

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

June 17, 2015

10:00 A.M. – 1:00 P.M.

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

Courtyard By Marriott Sacramento Cal Expo Hotel

1782 Tribute Road

Sacramento, CA 95815

Reservations 1-800-605-6578

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of March 18, 2015 Minutes**
- 3. Director's Report**
 - A. EMSA Budget Status
 - B. EMSA Program Updates
- 4. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal
 - C. EMSC Regulations
 - D. STEMI and Stroke Regulations
 - E. Enforcement Report
 - F. Legislative Report

Regular Calendar

- 5. EMS Personnel**
 - A. Community Paramedic
 - B. Trial Studies
 - C. Epinephrine Auto-Injector Regulations
 - D. EMT Regulation Revisions
- 6. EMS Systems**
 - A. Wireless 911 Routing Status
 - B. EMS Plan Appeal Process
 - C. EMS Systems Regulations (Chapter 13 Workgroup)
 - D. EMS Plan Submission, EMSA #101 Exemption Request
- 7. Disaster Medical Services Division**
 - A. Disaster Healthcare Volunteer Program
 - B. Disaster Medical Response Training and Exercises
- 8. Bylaws Update**

Agenda – Commission on EMS
June 17, 2015

9. Items for Next Agenda
10. Public Comment
11. 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 Robin R Robinson at (916) 322-4336, ext. 447, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, MARCH 18, 2015
WESTIN LAX
5400 W. CENTURY BLVD.
LOS ANGELES, CA 90045
800-WESTIN-1 – Reservation line**

MINUTES

COMMISSIONERS PRESENT:

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

COMMISSIONERS ABSENT:

Alexis F. Leisure, MD, Joy P. Stovell

EMS AUTHORITY STAFF PRESENT:

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

AUDIENCE PRESENT:

Leigh Overton, San B'do Fire Dept
Leslie Parham, San B'do Fire Dept
Scott Clough, Cal Chiefs
Alan Green, San B'do County Counsel
Denice Stile, ICEMA
Daniel Lynch, CCEMSA/EMSAAC
Tom Lynch, ICEMA
Jennifer Pickard, APCC
Steve Osborn, Rural/Metro
Mark Norman
Julian Dewberry, Falck SD
John Eaglesham, Santa Barbara EMS
Walter Garcia, Lynch EMS
Daniel Sanier, San Diego Fire
Greg Reynar, LAFD
Chris Herrwg, Imperial County EMS Agency
Ed Gandara, LA Co FD
Philip Puhek, Newport Beach FD
Ellen Chavez, CPCS
Marcy Metz, San Diego Co EMS
Kyle Sand, San Diego County

AUDIENCE PRESENT (continued)

David Austin, AMR
Peter Brandon, Liberty Ambulance
Mike Giannini, Marin County Fire/Cal Chiefs
Andy Swartzell, SRVFD/CFCA EMS
David Magnino, Sac Co EMS Agency
Kim Roderick, PAF
Lisa Macchione, Office of County Counsel San Diego
Bruce Haynes, San Diego EMS
Ray Ramirez, Cal Chiefs
Patrick Powers, Powers Mobile Healthcare
Kris Lyon, Kern County EMS
John Surface, Hall Ambulance
Brian Henricksen, Napa County EMS
Stephanie Rasmussen, Upland Fire Dept
Ed Hill, Kern EMS
David Chase, Ventura County/City Fire
Neil Johnson, CCLHO
Kristin Weivoda, Yolo Co EMS
Kathy Collins, SLO
Ross Elliott, CAA
Dan Spiess, Nor-Cal EMS
Mark Roberts, ICEMA
Nancy Lapolla, San Mateo Co
Pete Robek, Chino Valley Fire
Sandy Carnes, RCFD
Lucy Hickey, LA County EMS Agency
Allen Frankis, California Correctional Health Care Services/CDCR
Kristin Thompson, Anaheim Fire
Nicholas Price, FALCK
Layne Contreras, Los Angeles County Fire Dept
Louis Bruhnke, NorthCoast EMS
Steve Carroll, Ventura Co EMS
Jonathan Harper, Rural/Metro
Justin Hager, Assemblyman Mike Gatto's office
Bruce Barton, Riverside County EMS
Steve Pendergrass, Kern Co Fire Dept

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairperson Lew Stone called the meeting to order at 10:01 a.m. Sixteen Commissioners were present. He asked Commissioner Eric Rudnick, MD to lead The Pledge of Allegiance and it was recited.

2. REVIEW AND APPROVAL OF DECEMBER 3, 2014

Commissioner Dan Burch motioned to approve the minutes. **Action: Commissioner Richard Johnson made the motion to approve. Moved (Johnson). Second (Teter). Motion was passed. Minutes were approved.**

Commissioner Kristi Koenig, MD, noted that the wireless 911 access issue was not on the agenda as she had anticipated. Chairman Stone asked her to remind the Commission at the end when the "Items for Next Agenda" was reached. **Action: Chairman Stone asked for a vote for those in favor to signify by saying aye. The motion carried unanimously.**

3. DIRECTOR'S REPORT

Dr. Howard Backer presented his report:

Budget

- The budget in the fiscal year was stable; the HPP was also stable.
- The Public Health Preventative Block grant increased this year. Extra funds have been used to advance data issues and provide local grants to promote development of the Electronic Patient Care Record and Health Information Exchange.
- Kathy Bissell, Data Manager, was introduced.
- Two pending budget change proposals (Personnel Licensing and Disaster) were approved by the administration.

Health Information Exchange

EMSA is in the process of applying for a grant in Health Information Exchange. The goal is to move HIE forward in specific geographic areas. The Associate Secretary for Preparedness and Response (ASPR) has a strong interest in the disaster component.

Wall Time

The follow up from the initiative with the California Hospital Association resulted in wall time being changed to Ambulance Patient Offload Delay. EMSAAC and EMSA have worked closely with them to identify and define problems and seek solutions. This remains a geographically-specific and system-specific problem. EMS strategy going forward should be put on the agenda.

Chapter 13

Chapter 13 continues to meet on a monthly basis with strong EMSA support of this group and a balanced, neutral approach to EMS Systems' issues being the goal.

EMS Appeal

No one benefits from the impasse and the deficiency of rules in the EMS community. The hearing of the appeals is important and necessary.

DIRECTOR'S REPORT (continued)

CMS

A recent CMS bulletin (sent to the Commissioners) identifies three strategies to reduce inappropriate ED use:

1. Broaden access to primary care services
2. Focus on frequent ED users or the super-utilizers
3. Target people with behavioral health problems

CMS states that the future of healthcare funding will be based on performance and outcomes.

Community Paramedicine

Reports from other jurisdictions that have CP or mobile integrated health programs indicate this model is very effective; however, work needs to be done on finding funding for EMS' expanded role. Core training has concluded, with credit and congratulations going to Dr. Baxter Larmon.

Disaster

Dialogue with administration regarding preparedness levels needed in the state is ongoing. Lisa Schoenthal (Chief, Disaster Medical Services) will describe a budget change proposal during her report. Discussions with the legislature regarding this initiative will proceed once the report is released from the administration.

Ebola

The outbreak of this dreaded disease in West Africa continues. Determining the optimal recommended level of personal protective equipment is ongoing. We are working with a Technical Advisory Group to revise guidance recommendations. Supplemental grants for Ebola are available from the federal government and EMS is a prominent component of the grants. Public Health Emergency Preparedness and Hospital Preparedness Grants stress the importance of patient transport. The grant also emphasizes the effective management of all other serious infectious diseases. We are working with Regional Disaster Medical and Health (RDMH) coordinators to set up regional systems to provide this coverage.

Every hospital must be prepared for a walk-in patient exhibiting Ebola symptoms. Emergency medical services play a vital role in safely transporting patients to and between centers for evaluation and treatment.

4. CONSENT CALENDAR

Chairman Stone asked that the legislative report be removed from the consent calendar. He queried the Commissioners if they would like an item moved off consent. There were none. **Action: The item was noted and filed.**

CONSENT CALENDAR (continued)

Jennifer Lim, Deputy Director of Policy, Legislative and External Affairs presented her report:

Legislative Report

EMSA is currently monitoring 35 bills. EMSA is not sponsoring any bills this session. Of the 35 bills, there are related themes. There are more than five bills designated to remove obstacles or gain access so that AEDs are used more broadly. In addition, access to data for quality improvement and performance and data regarding POLST forms are a legislative focus. There are a number of epinephrine auto-injector bills concerning the student population.

The EMSA website will be updated weekly with all legislative activity.

Highlighted bills included:

- AB430 (Hernandez) – This bill would require periodic assessments of trauma care systems by independent review.
- AB503 (Rodriguez) – This bill would allow hospitals to submit information to EMS providers for quality improvement and assessment purposes.
- AB510 (Rodriguez) – This bill requests a report to the Legislature from the Office of Emergency Services to submit a comprehensive review of California’s 911 Emergency Communication System by January 1, 2017.
- AB1129 (Burke) – This bill would require data collected into California prohibit a local EMS agency from mandating that a provider use a specific system to collect and share data with EMSA.
- AB1223 (O’Donnell) – This bill would allow for ambulance transport of non-critical cases to alternative destinations for cases that cannot be admitted to a hospital emergency room or other appropriate medical facility.
- SB700 (Berryhill) is a spot bill.

Regular Calendar

5. EMS PERSONNEL

Sean Trask, Chief, EMS Personnel Division presented his report:

The Personnel Division has submitted a budget change proposal to provide for additional staff to scan approximately 40,000 paramedic application, licensure and enforcement files. The outcome will allow for a better and faster response time to customers.

Trial Studies

Ventura County EMS Agencies Air-Q trial study: there are approximately 100 patients

EMS PERSONNEL (continued)

enrolled in this supraglottic airway study, whose goal is to determine how effective this device is in managing a patient that needs an advanced airway. The 18-month report is due to the Commission June 12, 2016.

There was a brief discussion regarding the similarities (if any) of the airways to the King Airway, as well as the requirement that all pre-hospital studies have an IRB approval.

The next study, proposed by the Inland County's EMS Agency, is to study tranexamic acid (or TXA) for adult trauma patients who meet trauma triage criteria. The EMS Authority approved the study in October, 2014 and patients were enrolled on March 9, 2015. The 18-month report is due September 2016.

Public Safety Regulations

The Office of Administrative Law has approved the First Aid Standards for Public Safety Personnel regulations that were presented to the Commission in December, 2014 for approval. They will go into effect April 1, 2015.

Epinephrine Auto-injector Regulations

Draft regulations are out for a 45-day public comment period (commencing March 6, 2015). Commissioner Dr. Ruth Haskins was commended for her participation.

Community Paramedicine

Lou Meyer, EMSA Project Manager for the CP Project, presented his report. OSHPD formed a 15 member Advisory Committee that met twice. The first time was an organizational meeting and reviewed data metrics. At the second meeting, recommendations on medical protocols for all the pilot sites were made. Additionally, IRBs have been filed for each pilot site.

Lou Meyer introduced Dr. Baxter Larmon, Professor of Medicine and Emergency Medicine with the David Geffen School of Medicine, UCLA, who presented a PowerPoint on Community Paramedicine. He began by acknowledging Dr. Howard Backer's role in developing the curricular of the project, as well as recognizing Dan Smiley, Commissioner Jane Smith, and Dr. Ken Miller.

Highlights of the presentation:

- Eight modules are included in the program (#8 was not included in the core curricula). Site-specific training is ongoing or will commence in the next 60 days at each of the different sites. The program is primarily public health centered.

EMS PERSONNEL (continued)

- Ann Montera-Robinson of the Paramedic Foundation developed the curricula. The core training programs took place in Butte, Solano, Stanislaus, Alameda, Ventura, San Bernardino, Los Angeles and San Diego counties. The program met every Tuesday and Thursday for 8 hours each day.
- Subject matter experts broadcast the morning sessions and the afternoon sessions that were coordinated by a public health educator, site coordinators, and the medical director.
- Online learning management and online evaluations for the delivery of the program with 96 hours of classroom study and 56 hours of independent outside study.
- Students stated they felt the total length of the program was more like 180 hours. 100% attendance was required and the final project was creating a community based web resource guide (approximately 150- 200 pages).
- Quizzes and the final exam were not multiple choice but were essays or fill in the blank questions. A medical director oral exam was also part of the program.
- 40 staff members provided the training for this program.
- Four years of experience was required to take the CP program as well as obtaining the LEMSA medical director's recommendation.
- The program commenced on January 13th and concluded February 19th with a total of 79 candidates enrolled (approximately 1 CP for every 260 paramedics in California). 77 of these candidates graduated. Personal life reasons were the cause of 2 candidates not graduating – not because they failed. Butte, San Bernardino and Ventura counties had the largest group of students.
- An 85% score was needed to pass the program with the final average being 96% - 90% of candidates completed the evaluations
- Despite a request for all CPs to be off duty, 77% of paramedics worked through their regular shifts while going through the program.
- 90% of students felt the final exam was fair. Candidates felt their site coordinators were the impetus why their program was successful and 97% said they would recommend this program to others in their organization. A report is due to EMS Authority and OSHPD by June 1, 2015.

Lou Meyer concluded the report by stating that CPs are in site-specific training and that OSHPD will make site visits to each of the pilot sites over the next 18 months. An implementation date of June 2015 is expected.

National Registry Examination Results

Sean Trask directed the Commissioners to their packet which showcased a table of pass rates:

- California exceeds the national standard of paramedic pass rates.
- California has an 83% pass rate on the first attempt (the national average is 76%).

EMS PERSONNEL (continued)

- Approximately 1000 paramedics take the Paramedic National Registry exam annually and approximately 10,000 EMTs take the National Registry each year.

6. EMS SYSTEMS

Tom McGinnis, Chief, EMS Systems Division presented his report:

EMSA Plan Appeal Process – Emergency Regulations

This process began in June 2014 and discussions took place in September and December 2014 regarding how the Commission would address the appeal process.

A motion passed for the Commission to develop two sets of regulations for these appeals. One enumerated an emergency finding to quickly put regulations in place; the second was to have the Authority develop regulations that would go through the normal process.

The Office of Administrative Law defines an emergency as harm to the public health, safety or general welfare of others.

The comment period for emergency regulations is 5 days with comments being received directly by OAL, not the EMS Authority. Late comments are not considered. The EMS Authority files paperwork (including a DOF impact report) and works with the Health and Human Services Agency on regulations approval. The Authority cannot change text once language has been sent to OAL; OAL is the only entity that can alter regulation language. OAL can approve or deny the regulations on the 10th day.

Paperwork was submitted to OAL on March 2, 2015, with an anticipated response date of March 12. OAL offered guidance in preparing materials and filling out documentation.

OAL expressed concern about the regulations pertaining to the use of an administrative law judge. Their belief is that the current language may modify the statutes.

The constituents expressed that there was not an emergent problem requiring emergency regulations. OAL requires a clear finding of emergency in order to approve these regulations. The Authority determined on March 12 to withdraw the emergency regulations, halting the OAL process.

Moving the emergency regulations forward is still an option; if an emergent situation exists EMSA must modify the language within the emergency regulations. OAL would decide if there is a finding of emergency based on the government code.

Dan Smiley, Chief Deputy Director, stated that the decision of the Commission at the

EMS SYSTEMS (continued)

meeting is to decide if the Commission would like the EMS Authority to resubmit the emergency regulations to the OAL, knowing that the finding of an emergency be difficult to justify.

He added that the Commission should also specifically weigh in on any language or changes they want to see in the regulations, based on stakeholder comments. If so, the Commission should vote on specific language.

Commissioner Jaison Chand suggested combining the present agenda item pertaining to emergency regulations with the next agenda item (regular rule making process), so they can be discussed concurrently.

Chairperson Lew Stone stated the items should be considered separately, and directed that there should be a vote on continuing with emergency regulations. Commissioner Hartwig then called for a motion to continue moving forward with the topic of emergency regulations. **Action: Moved (Hartwig). Second (Koenig).**

Mr. McGinnis gave a brief discussion regarding the timing factor of the emergency regulations versus the regular rulemaking process, since a traditional rule-making package is a 365-day calendar. Dan Smiley clarified that approval of the emergency regulations could take place at the June 17, 2015, meeting if the Commission and EMSA agree to submit the language and move it forward.

Chairman Stone asked if a representative from Kern County was present.

Ed Hill, Kern County EMS Administrator, took the podium and stated that Kern County EMS was not interested in participating in an emergency process and he preferred the regulations to follow the normal course of action.

Chairman Stone asked if a representative from El Dorado County was present. There was no response.

Commissioner Eric Rudnick directed a question to Ed Hill asking at what point did the decision to appeal the Authority's disapproval of the local EMS plan occur and how long was the process leading up to the appeal? Mr. Hill answered that the EMS plan discussion began in 2006 which pre-dated his tenure at Kern County. Mr. Hill added

that forward movement needed to happen regarding his county's plan, which had been sitting in limbo until the denial letter was received in 2014.

Chairman Stone then called for a vote on the motion to continue with the emergency regulations. **Action: Unanimous vote of "Nay". The motion did not carry and the Commission determined to not press forward with emergency regulations.**

EMS SYSTEMS (continued)

EMS Plan Appeal Process – Regular Rulemaking Process

Tom McGinnis reported that the regular EMS plan appeal process regulations first draft has been submitted and it is duplicate language of the emergency rule-making process.

The 45-day comment period was opened on March 13th and will conclude on April 27th with a public comment hearing at EMSA headquarters. The comments will be evaluated by subject matter experts, the proposed regulations will be revised and they will go back out for comment.

Dr. Backer commented that since the language of the standard regulations is identical to the emergency regulations, then the initial comments would be the same. He added that the language concerning justification for emergency regulations has nothing to do with the actual wording of the regulations. Dr. Backer asked if the Commission would be open to hearing the justification of why specific regulation language was used.

There was no objection so Dr. Backer deferred to Steven McGee, EMSA Administrative Advisor and General Counsel, to provide the explanation: The goal when the EMS Authority began the process of working on the emergency regulations was to get a temporary emergency process in place that would get the current appeals heard as well as obtain a language framework that would be worked on with input from stakeholders and the Commission.

Salient points include:

- Cost recovery additions were added to the language.
- What types of evidence could be heard (technical clarification from OAL was obtained) is specified in The Administrative Procedures Act (APA) in three separate Code sections.
- The APA allows four actions on the proposed decision (accept, reject, send back or modify). EMSA's statute only allows three (accept, reject or send back) because of health and safety code 1797.105. There is no provision in the H&S Code to allow modification of an ALJ decision so EMSA put in three out of the four options that are available under the APA.
- Add-ons to the regulations are for more or less administrative or housekeeping functions i.e., how many Commissions members are required to vote? What is the timing when the Commission receives a proposed decision? How long to adopt a proposed decision?

There was brief discussion regarding reference to the process as an administrative appeal. Mr. McGee stated that the H&S Code does not indicate that this is the

EMS SYSTEMS (continued)

exhaustion of an administrative remedy. It simply says the decision of the Commission is final.

Commissioner Chand discussed the issue of counsel and the comment from EMSA that independent counsel may or may not be needed. Receiving advice from an attorney who isn't connected to either party regarding the upcoming appeals is crucial. Another concern is having outside counsel get comments to the EMS Authority before the second public comment period. Although the Commission doesn't write regulations, they do approve them, and the present set of regulations is very important and one of the biggest issues that has been presented to the Commission.

Chairperson Stone thanked Commissioners Chand and Hartwig for the direction they provided to the Commission as members of the subcommittee. He also advised that the public comment period should be used to insert any concerns or modifications to the language, then Commissioners should look carefully at any proposed regulations and have their specific organizations provide constructive comments.

There was brief discussion regarding using one of the two part-time legal counsels recently hired by EMSA to advise the commission on the regulations process since they have never been engaged in EMS Systems issues. Also suggested was to use the Chief Counsel for the Health and Human Services Agency as a resource for regulation questions from the commission.

Commissioner Chand responded that he would prefer using a truly independent counsel; however, the counsel from HHS would be a good compromise.

Steve McGee answered the question presented to him by Chairman Stone regarding violations of the Bagley-Keene Act by stating that subcommittee discussions are protected attorney-client communications, but only in regards to written memo. The limits under the Bagley-Keene Meeting Act for attorney-client privilege are very narrow and specific. The benefits of attorney-client privilege are lost once the document is discussed in an open meeting.

Commissioner Hartwig proposed the Commission continue with legal counsel (the deputy attorney general used for advice on the appeals process) and seek additional counsel from that person to formalize concerns that have been presented to Commissioners Chand and Hartwig.

Motion: Request EMSA to continue to provide representation from the AG's office for the purpose of advising on the proposed regulations.

Action: Moved (Hartwig). Second (Johnson).

EMS SYSTEMS (continued)

There was brief discussion regarding EMSA's budget to provide outside counsel. A suggestion was made to have EMSA perform internal research and present their findings on liability protections and/or limitations to the Commission, since that was cited as one of the key reasons for the need for legal counsel.

There was discussion regarding making the motion more precise (for example) by asking EMSA to fund an additional session or a certain amount of hours.

The goal is to set up a fair and legal process that's not easily subject to challenge and the Commissioners not easily subject to liability. Chairperson Stone stated the motion on the floor is to continue with independent counsel and request to EMSA to provide access to the independent counsel for the existing subcommittee. **Action: Vote called on the motion to request EMSA to continue providing AG office representation (Stone). Eight Commissioners raised their hands in favor, seven raised their hands in opposition, and one Commissioner abstained. Motion carried.**

There was brief discussion regarding the vote just taken, how the stakeholders should be involved and that public comments should not be made through a separate hired independent entity.

It was determined that Commissioner Hartwig compile a list (in written form) for independent counsel and the answers (in written form) would be provided to the Commissioners.

There was brief discussion that although the comment period ends in April, modifying the regulations now with a group of constituents would in all likelihood produce a set of regulations that are completely different when brought back in June.

Commissioner Chand cited several changes he would like to see:

- Modify by saying the Commission will not accept new evidence at the meeting from the parties and eliminate the line that states that there will be total reliance on the evidence of record from the administrative hearing.

Steve McGee stated that evidence has a specific legal definition under the APA; there are three separate sections that deal with defining what evidence is., under those definitions, public comments are not considered evidence.

State Trauma Plan

The plan is pending with the Health and Human Services Agency for their final approval.

EMS SYSTEMS (continued)

It is anticipated that a formal state Trauma Plan will be available by June for the Commission to review.

Trauma Summits in San Diego and San Francisco will take place in early May and June.

EMS Systems Regulations

The group met on Monday, March 16, 2015 and is moving forward. Monthly meetings are scheduled up through the summer.

Ambulance Wall Time Update

The process is moving forward; a tool kit of options is available online and may be available on EMSA's website in the near future.

7. DISASTER MEDICAL SERVICES DIVISION

Ebola Preparedness Activities

Lisa Schoenthal, Chief, Disaster Medical Services Division presented her report on the budget change proposal:

There is \$500,000 in the governor's budget, which does not fully restore previous funding. Two hundred thousand dollars will be used to stabilize the California Medical Assistant Team Program (CalMAT) and \$300,000 to fund staff positions that would work with the Ambulance Strike Team Program (AST), develop and support CalMAT, and assist with disaster planning activities, including catastrophic event planning. The positions will also help to revise the Emergency Operations Center policies and procedures revisions.

Without this funding DMSD has been unable to send staff to FEMA and the Office of Emergency Services' planning meetings, i.e. northern and southern California Catastrophic Earthquake Planning and northern California Flood Planning, etc.

Hospital Incident Command System (HICS) Update

The brief slide presentation highlighted these particulars:

- HICS (or a version of it) is used by the majority of US hospitals.
- Hospital Incident Command System was developed in the late 1980s.
- It should not be confused with the Incident Command System.
- Dr. Jun Tomio, University of Tokyo, has been in communication with DMSD for the past couple of years about implementing this system for Japan. The University of

DISASTER MEDICAL SERVICES (continued)

Tokyo will translate HICS into Japanese (with a completion date by the end of 2015).

- HICS has been translated into Spanish by Colombia and Puerto Rico. HICS has also been translated for the country of Iran (and is spreading through the Middle East).

- Dr. Tomio visited the State Operations Center and Station 1.

- At his visit to Kaiser South Sacramento two persons were under investigation (PUIs) and their admittance highlighted how HICS could be used for their Ebola preparedness and response activities.

- American Medical Response (AMR) was one of the first ambulance companies to transport Ebola patients in Texas. Their expertise has assisted in the development of interim recommendations for the EMS management of Ebola patients.

- Nor Cal has a contract with Kaiser South Sac. They have a specialized ambulance they have manufactured for the treatment of infectious disease, including Ebola. Several slides highlighted the features of this specialized ambulance including a hydrogen peroxide sterilization system, sensors, UV lighting system that kills bacteria, and special reflective siding on the walls that deflects the UV lighting for better coverage

- Kaiser did a demonstration of waste disposal, which was a particular interest of Dr. Tomio.

- Dr. Tomio was debriefed at the end of the day. A challenge shared with Dr. Tomio in implementing HICS in Japan is that fire and law don't use the same incident management system.

8. BYLAWS UPDATE

Chair Stone asked Sean Trask if this section would be removed or tabled. Trask said he would let the Commission determine that outcome; however, to hear an appeal, it will have to be in the by-laws.

A summary of the amendments:

- Add the appeals process.

- Update the bylaws so they're consistent with the Open Meeting Laws.

- Add a special meeting provision which is provided for in the Open Meeting Law in the Bagley-Keene Act.

Commissioner Burch suggested the item be tabled since the appeals process has not been ironed out.

9. ELECTION OF OFFICERS

Current nominations:

Chairperson: Lew Stone

Vice Chairperson: Jane Smith

Administrative Committee: Jaison Chand

Administrative Committee: Ruth Haskins, MD

ELECTION OF OFFICERS (continued)

Chairperson Stone stated there were no additional nominations for office and there were no challenged positions. By acclamation he ruled the four persons seated.

10. ITEMS FOR NEXT AGENDA

Commissioner Koenig reminded the Commission to have the wireless 911 issue laced on the agenda for the June 17, 2015 meeting in Sacramento.

Chairperson Stone requested that Dr. Backer invite a representative from Cal EMA with the most expertise in that area to address the Commission.

Chairperson Stone stated that Commissioner Drewniany suggested that the printing and mailing of the Commission packets come to an end and that all information be relayed electronically. **Action: Motion to cease printing hard copies of the Commission packet. (Moved) Hartwig. Second (Smith). Motion carries unanimously.**

11. PUBLIC COMMENT

Ray Ramirez representing Cal Chiefs took the podium for two items:

- Congratulations were extended to Drs. Larmon and Backer for their hard work on the Community Paramedicine project.
- Ramirez stated that Cal Chiefs support the action the Commission took regarding the appeals process. However, he cautioned that the Commission has input into the process and that the Commission is satisfied that their input has been heard properly. (Regarding the appeals process) he reiterated that Cal Chiefs did not say there was not an emergency; however, some findings were not relevant to an emergency.

Jennifer Lim asked Chairperson Stone to join her at the podium at which time she introduced Justin Hager, District Director of the Office of Assembly Member Mike Gotto in the 43rd District, who was there to present Chairperson Stone a resolution commemorating his 30 years of distinguished service.

12. ADJOURNMENT

Chairperson Stone entertained the motion to adjourn. **Action: Moved (Hamilton). Second (Smith). The meeting was adjourned at 12.59 p.m.**

EMS PERSONNEL DIVISION PROGRESS REPORT

June 17, 2015

ACTIVITY	PRIMARY CONTACT	STATUS/COMMENT
1. First Aid Practices for School Bus Drivers	Lucy Chaidez Extension 434	Renewal reviews are ongoing. Ten training programs are currently approved.
2. Child Care Provider First Aid/CPR Training Programs	Lucy Chaidez	Renewal reviews are ongoing with 26 currently approved programs. EMSA is working with the Department of Public Health California Breathing and the California Thoracic Society to update the EMSA asthma curriculum for child care training. 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	There are 28 preventive health training programs approved. Renewal reviews are ongoing. Reviewing curricula for renewals and also for updates of the American Academy of Pediatrics standards for several preventive health training topics. EMSA has issued a Memorandum to all program directors, establishing nutrition training standards, as authorized to implement AB 290, which adds the topic of nutrition to child care provider training effective January 1, 2016. EMSA has convened a workgroup to revise the Chapter 1.1 Training Standards for Child Care Providers regulations. EMSA Preventive Health sticker sales are ongoing. Technical assistance to instructors and child care providers is ongoing.
4. Child Care Training Provider Quality Improvement/Enforcement	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 three 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 Public Safety AED programs.
6. BLS Training and Certification Issues	Betsy Slavensky	Providing ongoing support and technical assistance. EMSA is convening a regulatory workgroup to revise the EMT regulations, implementing SB 1438 which requires the addition of naloxone training and scope of practice addition for all EMTs.
7. State Public Safety Program Monitoring	Betsy Slavensky	Provide ongoing monitoring of State Public Safety EMSA approved Public Safety First Aid, First Responder, and EMT programs for statutory and regulatory compliance.
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.
9. Epinephrine Auto-injector Training and Certification	Corrine Fishman Extension 927	As authorized by SB 669, EMSA has developed draft regulations that establish training standards and certification for lay rescuers in the use and administration of epinephrine auto-injectors. Once regulations are in place, EMSA will review and approve training programs and issue certification to eligible individuals.

EMS SYSTEMS PROGRESS REPORT
June 17, 2015

<p>1. Trauma:</p>	<p>Bonnie Sinz Extension 460</p>	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC has had conference calls with the agenda focusing on data and the development of the Performance Improvement and Public Safety Plan and the Regional Network for Re-triage guidance document. Reviews from the "Trauma 2015" conferences in San Diego and San Francisco will be analyzed for next year's preparations. The committee will be scheduling its next conference call after the June "Trauma 2015" conference.</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</p> <p><u>Trauma 2015: California's Future</u> The EMS Authority hosted its 6th State Trauma Conference at two locations: San Diego May 6, 7, 2015 San Francisco June 2, 3, 2015 The agenda featured guest speakers from the American College of Surgeons (Nels Sandal) and the University of Texas-Houston Trauma Program (Dr. Robert Winchell). The final draft of the State Trauma Plan was presented with the second day of the conference focusing on Plan implementation of key components. Registration numbered over 230 for two locations combined.</p> <p><u>Performance Improvement and Patient Safety (PIPS) Subcommittee</u> The State PIPS Plan is scheduled to be completed this summer with the next step being to test the process through the use of CEMSIS. The Plan focuses on system-wide performance issues through the use of state trauma registry data analysis and the analysis of case-based, system-related events. Specific elements of the Plan include the development and reporting of system-wide performance indicators and risk-adjusted outcomes measures.</p>
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EMS SYSTEMS PROGRESS REPORT
June 17, 2015

		<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> Los Angeles is working with Pomona Medical Center in preparation for designation as a Level II Trauma Center by late 2016. This will provide for local Trauma Center coverage in the San Gabriel Valley.</p>
2. STEMI/Stroke Systems of Care	Farid Nasr Extension 424	The STEMI and Stroke drafts of regulations were revised based on the comments and the latest edition of California Rulemaking Law. There will be a short Pre-Public comment period soon just before submission to the OAL, estimated in 2 nd or 3rd quarter of 2015.
3. EMS Systems, Standards, and Guidelines	Jeff Schultz Extension 423	The EMS Systems, Standards, and Guidelines are available on the EMS Authority's website. Updates to the Standards and Guidelines will be made following the finalization of the Chapter 13 regulatory process.
4. EMS Transportation	Laura Little Extension 412	<u>EMS Systems Regulations Work Group / Chapter 13 Task Force :</u> Since July of 2012, the EMS Authority meets monthly with individuals who have specific knowledge of HSC 17977.224/201 and the AB1387. The Chapter 13 work group has continued making process in the development of a draft set of regulations related to EMS systems. Once a draft set of regulations is completed, the Chapter 13 Task Force will be reengaged to review the draft regulations.

EMS SYSTEMS PROGRESS REPORT
June 17, 2015

		<p><u>Request for Proposals:</u> Request for Proposals (RFPs) for Exclusive Operating Areas are going 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 is providing 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> At the beginning of 2015 the California National Guard began the accreditation/approval process to be a California recognized and Sacramento County approved ALS Rescue provider. The first inspection of medical equipment took place on May 8th. Further inspections of equipment are in the process of being scheduled.</p> <p>On May 12th EMSA conducted their first inspections of the CAL FIRE helicopters, in Hemet and Columbia. Further inspections are being scheduled.</p>
5. Poison Center Program	Jeff Schultz Extension 423	The University of California, San Francisco, provides administrative services for the California Poison Control System, who provides 24-hour statewide poison control services. Quarterly Reports and Call and Poison Statistic Reports are provided to the EMS Authority for oversight, monitoring, and to ensure compliance with state standards, as required in the contract with UC, San Francisco.
6. EMS Plans	Jeff Schultz Extension 423	The EMS Authority continues to review EMS Plans and annual updates that have been submitted by the LEMSAs. EMS Systems Division staff is actively engaging the LEMSAs to ensure that submissions contain all the requisite components and data to allow for a timely determination. Additional technical assistance for plan development or general questions relating to EMS plans continues to be available directly from EMSA staff or through information provided on the EMSA website’s ‘EMS Systems’ page.
7. EMSC Program	Tonya	EMSA Authority staff is continuing work with the EMSC Regulation Workgroup to

EMS SYSTEMS PROGRESS REPORT
June 17, 2015

	Thomas Extension 441	<p>make revisions to the EMSC Regulations to ensure clarity of the language.</p> <p>The EMSC program is partnered with CFED to integrate pediatric courses into the 2015 CFED Expo in Southern California in May 2015. In 2014, the EMSC program offered a preconference session that attracted many attendees. However, this year EMSC Committee members decided to generate and submit several pediatric topics for inclusion into the EMS training component offered to the attendees. The partnership with CFED is a great opportunity for EMSC outreach.</p> <p>The next EMSC Educational Forum in northern California is scheduled for November 5, 2015 in Sacramento with a location to be determined.</p>
8. CEMSIS-EMS Data	Maria Alisangco 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 sample 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 these 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 23 LEMSAs are transmitting into CEMSIS-Trauma representing 70 of the 77 designated Trauma Centers. For years 2013 through 2015 there are over 126,000 records in the CEMSIS-Trauma data system.</p>
10. Grant Activity Coordination	Kim Lew Extension 415	<p>EMSA has recently filled the position of a limited-term, full-time Grant Coordinator. The Grant Coordinator is responsible for the research, acquisition, coordination, and monitoring of grant-funded projects and programs. The three (3) major grants currently funding EMSA System programs are: the US Health & Human Services/ Prevention & Public Health Fund (PPHF), CA. Office of Traffic</p>

EMS SYSTEMS PROGRESS REPORT
June 17, 2015

		<p>Safety (OTS), and the US Health Resources and Services Admin. (HRSA). Over the past 4 months, the Grant Coordinator has accomplished the following:</p> <ul style="list-style-type: none"> - submitted 2 FFY15 grant applications to the CA. Office of Traffic Safety (OTS) - submitted 1 FFY15 grant application to the U.S. Health & Human Services/ Prevention & Public Health Fund (PPHF) - -completed 1 FFY14 annual report to OTS - completed 1 FFY14 annual report to PPHF - completed 1 FFY14 semi-annual report to PPHF - submitted 8 FFY14 program success stories for publishing consideration to PPHF - reviewed 8 LEMSA grant proposals for local EMS program pilot projects funded by PPHF - developed 5 contract agreements w/LEMAs to conduct the pilot projects (KL, 02/04/15) <p>The grant coordinator is currently reviewing mid-term progress reports received from the four local EMS Agencies that received Prevention & Public Health Funding (PPHF) for QI, Data, or HIE projects and are in the process of completing revisions to the SFY 15/16 (FFY 15) PPHF State Work Plan for submission to the Department of Public Health (CDPH).</p> <p>The grant coordinator has submitted the 2nd quarter Office of Traffic Safety (OTS) progress report to OTS and will be participating in a Grantee Performance Review (GPR) meeting or conference with OTS soon.</p>
11. Communications	Kim Lew Extension 415	<p>This program was recently assigned to a new EMSA staff member. EMSA staff attended the Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings on January 8th and February 12th, 2015. Due to significant advancements in communication technologies, EMSA recognizes the need to update its EMS Communications Plan and Emergency Medical Services Dispatch Program Guidelines. As a result, the Coordinator is reviewing both documents to develop draft recommendations for revisions.(KL, 02/04/15)</p>

EMS SYSTEMS PROGRESS REPORT
June 17, 2015

		<p>Recent inquiries and interest in wireless 9-1-1 routing location accuracy has developed resulting in EMSA staff attendance at a Joint Legislative Committee on Emergency Management Hearing on 04/09/15. EMSA personnel are working with the Office of Emergency Services (OES) to address public concerns and will be developing a presentation regarding the matter for the Commission.</p> <p>The EMSA Communications Coordinator has completed an initial review of the EMSA Emergency Medical Services Dispatch Program guidelines in preparation for revisions.</p> <p>The communications coordinator attended the Western Regional Association of Public Safety Communications Officials (NAPCO) conference April 8-10th, 2015.</p>
12. Core Measures	Adam Davis Extension 409	EMSA has received core measure reports from the participating LEMSAs and has begun to consolidate the information submitted. Similar to years prior, EMSA will develop this information into a report containing summary tables and charts for each of the clinical measures. The document will include commentary on the challenges and barriers to success faced by the EMS Providers, LEMSAs, and EMSA during this year's project. The report will be shared with the LEMSAs and will be published on EMSA's website no later than July 15, 2015.
13. HIE	Kathy Bissell Extension 464	The 2014 EMSA HIE Summit November 17 th – 19 th , 2014 is moving forward as planned. The event will include several national level speakers as well as a pre-summit "Boot Camp" that is an introductory course to HIE. EMSA staff have begun planning and publicizing the "HIE in EMS" summit and pre-summit informational meeting. Information related to HIE activities, including the "HIE in EMS Summit" can be found at: http://www.emsa.ca.gov/HIE .

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2015

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****2014/15**

The 2014/15 enacted California State budget includes expenditure authority in the amount of \$30.7 million and 65.2 permanent positions. Of this amount, \$13.1 million is delegated for State operations and \$17.6 million is delegated to local assistance.

As of March 31, 2015, the EMS Authority has expended and/or encumbered \$22.8 million or 74.3% of available budget authority. Of this amount, \$8.1 million or 61.8% of State Operations funding has been expended and/or encumbered and \$14.7 million or 83.6% of local assistance budget authority has been expended and/or encumbered.

We are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

2015/16

The Governor's Proposed Budget for 2015/16 released in January 2015 includes expenditure authority in the amount of \$32.2 million and 71.2 permanent positions. Of

this amount, \$13.9 million is delegated for State operations and \$18.3 million is delegated to local assistance. Workload budget adjustments and policy adjustments approved by both (Assembly and Senate) budget committees include the following items:

- A General Fund augmentation of \$500,000 and 2.0 permanent positions to stabilize disaster medical preparedness resources to respond to a moderate incident and initially respond to a catastrophic incident. The additional funding and new positions will be utilized to reestablish the southern California component of the California Medical Assistance Team (CAL-MAT), support existing disaster medical preparedness programs [Ambulance Strike Team (AST) Program, CAL-MAT Program, Training and Exercise Program], and coordinate joint activities with the California Department of Public Health’s Emergency Preparedness Office (EPO), including Catastrophic Event Planning, and Emergency Operations Center (EOC) planning and development.
- A Special Fund (EMS Personnel Fund) budget authority augmentation of \$366,000 and one permanent full time Office Technician (OT). The additional budget authority and new position will be utilized to address increased workload associated with the document imaging of paramedic licensure and enforcement files. There exists sufficient revenue within the EMS Personnel Fund to fund this request while still maintaining a 5% reserve as required by statute.

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, 3 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	6.0	3.0	6.0	6.0	21.0
Staffing Level	20.0	22.0	29.2	15.0	86.2
Authorized (Vacant)	0.0	-2.0	0.0	0.0	-2.0
Temporary (Vacant)	0.0	0.0	0.0	-1.0	-1.0
Current Staffing Level	20.0	20.0	29.2	14.0	83.2

Emergency Medical Services Authority
FY 2014/15 - as of March 31, 2015
Note: 75% of the FY has elapsed

Budget Authority: Expenditure Analysis

	Program Expenditures					
	Budget Authority	Expended	Encumbered	Total	Balance of Authority	% Expended
Department	\$ 30,746,000	\$ (14,372,000)	\$ (8,460,000)	\$ (22,832,000)	\$ 7,914,000	74.3%
State Operations	\$ 13,140,000	\$ (7,469,000)	\$ (647,000)	\$ (8,116,000)	\$ 5,024,000	61.8%
EMS Personnel Fund (0312)	\$ 1,992,000	\$ (1,719,000)	\$ (89,000)	\$ (1,808,000)	\$ 184,000	90.8%
EMT Certification Fund (3137)	\$ 1,315,000	\$ (1,022,000)	\$ (18,000)	\$ (1,040,000)	\$ 275,000	79.1%
Federal Trust (0890)	\$ 1,974,000	\$ (1,408,000)	\$ (108,000)	\$ (1,516,000)	\$ 458,000	76.8%
General Fund (0001)	\$ 1,213,000	\$ (1,011,000)	\$ (95,000)	\$ (1,106,000)	\$ 107,000	91.2%
Reimbursements (0995)	\$ 6,121,000	\$ (2,041,000)	\$ (330,000)	\$ (2,371,000)	\$ 3,750,000	38.7%
Specialized First Aid Training Fund (3256)	\$ 135,000	\$ (22,000)	\$ (2,000)	\$ (24,000)	\$ 111,000	17.8%
Training Program Approval Fund (0194)	\$ 390,000	\$ (246,000)	\$ (5,000)	\$ (251,000)	\$ 139,000	64.4%
Local Assistance	\$ 17,606,000	\$ (6,903,000)	\$ (7,813,000)	\$ (14,716,000)	\$ 2,890,000	83.6%
EMS Personnel Fund (0312)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
EMT Certification Fund (3137)	\$ 300,000	\$ -	\$ -	\$ -	\$ 300,000	0.0%
Federal Trust (0890)	\$ 704,000	\$ (38,000)	\$ (176,000)	\$ (214,000)	\$ 490,000	30.4%
General Fund (0001)	\$ 6,385,000	\$ (3,149,000)	\$ (3,106,000)	\$ (6,255,000)	\$ 130,000	98.0%
Reimbursements (0995)	\$ 10,217,000	\$ (3,716,000)	\$ (4,531,000)	\$ (8,247,000)	\$ 1,970,000	80.7%
Specialized First Aid Training Fund (3256)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Training Program Approval Fund (0194)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

Note: Figures are rounded. Figures in red and in parenthesis denote negative numbers.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: June 17, 2015
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 February 13, 2015, to May 8, 2015, the Authority issued sixteen new Accusations against existing paramedic licenses, issued six Statement of Issues denying an unrestricted license, issued two notices of Administrative Fine, and two Temporary Suspension Orders. Of the newly issued actions, three of the Respondents have requested that an administrative hearing be set. There are currently nine hearings scheduled, and there are no cases awaiting a proposed decision from an administrative law judge. The Authority currently has two cases where the administrative law judge's proposed decision was not adopted, and have been set or will be set for a written hearing before the Director. There are currently 75 active disciplinary cases in the legal office.

LITIGATION:

The Authority is not currently involved in any litigation.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Tonya Thomas
EMSC Program Coordinator

SUBJECT: Emergency Medical Services for Children Draft Regulations – Update

RECOMMENDED ACTION:

Receive information on the status of the Emergency Medical Services for Children Draft Regulations.

FISCAL IMPACT:

None known.

DISCUSSION:

The EMS Authority has continued work on the EMS for Children draft regulation based on the comments received during the initial pre-public comment period. In June, EMS Authority staff will be meeting with the EMSC TAC to put finishing touches on the draft regulations. The EMS Authority will have an additional pre-public comment period for the draft EMS for Children regulations in preparation for submission to the OAL estimated to take place late in the second quarter of 2015.

The Commission will be kept informed on the progress of the EMS for Children regulations.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Farid Nasr, MD
Specialty Care Systems

SUBJECT: STEMI and Stroke Regulations

RECOMMENDED ACTION

Receive information regarding Stroke and STEMI Regulations development.

FISCAL IMPACT

None.

DISCUSSION

The EMS Authority is continuing work on the development of STEMI and Stroke Systems regulations.

STEMI & Stroke Regulations:

The EMS Authority has continued work on the STEMI and Stroke draft regulations based on the comments received during the initial pre-public comment period. The EMS Authority will have an additional pre-public comment period for the STEMI and Stroke regulations over the summer in preparation for submission to the OAL estimated to take place in the 3rd quarter of 2015.

The Commission will be kept informed on the progress of these regulation packages.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: June 17, 2015

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 May 5, 2015, the Enforcement Unit has 5 full-time Special Investigators assigned, one Special Investigator assigned as the EMT-2010 Project Coordinator does not carry a full case load, and 2 Retired Annuitants working as Special Investigators.

Investigative Workload:

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

Cases opened since January 1, 2015, including:

Cases opened:	133
Cases completed and/or closed:	134
EMT-Paramedics on Probation:	235

In 2014:

Cases opened:	387
Cases completed and/or closed:	374
EMT-Paramedics on Probation:	232

Status of Current Cases:

The Enforcement Unit currently has 123 cases in “open” status.

As of May 5, 2015, there are 39 cases that have been in “open” status for 180 days or longer; 10 are Fire Fighters’ Bill of Rights (FFBOR) cases and 8 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 39 cases are divided among 7 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.]

COMMISSION ON EMERGENCY MEDICAL SERVICES

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(916) 322-4336 FAX (916) 324-2875



DATE: June 17, 2015
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 June 17, 2015.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Witchey, Manager
Personnel Standards Unit

SUBJECT: Community Paramedicine

RECOMMENDED ACTION:

Receive information regarding Community Paramedicine Pilot

DISCUSSION:

Strong progress continues as the Community Paramedicine Project moves toward implementation. The discussion that follows will provide an update on the progress and challenges faced by the pilot project sites.

Training

Core training consisting of 152 hours over 8 weeks concluded on February 19, 2015 resulting in 77 trained paramedics ready to move forward with site specific training. Site specific training is underway, provided across the twelve project sites within ten local jurisdictions.

Data Submission

All project site partners have submitted baseline data to OSHPD and the Philip R. Lee Institute for Health Policy Studies UCSF evaluation team. Baseline data is critical to demonstrating cost effectiveness of care provided by community paramedics during the pilot. Based upon the recommendations of the Community Paramedicine Advisory Committee to collect additional data points from the projects during implementation of the pilot, UCSF has developed a revised implementation data tool which was distributed to the projects. Implementation data will be submitted to UCSF and OSHPD on a quarterly basis.

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. All project sites with the exception of Stanislaus have submitted the necessary applications to their IRB's. Four projects have received IRB approval at this time. The remaining projects are in the process of working with their IRB's and providing additional information or clarification.

Implementation

Beginning June 2015 implementation for the project sites will be staggered based upon the readiness of each project site to move forward. Project sites are continuing with site specific training, IRB approval and protocol development, all of which are prerequisites to implementation.

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

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

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:**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 administration of tranexamic acid (TXA) in the prehospital setting. The purpose of this study is to determine if the early administration of TXA will improve outcomes in patients with hemorrhagic shock. 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. Alameda County EMS has not begun to enroll patients as of May 5, 2015.

Riverside County EMS Agency

On January 16, 2015, the EMS Authority received a trial study request from the Riverside County EMS Agency to study the administration of TXA in the prehospital setting. The purpose of this study is to determine if the early administration of TXA will improve outcomes in patients with hemorrhagic shock. 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 March 26, 2015. Riverside County EMS anticipates enrolling patients starting June 1, 2015. The eighteen month report will be due to the EMS Authority on December 1, 2016.

Ventura County and Santa Barbara County EMS Agencies

On November 26, 2013, the EMS Authority received a trial study request from Ventura and Santa Barbara County EMS Agencies to study the effectiveness of placing an Air-Q (supra-glottic) airway device in lieu of other advanced and basic airway management

Commission on EMS
June 17, 2015

techniques. The Ventura County trial study was approved by the EMS Authority on December 8, 2014 and they began enrolling patients on December 12, 2014. The Santa Barbara trial study was approved by the EMS Authority on April 8, 2015 and they anticipate enrolling patients beginning in mid-May 2015. Los Angeles County EMS may be added to this trial study at a later date. Ventura County EMS Agency's eighteen month report is due to the EMS Authority on June 12, 2016.

Inland Counties EMS Agency

At the March 18, 2015 Commission on EMS meeting, the EMS Authority provided a report on the Inland Counties EMS Agency TXA trial study. This trial study began enrolling patients on March 9, 2015. The eighteen month report is due to the EMS Authority on September 9, 2016.

Attached is the current list of trial studies.

**STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY**

**CURRENT TRIAL STUDIES
as of 5/5/2015**

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 Supraglottic 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 Supraglottic Airway	Angelo Salvucci, MD		6/17/15				Approved by the EMS Authority, anticipates enrolling patients in mid-May 2015.
Riverside County EMS Agency	Tranexamic Acid	Daved van Stralen, MD	6/1/15	6/17/15	12/1/16			Approved by the EMS Authority. Anticipates enrolling patients on 6/1/15.
Alameda County EMS Agency	Tranexamic Acid	Karl Sporer, MD		6/17/15				Approved by the EMS Authority, awaiting the start date.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Corrine Fishman, Analyst

SUBJECT: Lay Rescuer Epinephrine Auto-injector Regulations

RECOMMENDED ACTION:

Receive update regarding the proposed Chapter 1.9 Lay Rescuer Epinephrine Auto-injector Training and Certification Standards regulations.

SUMMARY

Following the chaptering of Senate Bill 669 (Huff, Chapter 725, Statute of 2013), EMSA has been charged with promulgating regulations to establish lay rescuer epinephrine auto-injector training standards, including CPR and AED training. The new law also directs EMSA to review and approve training programs that will train the lay public in the use and administration of an epinephrine auto-injector to assist a person suffering from anaphylaxis.

UPDATE

Following workgroup development of the draft regulations, a rulemaking file was opened with the Office of Administrative Law (OAL) on March 6, 2015.

The proposed regulations were released for a 45-day public comment period from March 6, 2015 through April 20, 2015 and were followed by a public hearing on April 21, 2015. EMSA did not receive any oral comments at the public hearing however written comments were received. The proposed regulations were released for a 15-day comment period beginning May 11, 2015 to address the comments received. Key areas of interest among commenters included the suggestion that physicians, registered nurses and physician assistants should be exempt from obtaining a certification card; and, that individuals seeking certification should apply to EMSA directly rather than

relying on the training program to complete a training roster before certification is issued by EMSA.

The notice of proposed regulations, initial statement of reasons and the proposed regulations text are available for review on EMSA's public comment webpage (emsa.ca.gov/public_comment).

We anticipate submission of the proposed regulations to the Commission on EMS for approval at the September 2015 meeting.

IMPLEMENTATION STEPS AND TIMELINE

October 2014	Taskforce outlines training standards and modifies draft regulations
January 2015	Final Workgroup meeting
March 2015	Rulemaking file opened with Office of Administrative law; regulations must be approved within one year
March 2015	Proposed regulations released for 45-day public comment
May 2015	Proposed regulations released for 15-day public comment periods as needed
September 2015	Proposed regulations submitted to Commission on EMS for approval
October 2015	Office of Administrative Law reviews and approves regulations
January 2016	Epinephrine Auto-injector regulations are effective

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2015
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: Corrine Fishman, Analyst
SUBJECT: EMT Regulation Revision

RECOMMENDED ACTION:

Receive information regarding revisions to the Chapter 2 EMT regulations.

SUMMARY:

Senate Bill 1438 (Pavley, Chapter 491, Statutes of 2014) directs EMSA to adopt training standards for naloxone use and to include naloxone administration in the basic scope of practice for EMTs by July 1, 2016.

DISCUSSION:

EMSA must amend existing EMT regulations by removing naloxone hydrochloride administration as an EMT *optional skill* and include the administration of naloxone hydrochloride in the training and scope of practice for all EMTs. EMSA must also promulgate regulations adopting training and standards for all prehospital emergency medical care personnel in the use and administration of naloxone hydrochloride and other opioid antagonists.

Beginning in March 2015, a stakeholder workgroup convened over a period of three months to assist in revising the Chapter 2 EMT regulations. In addition to adding administration of naloxone hydrochloride to the basic scope of practice when authorized by the medical director of the local EMS agency, proposed revisions to the EMT regulations under consideration include: administration of epinephrine and use of glucometers in the basic scope of practice; clarification of initial certification eligibility requirements; elimination of the skills competency verification form; and, changes to the requirements for reinstatement of certification.

Formal rulemaking through the Office of Administrative Law (OAL) is anticipated to commence in June 2015, offering the opportunity to receive public comments.

We anticipate submitting the EMT regulations to the Commission on EMS for approval at the December 2015 meeting.

IMPLEMENTATION STEPS AND TIMELINE

March 2015	Workgroup begins meeting to assist in revising the Chapter 2 EMT regulations
June 2015	Rulemaking file opened with Office of Administrative law; regulations must be approved within one year
June 2015	Proposed regulations released for 45-day public comment
August 2015	Proposed regulations released for 15-day public comment periods as needed
December 2015	Proposed regulations submitted to Commission on EMS for approval
January 2016	Office of Administrative Law reviews and approves regulations
July 2016	EMT regulations become effective

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Kim Lew
Analyst, EMS Systems Division

SUBJECT: Wireless 9-1-1 Routing

RECOMMENDED ACTION:

No recommended action. More information is needed.

FISCAL IMPACT:

Unknown at this time.

DISCUSSION:

In June 2014, the Commission on EMS discussed 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.

Assemblyman, Freddie Rodriguez, introduced Assembly Bill 510, “Emergency Services: 9-1-1 Emergency Communication System” on February 23, 2015. The bill requires the California Office of Emergency Services (OES) to conduct a comprehensive review of the 9-1-1 emergency communications system and provide a report of its findings to the Legislature by January 1, 2017. The report shall include statewide information on the public safety answering points, available technology, funding, and equipment limitations. The bill is currently active in the Assembly Appropriations Committee. The EMS Authority is monitoring the status of the bill.

On Thursday, April 9th, 2015, Assemblyman Rodriguez held an information hearing, “9-1-1 Location Accuracy: Will Rescuers Know Where You Are?”. EMS Authority Director, Dr. Howard Backer provided testimony related to this issue. The EMS Authority Communications Program Coordinator also attended.

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EMS Authority personnel have discussed issues related to wireless 9-1-1 delays with the California Office of Emergency Services (Cal OES). During our discussions, Cal OES staff advised they would consider presenting a wireless 9-1-1 location routing status report to the Commission; however, state travel restrictions and scheduling have limited their ability to take such action. EMS Authority personnel will work with Cal OES to promote the dissemination of up-to-date wireless 9-1-1 location routing information for the Commission.

The Commission will be kept informed of the progress on this issue.

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DATE: June 17, 2015

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 EMS Plan Appeal Regulations process.

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:

At the December 2014 Commission on EMS meeting, the Commission requested that the EMS Authority prepare the necessary emergency regulations for a process for local EMS agencies to appeal EMS plan determinations made by the EMS Authority.

The EMS Authority drafted a set of EMS Plan Appeal Regulations that have completed a 45 day public comment period on April 27, 2015. The comments received are being reviewed and changes to the draft regulations considered by the EMS Authority. The draft EMS Plan Appeal Regulations will be sent out for a 15 day comment period in May 2015 to allow stakeholders the ability to review revisions made to the draft regulations.

The Commission will be kept informed on our progress with the regular rule making appeal process regulations.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

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 Authority is continuing to develop a set of draft EMS systems regulations, by using a small work group of subject matter experts on California's EMS system.

The group has agreed on the majority of the definitions for the Chapter 13 regulations and has moved on to working on the EMS plan review process. The next meetings will be held on June 18th and July 22nd, 2015. The group is making progress on very complex issues in a positive and collaborative environment in the development of these draft regulations.

The Commission will be kept informed on our progress with these draft regulations.

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Jeff Schultz, EMT-P
EMS Plans Coordinator

SUBJECT: Request for Exception to Five-Year EMS Plan Submission Requirement

RECOMMENDED ACTION:

Approve exception to EMSA #103, EMS Systems Guidelines Part III, EMS Planning, June 1994 Edition.

FISCAL IMPACT:

None.

DISCUSSION:

Pursuant to Health and Safety Code Section 1797.254, each LEMSA is required to submit an EMS Plan annually to the EMS Authority.

In part, Section 2 of EMSA #103 (EMS System Guidelines Part III, EMS System Planning Guidelines 2nd Edition June 1994) states:

The EMS Plan is intended to be both a workplan and a long-range plan. A full plan is required every five years (although some agencies may elect to submit a revised plan more often). In each year following the development of the EMS Plan, an annual workplan shall be submitted, providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

The development of a 5 year EMS Plan is a complicated process for the local EMS agencies. Often, there may have been no significant changes to their plan year to year once the standards have been met. Resubmission of information that has remained consistently the same is a time issue both in the local EMS agency development of their plan and for EMS Authority staff to review the documents.

The EMS Authority requests an exemption from the Commission to this previously approved guideline to discontinue the requirement that established LEMSAs submit a full EMS Plan every five years if agreed upon criteria is met. Any LEMSA with an approved EMS Plan currently on file that submits annual plan updates in the requested format will no longer be required to, although still may, submit full EMS Plans every five years.

The EMS Authority will continue to require the submission of a full EMS Plan when LEMSAs do not have a currently approved EMS Plan, the LEMSA is newly developed, or when an already existing LEMSA has not continuously submitted an annual EMS Plan Update.

It is our belief discontinuance of the full EMS Plan requirement will be mutually beneficial to both the LEMSA's and the EMS Authority. It is our hope that this exemption will reduce the valuable staff time spent in the development, review and approval processes of EMS Plans.

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Dr. Howard Backer, Director

PREPARED BY: Patrick Lynch, Manager, Response Personnel Unit
Disaster Medical Services Division

SUBJECT: Disaster Healthcare Volunteers Program

RECOMMENDED ACTION:

Receive updated information on the State's Disaster Healthcare Volunteers Program.

FISCAL IMPACT:

None.

DISCUSSION:

The Disaster Healthcare Volunteers, (DHV) Program is California's model for the federally mandated Emergency System for Advance Registration of Volunteer Health Professionals, (ESAR-VHP). DHV is administered by the California Emergency Medical Services Authority, (EMSA), and operates in coordination with county operational areas and local Medical Reserve Corps Units to recruit, register, credential, track, identify, deploy, and maintain currently licensed volunteer healthcare professionals for response to emergencies, disasters, and terrorist incidents in California and throughout the nation.

At the local level, DHV volunteers are coordinated by county (operational area) Medical/Health System Administrators as well as Medical Reserve Corps (MRC) Unit Coordinators. System Administrator training has been provided to all 58 counties as well as 39 MRC Units. Currently there are over 21,000⁺ active volunteers registered on the system. Of the 21,000 registered volunteers, 18,546 are healthcare professionals. The remaining volunteers provide support services such as logistics. Medical Reserve Corps volunteers account for 8,494 of the volunteers in the program.

DHV verifies the license and credential status nightly of 49 types of healthcare professionals, well beyond the federal guideline of 20 healthcare professions.

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EMSA staff conduct ongoing training and technical support for the over 200 local System Administrators as well as quarterly drills on the system and quarterly user group webinars.

EMSA conducted a full scale field exercise in 2013 in which 92 DHV/MRC volunteers from 12 different units from throughout the state participated in operating an Alternate Care Site.

In late 2014 EMSA developed and distributed the “DHV Volunteer Handbook” via weblink to the 21,000⁺ DHV registered responders. The “DHV Volunteer Handbook” provides information on the DHV Program and its guiding policies, as well as information for the volunteer concerning deployment preparedness, expectations, conduct, and demobilization. A hardcopy pocket guide version was produced and distributed to all of the DHV units and participating MRC units of California.

Additionally, in an effort to assist local units with recruitment and retention of volunteers, three times a year, EMSA staff produce the “DHV Journal,” a newsletter with items about the DHV Program, MRC activities, and disaster preparedness and response information for California’s healthcare volunteers.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Dr. Howard Backer, Director

PREPARED BY: Jody Durden, Manager, Plans and Training Unit
Disaster Medical Services Division

SUBJECT: Disaster Medical Services Training and Exercises Update

RECOMMENDED ACTION:

Receive updated information on the EMS Authority's Disaster Medical Services Training and Exercise Program.

FISCAL IMPACT:

None

DISCUSSION:

The EMS Authority is designated as the lead State agency for coordinating disaster medical services in California. In order to be prepared to support local areas in the event of a disaster and to be ready to coordinate information and mutual aid resources, the EMS Authority participates in trainings, drills, and exercises throughout the year.

For every drill, tabletop and/or full-scale exercise that is conducted, an After Action Report (AAR) is created that includes an improvement plan and corrective actions that will be used to improve future responses in disasters.

This year, to date, the EMS Authority has participated in the planning or conduct of the following disaster exercises:

On **January 27, 2015**, the EMS Authority participated in the California Health and Human Services (CHHS) Agency Executive Table Top Exercise. The EMS Authority exercise specialists also provided the lead for the planning of the exercise. The EMS Authority and California Department of Public Health sponsored exercise was designed to present executives from the CHHS Departments and Agency with questions that would stimulate conversations about continuity plans and policies. The scenario presented to the participants was a catastrophic flood. Continuity questions involved preparations for an impending flood and actual rising waters around business locations. The exercise objectives guided the development of questions for participants that addressed topics such as IT continuity, business continuity, evacuation and relocation. The exercise provided a successful forum for CHHS departments and agency representatives to share their plans and thoughts about present and future continuity.

On **March 10, 2015**, the EMS Authority participated in the SoCal Rocks Table Top Exercise (TTX). The SoCal Rocks exercise was sponsored by the EMS Authority, California Department of Public Health, and the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. The purpose of the SoCal Rocks TTX was to examine the processes required to establish, communicate, and coordinate public health and medical priorities and resource needs among local, state, federal, and private-sector partners in response to a catastrophic earthquake in Southern California. This exercise also examined the processes for coordinating and integrating federal assistance and resources into California's response efforts. Exercise participants included representatives from Federal and State Departments, California and Federal Military, California Operational Areas and non-governmental organizations.

On **May 11, 12, 13 and 14, 2015**, the EMS Authority participated in the 2015 California Capstone Exercise. The Capstone exercise is sponsored by the Federal Emergency Management Agency, the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response and the California Governor's Office of Emergency Services. The purpose of the Capstone exercise is to address the objectives from the SoCal Rocks exercise in a large Functional exercise. This would include exercising the processes required to establish, communicate, and coordinate public health and medical priorities and resource needs among local, state, federal, and private-sector partners in response to a catastrophic earthquake in Southern California. Participants will also exercise the processes for coordinating and integrating federal assistance and resources into California's response efforts. Exercise participants include representatives from Federal and State Departments, California and Federal Military, California Mutual Aid Regions and California Operational Areas.

On **June 3, 4 and 5, 2015**, the EMS Authority participated in an Urban Search and Rescue (US&R) exercise at Moffett Field. The scenario was a 7.3 magnitude earthquake activated along the Hayward fault resulting in catastrophic damage to the area. Search and rescue task forces exercised rescue operations. A California Medical Assistance

Team (CAL-MAT) and federal Disaster Medical Assistance Teams (DMATs) tested their ability to establish a field treatment facility to receive and stabilize victims extracted from the rubble by US&R personnel. The EMS Authority also exercised the Mission Support Team communications infrastructure and tested the communications and IT capabilities.

On **November 19, 2015**, the EMS Authority will participate in the Statewide Medical and Health Exercise (SWMHE) in partnership with the California Department of Public Health. The exercise is designed as a multiphase exercise program for participants Statewide 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 this year to further enhance participants exercise play.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2015

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Commission on EMS Bylaws

RECOMMENDED ACTION:

Approve the Proposed Changes to the Commission on EMS Bylaws.

FISCAL IMPACT:

In the event the Commission calls a special or emergency meeting, there will be costs associated with travel reimbursement for commissioners.

DISCUSSION:

The EMS Authority has prepared proposed amendments to the Commission on EMS Bylaws (Bylaws). The proposed changes are designated with strikeouts for deleted text and underlines for new text. The proposed amendments are in response to the direction of the Commission on EMS at the December 3, 2014 Commission meeting to prepare emergency and non-emergency regulations to delegate the Commission's authority to hear appeals of the EMS Authority's decision on a local EMS plan to the Office of Administrative Hearings.

The current version of the Bylaws, dated September 2010, lack the details of the appeal process and are in need of updates for consistency with the Bagley-Keene Open Meeting Act.

In order for the Commission to delegate its authority to hear local EMS plan appeals, Bylaws need to be amended and adopted by the Commission.

In addition to the delegation of the appeal authority, other sections of the bylaws contain proposed amendments for consistency with the Bagley-Keene Open Meeting Act, those amendments are:

1. Pages 1 & 2
 - a. Change the effective date.
 - b. Item II Appeal Functions – amended old language and inserted new appeal process consistent with the proposed appeal regulations.
2. Page 4, Item I Officers – Delete the closed ballot language. This is inconsistent with the Open Meeting Law. Clarified that the Chair and Vice-chair shall not serve in those positions for more than two consecutive one-year terms.
3. Page 5, Item II Office Vacancies – Struck references to written ballots. This is inconsistent with the Open Meeting Law.
4. Page 6, Clarified that the Secretary shall take recorded minutes.
5. Page 6, Administrative Committee Membership – Struck references to closed ballots. This is inconsistent with the Open Meeting Law.
6. Page 6, Regular Meetings, clarified that exceptions to the open meeting law are pursuant to the Government Code.
7. Page 7, Regular Meetings:
 - a. Replaced seven day notice period with ten day notice period to notice the Commissioners of the regular meetings.
 - b. Struck “Items for discussion may be added at each meeting”. Items for discussion need to be contained in the agenda that is noticed at least 10-days in advance of the meeting.
8. Page 7, Notification of Meetings – replace one week with ten day notice for consistency with the Open Meeting Law.
9. Starting on Page 7, Special Meeting requirements were added that are consistent with the Open Meeting Law. Special meetings may be called by the Chair of the Commission or a two-thirds majority vote of the Commission. Special meetings may be called when meeting the 10-day notice requirement is a hardship and the purposes for a special meeting are limited to eight items listed in the bylaws.
10. Page 8, Emergency Meetings, the word “general” was struck because it is unnecessary in reference to the agenda being sent to the commissioners and interested parties.
11. Page 9, Emergency Meetings, Items b and c are struck because these definitions of an emergency fall under the Special Meeting requirements.
12. Page 10, Committees, Item I, the word “the” was added for clarification.

Commission on EMS Bylaws

September 2010

June 2015

The Commission on Emergency Medical Services (EMS) for the State of California was created in the Health and Welfare Agency effective January 1, 1981. The statutory base for the Commission is found in Chapter 1260, Section 1799 of the Health and Safety Code and its role as an appeal body for local EMS agency systems plans is found in Section 1797.105. The following constitutes the Rules of Procedure of the Commission:

PURPOSE AND REGULAR DUTIES

I. Regular Duties

Section 1799.50 through 1799.56 specifies:

The Commission shall review and approve regulations, standards, and guidelines to be developed by the authority to implement its emergency medical services responsibilities.

The Commission shall advise the Authority on the development of an emergency medical data collection system.

The Commission shall advise the Director concerning the assessment of emergency facilities and services.

The Commission shall advise the Director with regard to communications, medical equipment, training personnel, facilities and other components of an emergency medical services system.

Based upon evaluations of the EMS systems in the state and their coordination, the Commission shall make recommendations for further development and future directions of emergency medical services in the State.

The Commission shall review and comment upon the emergency medical services portion of the State Health Facilities and Service Plan developed pursuant to Section 437.7.

II. Appeal Functions

Section 1797.105 specifies that the EMS Authority shall receive plans for the implementation of EMS from local EMS agencies. ~~These~~ Local EMS agencies may implement a local plan developed pursuant to Section 1797.250, unless the authority determines such plan does not effectively

meet the needs of residents and is not consistent with coordinating activities in the geographical area served, or the plan is not concordant and consistent with applicable guidelines and/or regulations established by the authority.

Section 1797.105 (c) and (d) specify that a local EMS agency may appeal a determination of the Authority to the Commission. ~~In response to that appeal, the Commission may sustain the determination of the Authority or overrule and permit local implementation of a plan, and the decision of the Commission is final.~~

Appeal Process:

A. The Commission adopts as its hearing process for the appeal of a local EMS agency plan the Administrative Procedure Act as contained in California Government Code section 11340 et. seq., and its associated regulations.

B. The Commission shall vote to accept , reject, or return for re-hearing the Administrative Law Judge’s proposed decision at the next regularly scheduled Commission meeting that follows the receipt of the proposed decision. The vote shall be by a majority of a quorum of the Commissioners then present at the meeting.

MEMBERSHIP

I. Membership Qualification and Appointment

Section 1799.2 specifies the Commission shall consist of 18 members appointed as follows:

- a. One full-time physician and surgeon, whose primary practice is emergency medicine, appointed by the Senate Rules Committee from a list of three names submitted by the California Chapter of the American College of Emergency Physicians.
- b. One physician and surgeon, who is a trauma surgeon, appointed by the Speaker of the Assembly from a list of three names submitted by the California Chapter of the American College of Surgeons.
- c. One physician and surgeon appointed by the Senate Rules Committee from a list of three names submitted by the California Medical Association.

- d. One county health officer appointed by the Governor from a lists of three names submitted by the California Conference of Local Health Officers.
- e. One registered nurse, who is currently or has been previously authorized as a mobile intensive care nurse and who is knowledgeable in state emergency medical services programs and issues, appointed by the Governor from a list of three names submitted by the Emergency Nurses Association.
- f. One full-time paramedic or EMT-II, who is not employed as a full-time peace officer, appointed by the Senate Rules Committee from a list of three names submitted by the California Rescue and Paramedic Association.
- g. One prehospital emergency medical service provider from the private sector, appointed by the Speaker of the Assembly from a list of three names submitted by the California Ambulance Association.
- h. One management member of an entity providing fire protection and prevention services appointed by the Governor from a list of three names submitted by the California Fire Chiefs Association.
- i. One physician and surgeon who is board eligible or board certified in the specialty of emergency medicine by the American Board of Emergency Medicine and who is knowledgeable in state emergency medical services programs and issues, appointed by the Speaker of the Assembly.
- j. One hospital administrator of a base station hospital who is appointed by the Governor from a list of three names submitted by the California Association of Hospitals and Health Systems.
- k. One full-time peace officer who is either an EMT-II or paramedic, who is appointed by the Governor from a list of three names submitted by the California Peace Officers Association.
- l. Two public members who have experience in local EMS policy issues, at least one of whom resides in a rural area as defined by the Authority, and who are appointed by the Governor.
- m. One administrator from a local EMS agency appointed by the Governor from a list of four names submitted by the Emergency Medical Services Administrators Association of California.
- n. One medical director of a local EMS agency who is an active member of the EMS Medical Directors Association of California, and who is appointed by the Governor.
- o. One person appointed by the Governor, who is an active member of the California State Firefighters Association

- p. One person who is employed by the Department of Forestry and Fire Protection (CAL-FIRE) appointed by the Governor from a list of three names submitted by the California Professional Firefighters.
- q. One person who is employed by a city, county, or special district that provides fire protection appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

II. **Membership Terms**

Section 1799.4 of the Health and Safety Code describes the membership terms. Except as otherwise provided in Section 1799.4, the terms of the members of the commission shall be three calendar years, commencing January 1 of the year of appointment. No member shall serve more than two consecutive full terms.

III. **Membership Compensation**

Section 1799.6 specifies the members of the Commission shall receive no compensation for their services, but shall be reimbursed for their actual necessary travel and other expenses incurred in the discharge of their duties. All necessary expenses must be approved by the EMS Authority in accordance with State rules of reimbursement.

IV. **Membership Vacancies**

A position on the Commission of Emergency Medical Services shall be considered vacant and the appointing authority is to be informed if the Commissioner dies, resigns, or moves his/her permanent place of residence out of the State of California. Should a Commissioner conduct himself/herself in a manner grossly inappropriate to the position or absent himself/herself from two consecutive regular noticed meetings of the full Commission without prior notification of a justifiable reason or without permission of the Chairperson, then the Commission shall describe the facts and circumstances in its minutes or by special resolution and shall submit said minutes or special resolution to the Commissioner's appointment authority for appropriate action.

OFFICERS

I. **Officers**

The officers of the Commission on EMS shall consist of a Chairperson, Vice-chairperson and Secretary. The Chairperson and Vice-chairperson shall be elected by the Commission annually from its members ~~by closed ballot~~ at the first regular meeting of the calendar year. No member shall serve as Chairperson for more than two consecutive one-year terms. The

Director of the EMS Authority shall hold the office of Secretary and may participate in Commission and committee meetings but has no vote. The officers shall serve for the calendar year of election.

II. **Office Vacancies**

In the event of an officer or Administrative Committee member vacancy prior to the end of the calendar year, the Chairperson shall open nominations and hold an election to fill the vacancy at the next scheduled meeting following the vacancy. Election to a vacant office seat shall be ~~by written ballot requiring~~ require a majority vote of ~~ballots cast~~ by the membership.

III. **Duties of Chairperson and Vice-Chairperson**

The Chairperson shall preside at the Commission meetings; the Vice-chairperson shall function in the Chairperson's absence.

The Chairperson and Vice-chairperson shall be entitled to vote, make and second motions, and may serve on committees.

The Chairperson shall create committees as recommended by the Commission. The charge of the committee and its duration shall be designated at the time of its creation. The Chairperson may create ad hoc committees as deemed appropriate to study and recommend action on specific topics.

The Chairperson shall make all committee appointments and shall appoint the chairperson for each committee.

The Chairperson, upon the advice of the Administrative Committee, prepares the agenda for upcoming Commission meetings. The Director or any members of the Commission may add items to that agenda.

The Chairperson will assign business to the committees with the advice of the Administrative Committee.

The Chairperson or his/her designee may represent the Commission at legislative hearings, in public meetings, in press interviews and other public situations within the limits of established Commission policy or subject to confirmation at the subsequent regular Commission meeting.

The Chairperson shall annually appoint a committee to address System Platform Principles adopted by the EMS Commission. This committee shall submit their recommendations to the Commission.

IV. Duties of the Secretary

The Secretary shall cause to be ~~taken~~ recorded minutes which accurately reflect business conducted at Commission meetings. Approved minutes are public record. The Secretary will be responsible for providing notification of meetings to Commission members and others as specified below and for making materials available for inspection as specified.

In the absence of the Chairperson and Vice-chairperson, the Secretary shall convene the meeting of the Commission whose first act of business will be the election of a temporary chairperson from among its members.

ADMINISTRATIVE COMMITTEE

I. Administrative Committee Membership

The Administrative Committee shall consist of the Chairperson, Vice-chairperson, Secretary, immediate Past Chairperson of the Commission on EMS and two other members of the Commission elected annually ~~by the closed ballot~~ at the first regular meeting of the calendar year. The members of the Administrative Committee shall serve for the calendar year following election.

II. Duties of the Administrative Committee

The Administrative Committee is advisory to the Chairperson and the Commission on administrative matters. Their deliberations will include, but not be restricted to, prioritizing agenda items, organizing reports, advising the chair on committee appointments and business assignments and assisting in development of interim positions of the Commission on urgent matters where Commission policy is unclear and an emergency meeting of the Commission seems unwarranted. The Administrative Committee may recommend the format in which agenda items are to be presented to the Commission.

MEETINGS

I. Regular Meetings

Section 1799.8 specifies that the Commission shall meet at least quarterly on the call of the Director, Chairperson, or three or more members of the Commission.

The Commission meeting dates will be set at the last meeting of the year for the next calendar year. All meetings of the Commission will be open with the exception of private or executive sessions permitted pursuant to the ~~under~~ Government Code. Notice of all regular meetings of the Commission and an agenda of such meetings enumerating the items to

be considered at the meeting shall be mailed to each commissioner at least ~~seven~~ ten days before the day on which the regular meeting of the Commission is scheduled. The agenda shall include the items of business to be transacted. ~~Items for discussion may be added at each meeting.~~ No action item shall be added to the agenda unless a statement is included setting forth the emergency condition as provided below.

II. **Notification of Meetings**

Notice of Commission meetings, including the agenda, date and place of the meeting and the name, address, and telephone number to receive inquiries prior to this meeting shall be given at least ~~one week~~ ten days in advance of such meeting to any person who requests such notice in writing. A person may request and be provided notice for all meetings of the Commission or may limit his request to notice for a specific meeting or meetings. Any mailing list maintained pursuant to this rule will be subject to annual correction as provided in Government Code Section 14911.

III. **Special Meetings**

A special meeting of the Commission may be called at any time by the Chairperson or a majority of the members of the Commission.

IV. **Purposes of Special Meetings**

A special meeting may only be called for one of the following purposes, where compliance with the 10-day notice provisions would impose a substantial hardship on the Commission or where immediate action is required to protect the public interest:

- a. To consider "pending litigation" as that term is defined in subdivision (e) of Section 11126 of the Government Code.
- b. To consider proposed legislation.
- c. To consider issuance of a legal opinion.
- d. To consider disciplinary action involving a state officer or employee.
- e. To consider the purchase, sale, exchange, or lease of real property.
- f. To consider license examinations and applications.
- g. To consider an action on a loan or grant provided pursuant to Division 31 (commencing with Section 50000) of the Health and Safety Code.

- h. To consider a response to a confidential final draft audit report as permitted by Section 11126.2 of the Government Code.

V. **Notice Requirements for a Special Meeting**

A special meeting can be called at any time by the Chairperson or a majority of the members of the Commission,

The 10-day advance notice is not required for a special meeting, provided that the 10-day notice requirements of Section 11125 of the Government Code would impose a substantial hardship on the Commission or where immediate action is required to protect the public interest. Notice of the special meeting is required to be provided to each member of the Commission and to persons who have requested notice of the agency's meetings as soon as practicable after the decision to hold the meeting is made. Notice to newspapers, radio, and television stations is satisfied by providing notice to all national press wire services. Notices to the general public may be given via appropriate electronic bulletin boards or other appropriate mechanisms. The notice must also be posted on the Internet at least 48 hours in advance of the meeting.

The notice must specify the time and place of the special meeting and the business to be transacted. An agenda shall be prepared. No business other than that noticed may be transacted. Notice is required even if no action is subsequently taken at the meeting. The notice must contain the website address where the notice may be accessed on the Internet.

VI. **Specific Requirements During Special Meetings**

At the commencement of a special meeting, the Commission must make a finding in open session that providing a 10-day notice of the meeting would pose a substantial hardship on the Commission, or that immediate action is required to protect the public interest. The specific facts constituting the hardship or need for immediate action must be articulated. This finding must be adopted by a two-thirds (2/3) vote of the Commission members present, or if less than two-thirds of the members are present, by a unanimous vote of the members present. Failure to adopt the finding terminates the meeting. The Commission's finding must be available on the Internet.

VII. **Emergency Meetings**

Emergency meetings of the Commission may be called at any time by the Chairperson, the Director of the EMS Authority, or by a majority of the Commission, when such a meeting is necessary to discuss an emergency condition as defined below. In the event such an emergency meeting is called, notice stating the ~~general~~ agenda item(s) will be sent to those members entitled to vote and to those non-members who have

requested such notice by such means as the Secretary deems appropriate.

VIII. **Emergency Condition**

An emergency condition shall be defined as:

- a. Any condition requiring any action by the Commission because of a disaster involving mobilization of State disaster medical resources or other activities requiring the Commission's input to statewide mobilization.
- ~~b. Any condition requiring any action by the Commission because of the action or requirement of Congress or of the Legislature of the State of California, or because of any act, rule or regulation promulgated by any public body which has an effect upon the state EMS system or any activity under the jurisdiction of the Commission.~~
- ~~c. Any condition requiring any action by the Commission caused by any court action brought in State or Federal Court which has an effect upon the EMS system or any activity under the jurisdiction of the Commission.~~
- b. Any other condition, which in the opinion of the Director, Chairperson, or a majority of the Commission could seriously affect the health and safety of the people of California if not acted upon by the Commission.

IX. **Public Inspection of Material**

Documents which are public records and which are distributed prior to commencement of a public meeting shall be made available at the Office of the Director for public inspection upon request prior to commencement of such meeting. If said material is distributed during a public meeting, it shall be made available for public inspection immediately or as soon as is practicable. The Authority, at the discretion of the Director, may charge a fee for a copy of any public records.

X. **Quorum**

A majority of the appointed membership of the Commission or subcommittees shall constitute a quorum.

XI. **Voting**

Each member entitled to vote shall be entitled to cast one vote for each matter submitted to a vote of the members.

If a quorum is present, all questions shall be decided by a majority of those members present. Voting may not take place without a quorum present.

No member shall be permitted to vote by proxy.

XII. **Conflict of Interest**

Commissioners must disqualify themselves from making or participating in the making of any decision when the Commissioner has a financial interest (as defined in Section 87103) which it is reasonably feasible may be affected materially by the decision. No Commissioner, however, shall be required to disqualify himself with respect to any matter which could not legally be acted upon without his/her participation. If such is the case (i.e., tie-breaking vote), the Commissioner should declare in the minutes a potential conflict of interest and then discharge his duty as a Commissioner in casting a vote.

XIII. **Guests**

Guests at Commission meetings may be allowed to participate in the discussion at the discretion of the Chairperson of the Commission. Guests addressing the Commission should identify themselves by name and organization prior to speaking on an issue.

COMMITTEES

I. **Committees of the Commission**

Committees of the Commission will meet as the business of the committee and budget dictate. Committee meetings may be called by the Chairperson of the Commission or of the committee. All committees are advisory to the full Commission and any action of the committees shall be referred to the commission for affirmation.

Minutes of committee meetings are the responsibility of the chairperson of that committee or his/her designee. Committee minutes become public record when adopted by the full Commission.

II. **Consent Calendar**

Any member of the Commission may pull any item from the consent calendar. All consent items must be accompanied by a description of the issue including the committee's recommendation. Except in emergency conditions, this description must be available for public inspection prior to the meeting of the Commission. Guests may address the Commission with regard to any item on the consent calendar.

All recommendations receiving a unanimous vote by a committee shall be referred to the Commission on a consent calendar.

CODE OF PARLIAMENTARY PROCEDURE

The Sturgis Standard Code of Parliamentary Procedure shall prevail in all instances not covered by the above rules.