

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

June 19, 2019

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

1782 Tribute Road

Sacramento, CA 95815

Reservations: (800) 973-1386

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of March 20, 2019 Minutes**
- 3. Director's Report**
 - A. EMSA Program Updates Disaster Personnel Systems
 - B. Legislative Report and Regulations Update
- 4. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Enforcement Report
 - C. Legal Report

Regular Calendar

- 5. Paramedic Regulations Revision**
- 6. EMS Personnel**
 - A. Community Paramedic Pilot Program Update
 - B. POLST eRegistry Update
 - C. Trial Study Update
- 7. EMS Systems**
 - A. EMS Plans and Plan Appeal Status
 - B. Emergency Triage, Treatment and Transport (ET3) Model Presentation
 - C. CEMSIS Database Overview
 - D. Ambulance Patient Offload Times
- 8. Disaster Medical Services Division**
 - A. CAL-MAT Program Update
- 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 Sandi Baker at (916) 431-3701, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, March 20, 2019
Embassy Suites by Hilton Anaheim-South
11767 Harbor Blvd.
Garden Grove, 92840**

MINUTES

COMMISSIONERS PRESENT:

Steve Barrow, Dan Burch, Sean Burrows, James Dunford, M.D., Thomas Giandomenico, Mark Hartwig, James Hinsdale, M.D., Ken Miller, M.D., Ph.D., Karen Relucio, M.D., Jane Smith, Carole Snyder, Brent Stangeland, Lewis Stone, Jim Suver, Atilla Uner, M.D., Todd Valeri

COMMISSIONERS ABSENT:

Nancy Gordon and Daniel Margulies, M.D.

EMS AUTHORITY STAFF PRESENT:

Howard Backer, M.D., Daniel R. Smiley, Craig Johnson, Jennifer Lim, Tom McGinnis, Lou Meyer, Sean Trask, Angela Wise, Sandra Baker

AUDIENCE PRESENT (partial list):

Kristi Koenig, M.D., County of San Diego EMS
Dave Magnino, Sacramento County EMS Agency

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Vice Chair Mark Hartwig called the meeting to order at 10:00 a.m. Sixteen Commissioners were present. Commissioner Stone led the Pledge of Allegiance.

2. INTRODUCTION OF NEW COMMISSIONERS

Vice Chair Hartwig welcomed new Commissioners and asked everyone to introduce themselves.

3. REVIEW AND APPROVAL OF DECEMBER 5, 2018, MINUTES

Action: Commissioner Burch moved approval of the December 5, 2018, Commission on Emergency Medical Services Meeting Minutes as presented. Commissioner Snyder seconded. Motion carried unanimously.

4. DIRECTOR'S REPORT

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

A. CMS Payment Model for EMS

- There are major initiatives for EMS reimbursement that expand options for patient management in the field, which will drive change in the way that EMS is done.
- The Center for Medicare and Medicaid (CMS) has a new initiative called the Emergency Triage, Treatment, and Transport (ET3) model.
 - It is part of a CMS innovation project that will provide grants for EMS provider agencies for greater flexibility to address emergency health care needs of Medicare beneficiaries following a 911 call.
 - ET3 aims to improve quality and lower costs by reducing avoidable transports to the emergency department.
 - One model is to establish a medical triage line for low-acuity 911 calls.
 - Other models include telemedicine to avoid transport and transport to an alternate destination.
- The ET3 grant has limitations for California providers.
 - It is initially only for fee-for-service Medicare patients.
 - Alternate destination must be authorized in the state in order to apply for this grant. California currently has only given authorization to the Community Paramedicine Pilot Projects.

B. EMSA Program Updates

- The EMSA budget is stable for the next year.
- Testimony for new budget proposals to turn some temporary staff positions into permanent staff positions to meet legislative mandates was positively received by the Budget Subcommittee.
- EMSA will direct funding from the CVS/Aetna merger into the state EMS system. They were required to spin off community benefit funding to 501(c)(3) nonprofit groups to benefit the following projects:
 - \$1.2 million over three years to support community paramedicine projects to be administered through the CARESTAR Foundation.
 - \$450,000 over three years to support the California Paramedic Foundation for opioid prevention efforts. They will be working to educate and facilitate discussions among partners around the state to give local EMS providers and agencies the opportunity to integrate and collaborate with the other providers in their area.

- Local EMS administrators and medical directors are discussing ways to create a more standardized and simpler process for statewide public safety agencies to work across jurisdictions.

Questions and Discussion

Commissioner Barrow asked if there have been discussions to secure funding to oversee health and safety training for child care providers. Dr. Backer stated current one-time training for child care providers is limited to eight hours.

Commissioner Dunford asked if the \$1.2 million from the CVS/Aetna merger will replace or supplement the California Health Care Foundation's contributions. Dr. Backer stated the \$1.2 million is supplemental.

Commissioner Uner asked if Anthem will pay for non-transport for the CMS ET3 proposal. Dr. Backer stated it will.

Commissioner Uner stated, in exchange for paying for non-transport, they will pay less for patients transported. Dr. Backer agreed that CMS's proposal is to reimburse at basic life support (BLS) level for alternate destination or non-transport.

Commissioner Uner stated the only eligible patients are Medicare fee-for-service patients. He asked if EMS will be required to screen patients for eligibility. Dr. Backer stated the rules for the CMS ET3 will be coming out in the next 30 days. He stated his understanding that CMS would like to see services available to all EMS patients.

Commissioner Uner asked if there is an informed consent process on-scene since it states on page 2 that an individual can choose to be brought to an emergency department. He stated patients on-scene may not have the capacity to make that decision. Dr. Backer stated the Community Paramedicine Pilot Projects use a strict informed consent process but the details for the CMS innovation project are forthcoming.

Commissioner Uner asked if the public will be informed in areas where this will be implemented and how outcomes will be measured. Dr. Backer stated the details on outcome measurements are forthcoming. He stated the Community Paramedicine Pilot Projects have not given a community notification. He stated he did not know if there would be an advantage or how to go about a community notification.

Commissioner Uner stated the CMS payment model may not be as attractive as illustrated. He stated individuals dialing 911 for the past 40 years have been accustomed to the fact that they will be transported to a facility that has the full capability of the United States emergency medical system behind it. If that changes, the community has the right to be informed.

Dr. Backer stated the CMS ET3 innovation program may not apply well to California EMS because of the limitations and because California's EMS system does not look like the EMS system in any other state.

Commissioner Burrows asked if there is a role for local government first responders to play in the ET3 model. Daniel Smiley, EMSA Chief Deputy Director, stated the need to wait for the written details. He stated the way it was described in the webinar is that the

reimbursement component is only eligible to ambulance providers that are billing for Medicare fee-for-service; however, there is a role for government dispatch.

C. Legislative Report

Jennifer Lim, EMSA Deputy Director, Policy, Legislative, and External Affairs, summarized the EMSA Legislative Report of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website.

Questions and Discussion

Commissioner Snyder stated the Emergency Nursing Association and the California Rescue and Paramedic Association have been a part of the Commission since its inception and Assembly Bill (AB) 1544 (Gipson), Community Paramedicine or Triage to Alternate Destination Act, will change the composition of the Commission.

5. CONSENT CALENDAR

- A. Administrative and Personnel Report**
- B. Legal Report**
- C. Enforcement Report**
- D. National Registry of EMTs Examination Results**

Action: Commissioner Hinsdale moved approval of the consent calendar. Commissioner Snyder seconded. Motion carried unanimously. The item was noted and filed.

REGULAR CALENDAR

6. EMS ADMINISTRATION

A. Regulations Update

Ms. Lim noted updates since the printing of the issue memo in the meeting packet:

- A notice with draft language for Chapter 4 (Paramedic Regulations) is anticipated to be out on April 5th and the following 45-day public comment period would end on May 20th.
 - The draft will include language for alternate destination.
- The anticipated effective date for the STEMI Systems of Care and Stroke and Emergency Medical Services for Children packages is July 1st.

Public Comment

Kristi Koenig, M.D., EMS Medical Director, San Diego County and past Commissioner, asked how the alternate destination paramedic regulations will affect existing alternate destination legislative proposals.

Dr. Backer stated local EMS partners do not feel they will be in conflict. Regulations can be used to authorize alternate destinations but having something in statute is stronger protection and is preferable to regulation.

Mr. Smiley stated the need to clarify the area of non-transport, transport to alternate destinations, or when to go to a general acute care hospital with a basic emergency department. The dialogue presented through the paramedic regulations will help clarify these issues.

7. EMS PERSONNEL

A. Community Paramedicine Pilot Project Report

Sean Trask, EMS Personnel Division Chief, deferred to Lou Meyer, Community Paramedicine Pilot Project Manager, to report on the status of the Community Paramedicine Pilot Project.

Mr. Meyer presented his report:

- The pilot projects continue to function strongly.
- Mr. Meyer, Dr. Coffman, the independent evaluator at the University of California San Francisco, and her staff did site visits last week to the Fresno American Ambulance, Fresno EMS, and Gilroy Fire pilot projects.
- Dr. Coffman estimated that the Community Paramedicine Pilot Projects have brought \$3.4 million of savings to date to the overall health systems.
- There have been no patient issues reported or found by Dr. Coffman and her team.

Questions and Discussion

Commissioner Barrow asked about the number of times the Office of Statewide Health Planning and Development (OSHPD) will extend the pilot programs. Mr. Meyer stated EMSA must apply for approval annually. The latest approval is through November of 2019.

Commissioner Uner asked how adverse outcome reports are gathered. Mr. Meyer stated the pilot projects are required to notify him within 24 hours of an incident. Mr. Meyer then sends the notifications to OSHPD within 48 hours of the incident, if necessary. Also, Patient Care Reports are audited and then the independent evaluator does a quarterly assessment. He noted that the last Quarterly Assessment Report was published February 27th and is posted on the website.

Commissioner Dunford asked if the same community paramedicine training curriculum has been used over the last five years of the program and if the evaluation team plans to make recommendations about future training requirements. Mr. Meyer stated the program continues to use the same curriculum, which is based on the National Community Paramedic Training Program. He stated he asks the independent evaluator during every site visit if she finds the curriculum beneficial.

Vice Chair Hartwig stated the other two aspects of the triple aim besides the \$3.4 million in savings are the patient experience - any patient would rather be at home than in a hospital - and community health - these programs avoid or limit readmissions. A number of these patients only require a follow-up to their physician post-discharge. Community paramedics can help patients fill their prescriptions and make their follow-up appointments. Vice Chair Hartwig thanked Mr. Meyer for his leadership and staff for making these projects a huge success.

B. POLST eRegistry Update

Mr. Trask deferred to Mr. Meyer, EMSA Physician Orders for Life-Sustaining Treatment (POLST) eRegistry Coordinator, to provide an update on the POLST electronic registry (eRegistry).

Mr. Meyer presented his report:

- The POLST eRegistry Pilot Project has ended.
- The pilot project had been tested in two locations: Alameda-Contra Costa Medical Association (ACCMA), a non-Health Insurance Exchange (HIE) environment, and San Diego Health Connect (SDHC), an HIE environment.
 - Outcomes of the ACCMA Pilot Site:
 - There was an inability to get electronic connection from the field in the non-Health Insurance Exchange (HIE) environment.
 - The paramedic had to search a website using Wi-Fi to learn if a patient had a POLST form on file.
 - The attempt to use the poison control call center as a way to connect to the website was never contacted by paramedics in the field.
 - Outcomes of the SDHC Pilot Site:
 - The paramedic could access patient information on their tablet through the Search, Alert, File, and Reconcile (SAFR) program and the HIE, including if there was a POLST form on file in the eRegistry.

Mr. Meyer stated the independent evaluation on the pilot project is expected in April. The pilot project created the opportunity to learn what worked and what did not work. The Health Care Foundation plans to continue charting a path for greater electronic exchange of POLST forms over the next 15 months using the learnings from the pilot program.

C. Paramedic Online Licensing

Mr. Trask provided his report:

- The EMSA paramedic online licensing system launched on February 25th.
- Mostly positive feedback has been received.
- There is a web page that has tutorials on how to navigate the new system.

- There are approximately 800 renewing paramedics per month; 466 individuals have used the system during the first month.
- Program operation improvements are anticipated in the near future.

Questions and Discussion

Commissioner Uner asked about privacy issues whereby personal information of paramedics could be accessed. Mr. Trask stated it has been addressed. It was reported to staff who contacted the software vendor, System Automation, and it was fixed right away. It had to do with individuals with similar names setting up their accounts.

8. EMS SYSTEMS

A. LOCAL EMS Plan Status Update

Angela Wise, EMSA EMS Systems Division Assistant Chief, directed Commissioners' attention to the staff memo and the Local EMS Agency EMS Plans Submission Snapshot as of February 20, 2019, which was included in the meeting packet. She stated the Stage 1 Business Analysis for implementation of an automation process for the mandated annual local EMS agency (LEMSA) EMS plan submittals to EMSA has been finalized and is pending formal approval by Agency.

B. CEMSIS Program Update

Tom McGinnis, EMSA EMS Systems Division Chief, provided an update of the California EMS Information System (CEMSIS) data submission for 2018. He directed Commissioners' attention to the LEMSA Submissions to CEMSIS: 2018 chart, which was included in the meeting packet. He presented his report:

- EMSA only accepts the National EMS Information System (NEMSIS) Version 3.4 data standard format into CEMSIS.
- 31 of the 33 LEMSAs submit data to EMSA. The last two are anticipated to begin their submittals by the beginning of next year.
- There are approximately 7 million records in NEMSIS Version 3.4 to date. Approximately 3.6 million of those records were submitted to EMSA by LEMSAs in 2018. There are approximately 15 million records in the prior version of NEMSIS.
- California is the single largest holder of NEMSIS data in the nation. Individuals and organizations nationwide seek to mine this data.
- An EMSA staff member is meeting with each LEMSA statewide to verify that LEMSA data matches the data received by EMSA to ensure accuracy of the data for future assessments about EMS in the state of California. This data validation process is expected to be completed within the next three to four months.
- The Executive Data Advisory Committee consisting of medical director partners and local EMS administrator partners is beginning to meet as CEMSIS is to the

point where general information reports can be generated based on CEMSIS data. The first five standardized reports will be sent to all LEMSA administrators in March of 2019.

Mr. McGinnis thanked the LEMSAs, medical directors, and providers for helping to make this data system a success.

Questions and Discussion

Commissioner Barrow asked about the type of data requested and the individuals nationwide who are looking to mine it. Mr. McGinnis stated researchers, provider agencies, ambulance companies, fire departments, and the National Highway Traffic Safety ask everything from response times, number of intubations, and medical history type complaints, to opiate information - anything that is within the NEMSIS standard, which contains approximately 700 elements. He stated even data that is not included in the NEMSIS standard is being requested.

Commissioner Valeri asked if there has been a consideration to revisit the NEMSIS standard since the NEMSIS data set is bloated and has such an impact on providers. Mr. McGinnis stated there has not been any consideration to revise the formal adoption of the NEMSIS standard in California at this time. There have been talks at the federal level on a NEMSIS standard version 3.5 that will try to make it slightly easier. It will not be a gross overhaul that will significantly drop the elements, although there will be some changes.

Commissioner Dunford asked if there is steady progress in linking EMS records to hospital records. He asked about the length of time expected for pre-hospital care data to be tied to hospital outcomes and meaningful clinical decision-making.

Mr. McGinnis stated the goal is full-spectrum data use, from the CRASH record, the SWITRS database which the law enforcement community uses, all the way through the system, and then up through the OSHPD data and HIE projects. There has been exploratory work done with the costs associated with linking all of these systems.

Mr. McGinnis deferred to Mr. Smiley to discuss the HIE linkage component. Mr. Smiley stated EMSA received HIE grant funding requests from health information organizations and EMS agencies covering 16 LEMSAs requesting \$18 million for funding for the SAFR model component. The Reconcile component is specifically geared towards a milestone that focuses on data analytics, which are geared towards matching the pre-hospital data elements with hospital data elements from admission, discharge, and transfer endpoints. It is anticipated that, by September 30, 2021, at least half of the LEMSAs will be engaged.

Mr. Smiley stated, if additional funding becomes available, Leslie Witten-Rood, EMSA Health Information Exchange Project Program Manager, will try to engage additional LEMSAs to participate in the HIE program. The goal is to start to get some of that information out within the next couple of years.

9. DISASTER MEDICAL SERVICES DIVISION

A. State Medical Response to the Camp Fire

Craig Johnson, Disaster Medical Services Division Chief, provided a brief overview of EMSA's activities in response to the 2018 Butte County Camp Fire, resources deployed, challenges, successes, and lessons learned.

Questions and Discussion

Commissioner Barrow asked about communication and if broadband was available for access to patient records. He stated historically other systems have not worked well with the Red Cross at first. He asked if collaboration has improved.

Mr. Johnson stated communication was a major concern within Butte County. EMSA deployed a communications platform and a number of other communication systems such as satellite systems, Mobile Ready Offices, and hand radios. He agreed that there is still work that can be done to collaborate better with the Red Cross. An Emergency Support Function meeting will be held next week with the Red Cross, the California Department of Public Health, and other Health and Human Services Departments to discuss issues from the Camp Fire and what can be done to better work together.

Commissioner Stangeland asked about lessons learned to bridge gaps that typically occur during the transition from the initial response, to the support, and then leading into the recovery roles that can be applied to future disasters. Mr. Johnson stated there were many lessons learned such as the need for improved information sharing, improved support of the Regional Disaster Medical Health Specialists, and increased EMSA capabilities for medical response including greater staffing levels.

Commissioner Stone asked if individuals who were sworn in as volunteers had previously gone through a background check. Commissioner Burch stated the Disaster Medical Health Care Volunteer program for San Joaquin County is designed to vet medical licenses, so the background check would be part of the medical license. Physicians, nurses, paramedics, and EMTs are licensed and therefore have gone through a criminal background check. If they were part of the Disaster Medical Health Care Volunteer program, they would have been properly vetted.

10. ELECTION OF OFFICERS FOR 2019

Vice Chair Hartwig reminded Commissioners of the officer nominations from the December 5, 2018, Commission meeting:

- Commissioner Stone nominated Commissioner Hartwig for Chair.
- Commissioner Burch nominated Commissioner Dunford for Chair.
- Chair Rudnick nominated Commissioner Burch for Vice Chair.
- Commissioners Margulies, Stangeland, and Uner were nominated for membership on the Administrative Committee.

Chair

Chair Dunford entertained additional nominations for the position of the EMS Commission. No additional nominations were offered.

Action: Commissioner Stone moved to close nominations for Chair of the EMS Commission for March of 2019 to March of 2020. Commissioner Burch seconded. Motion carried unanimously.

Action: Commissioner Burch nominated James Dunford, M.D., for Chair of the EMS Commission for March of 2019 to March of 2020. Ten members of the Commission raised their hands.

Action: Commissioner Stone nominated Mark Hartwig as Chair of the EMS Commission for March of 2019 to March of 2020. Four members of the Commission raised their hands.

Vice Chair

Chair Dunford entertained additional nominations for the position of the EMS Commission Vice Chair. No additional nominations were offered.

Action: Commissioner Stone moved to close nominations for Vice Chair of the EMS Commission for March of 2019 to March of 2020. Commissioner Barrow seconded. Motion carried unanimously.

Action: Chair Rudnick nominated Dan Burch as Vice Chair of the EMS Commission for March of 2019 to March of 2020. Motion carried unanimously with one abstention.

Administrative Committee

Immediate Past Vice Chair Hartwig deferred to newly-elected Chair James Dunford to run the remainder of the meeting.

Chair Dunford stated Commissioners Margulies, Stangeland, and Uner were nominated at the December 5, 2018, Commission meeting to serve on the Administrative Committee from March of 2019 to March of 2020.

Action: Commissioner Barrow moved that Daniel Margulies, M.D., Brent Stangeland, and Atilla Uner, M.D., serve on the Administrative Committee for March of 2019 to March of 2020. Commissioner Hartwig seconded. Motion carried unanimously.

2019 Officers

- Chair of the EMS Commission for 2019 is James Dunford, M.D.
- Vice Chair of the EMS Commission for 2019 is Dan Burch
- Daniel Margulies, M.D., Brent Stangeland, and Atilla Uner, M.D., are part of the Administrative Committee as representatives of the EMS Commission.

11. ITEMS FOR NEXT AGENDA

Commissioner Barrow suggested the following presentations at a future Commission meeting:

- A CMS ET3 presentation
- A CEMSIS presentation
- A review of the bylaws on how to conduct elections
- A discussion on how to conduct CPR with submersion victims

Chair Dunford suggested moving the discussion on how to conduct CPR with submersion victims to the EMS Medical Directors' Association of California (EMDAC) to ask the medical directors to look at what is being taught.

12. PUBLIC COMMENT

Dave Magnino, EMS Administrator for Sacramento County, invited Commissioners to the Emergency Medical Services Administrators' Association of California (EMSAAC) Annual Conference Planning Committee on April 30th and May 1st at the Tenaya Lodge outside Yosemite Valley. He noted that the hotel is already booked but that there are hotels within a 20-minute drive to the Lodge and in Yosemite Valley, which is just about an hour's drive from the Lodge. He provided brochures on the conference to the Commissioners and stated CMEs will be offered for physicians and CEs will be offered for nurses and paramedics.

13. ADJOURNMENT

Chair Dunford stated the next EMS Commission meeting will be on June 19th in Sacramento.

Action: Vice Chair Burch moved to adjourn the meeting. Commissioner Barrow seconded. Motion carried unanimously.

Chair Dunford adjourned the meeting at 12:34 p.m.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Ambulance Strike Team (AST) – Medical Task Force (MTF)	Michael Frenn, ext. 435	<p>Development of a standardized rate schedule for AST reimbursement was facilitated by EMSA's AST Program with assistance from the California Ambulance Association (CAA), American Medical Response (AMR) and the Disaster Subcommittee of the EMS Administrators Association of California (EMSAAC). At its regular meeting in March 2019, EMSAAC formally adopted the rate schedule for utilization statewide.</p> <p>There has been significant utilization of the AST Program over the past several years, beginning notably with the Oroville Dam Incident, the 2017 North Bay and Southern California wildfires, the 2018 Carr and Mendocino Complex wildfires, and the Camp Fire Incident. Lessons learned from these deployments has spurred the EMSA AST Program to reconvene the AST Advisory Committee (which developed the original curriculum) to address needed improvements to the Program including a refresh of the course materials, development of a communications plan, and incorporating the concept of an Incident Support Team (IST) to assist Operational Areas (OAs) with large scale deployments.</p> <p>A standardized post review process is being implemented to capture data after each deployment. This information will be utilized to modify and improve the curricula and establish appropriate operational parameters.</p> <p>The Disaster Medical Support Units (DMSU), which support and have affiliated ASTs, are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed, providing a total of 41 DMSUs with affiliated ASTs in the State.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
2. California Medical Assistance Teams (CAL-MAT) Program	Michael Frenn, ext. 435	<p>The CAL-MAT Program is modeled after the federal Disaster Medical Assistance Team (DMAT) program and is designed to provide additional capability at the State level to mitigate major medical disaster situations. CAL-MAT had two significant deployments in 2018: The Carr Fire (Shasta County) and the Camp Fire (Butte County). In both situations CAL-MAT was used to provide medical support to shelters housing evacuees. CAL-MAT deployed 135 personnel to the Camp Fire, including personnel from organized Health Care Systems and was activated for nearly three months. Four Units have now been officially “organized” (San Diego, San Francisco Bay Area, Orange County and Sacramento) and fifth Unit is presently being organized in the Central Valley and will be based in the Bakersfield area.</p> <p>Two exercises are planned for the coming months. In mid-June, and in concert with Urban Search and Rescue (USAR), there will be a three-day exercise at Moffett Field in Sunnyvale. The following month (mid-July) there will be another three-day exercise at the Los Alamitos California Army National Guard Joint Forces Training Base.</p> <p>Last Spring CAL-FIRE approached EMSA to provide CAL-MAT response for fire base camp medical support and a 3-year contract was executed with CAL-FIRE in September 2018.</p> <p>There are nearly 170 members in CAL-MAT at present and recruitment efforts continue.</p>

**Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. CAL-MAT Cache	Markell Pierce, ext. 1443	After a robust reconstitution by EMSA in early 2019, the three CAL-MAT Caches are resupplied, 100% accounted for, and deployment ready. The diverse caches of medical supplies, biomedical equipment, pharmacy and shelter systems have been reassessed and prepared with Camp Fire's lessons learned in mind. Subsequent resupplies will follow the pre-established bi-annual schedule.
4. California Public Health and Medical Emergency Operations Manual (EOM)	Kelly Coleman, ext. 726	<p>CDPH and EMSA have released new content for the California Public Health and Medical Emergency Operations Manual (EOM). The EOM Workgroup, subject matter experts, and many reviewers collaborated to develop the new materials, which include:</p> <ul style="list-style-type: none"> • New chapter on Disaster Behavioral Health • New Resource Typing Tools for Disaster Behavioral Health personnel • New chapter on BioWatch • New chapter on Risk Communication • New chapter on Biological Hazards • New chapter on Drinking Water (updated to reflect movement of Drinking Water Program from CDPH to Cal EPA) <p>The materials are posted on the EMSA website at https://emsa.ca.gov/plans/.</p> <p>The Regional Disaster Medical and Health Specialists (RDMHS) continue to conduct EOM training on an ongoing basis.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
5. California Crisis Care Operations Guidelines	Jody Durden, ext. 702	EMSA and CDPH recognize the importance of this guidance document, but development is on hold until funding is made available.
6. Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel	Patrick Lynch, ext. 467	<p>The DHV Program has over 25,000 volunteers registered. There are 49 healthcare occupations filled by registered volunteers. Over 9,600 of the 25,000 plus DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 35 participating MRC units.</p> <p>All 58 counties have trained DHV System Administrators in their MHOAC Programs. EMSA provides routine training and system drill opportunities for all DHV System Administrators on a quarterly basis.</p> <p>DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing. On April 3rd and 4th, 2019, EMSA conducted a quarterly DHV drill for System Administrators. There were 27 local DHV county and 16 MRC organizations that participated in this drill. On April 10, 2019, EMSA conducted a quarterly DHV User Group webinar.</p> <p>EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The next issue will be released the end of this month (June). The "DHV Journal" is available on the DHV webpage of the EMSA webpage: https://emsa.ca.gov/disaster-healthcare-volunteers-journal-page.</p> <p>The DHV website is: https://healthcarevolunteers.ca.gov.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
7. Training Weapons of Mass Destruction (WMD) Medical Health Operations Center Support Activities (MHOCSA)	Markell Pierce, ext. 1443 Kelly Coleman, ext. 726	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students. In the first quarter of 2019 three courses taught at Glendora Community Hospital and Desert Valley Medical Center, and Azusa Pacific University. Next training courses are scheduled for July 2019 – December 2019.</p> <p>Medical Health Operations Center Support Activities (MHOCSA) Training Classes were conducted in Region IV and Region V in January 2019. Three (3) additional MHOCSA classes are scheduled for May and August 2019 at EMSA and in RII.</p>
8. 2019 Statewide Medical and Health Exercise (2019 SWMHE)	Nirmala Badhan ext. 1826	<p>The 2019 Statewide Medical and Health Exercise is scheduled for the third week in November and involves a flood scenario. The website https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx includes customizable templates for counties to use for their exercise. This year, EMSA and CDPH are planning to activate the MHCC to support local exercise play with a focus on Region V.</p>
9. Hospital Available Beds for Emergencies and Disasters (Have)	Nirmala Badhan, ext. 1826	<p>The United States Health and Human Services discontinued funding the national HAVBED program in 2016. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to determine how to continue to integrate hospital data collection for California use.</p>

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June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
10. Hospital Incident Command System (HICS)	Craig Johnson, ext. 4171 hics@emsa.ca.gov	<p>The Hospital Incident Command System (HICS) is sponsored by the California Emergency Medical Services Authority (EMSA).</p> <p>EMSA has assembled a HICS National Advisory Committee to assist with activities relating to the HICS Program. The committee members serve as technical advisers on the development, implementation, and maintenance of EMSA's HICS program and activities.</p> <p>The HICS National Advisory Committee held its second quarter meeting on May 14, 2019. The committee announced the selection of committee co-chair, secretary, and subcommittee chairs. The committee also discussed roles and responsibilities of the newly formed HICS National Advisory Committee positions. The committee further discussed performing a "needs assessment" and setting future priorities. The next HICS National Advisory Committee meeting will convene in June 2019.</p> <p>The Fifth Edition of HICS, Frequently Asked Questions (FAQ), and additional program information are available on the recently revised EMSA website: https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/.</p>
11. Mission Support Team (MST) System Development	Michael Frenn, ext. 435	<p>Activated by EMSA, the MST functions under the Medical/Health Branch of the Medical Health Coordination Center (MHCC), EMSA Department Operational Center (DOC) or Regional Emergency Operational Center (REOC) depending upon the nature of the event and the origin of the resources it supports. The MST provides the management oversight and logistical support for state deployed medical and health teams that may be assigned to the deployment.</p> <p>EMSA is working to increase participation of CAL-MAT members as Mission Support Team (MST) members. In response to the Carr Fire, an MST, staffed by CAL-MAT members and EMSA personnel, supported the CAL-MAT deployment to Shasta County. The deployment was a success and EMSA is using the deployment as a model to further enhance the program. The CAMP Fire further demonstrated the value and necessity of an MST to support assets deployed to the field. EMSA is recruiting persons interested in filling these positions as part of the recruitment for the CAL-MAT Program.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Response Resources	Markell Pierce, ext. 1443	<p>The Mission Support Team (MST) caches have been completed and refined based on after-action findings from the recent Camp Fire deployment. The California Medical Assistance Teams (CAL-MAT) caches are complete.</p> <p>The Response Resources Unit (RRU) continues to integrate and update IT and telecommunications equipment to improve MST/CAL-MAT networking infrastructure.</p> <p>The RRU is continuing its audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located within the State. During these audits, EMSA is verifying all DMSU vehicles are being properly maintained and utilized according to written Memorandum of Understanding agreements. New audits are in progress, focusing on Regions 1, Region 2, and Region 3.</p> <p>Pharmacy full inventory and replacement of expired items is completed monthly. Two additional CAL-MAT pharmaceutical caches have been created for the Cal-Fire Base of Operations wildfire contract deliverables and are deployment ready.</p>
13. Information Technology	Rick Stricklin, ext. 1445	<p>EMSA continues to address key shortfalls within the EMSA Department Operations Center (DOC). IT & Communications upgrades and response configurations are being implemented to provide full disaster response functionality during activations. EMSA is continuing to design and expand the Meraki system to provide connectivity for data (Cellular, VSAT, wired) and video capabilities during field deployments and incident response.</p> <p>EMSA has enhanced the use of the Mobile Ready Office (MRO) units to support field data operations during field training and incident response. This in conjunction with the use of the ACU-M, interoperability for Radio Over IP Communications, for cross-patching of radio frequencies.</p> <p>EMSA continues to develop new relationships with allied agencies and NGO, to improve radio interoperability.</p> <p>Research and development continue with the C3 communications vehicle to upgrade and implement new technologies to increase its capabilities and functionality in the field.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
14. Mobile Medical Shelter Program (MMSP)	Bill Hartley, ext. 1802	<p>Working with other state agencies, and within existing resources, the EMS Authority has redesigned the Mobile Field Hospital (MFH) program into the California Mobile Medical Shelter program. The purpose of the redesign is to modify and expand the potential uses of the equipment into general staging, stabilization and shelter capacity.</p> <ol style="list-style-type: none"> 1. The structures and durable equipment of the first MFH stored at the EMS Authority have been separated by like items for ease of deployment to meet the mission requirements of the Mobile Medical Shelter program. 2. The EMS Authority has reconfigured the 2nd MFH into six (6) multiuse modules to distribute to local partners. We are working with the RDMHSs and LEMSAs to locate one module in each Cal OES Mutual Aid Region. The modules include the shelters, infrastructure equipment, and durable equipment, but does not include biomedical equipment and medical supplies. This redistribution of the MFH allows local partners to deploy this resource rapidly. Potential uses include field sites for Local/Regional incidents, triage/treatment during flu season surge, medical clinic, medical shelter, emergency operations center, staff quarters, disaster exercise, and any other use that requires a field facility. Deployment is at the discretion of the locals without requiring a state resource request. Modules have been placed in Long Beach, Riverside, Sacramento, San Mateo and Santa Cruz. We are targeting Northern Sacramento valley for the placement of the sixth module. 3. The third MFH was transferred on September 8, 2016, to the State Military Department for use by the California National Guard.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
15. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Nirmala Badhan, ext. 1826	The RDMHS program is a critical component of the Medical and Health Disaster Response System. The functions of the RDMHS are to manage and improve the regional medical and health mutual aid and cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems. The RDMHS' work closely with EMSA and California Department of Public Health (CDPH) staff to support major disaster planning activities in addition to supporting coordination of medical/health resources during an emergency response. The RDMHSs continue to be instrumental in coordination and support of regional major events and disasters as seen with the recent response to the 2018 wildfires.
16. Medical Reserve Corps (MRC)	Patrick Lynch, ext. 467	35 MRC units are in the Disaster Healthcare Volunteers (DHV) System and have trained System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and DHV user group webinars. 9,669 of the 25,000 volunteers are MRC unit members. The 2019 MRC Coordinators Statewide Training Workshop is scheduled for May 29 th and 30 th , 2019. There are 41 MRC Coordinators/designees representing 23 MRC units planning to attend.
17. Statewide Emergency Plan (SEP) Update	Jody Durden, ext. 702	The California Governor's Office of Emergency Services (Cal OES) released the updated in October 2017. The updated version is located at: http://caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf . This version includes a brief description of the Public Health and Medical Mutual Aid System.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
18. Southern California Catastrophic Earthquake Response Plan	Kelly Coleman, ext. 726	The California Governor's Office of Emergency Services (Cal OES) is currently leading the refresh of the Southern California Catastrophic Earthquake Plan. The Emergency Medical Services Authority continues to work with the Regional Disaster Medical Health Specialists, Medical Health Operational Area Coordinator, Emergency Support Functions, Cal OES, California Department of Public Health, California Department of Healthcare Services, Assistant Secretary of Preparedness and Response, and the Federal Emergency Management Agency to update the Public Health and Medical Fact Sheet, Survivor Movement plan, Mass Care Plan, Shelter Fact Sheet, and Course of Action.
19. Patient Movement Plan	Kelly Coleman, ext. 726	The California Patient Movement Plan has been released and can be found at https://emsa.ca.gov/plans/ . EMSA Plans and Training Unit are now working on socializing the plan and rolling out training statewide for key stakeholders.
20. Bay Area Catastrophic Earthquake Plan	Kelly Coleman, ext. 726	EMSA participated in the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. EMSA continues to participate in the socialization of the plan.
21. Northern California Catastrophic Flood Response Plan	Nirmala Badhan, ext. 1826	EMSA worked with the Governor's Office of Emergency Services (Cal OES) for the development of the Northern California Catastrophic Flood Response Plan. EMSA worked closely with the California Department of Public Health to develop a Public Health and Medical Information Analysis Brief. This document is the basis of the Public Health and Medical section of the response plan. The Plan has been signed and is now posted on the Cal OES website.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
1. First Aid Practices for School Bus Drivers	Mark Olivas, ext. 445	There are nine (9) School Bus Driver training programs currently approved and no (0) pending reviews. Technical assistance to school staff and school bus drivers is ongoing. The EMSA Child Care Training website is updated monthly.
2. Child Care Provider First Aid/CPR Training Programs	Mark Olivas, ext. 445	There are currently sixteen (16) approved First Aid/CPR programs. Staff is currently reviewing four (4) program renewals. 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. EMSA is continuing work to revise the Chapter 1.1 Training Standards for Child Care Providers, which includes First Aid and CPR training standards.
3. Child Care Preventive Health Training Programs	Lucy Chaidez, ext. 434	There are twenty-five (25) preventive health and safety practices training programs approved. There are five (5) programs in the review process. EMSA Preventive Health sticker sales are ongoing. Training standards for the program are being revised.
4. Child Care Training Provider Quality Improvement/Enforcement	Mark Olivas, ext. 445 and Lucy Chaidez, ext. 434	EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers, including First Aid, CPR, and Preventive Health training standards. Technical assistance and education regarding compliance issues is provided to approved training programs, child care providers, Department of Social Services Community Care Licensing, and child care resource and referral staff. Review of rosters as an auditing tool, is ongoing. There are no open complaint cases involving EMSA-approved training programs.
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Betsy Slavensky, ext. 461	Ongoing technical support and clarification is provided to public safety agencies, LEMSAs and the general public regarding AED statutes and regulations. There are different requirements for AED programs found in the Public Safety Regulations [Chapter 1.5 Section 100021] and the EMT Regulations [Chapter 2 Section 100063.1]. CHP, CAL FIRE and State Parks have approved public safety AED programs and approved EMT AED service provider programs.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
6. BLS Training and Certification Issues	Betsy Slavensky, ext. 461	EMSA provides ongoing support and technical assistance to EMTs, AEMTs, prospective EMTs, and 69 Certifying Entities. EMSA continues to assist all certifying entities with questions and clarification on the EMT and AEMT regulations. EMSA fields calls/questions about mutual aid, training programs, skills competency verification, NREMT examination processes, and Emergency Medical Responders (EMR) options. There are currently no regulations specific to EMR, but program approval and scope for public safety EMRs falls under the Public Safety Regulations, Chapter 1.5. Calls are referred to the appropriate LEMSA for further information.
7. State Public Safety Program Monitoring	Betsy Slavensky, ext. 461	EMSA provides ongoing review, approval, and monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and continuing education (CE) programs for statutory and regulatory compliance. The BLS Coordinator provides support and clarification to LEMSAs and all statewide public safety agencies regarding the Public Safety Regulations and approval requirements. EMSA-approved public safety first aid/CPR courses include POST, CA State Parks, Cal Fire, and CHP, some of which include optional skills training. EMSA-approved EMT training programs include: California Joint Apprentice Committee (CAL JAC) and CA State Parks. EMSA-approved EMT Refresher programs include CAL FIRE and CHP – both programs include epinephrine auto-injector, naloxone, glucometer, and tactical topics. EMSA approved CE Provider programs include CHP, CAL FIRE, CE Solutions (Burnet, TX) and CDCR. The CA State Parks CE provider program expired 5/31/18, and has not yet renewed. Site visits to statewide public safety agency programs are pending fiscal approval and staffing.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky, ext. 461	EMSA monitors the EMT Central Registry to verify that the 69 certifying entities are in compliance with the California Code of Regulations regarding data entry, including background checks and disciplinary notification for all EMT personnel. Correspondence is maintained via email, phone, and at LEMSA Coordinator meetings and certifying entities to share updates, changes and corrections. The Personnel Standards newsletter remains on hold pending increased staff support. Ongoing development and updates of discipline and certification procedures (8 procedures produced/available in 2018) support central registry processes and reduce time spent on technical support. Certifying entities work with EMSA staff to find and correct erroneous certifications in the Central Registry. EMSA alerts certifying entities that have missing requirements (such as EMT applications) or need to correct erroneous live scan forms and update DOJ contracts to be compliant with regulation.
9. Epinephrine Auto-injector Training and Certification	Nicole Mixon, ext. 420	EMSA processes applications for Epinephrine training programs and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved 16 training programs and has issued 967 lay rescuer certification cards.
10. Hemostatic Dressings	Lucy Chaidez, ext. 434	The EMS Authority is responsible for approving hemostatic dressings for use in the prehospital setting. EMSA has approved three (3) hemostatic dressings which are listed on the EMS Authority's web site.
11. Paramedic Licensure	Kim Lew, ext. 427	The EMS Authority is responsible for receiving, processing, and auditing paramedic license applications for approval in compliance with the California Code of Regulations. During the past three (3) months, EMSA has approved the following: 260 initial in-state applications, 31 initial out-of-state applications, 2,080 renewal applications, and 42 reinstatement applications.
12. eGov Online Licensure Project	Kim Lew, ext. 427	On March 26, 2018 the EMS Authority procured an online licensure application system, MyLicense eGov. On February 25, 2019, the online application system was initiated providing paramedic training program graduates and paramedics requiring initial or renewal licensing to do so online. As of May 9, 2019, the EMS Authority has processed 1,368 online applications.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
13. Administrative Actions Reporting System (AARS)	Kim Lew, ext. 427	On August 1, 2018, the EMS Authority began participation in a statewide project to enhance the current AARS system. Participation in AARS is for state departments to share administrative actions involving licensees. On March 12, 2019, the AARS System was initiated. Under the direction of the system vendor and the CA. Dept. of Social Services, the EMS Authority will continue to meet every three weeks to discuss AARS-related technical issues and recommended changes.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC held a meeting on April 22, 2019 at the Marines' Memorial Hotel in San Francisco. EMS Authority staff briefed STAC members on the upcoming trauma regulations workgroup kick-off meeting and the timeline for trauma regulations revisions. Other discussion topics focused on recent EMS regulations being passed for Stroke/STEMI and EMSC, and 2020 Trauma Summit locations and topics. The next meeting will be scheduled for late summer/early fall of 2019.</p> <p><u>2019 Trauma Summit</u> The tenth annual Trauma Summit was held on April 23-24, 2019 at the Marines' Memorial Hotel in San Francisco. Over 140 people attended the event and evaluations reflected positive experiences. The 2020 Trauma Summit will take place in Southern California. A date/location has not yet been selected.</p> <p><u>Trauma Regulations</u> EMSA directorate has appointed a Trauma Regulations Workgroup with representation of 13 organizations. The purpose of this workgroup is to collaborate on a draft of regulations revisions by October 2019. The first workgroup meeting will take place on May 21, 2019 at EMSA headquarters. Meetings will be scheduled thereafter every 8 weeks. Subcommittees from the workgroup may be formed by topic and will meet more frequently, depending on the need.</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. The EMS Authority Trauma Coordinator provided presentations to the SE RTCC, the North RTCC, the Central RTCC, and the Bay Area RTCC either in-person or via teleconference.</p> <p><u>California Statewide Trauma System Retriage and Transfer Resource Toolkit</u> The Trauma System Retriage and Transfer Resource Toolkit is complete. It is being reviewed by EMSA Office of Legal affairs before it is posted to the EMSA Trauma webpage.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
2. STEMI/Stroke Systems of Care	Farid Nasr, ext. 424	<p><u>STEMI and Stroke Regulations</u> EMSA is pleased to announce that the Office of Administrative Law has approved regulatory actions proposing the adoption of Chapter 7.1. STEMI Critical Care System and Chapter 7.2. Stroke Critical Care System to Division 9, Title 22, of the California Code of Regulations on April 17, 2019. The effective date for the adoption of these Chapters is July 1, 2019. The Commission will be kept informed on our progress with any implementation plan for these regulations.</p>
3. EMS System, Standards, and Guidelines	Lisa Galindo, ext. 423	<p><u>EMS Plan Automation</u> A Request for Information has been developed to solicit cost estimates from interested project managers for coordinating the procurement of a solution and management of the project.</p> <p>An Office of the Agency Information Officer Project Cost Summary and Delegation Request is being developed for submission to Agency for approval to proceed with the project. Following Agency approval of the Cost Summary and Delegation Request, the EMS Authority will release a Request for Offer to solicit a qualified project manager and vendor. Once a project manager has been secured, a Project Management Plan that:</p> <ul style="list-style-type: none"> • Summarizes the project scope, • Identifies roles and responsibilities, • Outlines the methodologies for project communications, schedule, issue, and risk management to include change management, and maintenance and operations of the solution implemented will be drafted.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
4. EMS Transportation	Laura Little, ext. 412	<p><u>EMS Systems Regulations Work Group / Chapter 13 Task Force</u> On hiatus, pending outcome of litigation, related to the subject matter involved in the regulation draft.</p> <p><u>Competitive Processes for Ambulance Zones</u> Competitive Processes for Exclusive Operating Areas continue to go through a review process consistent with Health and Safety Code Section 1797.224, to ensure that they meet Federal and State statutory requirements, that there is no bid rigging, collusion, or bid chilling. EMSA continues to provide technical assistance to LEMSAs by in-person meetings, email, phone, and mail in order to help them create a RFP that meets all required criteria.</p> <p><u>EMS Plan Appeals</u> Review past EMS Plan submissions, correspondence, conduct public records requests, further historical documentation to map out the issue under appeal, and attend appeal hearings.</p> <p><u>Complaints/Allegations</u> Conduct an initial investigation into any allegations involving violations of Federal and State laws, including but not limited to Sherman Act Violations. If allegations are proven to be true, a formal investigation is conducted and action is taken.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
5. Poison Center Program	Lisa Galindo, ext. 423	<p>The California Poison Control System (CPCS) is one of the largest single providers of poison control services in the U.S. The CPCS is made up of four designated Poison Control Centers. The CPCS receives approximately 330,000 calls a year from both public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week.</p> <p><u>Quarterly Report</u> The Quarterly Report consists of data and narrative reports. The data and narrative reports for the 3rd quarter, January 1, 2019 - March 31, 2019, were received by April 15, 2019. Both were reviewed for consistency with contractual objectives; there were no areas of concern.</p> <p><u>Contract</u> On September 27, 2018, a contract between the EMS Authority and the CPCS was executed for Fiscal Year 2018/2019. A proposed contract is currently in development for Fiscal Year 2019/2020 and incorporates additional contract deliverables, based on regulations and report findings from the Fiscal Management Evaluation and Program Performance Review concluded by Sjoberg Evashenk Consulting, Inc. on November, 8, 2018.</p> <p><u>Site Visits</u> The EMS Authority conducted two Poison Control Center (PCC) site visits with Sjoberg Evashenk Consulting, Inc. in May 2018, the San Diego and Sacramento PCCs. The site visits consisted of a tour of the facility, a walk-through of processes, observations of hotline staff, and interviews with management. The EMS Authority anticipates conducting at least one site visit (Fresno or San Francisco) during Fiscal Year 2019/2020.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
6. EMS Plans	Lisa Galindo, ext. 423	<p><u>Review</u> The EMS Authority continues to review EMS Plans/annual updates as they are submitted by Local EMS Agencies (LEMSA). In 2018, the EMS Authority approved 22 EMS Plans, and did not approve 1 EMS Plan. To date for 2019, six EMS Plans have been approved, and four are currently under review.</p> <p><u>Technical Assistance</u> Technical assistance is provided to LEMSAs, as needed, on the EMS Plan development and submission process. Electronic reminders to the LEMSAs are provided approximately two-three months in advance of their scheduled EMS Plan submissions.</p>
7. EMS for Children Program	Heidi Wilkening, ext. 556	<p><u>Regulations</u> The EMS for Children regulations were passed by the Office of Administrative Law on April 23, 2019, and will be in effect as of July 1, 2019. The EMS for Children technical advisory committee will work on an implementation toolkit for the local EMS agencies that choose to have an EMS for Children program in their jurisdiction.</p> <p><u>Educational Forum</u> The 22nd Annual EMS for Children Educational Forum will be held on Friday, November 8, 2019 in Fairfield, CA. The venue will be the NorthBay HealthCare Administration Center. The EMSC TAC is in the process of coordinating speakers, vendors and sponsors for the event.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
8. CEMSIS Trauma	Elizabeth Winward, ext. 460	There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 38 of the 58 counties. Currently, 27 LEMSAs are transmitting into CEMSIS-Trauma representing 79 of the 80 designated Trauma Centers.
9. CEMSIS EMS Data	Adrienne Kim, ext. 742	<p>CEMSIS now has 31 LEMSAs participating at some level in the submission of EMS data.</p> <p>As of May 2019, CEMSIS has over 3.7 million records for 2018 in Version 3.4. Once the final 2 LEMSAs begin submitting data, CEMSIS will have approximately submissions around 6 million records each year.</p> <p>EMSA has been meeting with LEMSAs to increase the quality of data in CEMSIS and to discuss any issues.</p> <p><u>Reports</u> The CY 2017 Annual EMS Report is currently being developed.</p>
10. Communications	Heidi Wilkening, ext. 556	EMSA personnel continues to attend various California communications meetings to learn more on public concerns on issues related to NextGen 9-1-1. The Statewide EMS Operations and Communications Manual has been revised and the revision was sent to the LEMSAs for review. Once the review process is completed, the document will be posted on the EMSA website.
11. Core Measures	Adam Davis, ext. 409	29 of the 33 LEMSAs provided Core Measures Information for 2017 data. EMSA is developing a blinded report based on the submissions. EMSA is reviewing the comments and recommended changes to the measures to update the specifications for 2018 data. Per the recommendation of the Commission, measures TRA-3, TRA-4, and TRA-5 have been removed from the measures set. EMSA will adjust the reporting expectations and deadlines for 2018 data to accommodate the delayed release.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Grant Activity/Coordination	Lori O'Brien, ext. 401	<p><u>Health Resource Services Administration (HRSA) Grant</u> Staff continues the work associated with the Health Resources Services Administration (HRSA) grant in furthering the integration of the Emergency Medical Services for Children (EMSC) into the State EMS system. Work is in progress on the annual Non-competing Performance Report, due July 30, 2019.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG)</u> EMSA staff remains continually involved in the Preventive Health and Health Services Block Grant. The EMSA portion of the PHHSBG 2019 State Plan (SFY 19/20) was completed and submitted CDPH on April 5, 2019. Edits/questions from CDPH were received and responded to the week of May 6, 2019 and are expected to be accepted by early June. EMSA's preliminary funding allocation for SFY 2019/2020 is \$2,686,037.</p> <p><u>Maddy EMS Fund Reporting</u> The report to the Legislature for SFY 16/17 was completed and approved by the EMSA Executive Office and forwarded to the California Health and Human Services agency for approval on April 26, 2019. Once agency approval is received, EMSA will forward to the appropriate members of the Legislature as statutorily required.</p> <p>County report submissions for SFY 17/18 Maddy EMS Fund are in the process of being collected and compiled for the SFY 17/18 report to the Legislature.</p>
13. Office Support	Vacant, ext. 900	Currently vacant.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 19, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
14. Ambulance Patient Offload Time (APOT)	Adam Davis, ext. 409	<p>In 2018, Assembly Bill 2961, O'Donnell, Emergency Medical Services, was passed into law to add Sections 1797.123 and 1797.228 to the Health and Safety Code, relating to public health.</p> <p>1797.123 mandates that EMSA must report twice per year to the Commission on Emergency Medical Services regarding the Ambulance Patient Offload Time for each facility and each LEMSA. In addition, on or before 12/1/2020, EMSA shall submit a report to the legislature on Ambulance Patient Offload Time</p> <p>1797.228 mandates that on or before July 1, 2019, a local EMS agency shall transmit Ambulance Patient Offload Time data quarterly to the Authority, consistent with the policies and procedures developed pursuant to Section 1797.225. Currently, 20 of 33 LEMSAs have provided APOT information to EMSA on a voluntary basis. Only 9 LEMSA have provided information for Q1 of 2019. EMSA will be working directly with local partners to ensure compliance with the new law. Pending the approval of the Governor's Budget for 2019/2020, EMSA will be filling a staff position to work through the APOT project for California.</p> <p>Reporting specifications and APOT reporting spreadsheet for 2019 can be found on the EMSA website at emsa.ca.gov/apot.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Jennifer Lim
Deputy Director, Legislative, Regulatory and External Affairs

SUBJECT: Legislative Report and Regulations Update

RECOMMENDED ACTION:

Receive information regarding current bills potentially affecting EMS.

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 19, 2019.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Rick Trussell, Chief
Fiscal and Administration Unit

SUBJECT: Administrative and Personnel Report

RECOMMENDED ACTION:

Information Only

FISCAL IMPACT:

None

DISCUSSION:**Emergency Medical Services Authority (EMSA) Budget**

2018-19

The 2018-19 enacted California State budget includes expenditure authority in the amount of \$44.9 million and 70 permanent positions. Of this amount, \$16.6 million is delegated for State operations and \$28.3 million is delegated to local assistance.

As of May 28, 2019, accounting records indicate that the Department has expended and/or encumbered \$27.5 million or 61.3% of available expenditure authority. Of this amount, \$11.4 million or 69% of State Operations expenditure authority has been expended and/or encumbered and \$16.1 million or 62.1% of local assistance expenditure 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.

2019-20

The Governor's Proposed Budget for 2019-20 released in January 2019 includes expenditure authority in the amount of \$34.1 million and 76 permanent positions. Of this amount, \$15.2 million is delegated for State operations and \$18.9 million is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA requested the conversion of 4 temporary positions to permanent to address on-going EMS Systems Division workload. Converting the 4 temporary positions to permanent will provide position transparency and allow for accurate budget authority through employee compensation and retirement annual baseline adjustments. The request will not change the total level of expenditure authority for the EMS Authority and the federal funding to support the 4 requested positions has remained stable since 2014-15 and is projected to continue.
- EMSA requested \$309,000 Emergency Medical Services Personnel Fund in 2019-20 and annually thereafter to permanently fund 2 positions previously authorized in 2017-18 with limited-term funding. The two positions will continue to address workload associated with Emergency Medical Technician-Paramedic (EMT-P) licensee violations.
- EMSA requested one permanent position and \$159,000 General Fund in 2019-20 and \$152,000 General Fund annually thereafter to meet the legislative requirements of Chapter 342, Statutes of 2018 (AB 2293). AB 2293 requires each local EMS agency or other EMT certifying entity to annually submit to EMSA by July 1 of each year, data on the approval or denial of EMT-I or EMT-II applicants. AB 2293 also requires EMSA to annually report to the Commission on EMS on the extent to which prior criminal history may be an obstacle to certification as an EMT and requires EMSA to annually submit the same report to the Legislature.
- EMSA requested one permanent position and \$189,000 General Fund in 2019-20 and \$141,000 annually thereafter to analyze ambulance patient offload time data reported by local emergency medical services agencies and to provide a one-time report of its findings to the Legislature and biannual reports to the Commission on Emergency Medical Services thereafter, pursuant to Chapter 656, Statutes of 2018 (AB 2961).
- EMSA requested one-time funding of \$177,000 General Fund in 2019-20 to add the topic of lead poisoning prevention to the preventive health practices course for childcare providers, as required by Chapter 676, Statutes of 2018 (AB 2370).
- EMSA requested \$100,000 Emergency Medical Technician (EMT) Certification Fund in 2019-20 to address the legislative requirements of SB 695 (Chapter 838, Statutes of 2018). The passage of SB 695 allows EMSA, local EMS agencies, and other certifying entities to accept an Individual Taxpayer Identification Number (ITIN) for certification purposes when SSNs are unavailable. The one-time funds will be used for consulting services to conduct outreach and training to staff at the EMS Authority and the 69 certifying entities.

- EMSA requested \$186,000 in 2019-20 and 2020-21, and \$190,000 in 2021-22 and annually thereafter to support increased administrative costs in the areas of contracted fiscal and personnel services, facilities, and utilities. The proposal adjusts EMSA's budget in order to provide adequate budget authority to meet increased costs for fiscal and personnel services, facilities, and utilities.

EMSA Staffing Levels

As of May 28, 2019, the Department is authorized 70 positions and also has 20 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 90. Of the 90 positions, 10 positions are vacant at this time.

	Division				Total
	Admin/Exec	DMS	EMSP	EMS	
Authorized	20.0	19.0	22.0	9.0	70.0
Temporary Staff	9.0	3.0	2.0	6.0	20.0
Staffing Level	29.0	22.0	24.0	15.0	90.0
Authorized (Vacant)	-2.0	-1.0	-2.0	0.0	-5.0
Temporary (Vacant)	-2.0	0.0	0.0	-3.0	-5.0
Current Staffing Level	25.0	21.0	22.0	12.0	80.0

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Sean Trask, Chief
Personnel Chief

SUBJECT: Enforcement Report

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None

DISCUSSION:**Unit Staffing**

As of May 1, 2019, the Enforcement Unit is budgeted for 5 full-time Special Investigators, 1 part-time Retired Annuitant Special Investigator and 1 full-time Associate Government Program Analyst (AGPA-Probation Monitor). Two Special Investigator positions were recently filled on January 16, 2019 and are still in training under the guidance of a lead Special Investigator. Mike Smith, the Supervising Special Investigator retired on April 1, 2019. The EMS Authority is recruiting to fill the vacancy.

Investigative Workload

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

Cases opened since January 1, 2019, including:

Cases opened:	158
Cases completed and/or closed:	131
EMT-Paramedics on Probation:	223

In 2018:

Cases opened:	272
Cases completed and/or closed:	265
EMT-Paramedics on Probation:	220

Status of Current Cases

The Enforcement Unit currently has 144 cases in “open” status.

As of May 1, 2019, there are 52 cases that have been in “open” status for 180 days or longer: 7 Fire Fighters’ Bill of Rights (FFBOR) cases and nine (9) cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addition medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 52 cases are divided among 6 Special Investigators (2 of which are still in training) and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

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

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Steven A. McGee, Administrative Adviser

SUBJECT: Legal Report

RECOMMENDED ACTION:

Receive information on Legal Office Activities.

FISCAL IMPACT:

None

DISCUSSION:**Disciplinary Cases**

From February 19, 2019, to May 17, 2019, the Authority issued twenty-three new accusations against existing paramedic licenses, four statement of issues, four administrative fines, three temporary suspension orders and accusations, four accusations and petitions to terminate probation, and nine decisions on petitions for reduction of penalties. Of the newly issued actions, four of the Respondents have requested that an administrative hearing be set. There are currently ten hearings scheduled. There are currently twenty-nine open active disciplinary cases in the legal office.

Litigation

Tagliere v. Backer, Los Angeles County Superior Court #BS1707101, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing was held on February 14, 2019. The superior court remanded the matter back to OAH for a new hearing; hearing to be scheduled.

Contra Costa County EMS v. EMSA. The Authority is currently working to determine hearing dates and request a hearing through OAH.

El Dorado County EMS v. EMSA. A hearing has been set in the matter for August 6-8, 2019.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Jennifer Lim
Deputy Director, Legislative, Regulatory and External Affairs

SUBJECT: Paramedic Regulations Revision

RECOMMENDED ACTION:

Receive information regarding the status of the revision of Paramedic Regulations.

FISCAL IMPACT:

None

DISCUSSION:

In accordance with Health and Safety Code Section 1797.107, the Emergency Medical Services Authority (EMSA) is revising Title 22, Division 9: Prehospital Emergency Medical Services, Chapter 4 – Emergency Medical Technician - Paramedic regulations as referenced in regulation rulemaking calendar approved by the Commission on EMS on December 5, 2018.

EMSA initiated a 45-day public comment period on April 5, ending on with a public hearing on May 20, 2019. EMSA will share the pertinent results of the initial comment period at the June 19, 2019 EMS Commission meeting.

Background

The Legislature passed AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) amending Sections 1797.116, 1797.172, and 1797.194 of the Health and Safety Code (HSC). The major provision of Section 1797.116 charges the EMSA with developing training standards that include criteria for the curriculum content in the training of tactical casualty care principles. The required course content will be updated to include the statutory elements found in AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) that provide additional requirements regarding coordination between emergency medical services personnel during terrorism incidents or active shooter events.

Additionally, these regulations clarify destination transport decisions. Existing statutes imply that if the patient has been determined to have an emergency medical condition, and receives advanced life support, they must be transported to a General Acute Care Hospital (GACH) with a Basic Emergency Department (ED) permit (HSC Section 1797.88). However, a separate section notes that regulations must specify that transport be the closest appropriate medical facility if the emergency healthcare needs of the patient dictate this course of action (HSC Section 1797.114).

The medical director of a LEMSAs has broad authority to make medical decisions regarding patient destination from the scene of an emergency and while in transport, pursuant to HSC Sections 1797.220 and 1798. Though existing regulations do not require patient transport and specifically recognize non-transport as an option, there is much confusion regarding the assessment and transport of patients to alternative destinations by paramedics. These regulations propose the adoption of specific requirements for training, protocols, documentation, and consideration for establishing alternative destinations when paramedics assess and determine that a patient is in a “non-emergency” condition.

The regulations proposed in this rulemaking action intend to:

- clarify and make specific the methods for training program reviews;
- clarify and make specific the methods for training program approvals;
- clarify and make specific the methods training program accreditation requirements;
- update paramedic applications;
- update the paramedic licensure processes;
- add curriculum content for tactical casualty care principles to the required course content;
- and establish requirements for prehospital triage of patients who are assessed and determined to have a non-emergency condition to an alternative destination for treatment under the medical control of a LEMSAs medical director.

The specific benefit from the regulations is to protect the welfare and health and safety of the public by ensuring the paramedics provide service to the public in a standardized and consistent manner.

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

Lou Meyer
Community Paramedicine Pilot Project Manager

SUBJECT: Community Paramedicine Pilot Program Update

RECOMMENDED ACTION:

Receive information regarding the Community Paramedicine Pilot.

FISCAL IMPACT:

The community paramedicine project manager and the independent evaluator are funded by the California Health Care Foundation (CHCF). Local pilot site providers participate with in-kind contributions and any local grants or reimbursement.

DISCUSSION:

On November 14, 2014, the California Office of Statewide Health Planning and Development (OSHPD) approved an application from the California Emergency Medical Services Authority (EMSA) to establish a Health Workforce Pilot Project (HWPP) to test multiple community paramedicine concepts. OSHPD has since renewed the HWPP for one-year periods in 2015, 2016, 2017, and 2018. OSHPD's current authorization will expire on November 14, 2019, unless EMSA requests an additional one-year extension by September 14, 2019. The community paramedicine HWPP has encompassed 17 projects in 13 communities across California that have tested seven different community paramedicine concepts.

The data provided by the current Community Paramedicine Projects, as well as the independent evaluator's Quarterly Reports continues to show these projects safely improve patient care as well as reducing hospital re-admissions and unnecessary visits to emergency departments.

Patient Safety

No patient safety issues reported to the EMSA pilot project manager or discovered by the independent evaluator during this reporting period.

Independent Evaluation

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the UCSF Healthforce Center, San Francisco continue to serve as the independent evaluators for the HWPP #173.

In addition to receiving data from the pilot projects, and preparing a Quarterly Report, the Independent Evaluators also conducted two site visits during this quarter, where they met with the project management team as well as the individual community paramedics at the following sites. These visits also included riding along with the community paramedics to observe their interactions with their patients in the field, as well as during home visits.

Community Paramedicine Concept	Lead Agency	Site Visit Date
Alternate Destination – Sobering Center/Mental Health	Fresno County EMS/American Ambulance	March 14, 2019
Alternate Destination – Sobering Center/Mental Health	Santa Clara County EMS/Gilroy Fire Department	March 15, 2019

Additional Pilot Sites Status

The Pilot Sites listed below were approved by OSHPD to become additional projects pending the completion of their implementation requirements, i.e. training and receiving an approved IRB.

Local EMS Agency	Sponsor	Concepts	Status
Sierra Sacramento Valley	Dignity Health	Post Discharge	Pending completion of training and the issuance of an IRB.
El Dorado County	Cal Tahoe JPA	Alt Destination Behavioral Health Post Discharge	This project has notified EMSA that they are currently in negotiations with their Local EMSA to renew their current EOA Contract of which community paramedicine is part of those discussions.
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Behavioral Health	Pending completion of training, which is expected to conclude by May 22, 2019. An approved IRB has been obtained.
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Sobering Center	Pending completion of training, which is expected to conclude by May 22, 2019. An approved IRB has been obtained.

Regulatory Status

The EMS Authority is in the process of revising the Paramedic Regulations. In addition to a number of amendments to the Paramedic Regulations, the EMS Authority is proposing to include transportation of eligible patients to behavioral health facilities and sobering centers. Here is the proposed timeline for this regulation revision:

Dates	Activity	Status
March 2019	EMSA Sends Draft Regulations to OAL for review and approval to send out for 45 Day Public Comment Period	Approved
April 5-May 20, 2019	Statutorily required 45 Day Public Comment Period	In Progress
May 20-August 31, 2019	EMSA Complies Public Comments and Responses in preparation of submission of the Draft Regulations to the EMS Commission for their review and consideration of approval.	Pending
September 14, 2019	Statutorily EMSA must file for an extension of the current OSHPD Pilot Project by this date if the Pilot is to be considered for an additional one-year extension by OSHPD. This would also require CHCF's willingness to continue to fund the Project Manager and Independent Evaluator.	Pending
September 18, 2019	Draft Regulations presented to EMS Commission for consideration of Approval (if the EMS Commission recommends substantive changes to the Draft Regulations, an additional 15 Day Public Comment Period would be required).	Pending

Community Paramedicine Pilot Program Update

June 19, 2019

Page 4

September 25, 2019 (Est)	EMSA sends EMS Commission Approved Regulations back to OAL for final approval	Pending
October 24, 2019 (Est)	OAL required Deadline for Approval (<i>OAL has 30 Days to review and approve from date of EMSA Submission</i>)	Pending
November 14, 2019	Community Pilot Project expires unless and extension is approved by OSHPD by this date	Pending

Legislative Status

AB 1544 (Gipson) *Community Paramedicine or Triage to Alternate Destination Act*, was introduced on February 22, 2019. This bill would establish the Community Paramedicine or Triage to Alternate Destination Act of 2019, which would permit local emergency medical services agencies (LEMSAs), with approval by the Emergency Medical Services Authority (EMSA), to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties: (1) providing short-term post discharge follow-up; (2) providing directly observed tuberculosis therapy; (3) providing case management services to frequent emergency medical services (EMS) users; (4) providing hospice services to treat patients in their homes; and, (5) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. The bill requires changes to the structure of the Commission on EMS and multiple data reporting requirements. As drafted, this bill would sunset on January 1, 2030.

Date	Result	Location	Ayes	Noes	NVR	Motion
04/09/19	(PASS)	Asm Health	15	0	0	Do pass as amended and be re-referred to the Committee on [Appropriations]
		Ayes: Aguiar-Curry, Bigelow, Bonta, Burke, Flora, Limón, Mayes, McCarty, Nazarian, Ramos, Rodriguez, Santiago, Waldron, Wicks, Wood				
		Noes:				
		No Votes Recorded:				

AB 1544 was passed out the of the Assembly Health Committee and re-referred to the Committee on Appropriations where it is currently being held in the Suspense File.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

Lou Meyer
EMSA POLST eRegistry Coordinator

SUBJECT: POLST eRegistry Update

RECOMMENDED ACTION:

Receive information regarding the Physician Order for Life Sustaining Treatment (POLST) eRegistry pilot project.

FISCAL IMPACT:

The California Health Care Foundation (CHCF) has granted up to \$3 million to fund the different aspects of the POLST eRegistry pilot project that includes, but is not limited to, the local pilot sites, the technology vendor(s), independent evaluator, project director, and project consultant through February 28, 2019

DISCUSSION:

In response to SB 19 (Wolk) the California Health Care Foundation (CHCF), in collaboration with Emergency Medical Services Authority (EMSA) and the Coalition for Compassionate Care of California (CCCC), launched the POLST electronic registry (eRegistry) pilot project, which took place over 32 months from September 2016 – February 28, 2019. The goal of the pilot was to test the development and implementation of POLST eRegistries to inform the development of statewide electronic access to POLST.

Two pilot sites were selected including the city of San Diego and Contra Costa County; additionally, in Contra Costa, the California Poison Control served as the back-up call center for emergency medical services personnel.

Independent Evaluators Findings & Recommendations

In accordance with Section 4788(6)(g) of the State of California Probate Code, individuals from the Oregon Health and Sciences University (OHSU) and the Public Health Institute were engaged to serve as the evaluation team and are the authors of the required Independent Evaluators Report.

EMS and Back-up Call Center

A key evaluation aim was to assess whether the registry is an efficient tool (i.e., useful, meaningful, practical within workflow) for EMS personnel to do their job. The integration of EMS with the registry to retrieve and view forms was achieved in both pilot sites through the electronic patient record system, ePCR, which also allows EMS to retrieve patient case notes on previous encounters. The main differentiator between both sites was how the registry was integrated into their workflows. The different approaches to the integration with EMS in both sites highlighted potential challenges with transitions of care unless all providers, along the care continuum have access to the registry.

Contra Costa EMS (Non-HIE Environment)

In Contra Costa County, integration involved creating a portal in ePCR for EMS personnel to have access to the registry. Its EMS personnel were trained on the use of the registry as part of a regular quarterly training. EMS providers were prepared and willing to use the registry within their workflow, which if connected to the registry and a POLST form was returned as a result of a query, would have been easy to integrate into the workflow. However, the design of the pilot in Contra Costa County meant that it was always going to be challenging because the registry was not populated enough to have an impact. In practice, EMS had no reported positive matches for any queries conducted, which quickly led to user fatigue and burnout.

Since the system design in Contra Costa County required internet access to a WebPortal, which in most cases EMS Field personnel experienced connectivity challenges from within the patient's residence, a back-up call center was introduced as a workaround.

The Poison Control Center originally had concerns about a higher than expected volume of calls, and initially asked only for calls for active cardiac arrest (for which AMR receives 2-4 calls/ day).

The Independent Evaluator stated that Contra Costa County's EMS workflow would have benefitted more from a push mechanism as is found in the San Diego pilot.

San Diego EMS (HIE Environment)

San Diego EMS realized better results than Contra Costa County in terms of the integration of the registry into the workflow and the retrieval of POLST forms. From a technical standpoint, San Diego offered EMS more reliable connectivity through the City's cellular network, and therefore opted not to have a call center as a back-up. The integration of the registry with SAFR (Search, Alert, File, Reconcile) has been a key success factor in building POLST functionality for the EMS community in San Diego and facilitating their effective integration of the registry into their workflow. San Diego EMS integrated SAFR into its service runs with two pilot participants, UCSD School of Emergency Medicine and Rady's Children's Hospital, which combined represent approximately 18,000 emergency service runs per year.

SAFR allows a paramedic to query the HIE through their ePCR during a service run for a corresponding data set that is broad (i.e., patient's medical issues, previous encounters, and POLST form) by entering patient-identifying information and, if a match is found, to have that information pushed back to them. Once the paramedic assigns and tells the system where the patient is being taken to, information is then streamed to the ED within EPIC. The paramedic is not required to do anything specifically as SAFR is operating in the background as the paramedic attends to the patient.

Upon arrival, a finalized report is automatically loaded as a document in EPIC, and the ED will then send updated information back to EMS once the patient has been discharged or admitted.

Next Steps

CHCF plans to continue charting a path for greater electronic exchange of POLST Forms over the next 15 Months (March 2019 – May 2020) by doing the following;

- Build on learnings from the POLST eRegistry Pilot by exploring and articulating next steps, stakeholder roles, and technical and operational recommendations to support expanded electronic access to POLST across care settings.
- Identify the path(s) to get from four distinct regional POLST registries to statewide cross-setting access to POLST;
- Increase the likelihood of future interoperability of existing (and potential future) POLST registries.
- Define and communicate a vision and way forward for increased electronic access to POLST across settings through a collaborative process led by CCCC with active participation from EMSA and involving stakeholders such as health plans, health systems, HIOs, SNFs, technology vendors, and relevant association groups.

- Assess, test, and articulate the business case/use cases for funding of future POLST eRegistry work or other mechanisms for broader access to POLST across care settings, from perspectives of health plans, health systems, and state government.
- Define and document minimum expectations and recommended practices for the electronic exchange of POLST across settings (e.g., necessary capabilities of users, policies and procedures, technology standards), to increase the likelihood of future interoperability of existing POLST registries and provide guidance to organizations newly engaging in POLST exchange work.
- Build the foundation to support increased use of electronic completion of POLST (which increases quality of POLST compared to paper forms, by disallowing invalid forms [e.g., unsigned; conflicting orders]). Activities would include assessing current electronic form completion technologies already in use by registries and health systems, developing guidelines for electronic POLST completion and information-sharing, and preparing guidelines for the EMSA Commission approval process.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Trial Study Update

RECOMMENDED ACTION:

Receive notification of EMSA approval of a trial study conducted by Los Angeles County EMS Agency pursuant to CCR, Title 22, Division 9, Section 100147, Trail Studies.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:**Los Angeles County EMS Agency**

On March 1, 2019, the EMS Authority received a trial study request from the Los Angeles County EMS Agency to study the effectiveness of paramedics administering the neuroprotective agent Trans Sodium Crocetin (TSC) for the acute stroke patient. This trial study was approved by the Director of the EMS Authority on April 2, 2019. Enrollment of patients is pending institutional review board approval.

Description of the Study

The Pre-Hospital Administration of Stroke Therapy-Trans Sodium Crocetin (PHAST-TSC) trial is a double-blinded, randomized, placebo-controlled phase 2 trial of the neuroprotective agent TSC, for acute stroke. The study will be conducted at two geographic locations (LA County and Charlottesville, VA) with a target enrollment of 128 patients in LA County. Paramedics will administer the study drug (TSC or saline placebo) in the ambulance as a single bolus of 0.25 mg/kg of estimated body weight.

Inclusion criteria:

- Suspected acute stroke using the Los Angeles Prehospital Stroke Screen and a Los Angeles Motor Score ≥ 2
- Symptom duration less than 2 hours
- Age ≥ 40 and ≤ 85

Exclusion criteria:

- Prisoners
- Undomiciled
- Nursing home residents
- Systolic Blood Pressure ≥ 220 mmHg
- Female known to be pregnant

The primary safety objective is to test the hypothesis that treatment with TSC is not associated with increased occurrence of serious adverse events (SAEs) in hyperacute stroke subjects. The study endpoint analysis to evaluate this hypothesis will be comparison of the frequency of SAEs in the TSC and placebo groups.

The primary efficacy objective is to test the hypothesis that treatment with TSC reduces the level of long-term disability of hyperacute stroke subjects. The study endpoint analysis to evaluate this hypothesis will be the difference in distribution of scores between TSC and placebo groups on the utility-weighted modified Rankin Scale (UW- mRS) measure of global disability, assessed 90-days post-stroke. Secondary Efficacy Endpoints include: Functional independence (mRS 0-2), Barthel Index (BI) of Activities of Daily Living, National Institutes of Health Stroke Scale (NIHSS), and the Global disability level on the mRS Assessment at 90 days in ischemic stroke subjects.

The first report will be due to the EMS Authority eighteen months after the first patient is enrolled in the trial study. This report will be presented to the Commission on EMS at the next scheduled meeting.

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Lisa Galindo
EMS Plans Coordinator

SUBJECT: EMS Plans and Plan Appeal Status

RECOMMENDED ACTION:

Receive updated information on the status of Emergency Medical Services (EMS) Plan appeals and submission activity related to EMS, Quality Improvement (QI), and Trauma Plans.

FISCAL IMPACT:

None

DISCUSSION:

Local EMS Agencies (LEMSA) must submit an EMS Plan annually to the EMS Authority, in accordance with Health and Safety Code (HSC) § 1797.254. An EMS Plan is a plan for the delivery of EMS consistent with HSC § 1797.103 that address the following components:

1. System Organization and Management
2. Staffing and Training
3. Communications
4. Response and Transportation
5. Facilities and Critical Care Centers
6. Data Collection and System Evaluation
7. Public Information and Education
8. Disaster Medical Response

The information contained in an EMS Plan is used to ensure compliance with all applicable laws, regulations, and case law, and to be able to assess the functionality of an EMS system to ensure safety and quality EMS to the public. The EMS Authority will continue to review EMS Plans submitted annually by LEMSAs.

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

In accordance with Title 22, California Code of Regulations § 100450.100, LEMSAs maintain the ability to appeal an EMS Plan determination to the Commission on EMS should it be disapproved.

EMS Plan Appeals

The following EMS Plan appeals are currently in progress:

LEMSA	EMS Plan	Disapproval	Appeal Hearing
Contra Costa County	2016	4/13/18	Awaiting dates of availability
El Dorado County	2011	8/5/14	Conferring new hearing dates

Submission Status

Attached is a statewide activity report on LEMSAs submissions related to EMS Plans, QI Plans, and Trauma Plans. The activity report identifies LEMSAs who are current, under review, and overdue in these submissions to the EMS Authority.

Below is a statewide summary of the submission compliance as of May 9, 2019:

Submission	Number of LEMSAs	Percentage Compliance
EMS Plan	26/33	79%
QI Plan	26/33	79%
Trauma Plan	17/33	52%

The EMS Authority will continue to keep the Commission apprised of the activity involving EMS Plans.

Attachment



LOCAL EMS Agency EMS Plans Submission Snapshot as of May 9, 2019



EMS AGENCY	EMS PLAN		QI PLAN		TRAUMA PLAN		NOTES
	STATUS	DUE	STATUS	DUE	STATUS	DUE	
Alameda	Current		Current		Current		
Central California	Current		Current		Overdue	> 1 year	
Coastal Valleys	Current		Current		Current		
Contra Costa	Overdue	< 1 month	Current		Current		EMS Plan appeal
El Dorado	Overdue	> 1 year	Under Review		Current		EMS Plan appeal
Imperial	Overdue	> 5 years	Overdue	No QI on file	Overdue	> 3 years	
Inland Counties	Under Review		Current		Current		
Kern	Current		Current		Current		
Los Angeles	Current		Current		Current		
Marin	Current		Current		Overdue	> 1 year	
Merced	Current		Current		Overdue	> 6 months	
Monterey	Current		Overdue	> 6 months	Overdue	> 2 years	
Mountain Valley	Under Review		Current		Overdue	> 1 year	
Napa	Current		Current		Current		
North Coast	Current		Current		Current		
Northern California	Current		Current		Current		
Orange	Current		Current		Overdue	> 1 year	
Riverside	Current		Current		Current		
Sacramento	Current		Current		Overdue	> 6 months	
San Benito	Under Review		Current		Overdue	> 1 year	
San Diego	Current		Current		Overdue	> 1 year	
San Francisco	Current		Current		Overdue	> 2 years	
San Joaquin	Current		Current		Current		
San Luis Obispo	Current		Current		Overdue	< 6 months	
San Mateo	Under Review		Current		Current		
Santa Barbara	Overdue	> 1 year	Overdue	> 1 year	Current		
Santa Clara	Overdue	> 1 year	Overdue	> 1 year	Overdue	> 6 months	
Santa Cruz	Overdue	> 5 years	Overdue	No QI on file	Overdue	> 2 years	
Sierra-Sac Valley	Current		Current		Current		
Solano	Under Review		Overdue	No QI on file	Overdue	< 6 months	
Tuolumne	Overdue	> 6 months	Overdue	> 3 months	Overdue	> 6 months	
Ventura	Current		Current		Current		
Yolo	Current		Current		Current		

*Plan status listed above reflects most current information EMSA has for each plan type

Current plan on file
Pending submission
No current plan on file

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

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

SUBJECT: Emergency Triage, Treatment and Transport (ET3) Model
Presentation

RECOMMENDED ACTION:

Receive information regarding the Emergency Triage, Treatment and Transport (ET3) Reimbursement Model.

FISCAL IMPACT:

None

DISCUSSION:

At the March 2019 Commission on EMS meeting in Anaheim, EMSA was requested to provide the Commission with information on the Centers for Medicare and Medicaid Services (CMS) Emergency Triage, Treatment and Transport (ET3) Model. This memo is a summary of available preliminary information from CMS on the ET3 Model. EMSA is not engaged directly with this new program and has no oversight responsibilities or authority over the implementation of the ET3 Model.

CMS has indicated their primary goal for implementing this pilot program is to increase the quality of EMS care while decreasing costs from avoidable EMS transport to emergency departments and hospitalizations resulting from those transports. CMS believes that the system of reimbursements for EMS services is not sustainable in the future thus indicating the need for reimbursement process revisions.

The presentation provided to the Commission today will provide the most current information EMSA has related to the ET3 Model and its implementation.

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Adrienne Kim
CEMSIS Program Coordinator, EMS Systems Division

SUBJECT: CEMSIS Database Overview

RECOMMENDED ACTION:

Receive information regarding state support to local EMS agencies and providers to assist in meeting statutory requirements.

FISCAL IMPACT:

None

DISCUSSION:

As requested from the March 20, 2019 Commission on EMS meeting in Anaheim, CA, EMSA is providing a general description of the information contained in the California Emergency Medical Services Information System (CEMSIS). CEMSIS uses the national standard for EMS data documentation called the National Emergency Medical Services Information System (NEMSIS). The NEMSIS 3.4 data standard is the most current version of NEMSIS and the only standard used by CEMSIS. The NEMSIS data standard is used in its off the shelf form, CEMSIS does not contain any state specific customizations. EMSA determined it was in our best interest as a state to not customize the NEMSIS standard for CEMSIS due to costs associated with customization and software vendor challenges with modifications.

The NEMSIS 3.4 has two primary groupings for its data elements. The two groupings are DEMData Set and EMSData Set. The DEMData Set is primarily related to items such as information about the agency (provider), personnel on board units, state identifier and vehicle data. The EMSData Set included the detail of everything about a response and patient encounter.

The EMSData Set contains many more fields than the DEMData set. The DEMData Set is generally static information that does not change response to response while the EMSData Set is unique to each response and patient encounter.

Detailed information about the NEMSIS data standard can be found at NEMSIS.org and CEMSIS information is located at EMSA.CA.GOV/CEMSIS.

The Commission will be kept informed on the progress of the statewide data program.

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Adam Davis
Quality Improvement Coordinator, EMS Systems Division

SUBJECT: Ambulance Patient Offload Times

RECOMMENDED ACTION:

Receive information regarding Ambulance Patient Offload Time (APOT).

FISCAL IMPACT:

None

DISCUSSION:

Ambulance patient offload times (APOT) continue to be submitted quarterly to EMSA. To date, 12 of the 33 LEMSAs have provided at least one Quarter's worth of APOT information for 2019 while 19 of the 33 LEMSAs have provided at least one Quarter's worth of APOT information for 2018. Of those reporting LEMSAs for 2018 information, 10 LEMSAs provided the full years' worth of 2018 data. Twenty-one LEMSAs have submitted at least one Quarter of APOT information dating back to 2017 which represent 320 non-unique hospitals.

EMSA intends to report annually on the prior year APOT data submissions at the first quarter Commission meetings. LEMSAs are encouraged to monitor and analyze APOT data locally to help identify and implement quality improvement where needed. A summary table of all LEMSA submission of APOT information can be found on the following page.

Pending the approval of the 2019/2020 Governor's Budget, EMSA will be hiring an additional staff person to work through all items related to APOT. This will include enhancement to the reporting process as well as producing additional reports and providing APOT information to the Commission and the State Legislature.

Ambulance Patient Offload Times

June 19, 2019

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Recent statute effective January 1, 2019, H&SC, Div. 2.5, Section 1797.228 (a) (1) *On or before July 1, 2019, a local EMS agency shall transmit ambulance patient offload time data quarterly to the authority, consistent with the policies and procedures developed pursuant to Section 1797.225.* EMSA will be working closely with LEMSAs to ensure compliance with this new statutory reporting requirement.

	2018				2019			
LEMSA	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Alameda	X	X	X	X	X			
Central California	X	X	X	X	X			
Coastal Valleys								
Contra Costa	X	X	X					
El Dorado								
Imperial								
Inland Counties	X							
Kern	X							
Los Angeles	X	X	X					
Marin								
Merced	X	X	X	X	X			
Monterey								
Mountain Valley								
Napa								
Northern Cal								
North Coast	X							
Orange	X	X	X	X	X			
Riverside	X	X		X	X			
Sacramento	X	X	X	X				
San Benito		X		X	X			
San Diego	X	X	X	X	X			
San Francisco								
San Joaquin	X	X		X	X			
San Luis Obispo								
San Mateo	X	X	X	X	X			
Santa Barbara								
Santa Clara	X	X	X	X				
Santa Cruz								
Sierra-Sac Valley	X	X	X	X	X			
Solano								
Tuolumne								
Ventura	X	X	X	X	X			
Yolo	X							

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DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Michael Frenn
Disaster Medical Specialist

SUBJECT: California Medical Assistance Team (CAL-MAT) Program Update

RECOMMENDED ACTION:

Receive updated information regarding the EMS Authority's CAL-MAT Program.

FISCAL IMPACT:

None

DISCUSSION:

The CAL-MAT program is an essential component of the EMSA Disaster Medical Services Division (DMS) Mobile Medical Assets program, along with Ambulance Strike Teams (ASTs), Mission Support Teams (MSTs), Disaster Medical Support Unit (DMSU) program and the Medical Shelter program (formally Mobile Field Hospitals). These assets are critical for the response and mitigation of mass casualty and other significant disaster events in California. The CAL-MAT program is modeled after the successful federal Disaster Medical Assistance Team (DMAT) program and is designed to ensure that response assets are available for California to support local response to emergencies and disasters in times of need. CAL-MATs are teams (5-50 members) of medical professionals such as physicians, nurses, pharmacists, medical specialists and support staff who can operate in a variety of settings (Triage, Field Treatment Sites, Shelters, Fire Line Base Camps, etc.) and support missions such as acute emergency care, medication dispensing, mass vaccination, nursing care, and more.

The CAL-MAT program has been in existence since 2007; managed primarily with contractor support and designed around a three-team concept. Beginning late 2016 EMSA redesigned the CAL-MAT program, which included revamping the CAL-MAT structure, developing six CAL-MAT Units, and aligning procedures to enable utilization of the State Emergency Hire program. The newly developed CAL-MAT program eliminated the need for contractor support, which had become unavailable.

EMSA began official recruitment for CAL-MAT under the newly designed program in late Spring of 2017. In this Phase I registration, previous CAL-MAT members and personnel who were already affiliated with a DMAT could be automatically grandfathered into the new program. In late 2018, the CAL-MAT program moved into Phase II. This allowed qualified personnel with no DMAT affiliation or prior deployment experience to apply to the program. These individuals are assigned to an existing CAL-MAT Unit where they can train with and be evaluated by the Unit they might deploy with.

CAL-MAT members are considered volunteers during the condition of non-deployment, or “steady-state,” this includes training, meetings, conference calls, etc. However, when activated and deployed, CAL-MAT volunteer personnel become “emergency hires” of the State of California. As an emergency hire, the responding personnel are compensated at a rate to equivalent State positions, e.g., physician, and have coverage for Medical Malpractice and Liability, and Workers Compensation. Further, based upon legislation passed several years ago, the concepts of which were developed by EMSA DMS, CAL-MAT personnel have “Right to Return to Work Job Protections” similar to the federal DMAT program.¹

Operational Status

CAL-MATs are completely self-sufficient for up to 72 hours and capable of responding to disasters and emergencies anywhere in the state within 12-14 hours of activation. There are three CAL-MAT caches and six CAL-MAT support vehicle trucks maintained to support the CAL-MAT program. Four CAL-MAT Units have now been officially “organized” (San Diego, San Francisco Bay Area, Orange County, and Sacramento Area) and a fifth Unit is presently being organized in the Central Valley which will be based in the Bakersfield area. A Unit is also planned for the Redding area. EMSA currently has 156 CAL-MAT members eligible for immediate deployment. In addition, there are approximately 25 new CAL-MAT member applications being processed. EMSA continues to build the CAL-MAT program and are adding new members monthly.

Last Spring CAL-FIRE approached EMSA to provide CAL-MAT response for fire base camp medical support and a 3-year contract was executed with CAL-FIRE in September 2018. When activated, the agreement will include 5-7 CAL-MAT members and medical supplies to support a fire base camp with 750 deployed firefighters or more. Currently, EMSA maintains two dedicated wildland fire caches to support fire camp deployments. The caches include medical supplies, equipment, and pharmaceuticals for wound management, minor burns, poison oak, respiratory illness, splinting, and more. Note; CAL-MAT responses to local emergencies and disasters will have priority over supporting fire base camps.

¹ AB 2536 (Mullin) was signed into law in 2014 and expanded the definition of “emergency rescue personnel” in Section 230 of the California Labor Code to include anyone who is a “...member of ...a disaster medical response entity sponsored by this state...”

Responses in 2018

There were two major deployments of the CAL-MAT program in 2018: the Carr Fire (Shasta County) and the Camp Fire (Butte County). In both situations, CAL-MAT was used to provide medical support to shelters housing evacuees. EMSA deployed 36 CAL-MAT members to the Carr Fire for a mission which lasted several days. Several months later, 135 personnel, including personnel from organized Health Care Systems, were deployed to the Camp Fire for an activation which lasted approximately five weeks.

Exercises

Two exercises are planned for the coming months. In mid-June, and in concert with Urban Search and Rescue (USAR), there will be a three-day exercise at Moffett Field in Sunnyvale. The following month (mid-July) there will be another three-day exercise at the Los Alamitos California Army National Guard Joint Forces Training Base.