

STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
June 17, 2020
9:00 A.M. – 1:00 P.M.

This meeting will be conducted pursuant to Governor Newsom's [Executive Order N-29-20](#) issued on March 17, 2020, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic.

Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by Zoom and teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in the Notice.

Zoom: <https://zoom.us/j/92314900402>

Teleconference Number: 669-900-6833

Participant Code: 923 1490 0402

Technical Support:
(916) 698-4952

AGENDA

- 1. Call to Order and Pledge of Allegiance**
- 2. Introduction and Welcome of New Commissioners**
- 3. Review and Approval of December 4, 2019 Minutes**
- 4. Director's Report**
 - A. EMSA Program Updates - DMS HIE Personnel Systems
 - B. Legislative Report
- 5. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal Report
 - C. Enforcement Report
 - D. National Registry and EMT's Examination Results
 - E. LA County EMS Stroke Trial Study
 - F. Community Paramedicine Pilot Project Report

Regular Calendar

6. COVID-19 Response

- A. Director's Report
- B. Disaster Medical Services Division
- C. Systems Impact
- D. Personnel Related Changes

7. EMS Administration

- A. Regulations Update

8. EMS Personnel

- A. Impact of Removed EMS Interventions
- B. AB 2293 Denial Reporting Update

9. EMS Systems

- A. Ambulance Patient Off-Load Time Update

10. Election of Officers

11. Items for Next Agenda

12. Public Comment

13. 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 Anne Johnson at (916) 431-3683, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, December 4, 2019
Marines' Memorial Club and Hotel
609 Sutter Street
San Francisco, 94102**

MINUTES

COMMISSIONERS PRESENT:

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

COMMISSIONERS ABSENT:

Steve Barrow

EMS AUTHORITY STAFF PRESENT:

David Duncan, M.D., Daniel R. Smiley, Sergy El-Morshedy, Michael Frenn, Jennifer Lim, Lou Meyer, Sean Trask, Sandra Baker

PUBLIC COMMENTORS:

Tanir Ami, CARESTAR Foundation
Howard Backer, M.D., Former EMSA Medical Director
BJ Bartleson, California Hospital Association
Dan Girard, Alameda Fire Department
James Green, Paramedic
Todd Klingensmith, California Paramedic Foundation
Dave Magnino, EMS Memorial Bike Ride/Muddy Angels

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair James Dunford, M.D., called the meeting to order at 9:00 a.m. Sixteen Commissioners were present. Commissioner Stangeland led the Pledge of Allegiance.

2. REVIEW AND APPROVAL OF SEPTEMBER 18, 2019, MINUTES

Commissioner Uner referred to the third paragraph on page 7 and asked that his suggestion for a discussion at a future meeting be changed to "identify whether there have been studies subsequent to the elimination of particular paramedic items and their impact on the deletion of those items."

Action: Vice Chair Burch made a motion, seconded by Commissioner Hinsdale, that:

The Commission approves the September 18, 2019, Meeting Minutes as revised.

Motion carried 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

The following Commissioners abstained: Commissioners Relucio and Smith.

3. DIRECTOR’S REPORT

A. EMSA Program Updates

David Duncan, M.D., EMSA Medical Director, presented his report:

- Collaboration. Staff is aggressively working on improving collaboration for EMS in California and encouraging everyone to agree to disagree on oppositional items and to come together at the table.
- Community Paramedicine. There is currently a bill that will allow EMSA to move community paramedicine forward; however, community medicine needs to be moved forward in a way that fills gaps and benefits patients. Some of the current language will not do this.
 - Solutions that will benefit patients include building a better medical model for community paramedicine and more clearly delineating the two paths that are embedded in community paramedicine – the alternate destination path and the case management path.
- Disaster Management – Kincaid Fires. Nearly 400 patients were evacuated from 2 acute care hospitals and 13 skilled nursing facilities in Santa Rosa within a 24-hour period, largely through ambulance strike teams.
 - CAL FIRE’s base camp was staffed with California Medical Assistance Team (CAL-MAT) members who treated upwards of 400 patients.
 - The Governor’s Office and the California Governor’s Office of Emergency Services (Cal OES) congratulated the teams for the successful effort.

B. 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 Burrows asked if a legislative fix will be considered for Assembly Bill (AB) 1 as well as an assessment from an EMT, paramedic, or higher-level medical authority giving clearance for players to return to the game.

Ms. Lim deferred to Dan Burch to answer that question. Vice Chair Burch stated the local EMS agencies (LEMSAs) agree that policies should be adopted that say that EMTs and paramedics cannot return a player to play who has been removed for concussion-like symptoms. AB 1 does not address that in youth sports; however, the

California Interscholastic Federation (CIF), which governs high school sports, has a rule in place that states any player who is removed from competition in high school for concussion-like symptoms cannot return to play until at least the next day and until after they have been seen by a health care professional, which is a physician or a physician-level review. AB 1 should follow the CIF rule.

Commissioner Miller agreed and stated solutions need to be found to assure patient safety.

Dr. Duncan stated an unintended consequence is that AB 1 allows EMTs and paramedics to remove players from games but there is no stipulation for return to play. This needs to be clearly stated. The potential hole is that teams can recruit EMTs or paramedics that are not in the EMS system. EMTs and paramedics who do not participate in the EMS system may follow statute which states that they can remove players. The problem is they may not feel restricted from returning those players to play. There is no solution to block this unintended consequence in AB 1. He stated the need to forbid individuals who are not part of the EMS system from returning players to the game.

4. CONSENT CALENDAR

- A. Administrative and Personnel Report**
- B. Legal Report**
- C. Enforcement Report**
- D. EMS Plan and Critical Care Plans Update**

Action: Vice Chair Burch made a motion, seconded by Commissioner Smith, that:

The Commission approves the Consent Calendar as presented. The item was noted and filed.

Motion carried 15 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Burrows, Giandomenico, Gordon, Hartwig, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

REGULAR CALENDAR

5. EMS ADMINISTRATION

- A. Approval of Paramedic Regulation Revisions**

Sergy El-Morshedy, Legislative, Regulatory, and External Affairs Analyst, provided an overview of the proposed changes to Chapter 4, Division 9, Title 22 of the California Code of Regulations.

Questions and Discussion

Commissioner Burrows referred to Article 6, the license renewal section, and stated his understanding that there is a 30-day window for license renewal and that there is a chart on the EMSA website that states when a paramedic license should be submitted for renewal.

Mr. El-Morshedy deferred to Sean Trask to answer this question. Sean Trask, Chief, EMS Personnel Division, stated EMSA encourages paramedics to renew their licenses early but, understanding that licenses may lapse, staff strives to process license renewals before the end of the month.

Commissioner Burrows referred to the random audits mentioned under Article 6 and stated his understanding that 10 percent of the licenses renewed are audited quarterly. Those audits can take up to 30 days to complete. He stated paramedics are finding themselves without a license for a period of time, due to the 30-day renewal process and then the additional 30-day audit process, which impacts employers and paramedics.

Mr. Trask stated paramedics are notified five months in advance of their upcoming license renewal. At the same time, paramedics are notified of their pending audit, which gives them five months to complete their required continuing education to submit for confirmation. He stated he was unaware that the audit process delayed any paramedic license renewal, except in the case of invalid continuing education submittals.

Commissioner Burrows asked about the 2-year window versus the 19-month window to gather 48 hours of continuing education. He stated individuals struggle to complete their continuing education within the timeframe before the 30-day renewal process and the additional 30-day audit process.

Dan Smiley, Chief Deputy Director, stated the word “audit” may not be the right word. It is a continuing education verification process. He stated Commissioner Burrows’s comment about 19 versus 23 months is valid. He stated staff will look at ways to deal with that.

Public Comment

BJ Bartleson, Vice President, Nursing and Clinical Services, California Hospital Association (CHA), stated hospitals are in need of support with emergency department impaction and overcrowding. Alternate destination is a key to not only providing a solution but also better patient care in the community. She stated the CHA stands ready to help move alternate destinations along and endorses all levels of community paramedicine, particularly the readmissions work.

Action: Commissioner Stangeland made a motion, seconded by Commissioner Burrows, that:

The Commission approves revisions to the Emergency Medical Technician-Paramedic Regulations, Chapter 4, Division 9, Title 22 of the California Code of Regulations.

Motion carried 16 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

6. EMS PERSONNEL

A. Community Paramedicine Pilot Project Status

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

- 15 active pilot projects are ongoing.
- Over 7,000 patients have been enrolled in the pilot over the past five years.
- The independent evaluator filed their quarterly report at the end of October, again showing positive results and favorable outcomes for all projects.
- The newest project is an alternate destination and sobering center in Los Angeles County with the City Fire Department.
 - The city of San Francisco has increased their community paramedicine program budget to extend the operating hours and will hold a training academy in January or February for additional paramedics to cover those hours.

Mr. Meyer stated the need for AB 1544, Community Paramedicine or Triage to Alternate Destination Act, to include the case management post-discharge component, which is the heart of the community paramedicine program.

Public Comment

Howard Backer, M.D., Former EMSA Medical Director, stated the community paramedicine concept has been demonstrated through these pilot projects. There have been no adverse outcomes during the five-year pilot project with over 7,000 patients. He challenged the Commission, which represents all agencies in the EMS community, to intervene to make AB 1544 a clean bill to benefit patients to help it pass. He noted that, after the bill is approved, it will take another five years to implement. He stated the concept of AB 1544 is that it will be up to local agencies to form health care coalitions to create projects. That is how the community paramedicine pilot projects have worked and that is how this bill will work.

Ms. Bartleson agreed with Dr. Backer that time is running out and that community paramedicine is a beautiful example of the way to properly care for patients. She suggested that the current strategy is too insular – that there is a need to reach out further, go beyond what is normally done, and look outside these walls to tap into other individuals and organizations who can help.

Ms. Lim agreed and suggested inviting legislators to ride along on site visits to the pilot projects throughout the state. She stated seeing the pilot projects in practice engages them on the ground level instead of only talking about policy.

Dan Girard, EMS Coordinator, Alameda Fire Department, stated he was glad that the Commission is moving community paramedicine forward but it needs to be advanced quickly to ensure that health care service capacity will meet future medical demands.

Tanir Ami, CEO, CARESTAR Foundation, stated the CARESTAR Foundation is planning to make a significant three-year investment into the community paramedicine program. She stated the need for greater momentum and a sustainable future. She encouraged Commissioners to speak to their organizations to see what can be done.

Todd Klingensmith, Executive Director, California Paramedic Foundation, spoke in support of strong legislation to move this program forward. He encouraged the Commission to lead in the process to build a foundation for the future of EMS by working together and not allowing this to become a political issue but a patient care issue. He stated the solution is clean legislation with all players working together with transparency so all stakeholders could have a fair opportunity to participate.

Questions and Discussion

Commissioner Valeri agreed with the need for a clean piece of legislation to move this forward, although he questioned the authority and ability for the Commission to make that happen.

Commissioner Relucio asked if there will be conversations in future meetings about the implementation of California Advancing and Innovating Medi-Cal (CalAIM), which is through the Department of Health Care Services. CalAIM is expected to roll out soon. It is important to put forward community paramedicine or it will be left behind.

Dr. Duncan agreed and stated one of the case management pieces that has already been left behind and yet is so important for CalAIM for long-term success of Medi-Cal is post-discharge patients. One way that EMS can make an impact with CalAIM, Medi-Cal, and Medicare is with individuals who frequently return to the Emergency Department. Hospitals avoid readmissions since readmissions are now unfunded from Medicare, yet that is currently excluded from the bill on the table. It needs to be put back in for this very reason.

7. DISASTER MEDICAL SERVICES DIVISION

A. Ambulance Strike Team Program Update

Michael Frenn, EMSA Health Program Specialist, Disaster Medical Services Division, presented his report:

- A Committee will be convened to analyze the data that has been gathered during the almost 25 years of the Ambulance Strike Team Program to modernize the program.
- In January, the Committee will begin to address issues with the program.

- A standardized rate for the utilization of ambulance strike teams has been incorporated in a draft Cooperative Assistance Agreement, which gives buyers and sellers clear direction on costs for services.

8. OPEN NOMINATIONS FOR ELECTION OF OFFICERS (MARCH 2020 – MARCH 2021)

Chair Dunford asked for nominations for Chair and Vice Chair of the EMSA for March of 2020 to March of 2021.

Vice Chair Burch nominated Chair Dunford for another term. Commissioner Relucio seconded.

Chair Dunford nominated Vice Chair Burch as Vice Chair of EMSA for another term. Commissioner Suver seconded.

Vice Chair Burch nominated Commissioner Uner as Vice Chair of the EMSA for March of 2020 to March of 2021. Commissioner Snyder seconded.

Chair Dunford nominated Dr. Dan Margulies, Brent Stangeland, and Dr. Atilla Uner to serve another term on the Administrative Committee. Vice Chair Burch seconded.

Chair Dunford closed the nominations and stated the votes will be taken at the March meeting.

9. APPROVAL OF 2021 MEETING DATES

Chair Dunford suggested the September meeting date of the 22nd to avoid religious holidays.

Action: Chair Dunford made a motion that:

The Commission approves the proposed 2021 meeting dates with the addition of the September meeting on September 22, 2021.

Motion carried 16 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

10. ITEMS FOR NEXT AGENDA

Chair Dunford asked Commissioners for suggestions for the next agenda.

Commissioner Margulies suggested an update on the trauma regulations and if there is a timeframe for completion.

Commissioner Relucio suggested a presentation on the impacts and opportunities of CalAIM on community paramedicine.

Commissioner Uner suggested a discussion on whether or not to put more effort into researching outcomes after EMS interventions are taken away.

11. PUBLIC COMMENT

James Green, Paramedic, agreed with Commissioner Uner's suggestion to research outcomes after EMS interventions are taken away, such as with nasal intubation. He asked if the Commission has looked at the issues of the policy for paramedic ePACT (phonetic). He stated San Francisco was prohibited from getting any.

David Magnino, representing the National EMS Memorial Foundation and Bike Ride, spoke in honor of 2 of the 73 2019 EMS honorees who dedicated their lives to the EMS community.

Mr. Magnino asked Lou Meyer and the representatives from the San Francisco Fire Department Engine 36 to join him at the podium. He presented Mr. Meyer with his wife's, Susan Meyer's, memorial plaque and his rider's bib number. Mr. Magnino rode over 425 miles over six days and carried it with him. Susan Meyer dedicated more than 40 years to the EMS community before passing away in July.

On behalf of the West Coast Ride Coordinator Jules Scadden, who lives in Iowa and was unable to be present, Mr. Magnino presented the dog tag and memorial plaque that she rode with for honoree retired Battalion Chief Mark Groshong of the San Francisco Fire Department, who passed away in March. On behalf of Battalion Chief Groshong's family, Captain Barden from the San Francisco Fire Department received Battalion Chief Groshong's dog tag and memorial plaque and will pass them on to Battalion Chief Groshong's family, who were unable to be in attendance.

Mr. Magnino stated the 2020 425-mile West Coast Bike Ride from Reno to San Francisco will be on September 21st to 26th. He stated the need for supporters, even for one day.

12. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:28 a.m.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Ambulance Strike Team (AST) – Medical Task Force (MTF)	Michael Frenn, ext. 435	<p>The Ambulance Strike Team (AST) program in its present form is over 20 years old. 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, the Camp Fire Incident, the Ridgecrest Earthquake, and the Kincade Fires, in addition to numerous smaller events occurring throughout the State, has illuminated key areas which need modernization. EMSA has convened a multi-disciplinary working group to improve various aspects of the program and assist EMSA in developing appropriate revisions to the program.</p> <p>A standardized post-review process has been implemented to capture data after each AST deployment. A key component to this is an electronic review document created via “formstack”, which AST Leaders complete in or during post-deployment. This information will be utilized to modify and improve the curricula and establish appropriate operational parameters and to support the AST Workgroup in its efforts.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>2. California Medical Assistance Teams (CAL-MAT) Program</p>	<p>Michael Frenn, ext. 435</p>	<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. Five Units have now been stood up: San Diego, San Francisco Bay Area, Orange County, Sacramento and Central California. Efforts to stand up a unit in Los Angeles are underway.</p> <p>A full-scale field exercise for all units to train together was tentatively scheduled in May at the Joint Forces Base in Los Alamitos. This exercise was cancelled due to COVID 19 response activities.</p> <p>CAL-MAT was deployed for the COVID 19 activities in March with various missions. These missions include staffing for Alternate Care Facility in San Mateo, Federal Medical Station staffing in Sacramento, Indio and Costa Mesa. Many of the missions have been to Skilled Nursing Facilities that have become overwhelmed by COVID 19 infections in both patients and staff. Many of missions continue today.</p> <p>There are nearly 500 members in CAL-MAT at present and recruitment efforts continue.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. CAL-MAT Cache	Markell Pierce, ext. 1443	The three CAL-MAT caches are resupplied, accounted for, and deployment ready. The diverse caches of medical supplies, biomedical equipment, pharmacy is in the redesign phase, with lessons learned from the Camp Fire deployment. New medical technologies were purchased to update and refine CAL-MAT cache response capabilities. Subsequent resupplies will continue to 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 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
5. California Crisis Care Operations Guidelines	Kelly Coleman, ext. 726	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	Lauran Molina, ext. 466	<p>The DHV System has over 94,500 volunteers/personnel registered. This is almost four times more personnel than the last quarter. At the direction of the CA Governor's Office, the DHV System was temporarily redirected for mass hiring of paid medical professionals to support California's response efforts to the COVID-19 Pandemic. On March 30, 2020, the Governor issued a press release discussing the mass hire of medical professionals to the California Health Corps. These hires are paid positions by the State of California. There are over 62,000 personnel registered in the California Health Corps within the DHV System. On April 14, 2020 a message went out to all California Health Corp personnel giving them the opportunity to join a DHV County Unit or Medical Reserve Corp (MRC) Unit.</p> <p>There are 49 healthcare occupations filled by registered responders. Over 13,100 of the 94,500 plus DHV registered responders are MRC members. EMSA trains and supports DHV System Administrators in each of the 31 participating MRC units.</p> <p>All 58 counties have trained DHV System Administrators in their MHOAC programs. EMSA provides routine training, DHV User Group Webinars, and system drill opportunities for all DHV System Administrators on a quarterly basis. However, these items are on hold due to the COVID-19 Pandemic.</p> <p>The May 2020 state CAL-MAT full-scale exercise at the Los Alamitos military base was cancelled due to the COVID-19 Pandemic.</p> <p>EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The last issue was released December 3, 2019. The Spring issue of the DHV journal was cancelled due to the COVID-19 Pandemic. 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
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Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>7. Training</p> <p>Weapons of Mass Destruction (WMD)</p> <p>Medical Health Operations Center Support Activities (MHOCSA)</p>	<p>Markell Pierce, ext. 1443</p> <p>Kelly Coleman, ext. 726</p>	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students.</p> <p>Medical Health Operations Center Support Activities (MHOCSA) Training Classes were conducted in Region IV and Region V in January 2019. Two (2) MHOCSA classes scheduled in May, 2020 but were canceled due to the COVID-19 response.</p>
<p>8. 2020 Statewide Medical and Health Exercise (2020 SWMHE)</p>	<p>Kelly Coleman, ext. 726</p>	<p>The 2020 Statewide Medical and Health Exercise may be postponed or cancelled due to the COVID-19 response. Visit https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx for information when details become available.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
9. Hospital Incident Command Systems (HICS) hics@emsa.ca.gov	Craig Johnson, ext. 4171	<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 met in January 2020. The meeting focused on revising the 23 HICS forms and developing survey questions for the next survey release. The purpose of the planned survey is to assess end user needs and improvement opportunities. Also, the subcommittees reported on their assigned activities and future goals and objectives. The HICS National Advisory Committee second quarter meeting was cancelled due to the COVID-19 response.</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>
10. 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. Mission Support Teams have been supporting the CAL-MAT, California Guard and American Medical Response joint teams and Department Operations Center in Sacramento for the COVID 19 response activities.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
11. Response Resources	Markell Pierce, ext. 1443	<p>The Mission Support Team (MST) caches and 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.</p> <p>Pharmacy full inventory and replacement of expired items is completed monthly. Cal-Fire Base of Operations wildland fire contract deliverables and are deployment ready.</p>
12. Information Technology	Rick Stricklin, ext. 1445	<p>EMSA continues to address key shortfalls within the EMSA Department Operations Center (DOC). IT and communications upgrades and response configurations are being implemented to provide full disaster response functionality during activations.</p> <p>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 continues to develop relationships with allied agencies and NGO, to improve radio interoperability. Procurements of critical information technology and communications equipment for 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 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
13. 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 with further plans to configure into six modules. 2. The EMS Authority has reconfigured the 2nd MFH into six (6) multiuse modules to distribute to local partners. 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, Merced, Riverside, Sacramento, San Mateo and Santa Cruz. 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 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
14. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Jody Durden, ext. 702	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 Coronavirus outbreak.
15. Medical Reserve Corps (MRC)	Lauran Molina, ext. 466	<p>Thirty-one (31) 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 are active participants in quarterly DHV Drills and DHV User Group webinars. Over 13,100 of the 94,500 plus DHV registered responders are Medical Reserve Corps (MRC) members.</p> <p>The 2020 MRC Coordinators Statewide Training Workshop that was slated for May 6th and 7th, 2020 was cancelled due to the COVID-19 Pandemic.</p>
16. Statewide Emergency Plan (SEP) Update	Brad Gates, ext. 4728	The California Governor's Office of Emergency Services (Cal OES) released the update 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. A review and revision of the ESF8 annex was conducted in 9/2019. The revision is in its final review and will be published soon.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
17. Southern California Catastrophic Earthquake Response Plan	Brad Gates, ext. 4728	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. The plan is in its final review and is expected to be published this year if there are no delays due to the COVID-19 response.
18. 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. Executive briefs have been completed in Regions II, III and V.
19. 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.
20. Northern California Catastrophic Flood Response Plan	Kelly Coleman, ext. 726	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
Office of Health Information Exchange
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
Health Information Technology Emergency Medical Services Grant	Leslie Witten-Rood	<p>On July 1, 2018, EMSA was awarded federal funding through an Interagency agreement with the California Department of Public Health (CDPH), for the development of health information exchange and interoperability for +EMS SAFR and PULSE. EMSA was awarded up to \$36 million in federal funding, which requires \$4 million in the non-federal match. On February 27, 2020, EMSA was awarded additional matching funds for \$1.5 million from the CARESTAR Foundation. This brings EMSA matching fund total to \$3.6 million enabling EMSA to draw down \$33 million of federal funding, which provides EMSA expenditure authority for \$3.6 million for the HITEMS Project to be spent by September 30, 2021.</p> <p>Matching Fund Source:</p> <ul style="list-style-type: none"> • CARESTAR Foundation \$2.5 million • EMSA General Fund \$1 million • San Mateo County Special Funds \$100,000.00 • Santa Cruz County Special Funds \$40,000.00 • California Health Care Foundation (CHCF) \$25, 000
+EMS SAFR	Leslie Witten-Rood	There are five (5) +EMS Awardees who have been granted a total of \$14 million. As of May 5, 2020, they have claimed \$3.8 million from invoices submitted and processed on schedule. Forty (40%) of the awardees have completed Milestone 1A. We anticipate delays in the upcoming milestones due to COVID-19.
PULSE	Leslie Witten-Rood	During the COVID-19 response, there have been two (2) sites that have activated PULSE during the COVID-19 pandemic, Indio and San Mateo. As of March 15, 2020, over 80 medical providers have been trained on PULSE for COVID-19 response.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
1. First Aid Practices for School Bus Drivers	Joseph Bejarano	<ul style="list-style-type: none"> • EMSA approved nine (9) School Bus Driver training programs. • EMSA is currently reviewing one (1) program. • EMSA continues to provide technical assistance to school staff, school bus drivers, the CHP, and the California Department of Education.
2. Child Care Provider First Aid/CPR Training Programs	Joseph Bejarano	<ul style="list-style-type: none"> • EMSA approved fifteen (15) First Aid/CPR programs. • EMSA is reviewing four (4) programs. • EMSA continues to provide technical assistance to training program instructors and directors, licensing staff, child care providers, and other training entities. • Course completion sticker sales are ongoing. • In response to COVID19, EMSA is allowing programs to provide the lecture portions of the training through a virtual classroom setting that has real-time interactions with the instructor.
3. Child Care Preventive Health Training Programs	Lucy Chaidez	<ul style="list-style-type: none"> • EMSA approved twenty-four (24) preventive health and safety practices training programs. • EMSA is reviewing sixteen (16) programs. • EMSA continues to sell course completion stickers. • EMSA continues to provide technical assistance to the Department of Social Services Community Care Licensing, California Department of Public Health, and the California Department of Education. • Programs are adding AB 2370 lead poisoning topics to their curriculum. • In response to COVID19, EMSA is allowing programs to provide the lecture portions of the training through a virtual classroom setting that has real-time interactions with the instructor.
4. Child Care Training Provider Quality Improvement/Enforcement	Lucy Chaidez	<ul style="list-style-type: none"> • EMSA continues to revise Chapter 1.1. • EMSA is investigating one (1) complaint case involving an EMSA-approved training program

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Austin Trujillo	<ul style="list-style-type: none"> • EMSA approved four (4) public safety AED programs. • EMSA approved three (3) EMT AED services provider programs. • EMSA provides ongoing technical support and clarification to public safety agencies, LEMSAs, and the general public regarding AED statutes and regulations.
6. BLS Training and Certification Issues	Austin Trujillo	<ul style="list-style-type: none"> • EMSA continues to support and provide technical assistance to EMTs, AEMTs, EMS applicants, and 68 certifying entities on topics including but not limited to: <ul style="list-style-type: none"> • EMT, AEMT, and central registry regulations. • EMT enforcement processes. • Training program approvals. • EMR vs public safety clarifications.
7. State Public Safety Program Monitoring	Austin Trujillo	<ul style="list-style-type: none"> • EMSA approved five (5) public safety first aid/CPR training programs. • EMSA approved two (2) EMT training programs. • EMSA approved two (2) EMT refresher training programs. • EMSA approved four (4) continuing education provider programs. • 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. • EMSA provides ongoing support and technical assistance to the LEMSAs and all statewide public safety agencies.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky	<ul style="list-style-type: none"> • EMSA monitors the EMT Central Registry to verify that the 68 certifying entities are in compliance with the California Code of Regulations regarding: <ul style="list-style-type: none"> • Data entry requirements, • Correct certification processes. • EMSA continues to provide ongoing support and technical assistance to certifying entities on the Central Registry and application of regulations. • In response to the COVID19, EMSA has released a number of policies addressing the Governor's Executive Orders. These policies: <ul style="list-style-type: none"> • Guide the continued training and certifications of all levels of EMS personnel. • Are located on EMSA's COVID-19 webpage.
9. Epinephrine Auto-injector Certification	Kim Lew	<ul style="list-style-type: none"> • EMSA processed and issued 1,258 applications for epinephrine certification. • EMSA continues to provide technical assistance to the general public interested in certification.
10. Epinephrine Auto-injector Training	Austin Trujillo	<ul style="list-style-type: none"> • EMSA approved 17 training programs. • EMSA continues to provide technical assistance and monitor training programs to ensure regulatory compliance.
11. Hemostatic Dressings	Lucy Chaidez	<ul style="list-style-type: none"> • EMSA approved three (3) hemostatic dressings for use in the prehospital setting.
12. Paramedic Licensure	Kim Lew	<p>EMSA 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:</p> <ul style="list-style-type: none"> • 293 Initial In-State applications, • 33 Initial Out-of-State applications, • 2,327 Renewal applications, • 82 Reinstatement applications. • EMSA received sixty-four (64)% of the applications through the new online licensing system.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
13. Administrative Actions Reporting System (AARS)	Kim Lew	<p>On August 1, 2018, the EMS Authority began participation in a statewide project to enhance the current AARS system. For this effort, EMSA continues to:</p> <ul style="list-style-type: none">• Meet bi-weekly to assist in system improvements.• Monitor the completed project for recommendations and updates for use by EMSA and other agencies.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> Due to the COVID-19 Pandemic, EMSA postponed STAC meetings and activities. Once operations resume, EMSA staff will schedule a STAC meeting by teleconference for late summer or early fall.</p> <p><u>2020 Trauma Summit</u> Due to the COVID-19 Pandemic, EMSA cancelled the 2020 Trauma Summit and will not be rescheduled for 2020. Dates for a 2021 Trauma Summit are under review.</p> <p><u>Annual Trauma Plan Status Updates</u> Due to the COVID-19 pandemic, LEMSAs have been provided extensions for submission of trauma plan status updates.</p> <p><u>Trauma Regulations</u> The Regulations Revisions committee met in-person on February 6, 2020. Due to COVID-19 response activities, EMSA postponed meetings. Once normal operations resume, EMSA staff will schedule teleconferences and create an updated timeline for completion of regulations revisions.</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. March–May 2020 RTCC meetings were cancelled. Meetings scheduled for June–August are contingent on COVID-19 response activities.</p>
2. STEMI/Stroke Systems of Care	Farid Nasr, ext. 424	<p><u>STEMI and Stroke Programs</u> EMSA has reviewed and approved 20 stroke plans from the Local EMS agencies who have a stroke system in place, as required by regulations. An approval letter sent to each local EMS agency that submitted a stroke plan. EMSA staff also reviewed and approved 21 STEMI plans from the local EMS agencies who have a STEMI system in place. EMSA staff continues to provide technical assistance to LEMSAs developing their stroke or STEMI plan for submission.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p>The Stroke and STEMI Technical Advisory Committee met on February 11, 2020 for the first time. This committee is made of system stakeholders who will assist EMSA with the implementation of the Stroke and STEMI regulations and quality improvement for these programs statewide. The TAC activity is on hold due to COVID-19, but is planning to reopen the TAC activities.</p> <p>The commission will be notified of further decision and planning by the Stroke and STEMI Technical advisory Committee.</p>
3. EMS Transportation	Laura Little, ext. 412	<p><u>Competitive Processes for Ambulance Zones</u> Consistent with Health & Safety Code, Section 1797.224, competitive processes for exclusive operating areas are to go through a review process. Through this review process, the competitive process is ensured to meet Federal and State statutory requirements. EMSA provides, on a continuous basis, technical assistance to LEMSAs who wish to establish a competitive process which meets statutes, regulations, and case law.</p> <p><u>Technical Assistance</u> The EMS transportation coordinator handles all calls, related to queries involving but not limited to RFPs, statutes, regulations, exclusive operating areas, and prehospital air vehicles.</p> <p><u>EMS Plan Review</u> EMS response and transportation data is submitted within each LEMSA EMS plan. That information is then input into an internal spreadsheet as a snapshot of EMS delivery in California. When new EMS plans are submitted, the transportation components are compared with data submitted from the prior years.</p>
4. 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. Calls are received from the public and health professionals through a toll-free hotline, accessible 24-hours a day, 7 days a week. The CPCS manages more than 200,000 poison cases each year, and 51% of poisonings involve children under age six.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p><u>Quarterly Report</u> The Quarterly Report consists of data and narrative reports. The 3rd quarter report, January 1, 2020 - March 31, 2020, was received on April 15, 2020. There are currently no concerns with the submitted information.</p> <p><u>Contract</u> The CPCS and EMSA have entered into contract from July 1, 2019 through June 30, 2021.</p> <p><u>Site Visits</u> The anticipated site visit of the San Francisco Poison Control Center has been postponed to Fiscal Year 2020/21 due to the COVID-19 pandemic.</p>
5. EMS Plans	Lisa Galindo, ext. 423	<p><u>Review</u> The EMS Authority continues to review EMS Plans as they are submitted by local EMS agencies (LEMSA); ten EMS Plans are currently under review. Six EMS plans have been approved in 2020.</p> <p><u>Technical Assistance</u> Technical assistance is provided to LEMSAs, as needed, on the EMS plan development and submission process.</p> <p><u>Contract/Quarterly Report/Site Visit</u> EMSA is in contract with six multicounty EMS agencies for Fiscal Year June 1, 2019 through June 30, 2020. State General Fund assistance is provided to assist these LEMSAs in the planning, organizing, implementation, and maintenance of their EMS systems.</p> <p>These LEMSAs submit quarterly reports that consist of a detailed description of work performed, the duties of all parties, and a summary of activities that have been accomplished during the quarter to meet the eight EMS system components. The 3rd quarter reports, January 1, 2020 - March 31, 2020, have been received by all six LEMSAs and no concerns were identified.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		EMSA anticipates conducting one LEMSA site visit in Fiscal Year 2020/21.
6. EMS for Children Program	Heidi Wilkening, ext. 556	<u>Educational Forum</u> Due to COVID-19 response activities, the 23rd Annual EMS for Children Educational Forum is tentatively scheduled for Thursday, November 5, 2020. EMSA staff will continue to solicit speakers, vendors and sponsors for the event once we confirm the event will happen.
Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
7. CEMSIS Trauma	Elizabeth Winward, ext. 460	<p>There are 27 Local EMS agencies (LEMSAs) with designated trauma centers. Trauma Centers are physically located in 38 of the 58 counties. Two LEMSAs are not transmitting data in any form to CEMSIS.</p> <p>Due to the COVID-19 Pandemic, LEMSAs have not completed 2019 trauma data submissions, or submitted trauma data for 2020. EMSA staff have been temporarily assigned as part of the statewide emergency response and will resume monitoring data submissions once operations return to normal.</p>
8. CEMSIS RDS I	Victoria Lupinetti, ext. 622	<p>The pilot project for matching trauma and EMS data for patients admitted to UC Davis Medical Center (UCDMC) is nearing completion of a rough draft. EMSA staff are working with Sacramento County EMS Agency and UCDMC trauma registrars for assistance on data linkage. EMSA is attempting to increase the patient match rate for records in CEMSIS and the ImageTrend Patient Registry by validating and reviewing the records for accuracy and completeness. The successful match rate for UCDMC records for June 2019 is roughly 50%, with a goal of at least 75-90%.</p> <p><u>Reports</u> A report on the success of EMS and trauma patient record matching is currently in development but is in slow-development due to COVID-19 activities. It includes:</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		submission rates by EMS agencies, patient demographics, response times, and an overview of the study methodology.
9. CEMSIS EMS Data	Ashley Stewart, ext. 910	<p>As of May 2020, CEMSIS has almost four million records for 2018, over four million records for 2019, and more than 1.2 million records for 2020 in Version 3.4. Once the final LEMSA onboards and all 911 EMS providers submits data, CEMSIS will have approximately 6 million records each year.</p> <p><u>Reports</u> The annual CEMSIS and trauma report will be delayed due to COVID-19.</p>
10. Communications	Heidi Wilkening, ext. 556	Due to COVID-19 response activities, EMSA personnel is unable to attend the various California EMS communications meetings. It is expected that attendance will resume once restrictions have been lifted and meetings resume.
11. Core Measures	Michelle McEuen, ext. 1925	EMSA engaged EMSAAC to assist in a review and revision process of the Core Measure Specifications. In-person meetings took place on December 2, 2019, in San Francisco, CA and February 27, 2020, in Orange County, CA between EMSA and various LEMSA representatives familiar with Core Measures to discuss project improvements. EMSA is currently in the process of compiling the recommendations and incorporating the changes into the specification manual for 2019 reporting. Reporting for 2019 Core Measures has been postponed due to COVID-19 activities.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>12. Grant Activity/Coordination/ Maddy EMS Fund report</p>	<p>Lori O'Brien, ext. 3679</p>	<p><u>Health Resource Services Administration (HRSA) Grant:</u> EMSA has received the HRSA Notice of Award for budget period 4/1/2020 through 3/31/2021. All reporting is up-to-date, but activity is minimal due to the COVID-19 reponse.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG)</u> Final review and corrections on the 2020 State Plan were completed and submitted to CDPH on April 14, 2020. The plan is expected to be accepted by the Technial Advisory Committee on May 28, 2020 Based on projections, EMSA's total allocation will be \$2,727,396.00.</p> <p><u>Maddy EMS Fund Reporting</u> SFY 18/19 Maddy EMS Fund report submissions were received from 27 counties by the April 15th deadline. Due to the COVID-19 Pandemic, all counties were given an extension of the deadline for report submission. Reports are now due 45 days after the end of the declared state of emergency.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
13. Ambulance Patient Offload Time (APOT)	Adam Davis, ext. 409	<p>In July 2019, EMSA notified all LEMSAs of the new APOT reporting requirements pursuant to Health and Safety Code 1797.225. EMSA received APOT 1 and APOT 2 submissions from 32 of 33 LEMSAs and one LEMSAs failed to provide any submissions for quarter three of 2019. EMSA will be presenting quarter three results to the Commission for discussion.</p> <p>EMSA expects a significant delay in submissions due to COVID-19 activities.</p> <p>EMSA staff has been monitoring the impact of COVID-19 through the analysis of CEMSIS data related to APOT.</p>
Management Services (Office Support)	John Skarr	<p><u>Support DMS in Covid-19 Response</u></p> <ol style="list-style-type: none"> 1. Support the DOC operations in Logistics & Planning. <p><u>Processed letters and documents.</u></p> <ol style="list-style-type: none"> 1. Route and track all EMS plans, Trauma System Status Reports, grant letters, etc. 2. Review, edit, and format documents and letters from within and outside of division. 3. Follow up with staff to ensure that all documents and letters are fully processed and/or mailed out within specified time frames. 4. Make copies of all documents processed for chron file. 5. Receive and appropriately file certified mail receipts. <p><u>Assisted in Out of State Medical Licensure in State of Emergency</u></p> <ol style="list-style-type: none"> 1. Assisted personnel team in approving and denying requested temporary out of state medical license. <p>Assisted management with travel reinbursements.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
June 17, 2020 – Item #4A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p>Assisted in preparation for EMS Commission.</p> <p>Supported management as needed daily.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2020

Item 4B

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sergy (Esam) El-Morshedy
Legislative Coordinator

SUBJECT: Legislative Report

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 https://emsa.ca.gov/legislative_activity/. Copies of the printed Legislative Report will also be available at the Commission Meeting on June 17, 2020.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Rick Trussell, Chief
Fiscal and Administration Unit

SUBJECT: Administrative and Personnel Report

Item #5A**RECOMMENDED ACTION:**

Information Only

FISCAL IMPACT:

None

DISCUSSION:**Emergency Medical Services Authority (EMSA) Budget:****2019-20**

The 2019-20 enacted California State budget includes expenditure authority in the amount of \$54.5 million and 79 permanent positions. Of this amount, \$27.2 million is delegated for State operations and \$27.3 million is delegated to local assistance. State operations and local Assistance expenditure authority have been increased since last report as a result of COVID-19 response activities and Health Information Technology Exchange Emergency Medical Services (HITEMS) program expenses.

As of June 1, 2020, accounting records indicate that the Department has expended and/or encumbered \$41.9 million or 76.7% of available expenditure authority. Of this amount, \$23.1 million or 85% of State Operations expenditure authority has been expended and/or encumbered and \$18.8 million or 68.8% 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.

2020-21

The Governor's May Revise Budget for 2020-21 released in May 2020 includes expenditure authority in the amount of \$35.9 million and 79 permanent positions. Of this amount, \$16.6 million is delegated for State operations and \$19.3 million is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA requested one permanent position and State Operations funding of \$356,000 General Fund in 2020-21, \$342,000 in 2021-22, and \$171,000 annually thereafter to implement and meet the ongoing workload associated with the passage of SB 438 (Chapter 389, Statutes of 2019). SB 438 prohibits a public agency from delegating, assigning, or entering into a contract for "911" call processing services regarding the dispatch of emergency response resources unless the delegation or assignment is to, or the contract is with, another public agency.
- EMSA requested local assistance funding of \$365,000 General Fund to improve regional disaster medical and health mitigation, preparedness, response and recovery by funding three additional Regional Disaster Medical Health Specialists (RDMHS) to serve as shared resources within the three California Office of Emergency Services (OES) Mutual Aid Regions.

EMSA Staffing Levels:

As of June 1, 2020, the Department is authorized 79 positions and also has 12 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 91. Of the 91 positions, six (6) positions are vacant at this time.

	Division				Total
	Admin/Exec	DMS	EMSP	EMS	
Authorized	25.0	18.0	22.0	14.0	79.0
Temporary Staff	8.0	2.0	1.0	1.0	12.0
Staffing Level	33.0	20.0	23.0	15.0	91.0
Authorized (Vacant)	-2.0	-2.0	-1.0	0.0	-5.0
Temporary (Vacant)	0.0	-1.0	0.0	0.0	-1.0
Current Staffing Level	31.0	17.0	22.0	15.0	85.0

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: June 17, 2020

Item #5B

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Steven A. McGee
Administrative Adviser

SUBJECT: Legal Report

RECOMMENDED ACTION:

Receive information on Legal Office Activities.

FISCAL IMPACT:

None

DISCUSSION:

*NOTE: Due to the Covid-19 pandemic, the Office of Administrative Hearings and most courts in the state were closed or remain closed, and those that are currently operating are working at a reduced schedule or are providing limited hearings remotely. As a result, nearly all hearings that EMSA is a part of have been continued to future dates by the courts themselves.

Disciplinary Cases:

From February 14, 2020, to May 15, 2020, EMSA issued seventeen new accusations against existing paramedic licenses, three statement of issues, three administrative fines, three temporary suspension orders and accusations, and eight decisions on petitions for reduction of penalties and license reinstatements. Of the newly issued actions, one Respondent has requested that an administrative hearing be set. There are currently thirteen hearings scheduled. There are currently thirty-two (32) 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: EMSA is currently working to determine hearing dates and request a hearing through OAH for the appeal of a denial of a local EMS plan.

California Fire Chiefs Association, Inc. v. EMSA: Sacramento Superior Court Case No. 34-2019-80003163, filed June 7, 2019. California Fire Chiefs Association, Inc. (CalChiefs) filed 3 petitions with the Office of Administrative Law (OAL) seeking a determination that EMSA Publications #141 (approved by the Commission), draft 141-B, and 310 were alleged underground regulations. Pursuant to CCR Title 1 Section 280, EMSA certified that it would not use or enforce those publications. CalChiefs filed suit against EMSA, alleging that “Despite its Section 280 Certification, EMSA has continued to use, enforce, or attempt to enforce the alleged underground regulations in CalChiefs’ petitions and rebuffed CalChiefs’ demands that it comply with its certification.” On March 12, 2020 the Court issued a tentative ruling denying CalChiefs’ petition for writ of mandate and requests for declaratory and injunctive relief. A hearing was held on March 13, 2020, wherein oral argument was taken. The court subsequently requested that the parties submit post hearing briefs, which have been submitted. Awaiting the court’s final ruling.

Turner v. EMSA: Sacramento County Superior Court #34-2020-8003298, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing has been scheduled for June 23, 2020, at 10 AM with any oral argument to be given remotely via Zoom. The hearing will be live-streamed via YouTube.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: June 17, 2020

Item #5C

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Alexander Bourdaniotis, Supervising Special Investigator
Paramedic Enforcement Unit

SUBJECT: Enforcement Report

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None

DISCUSSION:

Unit Staffing:

As of May 1, 2020, the Enforcement Unit is staffed with five full-time special investigators, one part-time retired annuitant special investigator and one full-time associate government program analyst (AGPA-Probation Monitor). In March 2020, the part-time retired annuitant special investigator ended his term with EMSA. The position is being left vacant for salary savings.

Investigative Workload:

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

Cases opened since January 1, 2020, including:

Cases opened:	133
Cases completed and/or closed:	115
EMT-Paramedics on Probation:	224

Enforcement Report

June 17, 2020

Page 2

In 2019:

Cases opened:	338
Cases completed and/or closed:	326
EMT-Paramedics on Probation:	220

Status of Current Cases:

The Enforcement Unit currently has 127 cases in “open” status.

As of May 1, 2020, there are 51 cases that have been in “open” status for 180 days or longer, including: seven Firefighters’ Bill of Rights (FFBOR) cases and eleven (11) cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 51 cases are divided among five special investigators 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.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2020 **Item #5D**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Kim Lew, Manager
Paramedic Licensure Unit

SUBJECT: National Registry of EMTs Examination Results

RECOMMENDED ACTION:

Receive information on the National Registry of EMTs (NREMT) paramedic and EMT pass rates in California.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Local EMS agencies approve most EMT, AEMT, and paramedic training programs; however, EMSA approves statewide public safety agency EMT training programs, which include the California Highway Patrol, CAL FIRE, California Firefighter Joint Apprenticeship Committee, and the State Department of Parks and Recreation.

The state of California continues to have the highest number of NREMT certified EMS professionals nationwide. As of May 13, 2020, there are 31,598 NREMT certified EMTs, AEMTs, and paramedics in California.

Although California paramedic and EMT program graduates continue to exceed first time pass rate national averages, this year's data shows a 1-3% decrease in the percentage of students passing the NREMT exams on their first attempt. A decrease in California EMS student above average pass rates by topic also decreased from the previous year.

Attached are data from the NREMT that list the first attempt pass rate results of paramedics and EMTs affiliated with California approved training programs and associated data trends.

Attachments:

Commission on EMS

June 15, 2016

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2019 California Paramedic Pass Rates by LEMSA and Program

2019 California EMT Pass Rates by LEMSA and Program

California and National NREMT Pass Rate Data Trends

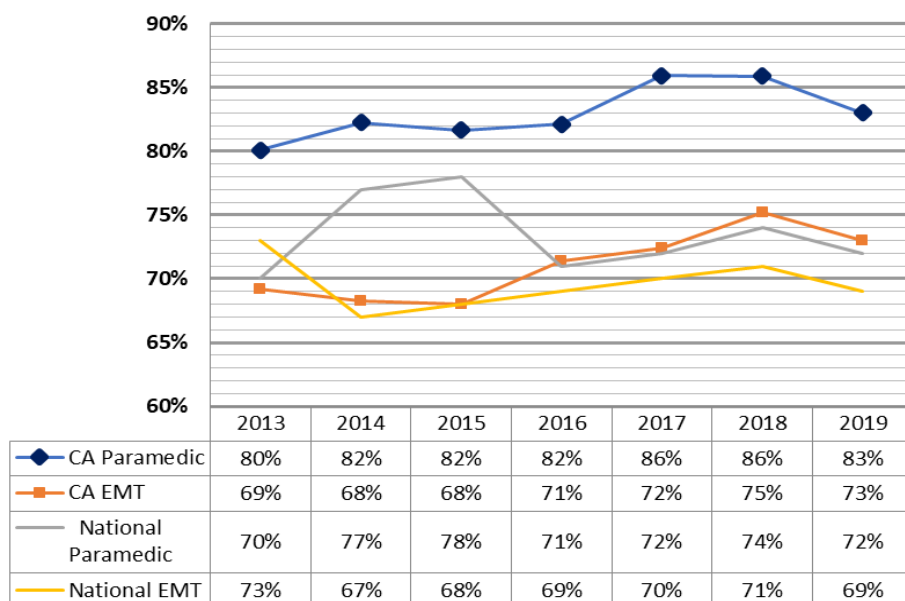


California Emergency Medical Services
2019 California EMS Program NREMT Pass Rates
Effective 05/13/20

1 st ATTEMPT AVERAGE PASS RATES			
PARAMEDIC			
Organization Type	# with Reported Data	# Exceeded CA State Average Pass Rate	%
LEMSAs	18	13	72%
Programs	31	19	61%
EMT			
Organization Type	# with Reported Data	# Exceeded CA State Average Pass Rate	%
LEMSAs	31	19	61%
Programs	163	66	41%

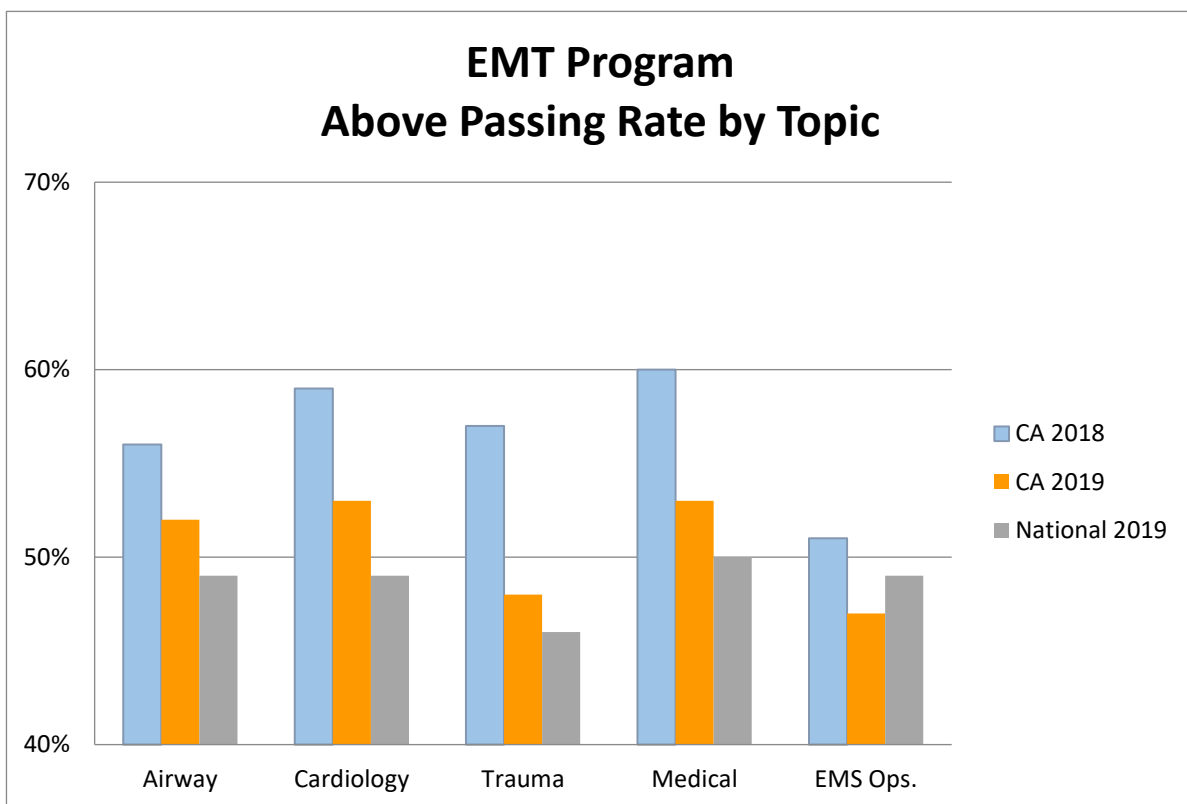
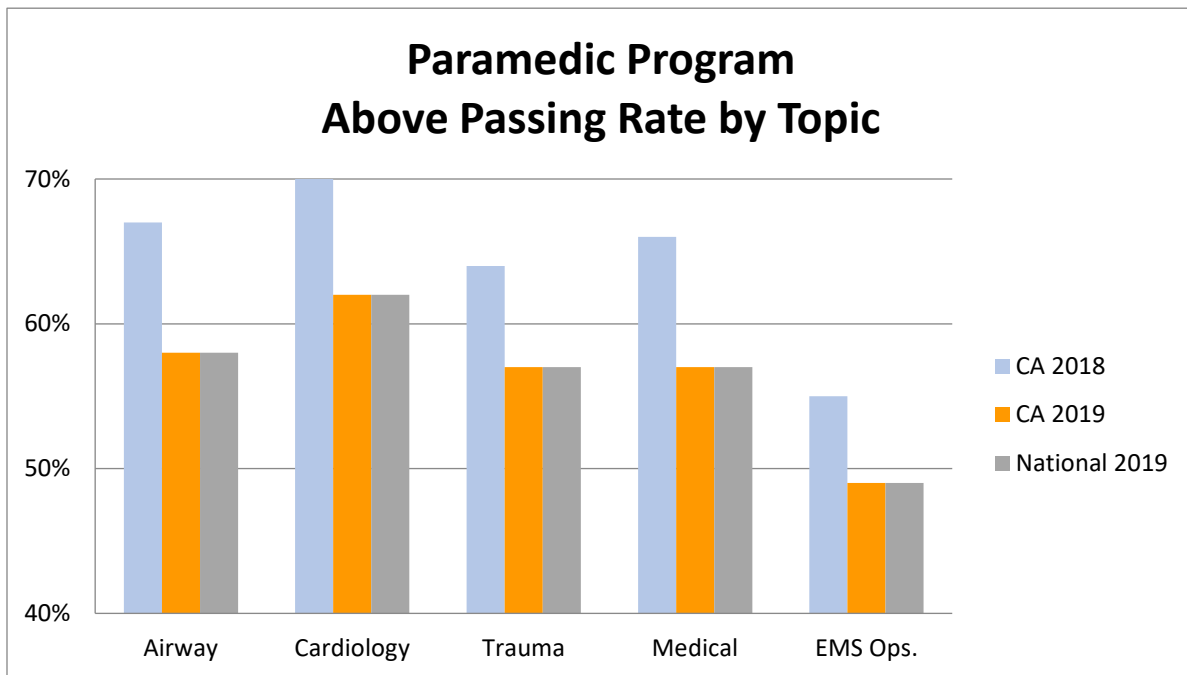
CALIFORNIA vs. NATIONAL				
2019	Attempted Exam	# Pass 1 st Attempt	% Passed 1 st Attempt	% Change from Previous Year
PARAMEDIC				
California	967	802	83%	-3%
National	12132	8788	72%	-2%
EMT				
2019	Attempted Exam	# Pass 1 st Attempt	% Passed 1 st Attempt	% Change from Previous Year
California	9907	7270	73%	-2%
National	81012	55794	69%	-1%

California Annual NREMT Pass Rates





California Emergency Medical Services
2019 California EMS Program NREMT Pass Rates
Effective 05/13/20





California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt

Alameda County EMS Agency

ALCO EMS Corps EMT Program	CA-01031			10	40%	26	62%	35	80%	12	50%
American Health Education	CA-01009	63	63%	53	66%	119	67%	117	70%	122	86%
Bay Area Training Academy	CA-01030	19	68%	22	72%	41	68%	103	81%	197	80%
Bear EMT Program	CA-01028			42	74%	56	64%	83	73%	52	79%
Berkeley STEP	CA-01029			3	100%	4	75%	7	86%	5	40%
Chabot College	CA-01014	38	74%	38	79%	31	55%	31	58%	41	71%
Fast Response School of Health Care Education	CA-01004	144	84%	185	81%						
Las Positas College	CA-01001	46	83%	44	80%	47	83%	42	69%	70	79%
Merritt College/Alameda County	CA-01022	29	52%	40	58%	59	61%	68	53%	61	64%
NCTI- Bay Area (Livermore)	CA-65032					43	81%	55	87%	115	79%
Project Heartbeat EMS Academy	CA-01032									71	68%
Unitek College	CA-01003	351	73%	330	70%	299	76%	279	70%		
LEMSA TOTALS		690		767		725		820		746	

Central California EMS Agency

Alert Medical Training	CA-61027					55	71%	87	68%	94	62%
American Ambulance	CA-61005	53	87%	16	100%	54	74%				
Auberry Volunteer/Alert Medical Training	n/a	48	56%	33	61%						
California State University Fresno	CA-61006	7	43%	7	71%	3	33%	8	50%	6	0%
College of the Sequoias	CA-61019	21	48%	24	33%	30	33%	26	46%	32	28%
Dinuba Fire Department	CA-61020	16	31%	13	15%						
Fresno City College Fire Academy	CA-61008	39	41%	58	52%	35	49%	70	59%	64	23%
Valley ROP	CA-61042			1	100%	26	31%	61	16%	105	31%
Hume Lake Fire Department	CA-61037			3	100%	1	100%	4	100%	3	67%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Institute of Technology-Clovis	CA-61030										
Madera Adult School	CA-61017	4	25%	8	50%	6	67%	13	46%	11	45%
Minarets Adult Education EMT-Basic	CA-61032	19	47%	19	74%	9	78%	21	67%	15	60%
NAS Lemoore F&ES EMT Program	CA-61041			3	33%						
Orange Cove Fire Department	CA-61013	15	40%	6	17%	14	36%	18	28%	18	33%
Porterville Community College	CA-61024	25	48%	22	59%	10	60%	34	50%	52	44%
Selma Fire Department	CA-61003	12	25%	8	38%	20	0%				
Tulare Co. Fire Department	CA-6023									4	50%
Yosemite Unified School District	CA-61018										
West Hills College	CA-61004	24	54%	18	67%	14	36%	29	69%	31	74%
WestMed College-Fresno	CA-61031										
LEMSA TOTALS		283		239		277		371		435	

Coastal Valleys EMS Agency

Coast Life Support District	CA-66017									10	60%
Mendocino College Mendocino County	CA-66006	21	76%	54	74%	35	66%	31	61%	61	60%
Mendocino County Office of Education ROP	CA-66005	17	71%	7	100%	7	71%	4	75%		
Santa Rosa Junior College	CA-66001	106	83%	120	97%	95	96%	125	93%	123	96%
LEMSA TOTALS		144		181		137		160		184	

Contra Costa County EMS Agency

Contra Costa College	CA-07001	7	29%	23	57%	4	25%	23	57%	43	58%
Los Medanos Community College	CA-07003	86	47%	122	75%	144	72%	80	54%	60	30%
Mt Diablo Adult Education	CA-07002	8	88%	16	75%	14	29%	27	74%	13	62%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
LEMSA TOTALS		101		161		162		130		116	

El Dorado County EMS Agency

El Dorado County Training Officer's Assn	CA-09002	22	77%	29	66%	17	100%	31	71%	35	94%
Lake Tahoe Community College	CA-09001	33	85%	37	65%	43	72%	36	78%	44	68%
LEMSA TOTALS		55		66		60		67		79	

Imperial County EMS Agency

Bureau of Land Management	CA-13004			14	86%	2	100%				
Central Union Adult School	CA-13005									5	0%
Imperial Community College	CA-13002					1	100%			46	50%
Imperial Valley College	CA-13001	45	58%	31	71%	45	71%			36	47%
LEMSA TOTALS		45		45		48		0		87	

Inland Counties EMS Agency

Barstow Community College	CA-62001	9	56%	9	56%	14	79%	8	50%	6	67%
Big Bear Fire Department	CA-62028			10	40%						
Cerro Coso Community College	CA-15007	26	69%	28	86%	40	75%	46	78%	37	78%
Chaffey College	CA-62022	46	54%	44	41%	36	64%	56	39%	76	59%
Copper Mountain College	CA-62003	14	64%	34	71%	33	79%	18	94%	15	67%
CPR and More	CA-62042			57	68%	84	77%	71	65%	93	55%
Crafton Hills College	CA-62008	108	56%	136	68%	115	64%	103	65%	146	55%
Inland Empire Healthcare Training Institute	CA-62041			2	0%	11	82%	17	65%	13	23%
Lone Pine Unified School District	CA-62010	1	100%								
Mono County EMS EMT Training Program	CA-62029					14	86%				
Montclair Fire Department	CA-62023	119	57%	90	56%	70	74%	68	75%		



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
San Bernardino Co. Fire	CA-62025					8	50%	1	100%		
San Bernardino Co. Superintendent of Schools ROP	CA-62045									9	44%
San Bernardino County Fire Department	CA-94027	4	25%			9	22%	6	67%		
So Cal EMT Fire Training	CA-62024			88	75%	50	70%				
So Cal EMT Fire Training - Oct 2017	CA-62030					3	100%	65	77%	108	66%
Southern Inyo Fire Protection District	CA-62027			8	63%	5	60%	5	40%	7	57%
US Colleges- San Bernardino	CA-62044									21	33%
Victor Valley Community College	CA-62006	119	45%	117	46%	128	46%	143	60%	132	64%
LEMSA TOTALS		442		623		620		607		663	

Kern County EMS Agency

Bakersfield College Allied Health	CA-15012	79	62%	144	65%	162	64%	146	62%	116	45%
Bakersfield Community College	CA-15004	29	59%								
Kern County Sheriff Office EMT Training	CA-15018			8	63%						
Taft College	CA-15011	4	50%	7	100%	14	79%			14	86%
LEMSA TOTALS		112		159		176		146		130	

Los Angeles County EMS Agency

Alhambra Unified School District	CA-19067			3	67%	2	100%	5	40%	4	75%
Antelope Valley College	CA-19019	4	75%	9	89%	10	70%	9	67%	16	63%
Antelope Valley High School District ROP	CA-19014	16	63%	21	90%	23	83%	23	96%	25	84%
California Institute of EMT	CA-19054	554	82%	565	87%	532	89%	502	90%	388	89%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Charter College - LA	CA-19066					8	13%				
Citrus Community College	CA-19002	40	83%	57	84%	51	78%	59	90%	44	89%
CSU Long Beach	CA-19062	76	47%	45	58%	74	61%	72	64%	66	74%
College of the Canyons	CA-19017	127	81%	123	89%	115	82%	118	86%	113	82%
Downey Adult School	CA-19064			40	30%	23	48%	42	48%	55	49%
East Los Angeles College	CA-19030	41	54%	31	55%	28	57%	18	61%	26	62%
East San Gabriel Valley ROP	CA-19031	43	40%	24	63%	18	61%	14	64%	26	58%
El Camino College	CA-19003	126	48%	93	83%	129	78%	153	75%	186	74%
Glendale Community College	CA-19004	62	87%	66	79%	61	85%	52	58%	63	62%
Long Beach City College	CA-19006	13	46%	19	63%	12	75%	12	75%	21	29%
Long Beach Fire Department	CA-19035			4	100%	13	69%				
Los Angeles County Fire Department	CA-19007	19	100%	31	94%	16	100%	54	85%	14	71%
Los Angeles County Sheriff's Department	CA-19009	2	100%	1	0%	5	100%				
Los Angeles Harbor College	CA-19036	19	58%	16	63%	7	57%	9	67%	3	67%
Los Angeles Valley College	CA-19010	60	63%	72	65%	88	66%	69	77%	58	91%
Mt. San Antonio College	CA-19011					53	60%	56	98%	142	82%
North Valley Occupational Center	CA-19039	28	57%	18	44%	31	48%	37	49%	28	64%
Pasadena City College	CA-19040	117	58%	128	63%	98	61%	104	95%	183	76%
Professional Career Development Center	CA-19068					1	100%				
ProTech Life Safety Services	CA-30022					59	64%	139	58%	178	66%
West Coast EMT- Redondo Beach	CA-19070					38	95%	133	90%	193	82%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Rio Hondo College Fire Academy	CA-19058	126	76%	114	73%	104	64%	115	74%	119	69%
Southern California ROC	CA-19050	22	36%	28	57%	29	62%	21	90%	21	86%
UCLA Center for Prehospital Care	CA-19013	471	93%	515	95%	564	97%	615	97%	636	92%
University of Antelope Valley	CA-19001			66	39%	113	53%	143	57%	106	49%
LEMSA TOTAL		1966		2089		2305		2574		2714	

Marin County EMS Agency

College of Marin	CA-21001	13	100%	12	92%	16	94%	19	89%	23	74%
LEMSA TOTAL		13		12		16		19		23	

Merced County EMS Agency

Merced Community College	CA-24001	36	64%	39	77%	31	77%	44	86%	46	63%
LEMSA TOTAL		36		39		31		44		46	

Monterey County EMS Agency

Hartnell Community College	CA-27001	38	42%	18	44%	28	43%	38	32%	52	21%
Monterey Peninsula College	CA-27002	63	51%	53	70%	45	73%	35	86%	53	79%
Monterey Peninsula ROP	CA-27004	1	0%					1	0%		
LEMSA TOTAL		102		71		73		74		105	

Mountain Valley EMS Agency

Academy for Profesional Development	CA-60027			5	20%	18	22%	35	54%	33	45%
Abrams College	CA-60003	107	41%	137	41%	114	42%	81	44%	99	52%
Ceres Unified Adult Education	CA-60002	20	55%	14	64%	24	33%	25	80%	41	56%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
First Lady Permanente	CA-60028					15	33%	66	44%	60	53%
Hughson Fire Protection District	n/a	12	58%	4	50%						
Ione Fire Department	CA- 60026	19	47%	51	43%	33	24%	16	31%	13	8
Mariposa County Fire Department	CA-60021			19	89%						
Modesto Junior College	CA-60001	55	76%	50	90%	63	84%	59	93%	66	88%
Murphys Fire Protection District	CA-60013	32	72%	30	70%	18	72%	15	67%	21	62%
LEMSA TOTALS		245		310		285		297		333	

Napa County EMS Agency

Napa Valley College	CA-67002	48	63%	37	49%	42	57%	33	85%	38	55%
Pacific Union College	CA-67003	12	58%	4	75%	9	67%	8	63%	7	57%
LEMSA TOTALS		60		41		51		41		45	

North Coast EMS Agency

College of the Redwoods	CA-63003	41	83%	37	68%	41	85%	44	82%	43	56%
Del Norte Fire Training Consortium	CA-63005	28	79%			22	77%			24	46%
Humboldt State University	CA-63007	19	74%	18	72%	17	47%	24	67%	28	71%
Lake County Fire Protection District	CA-63001	11	82%			7	57%				
LEMSA TOTALS		99		55		87		68		95	

Nor Cal EMS Agency

College of the Siskiyous	CA-65026	33	67%	25	21%	28	68%	32	84%	27	70%
Downieville Fire Protection District	CA-64026					12	100%			6	83%
Feather River College	CA-64007	9	67%	7	43%	6	50%	6	83%	11	45%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Lassen Community College	CA-64005	9	78%	4	25%	7	71%	9	44%	4	100%
Modoc Medical Center	CA-64019			6	100%	7	71%	4	75%	13	38%
Shasta Community College	CA-65022	75	63%	57	61%	64	66%	72	60%	105	59%
STAR/KZVFD EMT Program	CA-64020									2	0%
Trinity County Life Support EMT Program	CA-64024			2	100%	3	100%	3	100%	4	100%
LEMSA TOTALS		126		101		127		126		172	

Orange County EMS Agency

Central County ROP CTE Partnership	CA-30008	1	0%			1	0%			4	50%
Coastline Regional Occupational Program	CA-30002	43	60%	72	68%	60	62%	53	81%	51	65%
College and Career Advantage	CA-30024									15	47%
North Orange County ROP	CA-30003	63	57%	20	55%	11	55%	5	0%	11	36%
Orange Coast College	CA-30004	24	88%	45	78%	32	84%	52	85%	48	88%
Orange County CPR	CA-30015	235	60%	248	63%	142	59%	2	50%	2	100%
Orange County EMT	CA-30020					65	66%	209	76%	177	75%
Saddleback College	CA-30005	80	70%	93	82%	92	85%	98	77%	108	82%
Santa Ana College	CA-30006	31	68%	88	77%	95	81%	140	79%	132	82%
Santa Ana Fire Academy	CA-30013	16	63%								
South Coast ROP	CA-30001	24	58%	27	37%	18	44%	7	57%		
West Coast Emergency Medical Training - Orange	CA-30019	431	80%	543	73%	544	77%	566	78%	553	85%
LEMSA TOTALS		948		1136		1060		1132		1101	

Riverside County EMS Agency



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
College of the Desert	CA-33004	27	67%			34	88%	30	83%	52	69%
HealthPro EMT Training	CA-33013			9	78%	15	67%	26	58%	18	50%
Moreno Valley College	CA-33002	161	72%	153	84%	137	83%	126	90%	147	86%
Mt San Jacinto College	CA-33005	84	51%	53	57%	48	63%	56	64%	48	69%
Palo Verde College	CA-33001			2	50%						
Riverside Couty Fire (Cal Fire)	CA-33006									1	100%
Riverside County Office of Education ROP	CA-33007	11	9%			9	22%	17	24%	20	15%
Southern California EMS Training Institute	CA-33010			158	72%	78	78%	155	75%	125	66%
West Coast EMT-Riverside	CA-33011			257	72%	267	78%	301	77%	370	84%
LEMSA TOTALS		283		632		588		711		781	

Sacramento County EMS Agency

American River College	CA-34001	92	77%	145	86%	128	91%	101	83%	92	77%
California Regional Fire Academy	CA-34018	23	61%							41	80%
CA State Univ. Sac., Pre-Hospital Education	CA-34006	93	75%	112	70%	158	76%	169	80%	174	82%
Cosumnes River College	CA-34002	48	96%	47	91%	66	100%	76	92%	71	92%
Herald Fire District	CA-94032	13	8%								
Project Heartbeat LLC	n/a										
Walnut Grove Fire District	CA-34020					7	57%	5	0%		
LEMSA TOTALS		269		304		359		351		378	

San Diego County EMS Agency

Borrego Springs Fire Protection District	CA-37022	20	25%	17	59%						
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California National Registry of EMTs, EMT Pass Rates

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		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
EMSTA Inc.	CA-37007	333	74%	294	78%	290	76%	265	74%	209	77%
Grossmont Health Occupations Center	CA-37003	27	48%	45	44%	18	56%	34	76%	37	68%
Healthcare Academy of California	CA-37028			17	71%	71	48%	104	78%	90	81%
Link 2 Life, Inc.	CA-37023	47	70%	11	73%						
Miramar College	CA-37005	357	78%	357	85%	402	88%	395	83%	416	78%
National Polytechnic College	CA-37009	7	57%	126	76%						
Palomar Community College	CA-37001	215	79%	283	77%	301	82%	265	77%	267	74%
Southwestern Community College	CA-37006									63	75%
US Colleges- San Diego	CA-37030									17	53%
LEMSA TOTALS		1006		1150		1082		1063		1099	

San Francisco EMS Agency

City College of San Francisco	CA-38001	67	60%	102	60%	91	67%	111	74%	104	77%
University of San Francisco	CA-38008			23	91%	37	95%	54	91%	22	95%
LEMSA TOTALS		67		125		128		165		126	

San Joaquin County EMS Agency

Ripon Fire Department	CA-39003			10	60%	1	100%				
LEMSA TOTALS		0		10		1		0		0	

San Luis Obispo County EMS Agency

Cuesta College Allied Health-EMT	CA-40003	44	75%	59	86%	64	75%	79	77%	104	75%
LEMSA TOTALS		44		59		64		79		104	

San Mateo County EMS Agency



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
College of San Mateo	CA-41004	35	94%	36	89%	41	98%	31	87%	44	86%
Skyline College	CA-41002	60	87%	55	84%	55	78%	62	75%	67	67%
LEMSA TOTALS		95		91		96		93		111	

Santa Barbara County EMS Agency

Allan Hancock College	CA-42001	20	80%	35	49%	33	58%	40	35%	37	54%
NCTI-Santa Barbara	CA-65035					32	94%	16	100%	110	66%
Santa Barbara City College	CA-42002	123	84%	95	78%	64	84%	92	86%	147	
LEMSA TOTALS		143		130		129		148			

Santa Clara County EMS Agency

										80	73%
Foothill College	CA-43003					4	75%	35	69%	86	73%
Foothill Community College	CA-43008	136	71%	108	81%	106	86%	62	77%	92	48%
Mission College	CA-43005	72	67%	80	66%	71	73%	74	73%	374	63%
National University	CA-37026					163	64%	256	65%	29	76%
San Jose City College	CA-43002	47	83%	32	84%	33	79%	39	62%	53	66%
Silicon Valley Ambulance/ACE EMT Academy	CA-43012	8	50%	10	60%	17	65%	24	79%	26	46%
South Bay Regional Public Safety Training	CA-43015			21	57%	20	55%	25	56%	25	100%
Stanford University	CA-43009	16	100%	30	97%	23	100%	20	100%	2	100%
Sunnyvale Department of Public Safety	CA-43013	7	86%	18	100%	15	73%	13	100%		
Westmed College	n/a									767	
LEMSA TOTALS		286		299		452		548			

Santa Cruz County EMS Agency

										62	45%
Cabrillo College	CA-44002	79	78%	83	65%	66	76%	49	63%	127	87%
Defib This EMT Program	CA-44004			78	62%	143	86%	136	68%	189	



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
LEMSA TOTALS		79		161		209		185			

Sierra-Sac Valley EMS Agency

Absolute Safety Training EMT Program	CA-64004					24	46%	27	48%	24	58%
Absolute Safety Training - Oroville Adult	CA-65021			9	78%						
Burney Fire Protection District	CA-65036			6	50%	7	14%	7	71%	87	68%
Butte Community College	CA-65025	48	75%	57	82%	60	80%	75	81%		
Cambridge Junior College	CA-65037			11	36%						
Institute of Technology	CA-65024	19	84%	9	56%	6	50%				
Karuk Tribe	CA-65039			3	67%	1	0%			52	85%
NCTI- Bay Area (Livermore)	CA-65032			46	72%						
NCTI-Riverside	CA-65034			13	46%					65	94%
NCTI-Roseville	CA-65003	96	77%	69	74%	74	80%	70	91%		
NCTI-Santa Barbara	CA-65035			51	92%					97	89%
NOLS Wilderness Medicine at COS	CA-65028	103	96%	99	97%	110	93%	103	87%	249	78%
Sierra Community College	CA-65002	217	79%	195	82%	173	79%	285	72%	19	74%
Woodland Community College EMT Program	CA-65029	20	65%			14	93%	20	90%	48	60%
Yuba Community College District	CA-65004	21	86%	31	71%	26	88%	44	64%	641	
LEMSA TOTALS		524		599		495		631			

Solano County EMS Agency

National Institute for Healthcare Education	CA-48002			3	0%					79	68%
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California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Solano Community College	CA-48001	22	36%	31	58%	34	53%	43	65%	21	43%
Vallejo Regional Education Center	CA-48006					1	0%	5	20%	100	
LEMSA TOTALS		22		34		35		48			

Tuolumne County EMS Agency

30 80%

Columbia College	CA-55001	8	88%	11	100%	13	85%	18	83%	30	
LEMSA TOTALS		8		11		13		18			

Ventura County EMS Agency

28 46%

Conejo Valley Adult School	CA-56007	26	77%	24	83%	37	78%	31	65%		
Charter College	CA-56015			22	59%	14	57%				
EMS Training Institute Inc.	CA-56006	93	71%	100	85%	11	82%			45	58%
Moorpark College	CA-56001			5	100%	49	80%	61	70%	121	51%
Oxnard College	CA-56002	108	61%	104	71%	87	60%	104	58%	68	60%
Simi Valley Adult School	CA-56003	60	65%	57	63%	60	68%	64	61%	79	67%
Ventura College	CA-56004	43	88%	58	67%	60	82%	74	57%	341	
LEMSA TOTALS		330		370		318		334			

Yolo County EMS Agency

43 77%

On-Site Medical Service-EMT-B-Training	CA-65023	74	76%	46	80%	65	88%			118	96%
UC Davis Fire EMT Program	CA-57002									161	
LEMSA TOTALS		74		46		65		0			

EMS Authority

55 78%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Mott Training Center (CA Parks & Recreation)	CA-96001	19	89%			30	100%			23	100%
California State Parks	CA-96002									17	100%
CALJAC Academy	CA-94033										
Butte College Fire Academy	CA-94010	37	86%	42	88%	32	88%	43	88%	3	100%
EMSA TOTALS		56		42		62		43		98	
Exceeds the CA State Pass Rate											



California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt

Alameda County EMS Agency

Fast Response School of Health	n/a			18	83%						
Las Positas College	CA-01001			2	100%	16	100%	12	83%	13	77%
NCTI- Bay Area (Livermore)	CA-65032			96	79%	85	80%	96	78%	56	86%
LEMSA TOTAL				116		101		108		69	

Central California EMS Agency

Fresno County Dept. of Health	CA-61002	29	79%	22	77%	20	75%	31	84%	40	70%
West Hills College	CA-61004			5	40%	15	67%	8	63%	12	50%
WestMed College-Fresno	n/a			28	79%						
LEMSA TOTAL		29		55		35		39		52	

Coastal Valley EMS Agency

Santa Rosa Junior College	CA-66001	12	100%	19	100%	14	93%	21	90%	15	100%
LEMSA TOTAL		12		19		14		21		15	

El Dorado County EMS Agency

n/a											
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Imperial County EMS Agency

Imperial Valley College	CA-13001	14	71%	5	60%	1	0%	9	89%		
LEMSA TOTAL		14		5		1		9		0	

Inland County EMS Agency

Crafton Hills College	CA-62009	32	97%	22	82%	31	84%	37	81%	34	85%
Victor Valley Community College	CA-62006	29	59%	26	69%	43	81%	62	84%	42	64%
LEMSA TOTAL		61		48		74		99		76	

Kern County EMS Agency



California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Antelope Valley College	n/a	6	83%								
Bakersfield College Paramedic Program	CA-15004	18	94%	10	80%	20	90%	11	100%	19	84%
LEMSA Total		24		10		20		11		19	

Los Angeles County EMS Agency

Los Angeles County Paramedic Training	CA-19008			62	84%	66	86%	96	86%	94	89%
Mt. San Antonio College	CA-19011	30	90%	42	100%	13	100%	35	94%	32	88%
UCLA Paramedic Education	CA-19012	111	88%	85	86%	105	90%	105	87%	128	79%
University of Antelope Valley	CA-19001			11	91%	19	84%	29	79%	37	68%
LEMSA Total		141		200		203		265		291	

Marin County EMS Agency

n/a											
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Merced County EMS Agency

n/a											
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Monterey County EMS Agency

n/a											
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Mountain Valley EMS Agency

n/a											
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Napa County EMS Agency

Napa Valley College	CA-66009	11	100%	16	94%	8	88%	23	83%	4	100%
Napa Valley College	CA-67002									12	100%
LEMSA Total		11		16		8		23		4	



California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt

Northern California EMS Agency

Absolute Safety Training Inc.	CA-64004	16	69%	17	53%	10	30%				
LEMSA Total		16		17		10		0			

North Coast EMS Agency

North Coast EMS	CA-63002	19	74%	8	63%	16	75%	18	83%	13	69%
LEMSA Total		19		8		16		18		13	

Orange County EMS Agency

Saddleback College	CA-30005	49	90%	19	84%	50	74%	23	70%	53	83%
LEMSA Total		49		19		50		45		53	

Riverside County EMS Agency

Moreno Valley College	CA-33002	20	80%	24	83%	22	95%	23	83%	18	89%
National College of Technical Instruction - Riverside	CA-65034			67	76%	100	75%	106	74%	81	75%
LEMSA Total		20		91		122		129		99	

Sacramento County EMS Agency

American River College	CA-34001	13	92%	9	89%	9	100%	12	92%	22	91%
CA State Univ Sacramento, PreHospital Education Program	CA-34006	52	67%	51	78%	57	81%	72	79%	74	77%
LEMSA Total		65		60		66		84		96	

San Diego County EMS Agency

EMSTA Inc.	CA-37007	33	85%	21	71%	43	86%	36	94%	43	84%
Palomar Community College	CA-37001	39	95%	35	97%	64	84%	54	89%	43	91%
San Diego Fire-Rescue Dept. Paramedic Program	CA-37029							17	94%		



California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Southwestern Community College	CA-37006	25	100%	14	100%	16	100%	11	100%	9	100%
Westmed College Chula Vista	n/a	10	80%								
LEMSA Total		107		70		123		118		95	

San Francisco EMS Agency

City College of San Francisco	CA-38001	5	80%	25	84%	24	100%	24	88%	21	90%
LEMSA Total		5		25		24		24		21	

San Luis Obispo County EMS Agency

Cuesta College-CCPP	CA-40001	16	81%	10	80%	14	79%	14	79%	13	85%
LEMSA Total		16		10		14		14		13	

San Mateo County EMS Agency

n/a											
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Santa Barbara County EMS Agency

National College of Technical Instruction- Santa Barbara	CA-65035			17	88%	1	0%				
LEMSA Total											

Santa Clara County EMS Agency

Foothill College	CA-43003	30	80%	27	96%	29	97%	41	100%	46	91%
Westmed College- San Jose	CA-43014	5	20%	24	83%	22	82%	12	75%	3	100%
LEMSA Total		35		51		51		53		49	

Santa Cruz County EMS Agency

Emergency Training Services, Inc.		13	77%								
LEMSA Total		13									

Sierra-Sac Valley EMS Agency

Butte Community College	CA-65025	14	64%	12	83%	9	100%	20	90%	81	96%
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California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
NCTI -Roseville	CA-65003	62	77%	71	72%	73	90%	65	83%	56	86%
NCTI -Bay Area (Livermore)	CA-65032							96	78%	81	75%
NCTI-Riverside	CA-65034							106	74%		
NCTI-Santa Barbara	CA-65035			17	88%	1	0%			13	92%
College of the Siskiyous	CA-65026	15	100%	20	90%	17	100%	18	89%	251	
LEMSA Total		91		120		100		305			
Solano County EMS Agency											
n/a											
Tuolumne County EMS Agency											
n/a											
Ventura County EMS Agency										20	70%
Ventura College	CA-56004	14	86%	16	81%	23	83%	15	87%	20	
LEMSA Total		14		16		23		15			
Yolo County EMS Agency											
n/a											
Exceeds the CA State Pass Rate											

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: LA County EMS Stroke Trial Study

Item #5E**RECOMMENDED ACTION:**

Receive notification of EMSA approval of a trial study conducted by Los Angeles County EMS Agency pursuant to California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100147, Trail Studies.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:**Los Angeles County EMS Agency**

On March 1, 2019, EMSA 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 EMSA on April 2, 2019. Enrollment of patients began January 20, 2020. The first 18-month report will be due to the EMS Authority on July 20, 2021. This report will be presented to the Commission on EMS at the following scheduled meeting.

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.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: June 17, 2020

Item #5F

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Lou Meyer
Community Paramedicine Pilot Project Manager

SUBJECT: Community Paramedicine Pilot Project Report

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 Office of Statewide Health Planning and Development (OSHDP) approved Health Workforce Pilot Project (HWPP) #173, a pilot project to test six different concepts for the practice of community paramedicine (CP) in ten geographic areas across California. Each site chose the concept(s) it would test based on local needs and interests. The concepts tested are

- Case management services for people who frequently use emergency medical services (EMS)
- Short-term, home-based follow-up care to people recently discharged from a hospital due to a chronic condition
- Directly observed therapy for tuberculosis
- Collaboration with hospice agency nurses, patients, and family members to treat patients in their homes according to their wishes instead of transporting them to an ED

- Offering people who have mental health needs, but no acute medical needs, transport directly to a mental health crisis center instead of to an ED
- Offering people with low-acuity medical conditions transport to an urgent care center for evaluation by a physician, instead of to an ED

In February 2017, a seventh pilot project concept launched in San Francisco City and County. This concept provides an alternative to transportation to an emergency department (ED) for persons who are inebriated. In June 2018, the Gilroy Fire Department, in partnership with Santa Clara County Emergency Medical Services, initiated a new project that provides alternatives to the ED for persons who are either inebriated or have mental health needs. In July 2018, Central California EMS and American Ambulance launched a new project that provides an alternative to the ED for persons with mental health needs. In September 2018, San Francisco launched a new project for frequent EMS users. In July 2019, Los Angeles County EMS started a new project providing alternatives to the ED for persons who are either inebriated or have mental health needs.

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 Healthforce Center at the University of California, San Francisco is serving as the independent evaluator for the HWPP #173.

The tables below summarize the evaluators' findings regarding implementation during the months of October, November, and December 2019. Previous reports addressed implementation from June 2015 through September 2019. The report contains new information about all projects that were in operation during the fourth quarter of 2019, including Project CP010 – San Diego's Frequent EMS User Project, which was relaunched in June 2019, and Projects CP018 and CP019 – the City of Los Angeles' Alternate Destination – Mental Health and Alternate Destination – Sobering Center projects, which began enrolling patients in June 2019.

Pilot Sites and Community Paramedicine Concepts

Project #	Lead Agency	Community Paramedicine Concept	Date Implemented
CP001	UCLA Center for Pre-Hospital Care	Alternate Destination – Urgent Care	Sept. 8, 2015
CP002	UCLA Center for Pre-Hospital Care	Post-Discharge	Sept. 1, 2015
CP003	Orange County	Alternate Destination – Urgent Care	Sept. 14, 2015
CP004	Butte County EMS	Post-Discharge	July 1, 2015
CP005	Ventura County EMS	Tuberculosis	June 1, 2015
CP006	Ventura County EMS	Hospice	Aug. 1, 2015
CP007A	Alameda City EMS	Frequent EMS Users	July 1, 2015
CP007B	Alameda City EMS	Post-Discharge	June 1, 2015
CP008	San Bernardino County and Rialto Fire Departments	Post-Discharge	Aug. 13, 2015
CP009	Carlsbad Fire Department	Alternate Destination - Urgent Care	Oct. 9, 2015
CP010	City of San Diego	Frequent EMS Users	Oct. 12, 2015
CP012	Mountain Valley – Stanislaus EMS	Alternate Destination – Mental Health	Sept. 25, 2015
CP013	Medic Ambulance Solano	Post-Discharge	Sept. 15, 2015
CP014	San Francisco Fire Department	Alternate Destination – Sobering Center	Feb. 1, 2017
CP015A	Gilroy Fire Department	Alternate Destination – Sobering Center	June 6, 2018
CP015B	Gilroy Fire Department	Alternate Destination – Mental Health	June 6, 2018
CP018	Los Angeles Fire Dept. — EMS Bureau	Alternate Destination – Mental Health	June 21 2019
CP019	Los Angeles Fire Dept. — EMS Bureau	Alternate Destination – Sobering Center	June 21, 2019
CP021	San Francisco Fire Department	Frequent EMS Users	Sep. 12, 2018
CP022	American Ambulance—Fresno & Kings Counties	Alternate Destination – Mental Health	July 30, 2018

Community Paramedicine Pilot Project Report

June 17, 2020

Page 4

Number of Persons Enrolled per Project, by Month

Project No.	Concept	Enrolled for the First Time			Total Enrolled			Cumulative Enrolled*
		Oct - 19	Nov - 19	Dec - 19	Oct - 19	Nov - 19	Dec - 19	
CP001	Alternate Destination – Urgent Care	Closed May 2017						12
CP002	Post-Discharge	Closed in August 2016						154
CP003	Alternate Destination – Urgent Care	Closed in November 2017						34
CP004	Post-Discharge	Closed in December 2018						1,001
CP005	Tuberculosis	0	0	0	4	4	4	52
CP006	Hospice	1	0	5	-	-	-	382
CP007A	Frequent EMS Users	0	0	0	10	10	10	82
CP007B	Post-Discharge	0	0	0	3	0	0	137
CP008	Post-Discharge	-	-	-	-	-	-	228
CP009	Alternate Destination – Urgent Care	Closed in November 2017						2
CP010	Frequent EMS Users	0	5	0	12	17	17	63
CP012	Alternate Destination – Mental Health	3	3	3	-	-	-	437
CP013	Post-Discharge	1	3	5	2	3	6	269
CP014	Alternate Destination – Sobering Center	81	62	102	-	-	-	2,423
CP015A	Alternate Destination – Sobering Center	0	0	0	-	-	-	0
CP015B	Alternate Destination – Mental Health	4	0	1	-	-	-	91
CP018	Alternate Destination - Mental Health	9	4	8	-	-	-	44
CP019	Alternate Destination - Sobering Center	11	7	8	-	-	-	34
CP021	Frequent EMS Users	7	17	8	50	74	85	222
CP022	Alternate Destination – Mental Health	148	122	138	-	-	-	2,956
Total		265	223	278	81	108	122	8,623

Independent Evaluation & Conclusion

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.

The independent evaluator continued to find that pilot projects have integrated with existing health care resources and utilize the unique skills of paramedics and their availability 24 hours per day, 7 days per week. The pilot projects have not displaced any other health professionals. Instead, they have demonstrated that community paramedics can collaborate with physicians, nurses, behavioral health professionals, and social services workers to fill gaps in the health and social services safety net. The community paramedics always operate under medical control – either directly or by protocols developed by physicians experienced in EMS and emergency care.

CARESTAR Foundation Grants

The ***CARESTAR Foundation***, is a new California-based philanthropy formed as a result of the sale of CALSTAR (California Shock Trauma Air Rescue) and committed to honoring CALSTAR'S legacy in the field of emergency and trauma care. Their mission is to strengthen connections and foster partnerships in California's injury prevention, emergency response and trauma care landscape to improve health outcomes for all Californians.

in collaboration with the California Emergency Medical Service Authority (EMSA) and as part of their developing grants portfolio, they are initiating a multi-year initiative, that focuses on the sustainability and spread of Community Paramedicine in California. To honor the leadership role of the Community Paramedicine sites in this field, and to provide a little extra support for their front line work they are granting each Pilot Project site a \$30,000 unrestricted grant to help to sustain their current Community Paramedicine Pilot Projects.

COVID-19 Community Paramedicine Concept Usage

Throughout the state Pre-Hospital Care personnel have been engaged in providing care while staffing alternative care sites, long term care facilities or similar, during declared COVID-19 local public health emergency through the approval of a Local Optional Scope of Practice (LOSOP) requests submitted and approved by the EMSA Director.

Rationale: Paramedics are trained to administer medications through Inhaled, IV, IM, SQ and PO routes. EMTs and paramedics are familiar with medications as they are often reviewed during routine and emergent transports of patients. EMTs and

Community Paramedicine Pilot Project Report

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Paramedics are already allowed to assist patients with administration of MDIs which is non-invasive like PO administration.

Agency	Static Site Care EMT	Static Site Care Paramedic
Alameda	X	X
Contra Costa	X	X
Kern	X	X
Los Angeles	X	X
Merced	X	X
Orange	X	
San Benito	X	X
San Francisco	X	X
San Joaquin	X	X
San Mateo	X	X
Santa Cruz	X	X
Tuolumne	X	X
Yolo	X	X
Mountain-Valley	X	X
TOTALS	14	13

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: June 17, 2020

Item #6A

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Anne Johnson
Interim Executive Assistant

SUBJECT: Director's Report

RECOMMENDED ACTION:

Receive information regarding EMSA activities in response to the COVID-19 Pandemic.

FISCAL IMPACT:

None

DISCUSSION:

This will be a verbal presentation.

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DATE: June 17, 2020

Item #6B

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: Disaster Medical Services Division

RECOMMENDED ACTION:

Receive information regarding the EMSA activities in response to the COVID-19 Pandemic.

FISCAL IMPACT:

None

DISCUSSION:

The 2020 COVID-19 Pandemic began with an outbreak of a novel Corona Virus (SARS-CoV-2) in Wuhan, Hubei Province, China in December 2019. SARS-CoV-2 quickly spread around the world via international travel into and out of China, and by mid-January 2020, the virus had made its way to the United States with the first confirmed case in Washington State. In the State of California, the SARS-CoV-2 pandemic response started officially on January 24, 2020, with the activation of the California Medical and Health Coordination Center (MHCC) which is staffed and operated jointly by the Emergency Medical Services Authority (EMSA) and the California Department of Public Health (CDPH). The first confirmed case of SARS-CoV-2 in California appeared in Los Angeles County on January 26, and many more thousands of cases were confirmed throughout the State in the days and weeks to follow.

EMSA's early response activities include:

- Planning and coordinating response efforts with the Regional Disaster Medical Health Specialists (RDMHS), Medical Health Operational Area Coordinators (MHOAC), Local Emergency Medical Services Agencies (LEMSA), Local Health Departments (LHD), and CDPH.
- Working with local, regional, state, and federal partners to issue policy and guidance for LEMSAs and EMS responders statewide, including interim guidance on pre-hospital PPE

use, equipment decontamination, alternate patient destinations, and protocols for potential EMS employee virus exposure and isolation procedures.

- Supporting the federal repatriation flights from China and Japan to locations within California, including March ARB, Travis AFB, and Miramar Naval Base.
- Establishing contracts with EMS transport providers to enable rapid and appropriate transport of suspect SARS-CoV-2 patients.
- Coordinating the approval of out-of-state medical professionals to practice in California for the COVID-19 response. As of 5/13/20, approximately 8,000 medical professionals have been approved.

EMSA's response increased significantly on March 9, 2020 with the arrival of the Grand Princess Cruise Ship (GPCS) at the Port of Oakland. The GPCS housed approximately 2,500 civilian passengers and around 1,000 crew members. Initial SARS-CoV-2 tests of symptomatic persons on board revealed that there were 21 positive crew members and two (2) positive civilian passengers, and there were up to 100 other passengers and crew who were symptomatic and suspected of SARS-CoV-2 infection. EMSA, working with all partners, set up and coordinated a robust EMS Branch under the HHS Incident Management Team (IMT) at the Port of Oakland. The operation included 25 state-contracted ambulances, a private ambulance EMS Overhead team, and an EMSA Disaster Medical Services (DMS) management team. Between 03/09/20 and 3/14/20, the EMS Branch worked with HHS Disaster Medical Support Teams (DMAT) and health and medical partners to transport 54 suspect SARS-CoV-2 patients off the GPCS, and in subsequent weeks coordinated approximately 120 additional transports for GPCS patients to and from quarantine sites and Northern California hospitals.

By mid-March, the State of California and the EMSA transitioned into full SARS-CoV-2 Pandemic response mode. With confirmed cases increasing substantially in California, EMSA began working with all health and medical partners, Cal OES and the State of California Governor's Office on SARS-CoV-2 Pandemic support and mitigation strategies which includes:

- Activating EMSA's Department Operations Center (DOC) to support statewide medical operations.
- Coordinating CAL-MAT medical missions in partnership with California Air National Guard (CANG), American Medical Response (AMR), and EMSA staff.
- Provided support to Alternate Care Sites, Federal Medical Stations, Long-term Care Facilities, and quarantine locations.
- Providing emergent medical supplies to local hospitals and health care providers. EMSA became the central repository and hub for all State procured ventilators, IV Pumps, and BiPAP machines.
- Coordinating and onboarding "Health Corps," a statewide medical staffing initiative spearheaded by the Governor's Office.
- Co-leading the in the ESF 8 Multi-Agency Coordination (MAC) group for scarce resource allocation and policy guidance.

A significant development during the response was the impact of COVID-19 on the Long-Term Care (LTC) facilities. The need for staffing support and PPE/infection control education became a primary concern at the state-level. Facilities experienced high percentages of

COVID-19 positive patients and required substantial support to maintain operations. To date, the EMSA is providing medical support to ten Long-term Care Facilities.

EMSA developed a two-pronged approach for supporting Long-term Care Facilities. The first approach consisted of a 72-hour Medical Strike Team deployment to conduct a facility assessment and provide short term staffing and educational support. The second approach included a 2-week response deployment of CAL-MAT members and supporting medical staff to facilities with critical staffing and infection control deficiencies that could not be resolved within 3-5 days. Unfortunately, the medical teams ended up supporting much longer than two weeks.

Resources Deployed to Date:

- 250 CAL-MAT members
- 50 CA Air and Army National Guard members
- 75 AMR EMT and paramedics
- 50 EMS Authority staff
- 300 CA Health Corps personnel
- 200 Disaster Healthcare volunteers
- 879 MRC Volunteers
- 8 Mobile Medical Shelter Structures for medical surge
- 13 Ambulance Strike Teams plus single units for various transports

Successes:

In response to the SARS-CoV-2 Pandemic, EMSA was able to successfully work with all local, regional, state, and federal partners to provide urgent medical personnel, equipment, and supplies when requested statewide to respond to and mitigate medical surge.

- EMSA worked closely with local MHOACs, RDMHSSs, State-level response agencies, and federal partners to coordinate patient movement and medical care at treatment sites, including alternate care sites, federal medical stations, and long-term care facilities.
- EMSA successfully leveraged pre-existing agreements, state contracts, and partnerships to directly deploy medical providers and caches to 12 treatment sites across the State.
- EMSA was able to grow the CAL-MAT program from 180 members to approximately 550 members.
- Significant state-level medical support was possible under the CAL-MAT program through effective collaboration and partnerships with CANG and AMR.
- EMSA's transportation plan and agreements with EMS providers ensured extremely effective patient movement throughout the response.
- EMSA activated and deployed the Patient Unified Lookup System for Emergencies (PULSE), which successfully enabled providers in at treatment sites to retrieve patient health information, such as prescription histories, to assist with treatment.

- EMSA conducted weekly calls with medical directors and local EMS administrators to discuss response activities, concerns, and share ideas and best practices.
- EMSA CAL-MAT quickly became the goto source for providing competent care in COVID-19 environments. EMSA also became subject matter experts and provided training for COVID-19 treatment site personnel.

Lessons Learned:

1. EMSA does not have adequate staffing to support large scale disaster responses without risking burning out existing staff. EMSA was required to provide simultaneous support to 12 treatment sites, multiple supply warehouses, EMSA DOC, County EOC, MHCC, SOC, and conducted CA Health Corps onboarding across the State.
2. State ESF 8 needed to establish working parameters early with long-term care facilities to prevent mission creep and response durations greater than two weeks.
3. Improved communications regarding resource requesting is needed. There were numerous occasions when the medical and health system established processes were not followed, creating confusion and frustration.
4. Improved collaboration between EMSA, CDPH, and Cal OES concerning support for long-term care facilities was needed. Greater involvement from agencies with regulatory authority may have reduced the deployment lengths at some of the facilities.
5. Utilizing DHV for the CA Health Corps campaign created numerous problems for local coordinators. The system was modified, rendering it less than adequate for local use. Also, the distinction between Health Corps and DHV was confusing for many.
6. There was a need for clear messaging and protocols for PPE and infection control. The CDC PPE and infection control protocols were in flux, leading to a mix of guidelines being used at the various treatment sites.
7. Support for the RDMHC program became evident mid-way through the response. EMSA established contracts to bring on one additional RDMHS per mutual aid region through June 2021. The apparent need is to increase RDMHS staffing permanently.

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DATE: June 17, 2020

Item #6C

TO: Commission on EMS

FROM: Dave Duncan MD
Director

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

SUBJECT: Systems Impact

RECOMMENDED ACTION:

Receive information regarding the impact of the response to the coronavirus (COVID-19) on emergency medical services (EMS).

FISCAL IMPACT:

None.

DISCUSSION:

This will be a verbal presentation.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2020

Item #6D

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Personnel Related Changes

RECOMMENDED ACTION:

Receive information on the EMS personnel related changes as a result of the COVID-19 pandemic.

FISCAL IMPACT:

There will be costs associated with local optional scope training, COVID swab testing, staffing alternate care sites, and providing alternatives to clinical and field internship training for EMT and paramedic training programs.

DISCUSSION:

The COVID-19 pandemic has seriously impacted EMS systems, personnel, and training in multiple areas:

1. Many EMS training programs have suspended in-person classes due to social distancing restrictions. Hospital clinical training and field internships have also been suspended. EMT and paramedic training programs are looking for alternative ways to deliver clinical and field internship training.
2. EMT training programs and the National Registry of EMTs (NREMT) have suspended EMT certification and paramedic licensing psychomotor (skills) exams due to social distancing restrictions. The NREMT is issuing provisional registrations once the candidate passes the cognitive exam. The individual will need to pass the skills exam within six months after the NREMT resumes skills testing to receive a full NREMT registration. In California, EMTs and paramedics will be issued an active restricted certification or license which will change to active after they pass the skills exam.
3. Courses needed for recertification and accreditation such as CPR, ACLS, PALS, and ITLS have been suspended due to social distancing restrictions.

Personnel Related Changes

June 17, 2020

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4. EMS personnel are being utilized in nontraditional areas by filling the gaps for COVID swab testing and providing care at alternate care sites and static care sites.
5. Local EMS systems are identifying alternate care sites to address patient surges on the existing healthcare infrastructure.

Since March 4, 2020 the Governor has released a Proclamation of a State of Emergency and multiple Executive Orders. The Proclamation and several Executive Orders directed EMSA to address various items related to emergency medical services and the response to the COVID pandemic. Those items authorize EMSA to:

1. Approve out of state medical providers to practice in California for the duration of the emergency.
2. Develop a policy for EMS providers to transport to alternate care sites.
3. Approve additions to the local optional scopes of practice by waiving the statutory requirement for consulting with EMDAC's Scope of Practice Committee.
4. Suspend any certification, licensing, or training requirements for EMS personnel.
5. Allow EMS personnel to provide services in any setting as authorized by the Director of EMSA.

Policy Guidance

As a result of the Governor's Proclamation and Executive Orders, EMSA has created multiple policy guidance documents which are posted on EMSA COVID-19 INFO for Medical Response web page, <https://emsa.ca.gov/covid19/>. Here is a summary of those policy guidance documents:

1. Authorization of out of state medical personnel to temporarily practice in California:
 - a. As of May 15, 2020 over 8000 individuals of various professions have been temporarily authorized for the duration of the COVID pandemic. These professions include but are not limited to: physicians, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, radiological technicians, psychologists, phlebotomists, and respiratory therapists.
2. EMS Licensure, Certification, and Training:
 - a. Extend EMT, AEMT, and paramedic certification and license March, April, May, and June expiration dates to July 31, 2020. This was due to the suspension of certain in-person continuing education offerings such as CPR, ACLS, PALS, and ITLS courses.
 - b. EMTs, AEMTs and paramedics shall be allowed to perform their current scope of practice in hospitals, medical facilities, alternate care sites, shelters, in-home settings, or any additional settings approved by the Director of EMSA.
 - c. Allow EMTs, AEMTs, or paramedics with expired certifications or licenses within the previous six months to continue practicing for the duration of the COVID Pandemic. Six months was selected because expiration dates less than six months do not require any additional continuing education for reinstatement.
 - d. EMT skills verification for EMT recertification is suspended for the duration of the COVID Pandemic due to social distancing restrictions.

- e. Allow for the use of high fidelity simulation, scenarios, other innovative educational environments when approved by the local EMS agency to meet the clinical phase of EMT training.
 - f. Suspend EMT certifying skills exams due to social distancing restrictions.
 - g. Paramedic training programs may extend the timelines for placing students in clinical and field internship phases of their training due to the suspension of these resources.
 - h. Allow paramedic training programs to use high fidelity simulation, scenarios, and other innovative educational environments as substitutes for clinical and field internship training. These alternative educational methods need to be approved by the training program's medical director, advisory committee, and local EMS agency in conjunction with CoAEMSP training and terminal competency guidance.
 - i. Because EMT, AEMT, and paramedic certification and licensure skills exams have been suspended, EMS personnel will be issued an active restricted certification or license until skills exams are reinstated.
3. Alternate destination policy:
- a. EMSA has approved multiple alternate destinations for EMS transport for the Inland Counties EMS Agency, Alameda County EMS Agency and City and County of San Francisco EMS Agency.
4. Local Optional Scope:
- a. EMSA approved COVID swab testing by EMT and paramedics for 24 local EMS agencies.
 - b. EMSA has approved drug administration at static care sites for 14 local EMS agencies.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Kent Gray
Regulations Manager

SUBJECT: Regulations Update

Item #7A**RECOMMENDED ACTION:**

Receive information regarding the status of EMS regulations

FISCAL IMPACT:

None

DISCUSSION:

The following information is an update to the Emergency Medical Services Authority rulemaking. In accordance with Health and Safety Code Section 1797.107, the Emergency Medical Services Authority is promulgating the following regulations:

	Chapter	Status
1.1	Training Standards for Child Care Providers	Under review by the Emergency Medical Services Authority
1.9	Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards	Under review by the Emergency Medical Services Authority
4	Paramedic	Completed and approved Became effective 4/1/2020
7	Trauma Care Systems	Under review by the Emergency Medical Services Authority
10	California Emergency Medical Technician Central Registry	Under review by the Emergency Medical Services Authority
12	Emergency Medical Services System Quality Improvement	Under review by the Emergency Medical Services Authority
13	Emergency Medical Services System Regulations	Noticed March 6, 2020. Extended comment period closes 7/23/2020
TBD	SB 438	Target date October 1 to begin drafting.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2020

Item #8A

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Impact of Removed EMS Interventions

RECOMMENDED ACTION:

Receive information on the impact of removed EMS interventions.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:

At the December 3, 2019 Commission on EMS meeting, Commissioner Uner requested a report on whether or not more research on outcomes should be conducted after EMS interventions are removed.

Selecting or removing items in the paramedic basic scope is under the discretion of the local EMS agency medical director and is not reported to EMSA. EMSA is aware of requests to add, continue, or discontinue paramedic local optional scope items. EMSA is not aware of any research or analysis being done by the local EMS agency after an intervention is removed.

There are several factors considered by the local EMS agency medical director when an intervention is either added or removed that includes, but is not limited to, current evidence, utilization of the scope item, transport times, cost, availability of the scope item, training, and skills maintenance.

Since April 1, 2013 paramedic local optional scope items are approved for a three-year period to require the local EMS agency medical director to evaluate if they need to keep or remove a particular optional scope item.

Removed interventions:

The following items have been removed from either the paramedic basic scope or local optional scope since 2012:

1. Diltiazem was removed from the basic scope.
2. MAST pants were removed from the local optional scope.
3. Nasotracheal Intubation was phased-out from the local optional scope.
4. Mannitol was removed from the local optional scope.
5. Terbutaline was removed from the local optional scope.
6. Pediatric endotracheal intubation was removed from the local optional scope as a stand-alone procedure and moved to the Unified Scope of Practice.

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DATE: June 17, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: AB 2293 Denial Reporting Update

Item #8B**RECOMMENDED ACTION:**

Receive information on the EMT Certification Denial Report required by Assembly Bill 2293.

FISCAL IMPACT:

The EMS Authority received General Fund support for a fulltime, permanent associate government program analyst to collect, analyze, and prepare the annual report.

DISCUSSION:

Assembly Bill 2293 (Reyes, Ch. 342, Statutes of 2018) became effective January 1, 2019, and requires California's 68 EMT certifying entities to submit specific certification data to the EMS Authority (Authority) by July 1st of each year. The Authority is then required to annually submit a report to the Commission on EMS, the Legislature, and post the report on the Authority's web site. The report will indicate the extent to which prior criminal history may be an obstacle to certification as an EMT.

The Authority is receiving reports for the first reporting period, calendar year 2019.

All certifying entities are required to enter EMT certification data into the Central Registry which is hosted by the Authority. The Authority is planning on modifying the Central Registry so the required data can be entered directly by the certifying entities. These modifications will allow the staff to pull the data to pull real-time data, validate the data, and prepare the report. It is anticipated the modifications to the Central Registry will be completed for the 2021 reporting period. In the meantime, the EMS Authority created a spreadsheet as a tool for the certifying entities to use to collect this data.

The EMS Authority anticipates the reports will be submitted to the Commission on EMS at the December meeting each year.

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DATE: June 17, 2020

Item #9A

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Adam Davis
APOT Research Specialist I, EMS Systems Division

SUBJECT: Ambulance Patient Off-Load Time Update

RECOMMENDED ACTION:

Receive information and presentation regarding Ambulance Patient Off-Load Time (APOT).

FISCAL IMPACT:

None

DISCUSSION:

On July 1, 2019, Health and Safety Code 1797.225 went into effect for APOT reporting. The local emergency medical services agencies (LEMSAs) were requested by the EMS Authority to submit quarter three APOT reports one month after the third quarter ended. Of the 33 LEMSAs, 23 LEMSAs provided information, in the appropriate format, while nine LEMSAs provided information after the submission deadline. One LEMSA failed to resubmit information in the requested format and another LEMSA failed to respond to The EMS Authority's request for APOT information. LEMSA APOT reporting decreased from the third to the fourth quarter. Of the 33 LEMSAs, 22 LEMSAs provided information, in the appropriate format, while five LEMSAs provided information after the submission deadline. Six LEMSA failed to submit any APOT to EMSA for the fourth quarter. As of March 7, 2020, 14 LEMSAs have submitted APOT information for the first quarter of 2020 (January – March). The EMS Authority expects a significant delay in submissions as COVID-19 continues to put stress on all components of our local EMS systems.

CEMSIS Comparison:

In addition to the primary effort to understand the impact of APOT statewide, the EMS Authority is also conducting a comparison of LEMSA submitted APOT information to the

EMS data found in CEMSIS. Ideally, this secondary effort will act as a service to the LEMSAs and will have multiple purposes including;

- Maintain a standardized approach to extracting APOT information
- Act as a tool for stakeholder engagement
- Enhance LEMSA confidence in CEMSIS Reporting
- Decrease the project burden on LEMSAs
- Enhance analysis with additional NEMSIS 3 variables

The EMS Authority has developed CEMSIS comparisons for all LEMSA submissions for the third and fourth quarter of 2019. LEMSA APOT submissions, these comparisons are stratified out by each hospital for all months of reporting.

The APOT reports the LEMSAs provide the EMS Authority to help understand the scope of APOT throughout California. As we receive more APOT reports to analyze and research we hope to facilitate conversation between LEMSAs, EMS providers and hospitals.

COVID-19 Impact on APOT:

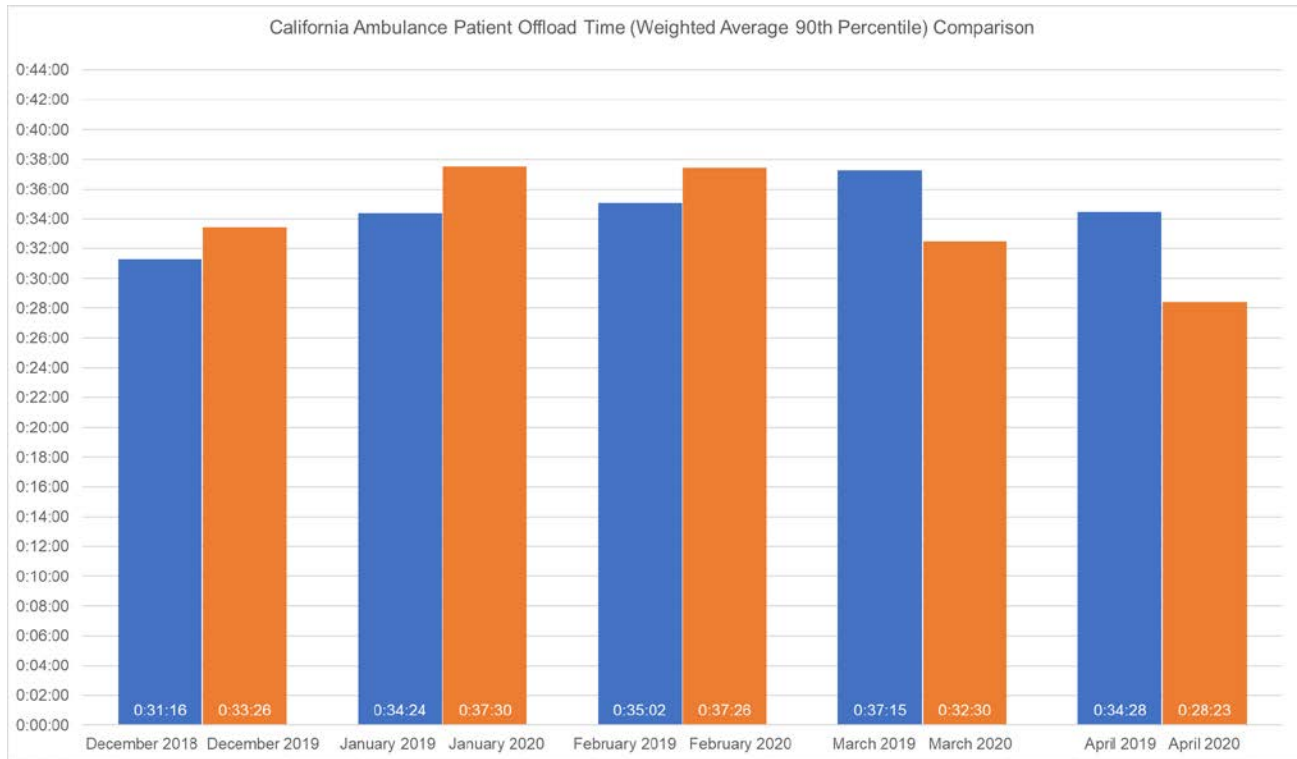
The EMS Authority has been monitoring the impact of COVID-19 through the analysis of CEMSIS data related to APOT. This analysis currently includes monthly and yearly comparison of APOT qualifying records and APOT times between the months of December and April for this and last year. All CEMSIS participants we were considered for this analysis.

The EMS Authority determined there to be a decrease in APOT qualifying records every month from December 2019 through March 2020. Governor Newsom declared a State of Emergency on March 4, 2020 followed by the statewide “Stay At Home” order issued on March 20, 2020, which continued through April and into May. The EMS Authority determined a similar trend in the statewide APOT times. While the statewide APOT time increased from December to January of this year, January through March of this year saw times decrease. The EMS Authority believes decreased demand for EMS services and transports during the COVID-19 outbreak was the result of Californians following Governor Newsom’s “Stay At Home” order and avoided emergency departments all together. The trend is in line with the timing of the COVID-19 outbreak across California, rapid decision making by our state leadership directing Californian’s to “Stay At Home”, and practice social distancing.

The Commission will be kept informed on the progress of the APOT project.

LEMSA APOT Submission Status

Updated 5/7/2020	2019		2020
LEMSA	Q3	Q4	Q1
Alameda	11/5/2019	1/2/2020	4/23/2020
Central California	10/21/2019	1/28/2020	
Coastal Valleys	11/27/2019		
Contra Costa	10/30/2019	2/3/2020	
El Dorado	11/1/2019	1/15/2020	
Imperial			
Inland Counties	10/18/2019		
Kern	10/21/2019	1/22/2020	4/23/2020
Los Angeles	12/16/2019	5/1/2020	
Marin	11/19/2019		
Merced	10/4/2019	1/16/2020	4/14/2020
Monterey	10/31/2019	1/30/2020	
Mountain Valley	11/1/2019		
Napa	10/30/2019	1/18/2020	
Northern Cal	10/23/2019	1/15/2020	4/30/2020
North Coast	10/31/2019	1/15/2020	
Orange	10/8/2019	1/8/2020	4/20/2020
Riverside	10/22/2019	1/16/2020	4/7/2020
Sacramento	10/10/2019	1/8/2020	5/7/2020
San Benito	10/31/2019	1/9/2020	4/7/2020
San Diego	10/10/2019	1/15/2020	
San Francisco	11/19/2019	3/16/2020	
San Joaquin	10/10/2019	1/6/2020	
San Luis Obispo	10/24/2019	1/22/2020	
San Mateo	10/7/2019	1/2/2020	5/4/2020
Santa Barbara	11/13/2019	2/11/2020	
Santa Clara	10/30/2019	1/29/2020	4/2/2020
Santa Cruz	10/30/2019	2/11/2020	4/10/2020
Sierra-Sac Valley	10/7/2019	1/5/2020	4/3/2020
Solano	12/20/2019	1/13/2020	4/23/2020
Tuolumne	12/26/2019		
Ventura	12/3/2019	1/3/2020	4/7/2020
Yolo	10/30/2019	1/7/2020	



EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 17, 2020

Item #10

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Election of Officers

RECOMMENDED ACTION:

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

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election.

The following individuals were nominated for Commission Officers at the December 4, 2019 Commission meeting:

Chair: James Dunford, MD

Vice Chair: Dan Burch
Atilla Uner, MD

Administrative Committee: Brent Stangeland
Atilla Uner, MD
Daniel Margulies, MD