

Napa County EMS Agency

On January 7, 2016, the EMS Authority received a trial study request from the Napa County EMS Agency to study the role of administering tranexamic acid (TXA) in the prehospital setting to improve hemorrhagic shock outcomes. TXA will be administered to adult (18 years and older) patients who meet trauma triage criteria. This trial study request is still under review, pending a recommendation from the Scope of Practice Committee.

Attached is the current list of trial studies.

**STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY**

**CURRENT TRIAL STUDIES
as of 1/1/2016**

Local EMS Agency	Study Title	EMS Agency Medical Director and Primary Investigator	Date of Initiation of Trial Study	Commission Notified	18 Mo. Report Due	Commission Action	36 Mo. Report Due / Patients Enrolled	Disposition of Study
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Ventura County EMS Agency	Air-Q Supra-glottic Airway	Angelo Salvucci, MD	12/12/14	3/18/15	6/12/16			Active. Began enrolling patients on 12/12/14.
Inland Counties EMS Agency	Tranexamic Acid	Reza Vaezazizi, MD	3/9/15	3/18/15	9/9/16			Active. Began enrolling patients on 3/9/15.
Santa Barbara County EMS Agency	Air-Q Supra-glottic Airway	Angelo Salvucci, MD	5/18/15	6/17/15	11/18/16			Active. Began enrolling patients on 5/18/15.
Riverside County EMS Agency	Tranexamic Acid	Daved van Stralen, MD	6/1/15	6/17/15	12/1/16			Active. Began enrolling patients on 6/1/15.
Alameda County EMS Agency	Tranexamic Acid	Karl Sporer, MD	1/1/16	6/17/15				Active. Began enrolling patients on 1/1/16.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: Corrine Fishman, Program Analyst
SUBJECT: EMT Regulation Revisions

RECOMMENDED ACTION:

Receive information regarding revisions to the EMT Regulations.

SUMMARY

SB 1438 (Pavley, Chapter 491, 2014) requires all EMS personnel, including EMTs to be trained in the administration of naloxone hydrochloride by July 1, 2016, which is currently an EMT optional skill. Advanced EMTs and paramedics are currently trained in the administration of naloxone. The EMS Authority (EMSA) is also proposing to add training in the administration of epinephrine by auto-injector as a result of SB 669 (Huff, Chapter 725, Statutes of 2013) which required EMSA to develop lay rescuer epinephrine regulations. Further, EMSA has revised the public safety regulations to allow public safety personnel to administer epinephrine as an optional skill. Tactical casualty care was added to include the statutory elements found in AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between emergency medical services personnel during terrorism incidents or active shooter events

With this rulemaking, the EMS Authority is proposing to:

1. Amend existing EMT regulations by removing naloxone hydrochloride administration as an EMT *optional skill* and include the administration of naloxone hydrochloride as a mandatory training item. The administration of naloxone will still require local EMS agency (LEMSA) approval.
2. Add training in the administration of epinephrine by auto-injector and the use of a glucometer. The use of a glucometer and an epinephrine auto-injector will require the LEMSAs approval.

3. The use of an epinephrine auto-injector will be removed from the EMT Optional Skills section and replaced with drawing up epinephrine for administration for anaphylaxis.
4. Add tactical casualty care principles to required course content.
5. Remove the skills-based competency verification form and replace it with 6 hours of skills-based continuing education.
6. Increase the required course hours from 160 to 174 to include Naloxone, epinephrine, glucometer training and tactical casualty care principles.
7. Move the monitoring of preexisting vascular access devices and intravenous lines delivering fluids with additional medications from a basic skill to an optional skill to clarify this is a local optional request.
8. Provide clarity and consistency with the NREMT registration requirements.
9. Provide clarification of the initial certification pathways.

IMPLEMENTATION STEPS AND TIMELINE

March 2016	Rulemaking file opened with Office of Administrative law; regulations must be approved within one year.
March 2016	Proposed regulations released for 45-day public comment.
May 2016	Proposed regulations released for 15-day public comment periods as needed.
September 2016	Proposed regulations submitted to Commission on EMS for approval.
October 2016	Office of Administrative Law reviews and approves regulations.
January 1, 2017	Regulations become effective.

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 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
 Director

PREPARED BY: Corrine Fishman, Program Analyst

SUBJECT: Chapter 4. Paramedic Regulation Revisions

RECOMMENDED ACTION:

Receive information regarding paramedic regulation revisions.

SUMMARY

The EMSA proposes to amend Chapter 4 of Division 9, of Title 22, which was last revised in 2013. This rulemaking action will be done in two phases:

The first phase will make non-substantive changes to the paramedic regulations through a section 100 process. These changes will move the sections around within the Chapter to allow for better flow, which in turn will make the Chapter more user friendly. There are no content changes to any of the sections. This phase was approved by the Office of Administrative Law on February 8, 2016 and is posted on the EMS Authority's web page under Regulations.

The second phase proposes changes to clarify and specify methods for training program reviews, approvals and accreditation requirements, and to update applications and licensure processes. Based on the passage of AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) the second phase will also include the addition of tactical casualty care principles to the course content for consistency. The tactical requirements have already been added to the public safety regulations and are being added to the EMT regulations.

IMPLEMENTATION STEPS AND TIMELINE

Phase 1; January 2016	Section 100 filed with the Office of Administrative Law. Approved February 8, 2016.
Phase 2; April 2016	Open rulemaking file with Office of Administrative Law for public comment.

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10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
 Director
PREPARED BY: Priscilla Rivera, Manager
 Personnel Standards Unit
SUBJECT: Community Paramedicine

RECOMMENDED ACTION:

Receive information regarding Community Paramedicine Pilot

DISCUSSION:

Strong progress continues with all of the Community Paramedicine Project’s now in the implementation phase. The discussion that follows will provide an update on the progress and challenges faced by the pilot project sites.

<i>Project #</i>	<i>Pilot Concept</i>	<i>EMS Providers</i>	<i>Implementation Start Date</i>	<i>Date of next data submission to UCSF</i>	<i>Date of IRB Expiration</i>	<i>Date of next OSHPD Site Visit</i>	<i>Date of next site Steering Committee Meeting</i>
CP 001	Alt Destination	UCLA	9-08-15	3-30-16	7-13-18	Non Scheduled	1-12-16
CP 002	Post Discharge	UCLA	9-01-15	3-30-16	7-28-18	1-12-16	1-12-16
CP 003	Alt Destination	Orange County	9-14-15	3-30-16	5-01-16	2-09-16	1-14-16
CP 004	Post Discharge	Butte EMS	7-01-15	3-30-16	1-27-17	3-17-16	1-25-16
CP 005	TB Observation	Ventura	6-01-15	3-30-16	6-16-16	Non Scheduled	1-14-16
CP 006	Hospice Support	Ventura	8-01-15	3-30-16	6-16-16	Non Scheduled	1-14-16
CP 007	Post Discharge Frequent 911	Alameda	6-01-15 7-01-15	3-30-16	5-26-16 5-26-16	Non Scheduled	1-06-15
CP 008	Post Discharge	San Bernardino	8-13-15	3-30-16	1-12-17	4-27-16	1-15-16
CP 009	Alt Destination	Carlsbad	10-09-15	3-30-16	4-25-16	5-19-16	1-21-16
CP 010	Frequent 911	San Diego	10-12-15	3-30-16	8-27-16	3-30-16	1-13-16
CP 012	Alt Destination (Mental Health)	Stanislaus	9-25-15	3-30-16	9-17-16	Non Scheduled	1-25-16
CP 013	Post Discharge	Solano	9-15-15	3-30-16	8-25-16	Non Scheduled	1-19-16

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Data Submission

All Pilot Project site partners have submitted initial Phase III Implementation Data to the Philip R. Lee Institute for Health Policy Studies UCSF evaluation team. UCSF in turn as submitted their initial analysis of the early data to OSHPD for their review and comment

Institutional Review Board (IRB)

Prior to implementation, each project site must receive approval from an Institutional Review Board (IRB) as a measure of ensuring patient safety and ethical treatment of human subjects during research. Most of the IRB Approval are for a one year period, therefore two of the Project Sites, CP 004 Butte, and CP 008 San Bernardino who received their IRB Approval in January of 2015, have had their IRB Approvals extended for another year.

OSHPD & EMSA Site Visits

In accordance with HWPP Regulations, members of the HWPP program management and EMSA have conducted seven site visits between June 2015 and February 2016, and found the following projects to be in full compliance with the objectives submitted within EMSA's application to OSHPD.

Project #	Concept	Lead Agency	Phase	Site Visit Date
CP 001	Alternate Destination	UCLA	Training	06-18-15
CP 005 CP 006	Directly Observed TB	Ventura	Implementation	08-15-15
CP 007	Frequent 911 User Post Discharge	Alameda City	Implementation	09-24-15
CP 012	Alt Destination Behavioral Health	Stanislaus	Implementation	11-19-15
CP 013	Post Discharge	Solano	Implementation	12-17-15
CP 002	Post Discharge	UCLA	Implementation	01-12-16
CP 003	Alternate Destination	Orange County	Implementation	02-09-16

The EMS Authority will continue to keep the Commission informed on the progress of the Community Paramedicine pilot program.

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10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
 Director

PREPARED BY: Sean Trask, Chief
 EMS Personnel Division

SUBJECT: National Registry and EMT / Paramedic Test Pass Rates

RECOMMENDED ACTION:

Receive information regarding National Registry of EMTs pass rates for EMTs and paramedics.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

This table compares the first attempt NREMT examination pass rates for all EMTs and paramedics in California with the nation for calendar year 2014.

2015	Attempted the exam	Pass 1st attempt
Paramedic		
National	9,005	75%
California	804	81%
EMT		
National	63,540	68%
California	8,955	65%

Attached are tables listing the first attempt pass results of EMTs and paramedics who were affiliated with training programs approved in California. The list is sorted by the local EMS agency that approved those training programs. The EMS Authority approves statewide public safety agency’s EMT training programs, which include the California Highway Patrol, Cal Fire, and the State Department of Parks and Recreation.

The data on the attached tables comes from queries of the NREMT data base and is not from California’s central registry.

Paramedic Training Program Name	2011		2012		2013		2014		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt						
Alameda County EMS Agency												
Camp Parks Paramedic Program	0	0%	0		0		0					
LEMSA Total	0	0%	0		0		0					
Central California EMS Agency												
Fresno City College	15	33%	1		0		0					
Fresno County/Dept of Health	20	85%	22	95%	28	79%	27	81%			29	79%
LEMSA Total	35	59%	23	95%	28	79%	27	81%			29	79%
Coastal Valleys EMS Agency												
Santa Rosa Junior College	19	89%	16	94%	16	100%	17	100%			12	100%
Mendocino College	0		0		0		0					
Mendocino College Mendocino County	18	56%	3	67%	0		0					
LEMSA Total	37	73%	19	81%	16	100%	17	100%			12	100%
Imperial County EMS Agency												
Imperial Valley College	8	63%	11	73%	1	100%	6	67%			14	71%
LEMSA Total	8	63%	11	73%	1	100%	6	67%			14	71%
Inland Counties EMS Agency												
Crafton Hills College Paramedic Program	39	87%	11	91%	29	86%	19	74%			32	97%
Victor Valley Community College	39	77%	14	86%	21	81%	25	72%			29	59%
LEMSA Total	78	82%	25	89%	50	84%	44	73%			61	78%
Kern County EMS Agency												
Antelope Valley College	11	55%	0		21	71%	0				6	83%
Bakersfield College Paramedic Program	23	96%	18	100%	13	92%	9	100%			18	94%
LEMSA Total	23	96%	18	100%	13	82%	9	100%			24	89%
Los Angeles County EMS Agency												
Los Angeles County Paramedic Training	85	75%	86	76%	87	76%	84	76%			62	84%
Mt. San Antonio College	28	100%	29	100%	43	100%	34	100%			30	90%
UCLA Paramedic Education Program	89	92%	96	95%	97	94%	106	88%			111	88%
LEMSA Total	259	86%	247	94%	274	90%	224	88%			203	87%
Napa County EMS Agency												
Napa Valley College	5	80%	16	63%	15	73%	19	89%			11	100%
LEMSA Total	5	80%	16	63%	15	73%	19	89%			11	100%
Northern California EMS Agency												
Absolute Safety Training Inc.	15	67%	22	77%	17	65%	14	71%			16	69%
LEMSA Total	15	67%	22	77%	17	65%	14	71%			16	69%
North Coast EMS Agency												
North Coast EMS	9	89%	10	90%	1	100%	11	91%			19	74%

Paramedic Training Program Name	2011		2012		2013		2014		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
LEMSA Total	9	89%	10	90%	1	100%	11	91%			19	74%
Orange County EMS Agency												
Saddleback College	48	77%	24	75%	54	87%	36	81%			49	90%
LEMSA Total	48	77%	24	75%	54	87%	36	81%			49	90%
Riverside County EMS Agency												
Moreno Valley College, Formerly Riverside CC	24	83%	15	93%	17	88%	18	83%			20	80%
LEMSA Total	24	83%	15	93%	17	88%	18	83%			20	80%
Sacramento County EMS Agency												
American River College	8	100%	8	100%	5	80%	8	100%			13	92%
CA State Univ Sacramento, PreHospital Educ Program	49	67%	32	66%	50	72%	53	72%			52	67%
Emergency Medical Sciences Training Inst	27	70%	35	89%	0		0					
Emergency Medical Sciences Training Inst	0		35	89%	0		0					
LEMSA Total	84	79%	110	86%	55	76%	61	86%			65	80%
San Diego County EMS Agency												
EMSTA Inc.	38	84%	39	95%	35	69%	39	95%			33	85%
Palomar Community College	45	96%	41	98%	30	93%	44	95%			39	95%
Southwestern Community College	22	100%	20	95%	15	93%	20	100%			25	100%
Westmed College Chula Vista	0		0		8	100%	18	83%			10	80%
LEMSA Total	105	93%	100	96%	80	89%	121	93%			107	90%
San Francisco EMS Agency												
City College of San Francisco	21	76%	16	88%	14	86%	17	94%			5	80%
LEMSA Total	21	76%	16	88%	14	86%	17	94%			5	80%
San Joaquin EMS Agency												
Emergency Responders Academy of Learning	7	57%	2	0%	0		0					
LEMSA Total	7	57%	2	0%	0		0					
San Luis Obispo County EMS Agency												
Cuesta College-CCPP	19	89%	15	93%	16	64%	7	100%			16	81%
LEMSA Total	19	89%	15	93%	16	64%	7	100%			16	81%
San Mateo County EMS Agency												
California EMS Academy Inc	7	86%	4	75%	17	65%	1	100				
LEMSA Total	7	86%	4	75%	17	65%	1	100				
Santa Clara County EMS Agency												
Foothill College	10	90%	12	92%	22	100%	18	83%			30	80%
Westmed College	19	79%	11	82%	20	70%	14	79%			5	20%
LEMSA Total	29	85%	23	87%	42	85%	32	81%			35	50%
Santa Cruz County EMS Agency												
Emergency Training Services, Inc.	35	63%	18	61%	29	86%	22	77%			13	77%
LEMSA Total	35	63%	18	61%	29	86%	22	77%			13	77%

Paramedic Training Program Name	2011		2012		2013		2014		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt						
Sierra-Sac Valley EMS Agency												
Butte Community College	12	100%	10	90%	16	75%	8	88%			14	64%
National College of Technical Instruction	339	83%	251	87%	319	78%	242	78%			62	77%
College of the Siskiyous	0		0		9	67%	22	82%			15	100%
LEMSA Total	351	81%	261	80%	344	73%	272	83%			91	80%
Ventura County EMS Agency												
Ventura College	9	89%	14	100%	12	100%	8	100%			14	86%
LEMSA Total	9	89%	14	100%	12	100%	8	100%			14	86%

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt								
Alameda County EMS Agency										
American Health Education	58	74%	49	67%	70	71%	64	54%	63	63%
Bay Area Youth EMT Program	20	60%	29	59%	32	56%	36	64%	19	68%
Chabot College	24	96%	34	85%	36	75%	43	70%	38	74%
East Bay			7	71%	0		0			
Fast Response School of Health Care Ed.	82	77%	72	78%	62	84%	124	77%	144	84%
Las Positas College	35	86%	39	95%	33	88%	27	89%	46	83%
Merritt College/Alameda County	38	63%	38	63%	39	64%	39	51%	29	52%
Oakland Fire Dept.	0		0		0		0			
Quest Nursing Education Center	0		2	50%	0		0			
Unitek College	268	72%	343	73%	521	67%	464	69%	351	73%
University of California Police EMT Trg	0		85	85%	36	94%	0			
LEMSA Total	525	75%	698	73%	829	75%	797	68%	690	71%
Central California EMS Agency										
Auberry Volunteer/Alert Medical Training	4	75%	8	63%	13	69%	49	69%	48	56%
American Ambulance	64	69%	100	78%	109	71%	105	83%	53	87%
California State University Fresno	6	33%	7	57%	1	0%	0		7	43%
Clovis Unified School District - ROP	0		1	100%	0		0			
College of the Sequoias	13	38%	23	65%	12	42%	15	80%	21	48%
Dinuba Fire Department	16	44%	16	38%	14	43%	9	67%	16	31%
Fresno Adult School	25	48%	10	30%	4	0%	8	63%		
Fresno City College	0		0		0		0			
Fresno City College Fire Academy	26	62%	31	65%	37	70%	40	73%	39	41%
Fresno Fire Department	0		0		0		0			
Fresno ROP	0		0		0		0			
Institute of Technology-Clovis	0		0		4	0%	0			
Madera Adult School	0		11	82%	6	67%	7	43%	4	25%
Minarets Adult Education EMT-Basic	0		3	100%	7	57%	10	70%	19	47%
Orange Cove Fire Department	19	58%	24	67%	15	40%	16	25%	15	40%
Porterville Community College	6	67%	24	46%	34	47%	24	58%	25	48%
Selma Fire Department	0		0		2	50%	0		12	25%
Yosemite Unified School District	172	92%	96	94%	4	75%	0			
West Hills College	18	61%	19	63%	24	63%	28	75%	24	54%
WestMed College-Fresno	0		11	55%	0		0			
LEMSA Total	369	59%	384	67%	286	46%	311	64%	283	45%
Coastal Valleys EMS Agency										
Mendocino College	0		0		0		0			
Mendocino College Mendocino County	17	47%	24	75%	23	57%	15	47%	21	76%
Mendocino County Office of Education ROP	9	67%	13	62%	19	68%	31	68%	17	71%
Napa Valley College	38	66%	31	84%	27	74%	31	68%	48	63%
Pacific Union College	11	36%	21	71%	12	100%	14	79%	12	58%
Santa Rosa Junior College	94	79%	120	79%	155	86%	137	81%	106	83%
LEMSA Total	169	59%	209	74%	236	77%	228	69%	204	70%
Contra Costa County EMS Agency										
Contra Costa College	9	67%	28	68%	20	75%	20	50%	7	29%
Los Medanos Community College	43	70%	46	52%	69	41%	73	55%	86	47%
Mt Diablo Adult Education	18	44%	16	38%	12	75%	7	43%	8	88%
Richmond Professional Black Firefighters	0		0		0		0			
LEMSA Total	70	60%	90	53%	101	64%	100	49%	101	55%

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt								
El Dorado County EMS Agency										
El Dorado County Training Officer's Assn	14	93%	32	63%	28	82%	23	78%	22	77%
Lake Tahoe Community College	45	84%	46	83%	45	71%	30	77%	33	85%
LEMSA Total	59	89%	78	73%	73	77%	53	78%	55	81%
Imperial County EMS Agency										
Bureau of Land Management	1	100%			0		0			
El Centro Sector BORSTAR	0		10	70%	0		0			
Imperial Valley College	50	66%	57	70%	40	70%	62	55%	45	58%
LEMSA Total	51	83%	67	70%	40	70%	62	55%	45	58%
Inland Counties EMS Agency										
Baldy View ROP	57	96%	0		0		0			
Barstow Community College	12	50%	17	65%	15	80%	12	58%	9	56%
Cerro Coso Community College	14	57%	24	79%	42	83%	32	72%	26	69%
Chaffey College	29	66%	39	59%	43	53%	47	62%	46	54%
Copper Mountain College	33	70%	7	86%	22	59%	21	81%	14	64%
Crafton Hills College	97	62%	123	69%	140	66%	138	51%	108	56%
High Sierra Prehospital Education	15	93%	19	84%	0		0			
Lone Pine Unified School District	2	100%	0		2	50%	3	33%	1	100%
Montclair Fire Department	68	54%	133	70%	121	50%	103	56%	119	57%
So Cal EMT Fire Training	4	25%	4	50%	9	56%	22	45%		
Victor Valley Community College	90	68%	72	63%	88	61%	105	54%	119	45%
LEMSA Total	421	67%	438	69%	482	62%	483	57%	442	63%
Kern County EMS Agency										
Bakersfield College Allied Health	42	74%	72	72%	68	62%	71	66%	79	62%
Bakersfield Community College	32	41%	40	43%	39	44%	28	61%	29	59%
B/P TEC	0				1	100%	0			
Naval Air Weapons Medical Clinic	0				0		0			
Olive Drive Fire Training Facility	0				21	71%	12	92%		
Taft College	5	20%	8	63%	11	36%	11	45%	4	50%
LEMSA Total	79	45%	120	59%	140	63%	122	66%	112	57%
Los Angeles County EMS Agency										
Antelope Valley College	9	78%	17	41%	10	90%	15	93%	4	75%
Antelope Valley High School District ROP	66	74%	64	77%	41	54%	8	50%	16	63%
Antelope Valley Medical College Inc.	80	55%	72	69%	107	71%	114	64%		
California Institute of EMT	610	84%	589	89%	653	84%	642	83%	554	82%
Cerritos College	14	86%	18	94%	24	67%	0			
Citrus Community College	33	91%	61	70%	52	85%	49	82%	40	83%
CSU Long Beach	0		0		45	62%	60	62%	76	47%
College of the Canyons	150	60%	119	87%	106	91%	115	83%	127	81%
East Los Angeles College	25	80%	16	94%	27	81%	34	71%	41	54%
East San Gabriel Valley ROP	38	61%	52	83%	60	47%	70	43%	43	40%
El Camino College	95	59%	106	55%	113	59%	92	97%	126	48%
Glendale Community College	73	71%	57	89%	58	91%	66	88%	62	87%
La Puente Valley ROP	1	100%	0		0		0			
Long Beach City College	26	42%	23	61%	33	39%	12	75%	13	46%
Long Beach Fire Department	0		0		0		5	80%		

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt								
Los Angeles City Fire Department	0		1	100%	1	100%	0			
Los Angeles County Fire Department	55	96%	34	100%	35	94%	36	100%	19	100%
Los Angeles County Fire Dept-Life Guard	0		0		0		0			
Los Angeles County ROP	7	57%	12	50%	4	25%	0			
Los Angeles County Sheriff's Department	0		4	75%	10	100%	0		2	100%
Los Angeles Harbor College	0		20	45%	20	60%	11	45%	19	58%
Los Angeles Valley College	49	59%	79	38%	106	42%	80	40%	60	63%
Mt. San Antonio College	38	95%	28	82%	34	68%	54	63%		
N. Hollywood Polytechnic Adult School	0		10	90%	0		0			
North Valley Occupational Center	90	52%	80	34%	7	57%	28	61%	28	57%
Pasadena City College	66	64%	61	56%	106	53%	95	55%	117	58%
Rio Hondo College	0		0		0		0			
Rio Hondo College Fire Academy	119	82%	131	79%	111	60%	92	72%	126	76%
San Antonio ROP	1	100%	5	80%	0		0			
Southern California ROC	9	44%	0		0		0		22	36%
Tri Cities ROP	44	30%	48	27%	25	24%	0			
UCLA Center for Prehospital Care	372	92%	419	98%	373	96%	384	96%	471	93%
LEMSA Total	2070	71%	2126	72%	2161	68%	2062	72%	1966	67%
Madera County EMS Agency										
Madera Adult School	5	20%	0	0%	0	0%	7	43%	4	25%
LEMSA Total	5	20%	0	0%	0	0%	7	43%	4	25%
Marin County EMS Agency										
College of Marin	21	95%	13	92%	16	75%	11	91%	13	100%
LEMSA Total	21	95%	13	92%	16	75%	11	91%	13	100%
Merced County EMS Agency										
Merced Community College	14	64%	20	75%	24	50%	18	83%	36	64%
Merced County EMS Agency	20	65%	17	59%	0		0			
LEMSA Total	34	65%	37	67%	24	50%	18	83%	36	64%
Monterey County EMS Agency										
Hartnell Community College	60	62%	31	68%	5	60%	20	55%	38	42%
Monterey Peninsula College	38	50%	43	60%	39	72%	71	63%	63	51%
Monterey Peninsula ROP	0		1	0%	1	0%	1	0%	1	0%
LEMSA Total	98	56%	75	43%	45	44%	92	39%	102	31%
Mountain Valley EMS Agency										
Abrams College	105	53%	110	33%	112	38%	91	42%	107	41%
Alpine County EMS	0		0		0		0			
Ceres Unified Adult Education	27	41%	36	56%	30	37%	0		20	55%
Hughson Fire Protection District	15	53%	9	67%	4	50%	5	40%	12	58%
Jackson Rancheria Fire Department	10	80%	18	61%	16	63%	13	69%	19	47%
Mariposa County Fire Department	0		12	58%	13	46%	8	75%		
Modesto Junior College	17	82%	32	75%	50	76%	33	88%	55	76%
Mountain Valley EMS Agency - Mariposa	0		0		0		0			
Mountain-Valley EMS Agency	0		0		0		0			
Murphys Fire Protection District	20	75%	32	75%	21	62%	23	61%	32	72%
LEMSA Total	194	64%	249	61%	246	53%	173	63%	245	58%

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
North Coast EMS Agency										
College of the Redwoods	43	84%	36	86%	47	77%	42	79%	41	83%
Del Norte Fire Training Consoritum	0		5	100%	1	100%	0		28	79%
Humboldt State University	31	71%	23	91%	16	81%	16	81%	19	74%
Lake County Fire Protection District	0		0		0		0		11	82%
Southern Trinity Area Rescue	2	100%	0		0		0			
LEMSA Total	76	85%	64	92%	64	86%	58	80%	99	80%
Nor Cal EMS Agency										
College of the Siskiyous	20	70%	28	93%	30	77%	26	73%	33	67%
Feather River College	5	80%	8	100%	5	60%	12	67%	9	67%
Glenn County Office of Education	0		0		0		0			
Lassen Community College	12	75%	3	100%	5	100%	1	0%	9	78%
Shasta Community College	55	64%	59	63%	68	69%	74	61%	75	63%
LEMSA Total	92	72%	98	89%	108	77%	113	50%	126	69%
Orange County EMS Agency										
South Coast ROP (Formerly Capistrano-Laguna Beach ROP)	18	50%	21	62%	22	68%	23	78%	24	58%
Central County ROP	17	53%	7	57%	8	38%	0		1	0%
Coastline Regional Occupational Program	42	55%	45	49%	50	58%	37	43%	43	60%
Link 2 Life, Inc OC	10	50%	107	69%	138	62%	93	54%	51	67%
North Orange County ROP	130	66%	126	63%	124	68%	82	71%	63	57%
Orange Coast College	20	95%	19	89%	30	90%	14	93%	24	88%
Orange County CPR	0		140	56%	171	63%	191	66%	235	60%
Saddleback College	92	71%	83	67%	68	63%	81	69%	80	70%
Santa Ana College	62	77%	48	73%	59	64%	34	74%	31	68%
Santa Ana Fire Academy	67	69%	94	53%	45	51%	0		16	63%
West Coast Emergency Medical Training	0		205	73%	396	77%	365	75%	431	80%
LEMSA Total	458	65%	895	65%	1111	64%	920	69%	999	61%
Riverside County EMS Agency										
College of the Desert	25	60%	27	59%	26	54%	31	58%	27	67%
Mt San Jacinto College	63	79%	106	73%	86	66%	64	69%	84	51%
Palo Verde College	0		5	20%	0		5	40%		
Moreno Valley College (Formerly Riverside Community College)	233	80%	215	75%	208	79%	196	69%	161	72%
Riverside County Fire Department	0		0		0		0			
Riverside County Office of Education ROP	22	32%	0		9	33%	23	30%	11	9%
LEMSA Total	343	63%	353	57%	329	58%	319	53%	283	50%
Sacramento County EMS Agency										
American River College	49	84%	56	91%	75	85%	52	83%	92	77%
California Regional Fire Academy	64	61%	105	69%	136	76%	22	77%	23	61%
CA State Univ Sacramento, PreHospital Educ Program	24	71%	52	81%	66	68%	67	90%	93	75%
Cosumnes River College	71	93%	39	95%	44	100%	42	90%	48	96%
Emergency Medical Sciences Training Inst	0		0		0		0			
Galt Adult School	7	43%	0		15	60%	0			
Herald Fire District	14	64%	0		0		0		13	8%
Institute of Technology-Citrus Heights	0		7	100%	1	100%	1	0%		
Sacramento City Unified School District	26	38%	0		0		0			
Sacramento County Office of Education	0		0		0		0			

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
LEMSA Total	255	65%	259	87%	337	82%	184	68%	269	63%
San Diego County EMS Agency										
Barona Fire Department	0		0		0		0			
Borrego Springs Fire Protection District	11	27%	29	31%	12	42%	20	45%	20	25%
EMSTA Inc.	181	84%	246	80%	276	83%	288	85%	333	74%
Emergency Medical Educators	0		0		0		0			
Grossmont Health Occupations Center	93	58%	124	56%	60	77%	0		27	48%
La Mesa Fire Department	0		0		0		0			
Link 2 Life, Inc	19	58%	33	61%	41	71%	39	49%	47	70%
Miramar College	358	86%	367	83%	317	85%	338	82%	357	78%
National Polytechnic College	6	83%	10	80%	17	59%	21	62%	7	57%
Palomar Community College	106	87%	141	79%	172	85%	182	85%	215	79%
Southwestern Community College	67	85%	62	84%	77	69%	65	85%	73	58%
US Border Patrol	15	100%	20	85%	0		0			
WestMed College-Chula Vista	0		18	61%	0		0			
LEMSA Total	856	74%	1050	70%	972	71%	953	70%	1079	61%
San Francisco EMS Agency										
City College of San Francisco	93	63%	73	71%	82	66%	92	72%	67	60%
San Francisco Paramedic Association	127	91%	109	98%	119	94%	26	96%		
LEMSA Total	220	77%	182	85%	201	80%	118	84%	67	60%
San Joaquin County EMS Agency										
San Joaquin County EMS Agency	0		5	40%	8	63%	0			
Emergency Responders Academy of Learning	21	24%	0		0		0			
Institute of Technology-Stockton			20	45%	6	17%	0			
Ripon Fire Department	0		31	58%	0		27	56%		
San Joaquin Delta College	72	54%	1	100%	0		0			
San Joaquin Delta Community College	0		0		0		0			
LEMSA Total	93	39%	57	61%	14	40%	27	56%	0	
San Luis Obispo County EMS Agency										
Cuesta College Allied Health-EMT	38	58%	57	86%	52	77%	44	80%	44	75%
Cuesta College-CCPP	0		0		0		0			
LEMSA Total	38	58%	57	86%	52	77%	44	80%	44	75%
San Mateo County EMS Agency										
California EMS Academy Inc	20	80%	73	68%	0		0			
College of San Mateo	22	86%	29	90%	34	97%	41	98%	35	94%
Skyline College	39	64%	62	69%	55	85%	62	84%	60	87%
LEMSA Total	81	77%	164	76%	89	91%	103	91%	95	91%
Santa Barbara County EMS Agency										
Allan Hancock College	29	90%	25	68%	33	82%	35	54%	20	80%
Santa Barbara City College	133	85%	121	82%	117	85%	97	79%	123	84%
LEMSA Total	162	88%	146	75%	150	84%	132	67%	143	82%
Santa Clara County EMS Agency										
Foothill Community College	62	68%	93	66%	93	73%	101	70%	136	71%
Institute of Medical Education	0		0		0		0			

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt								
Mission College	58	74%	93	72%	71	63%	0		72	67%
San Jose City College	36	53%	68	69%	87	72%	86	65%	47	83%
Silicon Valley Ambulance/ACE EMT Academy	8	88%	24	67%	16	81%	33	61%	8	50%
Stanford University	23	96%	23	91%	20	100%	25	88%	16	100%
Sunnyvale Department of Public Safety	0		0		6	100%	10	100%	7	86%
Westmed College	67	57%	61	56%	20	55%	0			
LEMSA Total	254	73%	362	70%	313	78%	255	77%	286	76%
Santa Cruz County EMS Agency										
Cabrillo College	62	79%	60	82%	73	77%	75	71%	79	78%
Emergency Training Services, Inc.	55	69%	92	67%	92	65%	53	51%		
LEMSA Total	117	74%	152	75%	165	71%	128	61%	79	78%
Sierra-Sac Valley EMS Agency										
Butte Community College	50	82%	47	83%	51	71%	56	75%	48	75%
Institute of Technology	13	69%	7	71%	6	67%	26	77%	19	84%
National College of Technical Instruction	192	82%	189	76%	196	82%	146	83%	96	77%
NOLS Wilderness Medicine at COS	0		0		98	91%	97	91%	103	96%
On-Site Medical Service-EMT-B-Training	0		57	86%	79	78%	108	73%	74	76%
Oroville Adult School	17	65%	24	54%	24	83%	115	64%	23	43%
Placer School for Adults & PEP	0		6	67%	0		9	89%		
Sierra Community College	194	86%	192	88%	168	85%	183	84%	217	79%
The 49er Regional Occupational Programs	0		7	86%	0		0			
University of California-Davis	51	80%	59	71%	33	67%	0			
Woodland Community College EMT Program	0		7	57%	23	87%	23	74%	20	65%
Yuba Community College District	50	56%	47	60%	37	51%	42	62%	21	86%
LEMSA Total	567	74%	642	73%	715	76%	805	77%	621	76%
Solano County EMS Agency										
Solano Community College	27	59%	36	81%	13	77%	15	60%	22	36%
National Institute for Healthcare Education	10	80%	8	38%	6	33%	6	83%		
LEMSA Total	37	70%	44	60%	19	55%		72%	22	36%
Tuolumne County EMS Agency										
Columbia College	6	100%	10	100%	14	79%	2	50%	8	88%
LEMSA Total	6	100%	10	100%	14	79%	2	50%	8	88%
Ventura County EMS Agency										
Conejo Valley Adult School	14	79%	12	92%	24	100%	26	69%	26	77%
EMS Training Institute Inc.	0		56	75%	81	63%	73	78%	93	71%
Moorpark College	25	68%	16	75%	0		0			
Oxnard College	73	62%	105	59%	97	59%	115	64%	108	61%
Simi Valley Adult School	59	75%	63	67%	57	63%	58	69%	60	65%
Ventura College	27	89%	39	87%	50	74%	0		43	88%
LEMSA Total	198	75%	291	76%	309	72%	272	70%	330	72%
EMS Authority										
State Fire Marshal's Office										
Butte College Fire Academy	39	90%	31	100%	35	94%	38	92%	37	86%
Cal Fire Santa Clara Unit	0		0		0		0			

EMT Training Program Name	2011		2012		2013		2014		2015	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt						
County of Orange Lifesaving Association	23	30%	0		0		0			
Demond Simmons	0		0		0		0			
Ebbetts Pass Fire District	0		0		0		0			
Emergency Medical Educators	0		0		0		0			
Fire Future	0		0		0		0			
Herald Fire District	0		0		0		0			
Industrial Emergency Council	0		0		0		0			
Jackson City Fire Department	21	71%	0		0		0			
Link 2 Life Emergency Training	0		0		0		0		47	70%
Mark Lees	0		0		0		0			
Merritt College/State Fire Marshal	0		0		0		0			
National City Adult School	0		0		0		0			
Pacific Coast Safety & Training	0		0		0		0			
Paramedic Enterprises EMT Program	0		0		0		0			
Rio Hondo College	0		0		0		0			
San Bernardino County Fire Department	0		0		11	45%	0		4	25%
Santa Clara Fire Department	0		0		0		0			
Sierra Madre Fire Department	0		0		0		0			
South San Francisco Fire EMT	0		0		6	50%	0			
Strategic Emergency Response Training	0		0		0		0			
US Ocean Safety Lifeguards	0		0		0		0			
California Department of Parks and Recreation										
Mott Training Center (CA Parks and Recreation)	0		0		23	96%	0		19	89%
EMSA Total	83	64%	31	100%	75	71%	38	92%	107	68%

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Teri Harness, Assistant Division Chief
EMS Systems Division

SUBJECT: EMS Systems Regulation Development

RECOMMENDED ACTION:

Receive information on the status of the EMS Plan Appeal Regulations.

FISCAL IMPACT:

Unknown specific costs to the EMS Authority and local EMS agencies who request the ability to exercise their right to appeal an EMS plan determination made by the EMS Authority.

DISCUSSION:

The EMS Plan Appeal Regulations were approved by the Commission at the September 2, 2015 meeting.

Approval of the Economic and Fiscal Impact Statement was received by the Health and Human Services Agency and the Department of Finance (DOF) on January 14, 2016.

The EMS Plan Appeal Regulations were submitted to the Office of Administrative Law (OAL) for review on January 14, 2016. The OAL has 30 days to review the Rulemaking File and provide a response to EMSA. The deadline for completion of OALs review is February 13, 2016.

EMSA anticipates that OAL will approve these regulations and their effective date would be April 1, 2016. Once these regulations are effective, EMSA will begin scheduling hearings for those local EMS agencies who have filed for an appeal of a denied EMS plan.

The Commission will be updated on further rulemaking progress for these regulations as information is available to us.

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RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Tom McGinnis, EMT-P
Chief, EMS Systems Division

SUBJECT: Wireless 9-1-1 Routing

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

Unknown.

DISCUSSION:

The EMS Authority continues to monitor issues related to wireless 9-1-1 call transfers. Specifically under review are issues regarding known delays in timely emergency medical response due to inaccurate wireless call locations, inaccurate routing of wireless calls, and limitations in wireless 9-1-1 call transfer capabilities.

The Communications Dispatch position in the Systems Division at the EMS Authority has been filled by Heidi Wilkening. Heidi is taking over for Kim Lew and will be attending the FirstNet and National Emergency Number Association (NENA) meetings and webinars in order to keep us up-to-date on Wireless 9-1-1 call issues.

A notable change has taken place at OES, Karen Wong is no longer the director and a replacement has not been named. Once a new director is named, we will engage them with this discussion.

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Bonnie Sinz, RN, BS
State Trauma System Coordinator

SUBJECT: State Trauma Plan

RECOMMENDED ACTION

Receive information regarding the State Trauma Plan.

FISCAL IMPACT

None.

DISCUSSION

The EMS Authority executive staff has reviewed the DRAFT of the State Trauma Plan and forwarded it to the Health and Human Services Agency (Agency) for approval. Agency has requested some non-substantive revisions which have been addressed.

In March 2016, the American College of Surgeons (ACS) will conduct a State Trauma System Consultation for California. Based on the scope of this consultation, it is possible that ACS may recommend content changes to enhance the Plan. With the Plan still in draft form, we have decided to hold its final approval pending the report of the ACS consultation. Upon receipt of the ACS consultation report, EMSA will assess for any State Trauma Plan revision considerations and revise the draft document accordingly with input from our State Trauma Advisory Committee (STAC). Any substantive changes will require the Plan to go out for public comment.

The Commission will be kept informed of the status of the draft State Trauma Plan.

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: Laura Little, EMT
Transportation Coordinator
SUBJECT: EMS Systems Regulation Development

RECOMMENDED ACTION:

Receive information regarding the process for EMS Systems Regulations development.

FISCAL IMPACT:

None.

DISCUSSION:

The EMS Systems Regulations work group has been temporarily suspended.

The Commission will be kept informed of any change to the status of this work group or the draft EMS Systems Regulations.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Dr.
RANCHO CORDOVA, CA.95670
(916) 322-4336 FAX (916) 324-2875



DATE: February 12, 2016

TO: Commission on EMS

FROM: Dr. Howard Backer, Director

PREPARED BY: Michael Frenn,
Disaster Medical Specialist

SUBJECT: Statewide Patient Movement Plan

RECOMMENDED ACTION:

Receive an update on the progress of the Statewide Patient Movement Plan.

FISCAL IMPACT:

None.

DISCUSSION:

California's risk for catastrophic disasters such as earthquakes, widespread flooding and wildfires is well established. Such events have the potential to place crippling demands on healthcare resources in the State necessitating the movement of large numbers of patients from impacted facilities and disaster areas. Such large scale movement of patients resulting from these multi-casualty events (MCEs), many of whom would require intensive medical care, demands the highest level of planning and coordination in order to be effective. This is further compounded by the consideration that the vast majority of healthcare resources are in the private sector and there will likely be shortages of these resources (ambulances, staffed hospital beds, etc.), forcing local and State government to make very difficult choices in terms of resource allocation.

To address this gap in capability, EMSA DMS awarded a contract in 2014 to Emerge Technologies to develop the operational components and core content of a comprehensive Statewide Patient Movement Plan (SPMP). When implemented, the SPMP would be sufficient to mitigate the patient movement needs that are anticipated in a Level 2 or Level 3 Health and Medical Disaster event as described in the Public Health and Medical Emergency Operations Manual (EOM).

The SPMP will:

- Define and standardize operational procedures for medical transportation and patient distribution in MCE.
- Address evacuation and relocation of medical patients that require movement from an impacted Operational Area (OA) to location outside of the impacted area due to an MCE.
- Identify likely transportation resources, both by type and capacity, needed to mitigate an MCE.
- Provide guidance to Local Emergency Medical Services Agencies (LEMSAs), Local Health Departments (LHDs), Medical Health Operational Area Coordinator (MHOAC) Programs, Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Programs, field responders, local emergency managers, hospitals, skilled nursing facilities and other state and local agencies with disaster medical response roles.
- Integrate best practices and recommendations as identified by subject-matter experts, to include representatives from State, Regional and local fire, law enforcement, public health and emergency medical services along with physicians, emergency managers, ambulance providers, hospitals and the American Red Cross.
- Identify roles and responsibilities of sending and receiving facilities, government entities, private providers and the federal government.

Since awarding the contract, a comprehensive group representing the disciplines and constituencies described above has been meeting to define, describe, and propose solutions to the challenges posed by the need to move hundreds or thousands of patients due to an MCE. A first draft of the plan is nearly completed and is expected to be presented to the group by mid to late spring. Based upon their feedback, the draft may be released for public review and comment.

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336

FAX (916) 324-2875



DATE: February 12, 2016

TO: Commission on EMS

FROM: Howard Backer, M.D.
Director

PREPARED BY: Patrick Lynch, RN
Disaster Medical Services Division

SUBJECT: Hospital Incident Command System (HICS)

RECOMMENDED ACTION(s):

Receive updated information on the Hospital Incident Command System (HICS) use internationally.

FISCAL IMPACT:

None.

DISCUSSION:

As HICS moves into international use around the world, it is now being implemented in other countries such as Kenya, Pakistan and Iran, as well as Taiwan and Turkey. EMSA anticipates in the near future these countries will be added to the international list of those that implement HICS: Japan, Syria, Afghanistan, Tanzania, India, Tajikistan, and Colombia in South America.

International use of HICS advanced through several opportunities in the last year. A representative from the University of Tokyo School of Medicine HICS translation group visited EMSA for the express purpose of clarifying items for translation of [The HICS Guidebook, Fifth Edition](#) 2014 materials into Japanese. EMSA personnel had a September 2015 meeting in Sacramento with representatives from Columbia who discussed strategies to further implement HICS in Columbia and other South American countries as well.

In addition to Japanese and Spanish, EMSA was recently contacted by healthcare personnel from Taiwan and Iran to assist with translations of the HICS materials into Mandarin and Farsi. These translations will be issued an International Standard Book Number (ISBN) numbers by EMSA.

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336

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The Nairobi hospital that treated the greatest number of casualties after the 2013 Westgate Mall terror attack implemented HICS for their effective response. The Aga Khan University Hospital attributed their success to the HICS structure and the diligence of their staff.

In September 2015, the HICS Basic course, including “Implementation Success Principles,” was taught to medical and healthcare personnel from the Middle East and Africa at the Mass Casualty Management Workshop presented in Dubai.

The significant impact HICS has had is a credit to the collective efforts to provide this incident management tool to hospitals both nationally and internationally. A request for copies of After Action Reports (AAR) and presentations on the use of HICS is posted on the EMSA web site in order to aid future revisions. These informative documents, comments, and suggestions may be sent to the HICS Coordinator via email at HICS@EMSA.CA.GOV

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10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 16, 2016

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Election of Commission Officers for 2016

RECOMMENDED ACTION:

1. Close the nominations for Chair, Vice Chair, and Administrative Committee.
2. Hold the election.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

The following individuals were nominated for Commission Officers at the December 2, 2015 Commission meeting:

Chair:	Dan Burch
Vice Chair:	Steve Drewniany
Administrative Committee:	Jaison Chand Lewis Stone