

STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
September 16, 2020
10:00 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/97206136072>

Teleconference number: 669-900-6833

Participant Code: 972 0613 6072

AGENDA

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of June 17, 2020 Minutes**
- 3. Director's Report**
 - A. EMSA Program Updates – DMS / HIE / Personnel / Systems
- 4. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal Report
 - C. Enforcement Report

Regular Calendar

- 5. COVID-19 Response**
 - A. Director's Report
 - B. Disaster Medical Services Division
 - C. Personnel Related Changes
- 6. Commission on EMS Subcommittee Report**

7. EMS Administration

- A. Legislative Report
- B. Regulations Update

8. EMS Personnel

- A. Contra Costa County Buprenorphine Trial Study
- B. Community Paramedicine Pilot Project Status Update
- C. AB 2293 EMT Denial Report Update

9. EMS Systems

- A. Injury Prevention Report/Update
- B. 9-1-1 System Overload

10. Items for Next Agenda

11. Public Comment

12. Adjournment

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Anne Johnson at (916) 431-3683, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, June 17, 2020
Emergency Medical Services Authority Headquarters
10901 Gold Center Drive, Rancho Cordova, CA**

MINUTES

COMMISSIONERS PRESENT:

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

COMMISSIONERS ABSENT:

Thomas Giandomenico

EMS AUTHORITY STAFF PRESENT:

David Duncan, M.D., Sergy El-Morshedy, Kent Gray, Craig Johnson, Adrienne Kim, Jennifer Lim, Tom McGinnis, Lou Meyer, Sean Trask, Rick Trussell, Angela Wise, Anne Johnson, Leslie Witten-Rood, Priscilla Rivera

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair James Dunford, M.D., called the teleconference meeting to order at 9:08 a.m. Seventeen Commissioners were present. Vice Chair Dan Burch led the Pledge of Allegiance.

Chair Dunford turned the meeting over to Vice Chair Burch, who joined the meeting from EMSA headquarters with EMSA leadership, to facilitate the rest of the meeting. Chair Dunford remained on the call as a Commissioner.

2. INTRODUCTION AND WELCOME OF NEW COMMISSIONERS

Vice Chair Burch introduced Paul Rodriguez and welcomed him to the Commission.

3. REVIEW AND APPROVAL OF DECEMBER 4, 2019, MINUTES

Action: The Commission approved the December 4, 2019, Meeting Minutes as presented.

Motion carried 15 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Barrow and Rodriguez.

4. DIRECTOR'S REPORT

A. EMSA Program Updates - DMS HIE Personnel Systems

David Duncan, M.D., EMSA Medical Director, provided an overview of the past, current, and future perspective of the COVID-19 pandemic. He stated no disaster has stressed and strained all emergency services like what has been seen with the COVID-19 pandemic. The three repatriation flights in March from Wuhan, China, to Riverside, San Diego, and Fairfield and the Grand Princess Cruise Ship evacuation to Travis Air Force Base in Fairfield put California on high alert and gave California a unique perspective that most other states did not have. This perspective set California on a trajectory for success. He commended the spectacular job done by the EMS and emergency response partners during these situations, which contributed to that successful trajectory, along with the stay-at-home orders issued on March 19th for all Californians.

Dr. Duncan stated surge capability has been built to two- to three-times normal and ICU capability has been doubled. California is currently in Stage 2 of the governor's four stages of re-opening and a more aggressive Stage 3 is being considered for the future. Surge preparation efforts continue.

Dr. Duncan stated the need for the following during the Stage 2 re-opening:

- A heightened awareness and preparation to continue through winter.
- Messages given by leaders in health care will allow the health care system to either be successful or overburdened.
- It is up to every Californian to help the state to continue to the path of capability in ambulance systems, ERs, and ICUs.
- Non-pharmaceutical interventions (NPIs) are the only known antidote to COVID-19.
- NPIs include face coverings, hand washing, physical distancing, and a predilection towards being on high alert disposition.
- NPIs will make the difference for success so California can continue to deliver the standard of care it has come to expect.
- Testing is part of the earliest warning system that is helpful to learn the COVID burden in communities.
- Test positivity rates to determine the rate of influenza-like illness, emergency department visits, COVID-19 positivity, and ICU admission rates.

B. Legislative Report

Jennifer Lim, Acting Chief Deputy Director, 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 Barrow referred to Assembly Bill (AB) 2717, motor vehicles: unattended children, and stated he is Co-Chair of the California Unintentional Injury Prevention Strategic Plan Project. California is seeing a troubling increase in the number of deaths of children who are left in cars is. There are civil penalties protections that allow individuals to break into cars to save a pet in distress but those protections do not extend to breaking into cars to save children. This is especially important for EMS personnel who need to break into cars to save children. They can be charged civilly and criminally for breaking into a car. This is an important piece of legislation.

5. **CONSENT CALENDAR**

- A. **Administrative and Personnel Report**
- B. **Legal Report**
- C. **Enforcement Report**
- D. **National Registry of EMTs Examination Results**
- E. **LA County EMS Stroke Trial Study**
- F. **Community Paramedicine Pilot Project Report**

Commissioner Barrow stated the 2019-20 state budget showed \$54 million for EMSA but the May Revise showed \$35.9 million for EMSA.

Rick Trussell, Division Chief, EMS Fiscal and Administration Division, stated EMSA received one-time funding of approximately \$10.6 million for COVID-19 response activities and approximately \$8.4 million for local assistance grants for the Health Information Technology Exchange Emergency Medical Services (HITEMS) Project. He noted that an additional \$28.5 million was received last week for future COVID-19 response activities.

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

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

Motion carried 17 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

REGULAR CALENDAR

6. **COVID-19 Response**

- A. **Director's Report**

Please see Item 4A, above, for Dr. Duncan's report on this issue.

B. Disaster Medical Services Division

Craig Johnson, Division Chief, EMS Disaster Medical Services Division, summarized EMSA's early response activities, resources deployed to date, successes, and lessons learned in response to the COVID-19 pandemic, which were included in the meeting packet.

C. Systems Impact

Tom McGinnis, Division Chief, EMS Systems Division, stated EMSA is collecting data from partners on COVID-19 impacts. He plans to report on the findings at the next Commission meeting. He noted that California EMS Information System (CEMSIS) data shows that response and transport volumes have dramatically dropped around the state.

D. Personnel Related Changes

Sean Trask, Division Chief, EMS Personnel Division, reviewed EMS personnel-related changes and fiscal impacts that have resulted from the COVID-19 pandemic and the policy guidance documents created by EMSA as a result of the governor's proclamation and executive orders, which were included in the meeting packet.

Questions and Discussion

Commissioner Barrow asked for more information on the use of the executive order to allow for alternate destinations. He asked if the governor will need to issue a new executive order after June 30th for the new fiscal year to allow EMSA to utilize alternative destinations.

Dr. Duncan stated the executive order does not require an extension. It will be in place throughout the timeline of the COVID-19 pandemic.

Commissioner Barrow asked about the alternate destinations that are being used. He asked about the counties that are using this.

Dr. Duncan stated two aspects of alternate care facilities are frequently confused:

- Alternate care destinations require approval by the EMSA. The two locations mentioned in the report in the meeting packet have been approved under the executive order but have not been significantly utilized.
- Alternate care sites do not typically require approval by the EMSA because they are not specifically EMS destinations for care. They tend to care for patients from hospitals or skilled nursing facilities. These sites have been put in place by a large number of counties and have been extensively utilized.
 - Locations for alternate care sites include hotels, conference centers, and federal medical station (FMS) sites.

Commissioner Barrow asked if the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project (HWPP) #173 program will be extended.

Dr. Duncan stated it has not fallen under the community paramedicine requirements because EMSA has utilized an additional executive order to allow the EMS personnel pool, EMTs and paramedics, to provide stationary care at alternate care sites within their normal scope of practice. He noted that the use of paramedics and EMTs in these stationary locations exemplifies the value of community paramedicine. This is one of the targets hoped to be gleaned from community paramedicine mobile integrated health care.

Commissioner Uner suggested that the EMS Systems Division contact the Los Angeles County local emergency medical services agencies (LEMSA), which have done a tremendous job at daily updating their data on the number of EMS calls, the type of EMS calls received, and the number of beds available.

Public Comment

Kent Gray, EMSA Regulations Manager, read the written comments submitted by Patrick Powers, Paramedic/Training Specialist, California Medical Assistance Teams (CAL-MAT), Orange County, as follows:

- The CAL-MAT program needed to establish medical direction long before COVID-19.
- Accreditation for CAL-MAT paramedics should have been addressed in Section 2 on page 86 of the policy guidance.
- The California accreditation process for paramedics serves only as a barrier and unneeded obstacle for volunteerism and innovation.
- Some LEMSAs do not have policies for the application to become a special event advanced life support (ALS) provider, so achieving local accreditation is impossible.
- There are many potential paramedic volunteers who do not work full-time in the profession.

7. EMS ADMINISTRATION

A. Regulations Update

Vice Chair Burch stated, consistent with California rulemaking law under the Administrative Procedures Act, statements made to the Commission on regulations proposed by the EMS Authority will not be considered the submission of public comments on that rulemaking action because those public comments need to be made to the EMS Authority and not at this time to the EMS Commission. Several public comments have been submitted on this agenda item and will be read in their entirety.

Mr. Gray summarized the Regulations Update memo, which was included in the meeting packet.

Questions and Discussion

Commissioner Hartwig stated the California Fire Chiefs Association (CalChiefs) were unprepared for the Chapter 13 regulations. Specific proposed regulations are directly opposed to the position of CalChiefs and there was no opportunity for stakeholder collaboration before they were released. He stated the Commission made the decision after an analysis that there was no significant financial impact; however, it will impact benefits, job availability, service, and perhaps hundreds of millions of dollars in revenue. He stated doing a public hearing over Zoom on an issue this important is detrimental to collaboration and is not acceptable.

Public Comment

Mr. Gray read the written comments submitted by Blake Goetz, Interim Fire and Emergency Services Administrator, City of Cathedral City Fire Department; Randy Black, Assistant Chief of Emergency Medical Services, Orange County Fire Authority; Edward Hadfield, Fire Chief, Rincon Fire Department; Fred Cox, Fire Chief, Rancho Santa Fe Fire Protection District; and Silvio Lanzas, Fire Chief of Glendale Fire Department, as follows:

- Remove the proposed Chapter 13 regulations from further consideration. The proposed regulations negatively impact the California Fire Service's delivery of EMS. Among other things, the proposed regulations:
 - Unlawfully change the fire service's role in EMS from statutory authorization to provide EMS in communities to requiring permission from LEMSAs
 - Eliminate as many as 4,100 firefighter positions in public- and fire-based ambulance transport agencies statewide
 - Give EMSA too much discretion in determining how cities and counties can deploy public and private providers for local emergency medical services
 - Eliminate subcontracting, partnerships, and hybrid models for the delivery of EMS
 - May privatize the delivery of EMS in the State of California
 - Would not serve the residents, businesses, or visitors of California
 - Eliminate hundreds of millions of dollars in local government investments in EMS delivery and decimate the first response, public transport, and provision of EMS care to the detriment of the health, safety, and welfare of communities statewide

Mr. Gray read the written comments submitted by Brian Boggeln, Fire Chief, Alpine Fire Protection District, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- Chapter 13 negatively impacts the ability of local fire agencies that have provided and continue to provide excellent EMS services to communities. The regulation unlawfully changes the fire service's role in EMS from statutory authorization to one requiring permission from LEMSAs and is not in the best interest of local communities.

Mr. Gray read the written comments submitted by Jim Geering, Fire Chief, Chula Vista Fire Department, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- These proposed regulations negatively impact the California Fire Service's delivery of EMS. The regulations would eliminate hundreds of millions of dollars in local government investments in EMS delivery and decimate the first response, public transport, and provision of EMS care to the detriment of the health, safety, and welfare of communities statewide and, in particular, Chula Vista.

Mr. Gray read the written comments submitted by Ryan Munger, City of Visalia Fire Department, as follows:

- The City of Visalia Fire Department strongly opposes the proposed Chapter 13 EMS system regulations. The ability to provide the best services possible to citizens should be determined by the taxpayers and their elected officials and no one else. The City of Visalia Fire Department is not comfortable relinquishing control of the safety and care of its community and potentially its firefighter jobs to the CCEMSA.

Mr. Gray read the written comments submitted by Mike Sims, Fire Chief, Bonita Sunnyside Fire Protection District, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- Chapter 13 language destroys a currently functioning EMS system that has been in place for decades. It also discounts any local control that is currently in place and valuable to the agencies actually responding to the EMS call as well as the citizens being served.

Mr. Gray read the written comments submitted by Raymond Ramirez, Jr., Legislative Analyst/EMS System Participant, CalChiefs, as follows:

- Retract the proposed Chapter 13 regulations to deconflict and/or correct apparent drafting errors.
- Requiring public comment on regulations inconsistent with the Administrative Procedures Act (APA) procedural rulemaking requirements inexcusably wastes public and private time, effort, and money attempting to interpret information not properly formatted and/or in conflict.
- The APA seeks to ensure meaningful public participation. Such participation cannot occur when the proposed text appears to contain key irreconcilable definitional conflicts, lacks page numbers in all tables and forms incorporated into the proposed text, fails to inform the public of regulatory compliance costs and benefits, and fails to define the "minimum standards" for measuring EMS system compliance.

- Regarding Chapter 10, consider drafting regulations clearly describing the EMS personnel that are subject to "authorized" background checks and subsequent arrest notifications under the EMS Act.
 - Several LEMSAs appear to have imposed unauthorized background requirements on EMS applicants. Misusing the background process violates state and federal constitutionally-guaranteed privacy rights protected by state and federal civil and/or criminal penalties.
 - Since the EMS Act designates EMSA as the statutory clearinghouse for processing these requests, EMSA may also incur liability when acting on unauthorized requests.

Mr. Gray read the written comments submitted by Nick Ordille, Assistant Fire Chief, City of Carlsbad, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- The proposed regulations would preempt local control and negatively impact the delivery of EMS in Carlsbad. The Carlsbad Fire Department strongly opposes the proposed Chapter 13 regulations.

Mr. Gray read the written comments submitted by Patrick Russell, Fire Chief, Anaheim Fire and Rescue, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- Chapter 13 language will drastically affect patient care in California and have a profound fiscal impact on the ability of fire departments to perform their duties in public safety. This will create an issue with cost recovery and be financially detrimental to an already stressed system.

Mr. Gray read the written comments submitted by Kristin Thompson, EMS Division Chief, Newport Beach Fire Department, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- If Chapter 13 is instituted as it stands without the support from all California EMS stakeholders, it will have a detrimental effect on the safety of the public in California as well as the Fire Service.
- The California Fire Service is the primary provider of 9-1-1 emergency medical services in California and has delivered these services to the public for nearly five decades. Chapter 13 in its current form clearly seeks to effectively hamper or even remove fire from delivering EMS throughout the state.
- EMSA is taking the decision of how a jurisdiction chooses to best provide and deliver 9-1-1 EMS to their community and placing it under itself.
- The regulation would also have a profound fiscal impact on a jurisdiction's ability to recover a portion of the costs they invest in providing EMS to the community they serve and would directly benefit private, for-profit entities.

- EMSA is choosing not to collaborate with the Fire Service on the delivery of EMS to the public in California, but to partner with an industry focused on profit.
- EMSA needs to pull back Chapter 13 and collaborate with all its stakeholders in EMS, including the Fire Service, to bring about a regulation that has the public's safety and patient care as its number-one priority.

Mr. Gray read the written comments submitted by Jim Lydon, Fire Chief, Coronado Fire Department, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- Coronado Fire Department does not support any change to the regulations that would reduce the local agency's ability to manage and deliver the high level of service to which the community is accustomed and expects. This needs to remain within the authority of the local agency to manage based on their available resources, as well as the needs and desires of their respective communities.

Mr. Gray read the written comments submitted by Danielle Pearson, Emergency Services Officer, Vista Fire, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.

Mr. Gray read the written comments submitted by Bernard Molloy II, Division Chief-EMS, Lakeside Fire Protection District, as follows:

- Remove the proposed Chapter 13 regulations from further consideration.
- It is concerning that EMSA is considering changes to Chapter 13 that could fundamentally alter the way fire departments offer service to their communities. Many fire departments operate firefighter/paramedic-based ambulances. These units provide ALS transport, fire suppression, and community risk reduction services to the community. Fire department ambulances are far more than just a ride to the hospital. Removing the right to determine how best to deliver services to the citizens statutorily mandated to be served seems like an oversight of the proposed changes to Chapter 13.
- If the Chapter 13 revisions are allowed to take place, there is little doubt that the Fire Department service to the public will decrease, as many of the organizations that will be affected will have to reduce staffing to make up for the loss of revenue that would come from losing the ability to operate their ambulances. The fire departments of the state of California took the challenge of offering EMS services to their communities before the state even had an EMS administration. It would be unfortunate if these same fire departments that took on this challenge many years ago lost the ability to continue to help their community because EMSA removed their right to operate their ambulances.
- The fire departments of California have a deep and proud culture of EMS within them. EMSA should be looking to leverage this motivated and capable workforce to improve EMS service to the public; they should not be making efforts to

remove them altogether. It is important to withdraw the proposed changes to Chapter 13 and look for ways to collaborate with the fire service to provide the best possible prehospital care for its citizens.

8. EMS PERSONNEL

A. Impact of Removed EMS Interventions

Mr. Trask reviewed the Impact of Removed EMS Interventions staff memo, which was included in the meeting packet. He stated EMSA is not aware of any research or analysis being done by the LEMSAs after an intervention is removed.

Questions and Discussion

Commissioner Uner stated omission and commission can have similar consequences. Pediatric intubation, for example, can have unintended and unforeseen difficulties; however, such significant deletions should have thorough review, study, and quality improvement to the same extent as newly-added interventions in the state's scope of practice.

Commissioner Miller stated the EMS Medical Directors' Association of California (EMDAC) Scope of Practice Committee has retrospective visibility on available evidence but has no prospective visibility on potential consequences of additions or subtractions from the scope of practice. LEMSAs have an opportunity to review the consequences over the reevaluation period and to provide prospective evidence.

Commissioner Uner stated, regarding pediatric intubation, one third of UCLA paramedic school graduates whom he interviewed reported that they wished they had a surgical airway option, which points to a blind spot on issues like these. He asked to make a motion during this meeting or in the next meeting to require the removal of interventions to be studied for a similar length of time as additions of interventions.

Vice Chair Burch recommended agendaizing the formation of a subcommittee to research this for the September meeting. This would give staff the opportunity to provide input. He asked Commissioner Uner to consider leading the subcommittee.

Commissioner Uner stated he would be happy to serve on the subcommittee.

Chair Dunford requested that EMDAC consider how this would be studied prior to the September meeting. He also requested adequate data to make informed decisions on the retrospective studies and asked the subcommittee to consider what data elements would be studied to achieve a meaningful analysis.

B. AB 2293 Denial Reporting Update

Mr. Trask reviewed the AB 2293 Denial Reporting Update memo, which was included in the meeting packet. He stated staff is compiling the reports received to date. He noted that the Central Registry was not set up to collect this information and prepare the report. Staff has worked with EMS administrators to develop a spreadsheet to collect

the data for the report to the Commission and Legislature, which is due at the end of the year.

9. EMS SYSTEMS

A. Ambulance Patient Off-Load Time Update

Adrienne Kim, Manager, Data and Quality Improvement Unit, reviewed the Ambulance Patient Off-Load Time Update memo, which was included in the meeting packet. She stated staff will be sending out CEMSIS comparisons to all LEMSAs.

10. ELECTION OF OFFICERS

Vice Chair Burch reminded Commissioners of the officer nominations from the last meeting. He withdrew his name as his term is ending. No further nominations were made. Vice Chair Burch declared the nominations closed and that the following Commissioners were voted into office by acclamation:

- Chair of Commission on EMS for 2020-21 is James Dunford.
- Vice Chair of Commission on EMS for 2020-21 is Atilla Uner.

Administrative Committee

Vice Chair Burch removed Vice Chair Elect Uner from the list of candidates for the Administrative Committee.

Vice Chair Burch reminded Commissioners that the candidates for the Administrative Committee are Commissioners Margulies and Stangeland. He asked for nominations for additional names to serve on the Administrative Committee.

Commissioner Hartwig nominated Commissioner Burrows to serve on the Administrative Committee.

Action: The Commission moved to elect Commissioners Burrows, Margulies, and Stangeland to serve on the Administrative Committee for 2020-21. Motion carried unanimously.

11. ITEMS FOR NEXT AGENDA

Vice Chair Burch stated the Commission will work with the EMDAC Scope of Practice Committee and Dr. Duncan to determine how they would like the subcommittee to explore scope of practice changes to be addressed at the September Commission meeting.

Commissioner Barrow stated unintentional injuries are still the leading cause of death and hospitalization for children. There is a requirement in statute that EMSA participate in prevention activities. Commissioner Barrow spoke with Director Duncan about the

need for EMSA to participate more actively in carrying out that statute and requested a discussion on this in the September or December meetings.

Vice Chair Burch stated that issue will be added to the next agenda and may carry over into additional meetings.

Chair Dunford suggested a conversation on social justice to look at how EMS can assist, particularly in the role of safe policing.

12. PUBLIC COMMENT

Mr. Gray read the written comments submitted by Patrick Powers, Emergency and Health Services Manager, City of Placentia, as follows:

- Mr. Powers stated his interest in a public or paramedic spot on the EMS Commission.

13. ADJOURNMENT

Dr. Duncan thanked Vice Chair Burch for his years of service in EMS and on the Commission. He wished him well. Commissioners echoed Dr. Duncan's comments and stated appreciation for all Vice Chair Burch has done for EMS and the Commission.

Vice Chair Burch adjourned the meeting at 11:16 a.m.

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 September 16, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>1. Ambulance Strike Team (AST) – Medical Task Force (MTF)</p>	<p>Michael Frenn, ext. 435</p>	<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 tackle 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 will complete 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> <p>In 2019 an AST Advisory Task Force was created and several focus areas were identified. The subgroups began their work, however the outbreak of COVID19 has put efforts on hold since early March 2020. Depending on the progression of the virus, it is hoped that efforts can resume at the beginning of Q4.</p> <p>The State’s response to COVID19 has resulted in a significant request for ambulance resources by EMSA. These resources are reimbursed at the State rate s posted on the EMSA-DMS website: https://emsa.ca.gov/wp-content/uploads/sites/71/2020/08/AST-Reimbursement-EMSA-Website-Revised-08-13-20-With-COVID.pdf. However, in order for the State to actually process payments, a Memorandum of Understanding (MOU) is required. The State and EMSAAC developed an MOU back in 2009 in anticipation of this need and MOUs are being sent to ambulance providers through LEMSAs.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 September 16, 2020 – Item #3A**

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 had to be 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 Sites (ACS) in San Mateo, Imperial County, Porterville, 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 approximately 1000 members in CAL-MAT at present. This represents a quadrupling of membership in the Program since pre-COVID. Recruitment efforts are on-going. The Program now has a Medical Director, Dr. Howard Backer, who has been instrumental in developing clinical protocols and medical guidelines. Significant effort has been directed to policy and procedure development to ensure standardization and integrity of the Program.</p> <p>The COVID response has been an extremely long and grinding mission and the need for a robust Behavioral Health component for the program has been identified. The Program is making focused efforts at recruiting Behavioral Health Specialists to meet this need. A number of Psychologists and mental health professionals have been brought together in a working group to discuss and hopefully develop behavioral health resources for personnel deployed and demobilized.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 September 16, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. CAL-MAT Cache	Markell Pierce, ext. 1443	The three CAL-MAT Caches are resupplied, 100% 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 in mind. Procurements of new medical technologies 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
 September 16, 2020 – Item #3A**

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 95,800 volunteers/personnel registered. This is approximately four times more personnel since the COVID-19 pandemic. At the direction of the CA Governor’s Office, the DHV System is also being utilized for California Health Corps.</p> <p>There are 49 healthcare occupations filled by registered responders. Over 15,500 of the 95,800 plus DHV registered responders are pending or accepted into the MRC Program. 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; the system drills and User Group Webinars are on hold 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/Summer 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
 Disaster Medical Services Division (DMS)
 Major Program Activities
 September 16, 2020 – Item #3A**

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
<p>9. Hospital Incident Command System (HICS) hics@emsa.ca.gov</p>	<p>Craig Johnson, ext. 4171</p>	<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>
<p>10. Mission Support Team (MST) System Development</p>	<p>Michael Frenn, ext. 435</p>	<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>The importance and role of the MST has been emphasized during the response to COVID. 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
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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)
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>13. Mobile Medical Shelter Program (MMSP)</p>	<p>Bill Hartley, ext. 1802</p>	<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
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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	<p>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.</p>
15. Medical Reserve Corps (MRC)	Lauran Molina, ext. 466	<p>Thirty-one Medical Reserve Corps (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 15,500 of the 95,800 plus DHV registered responders are accepted or pending MRC members.</p>
16. Statewide Emergency Plan (SEP) Update	Brad Gates, ext. 4728	<p>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 rewrite of the ESF8 annex was conducted in 9/2019. The rewrite is in its final review and will be published soon. Final edits are in review by CAL-OES Planning staff.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
September 16, 2020 – Item #3A**

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. This plan has been fully adjudicated by CAL-OES Leadership. This plan is scheduled to be socialized once COVID19 is no long a threat.
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 (OHIE)
Major Program Activities
September 16, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
HITEMS 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 CARESTAR Foundation on February 27, 2020. This brings EMSA matching fund total to \$3,665,000 million enabling EMSA to draw down \$33 million of federal funding, which provides EMSA expenditure authority for \$36,665,000 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 \$3,808,972.38 from invoices submitted and processed on schedule. 40% of the awardees have completed Milestone 1A. We anticipate in the upcoming milestones there may be some delays due to COVID-19.
PULSE	Leslie Witten-Rood	During the COVID-19 Response, there have been two (2) sites who 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 for COVID-19 Response.
POLST	Leslie Witten-Rood	Offers are currently being received from the 5 +EMS Awardees to offer an additional contract for POLST registry connection to the +EMS system.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
September 16, 2020 – Item #3A**

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 seventeen (17) First Aid/CPR programs. • EMSA is reviewing one (1) 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-eight (28) preventive health and safety practices training programs. • EMSA is reviewing twelve (12) 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. • EMSA approved thirty-five (35) Lead Poisoning Prevention modules that were added to the preventive health and safety practices training. • 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
September 16, 2020 – Item #3A**

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
September 16, 2020 – Item #3A**

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 405 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.

**Emergency Medical Services Authority
 EMS Personnel Division
 Major Program Activities
 September 16, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates										
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"> • 199 Initial In-State applications, • 24 Initial Out-of-State applications, • 3,144 Renewal applications, • 46 Reinstatement applications. • EMSA received sixty-nine (69)% of the applications through the new online licensing system. <p>EMSA has issued 92 Active-restricted paramedic licenses for paramedic program graduates unable to complete the NREMT psychomotor exam due to the COVID-19 pandemic. These licensees have until 12/31/20 to provide EMSA with proof of successfully passing the exam.</p> <p>On July 1, 2020, all paramedic licensure fees increased by \$25 pursuant to approved regulation changes. The new fees are as followed:</p> <table style="margin-left: 40px;"> <tr> <td>Initial In-State (CA graduate) License Application fee:</td> <td style="text-align: right;">\$275.00</td> </tr> <tr> <td>Initial Out-of- State License Application fee:</td> <td style="text-align: right;">\$325.00</td> </tr> <tr> <td>Initial Challenge Application fee:</td> <td style="text-align: right;">\$325.00</td> </tr> <tr> <td>Renewal License fee:</td> <td style="text-align: right;">\$225.00</td> </tr> <tr> <td>Reinstatement License fee:</td> <td style="text-align: right;">\$275.00</td> </tr> </table>	Initial In-State (CA graduate) License Application fee:	\$275.00	Initial Out-of- State License Application fee:	\$325.00	Initial Challenge Application fee:	\$325.00	Renewal License fee:	\$225.00	Reinstatement License fee:	\$275.00
Initial In-State (CA graduate) License Application fee:	\$275.00											
Initial Out-of- State License Application fee:	\$325.00											
Initial Challenge Application fee:	\$325.00											
Renewal License fee:	\$225.00											
Reinstatement License fee:	\$275.00											
13. Administrative Actions Reporting System (AARS)	Kim Lew	Project completed. EMSA continues to participate in the use of the system by collecting and uploading administrative action data into the system.										

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
September 16, 2020 – Item #3A**

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 is postponing STAC meetings and activities. Once operations resume, EMSA staff will schedule a STAC meeting by teleconference.</p> <p><u>2020 Trauma Summit</u> Due to the COVID-19 Pandemic, EMSA cancelled the 2020 Trauma Summit. This will not be rescheduled for 2020. There are no plans to hold an in-person Trauma Summit in 2021.</p> <p><u>Annual Trauma Plan Status Updates</u> LEMSAs are beginning to submit trauma plan status updates. However, LEMSAs who request extensions due to COVID-19 are being accommodated.</p> <p><u>Trauma Regulations</u> Due to COVID-19 response activities, EMSA is postponing workgroup 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. Zoom/teleconference meetings are scheduled for late summer/fall. These meetings 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> 21 of 33 LEMSAs have submitted a Stroke plan for review. Each have been reviewed for approval in accordance with newly promogated regulations. EMSA staff also reviewed and approved 22 STEMI plans from LEMSAs who have a STEMI system in place. EMSA staff continues to provide technical assistance to the remaining LEMSAs developing a Stroke and/or STEMI system of care and associated implementation plans for submission.</p> <p>The Stroke and STEMI Technical Advisory Committee resumed working on their project after the pause due to COVID-19 and met on August 11, 2020, via Zoom for the first time. This committee is made of system stakeholders who will assist EMSA</p>

**Emergency Medical Services Authority
EMS Systems Division
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September 16, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		with the implementation of the Stroke and STEMI regulations and quality improvement for these programs statewide. The TAC is back on track for their activities. The next Zoom meeting will be on September 21, 2020.
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 go through a review process to ensure they meet Federal and Statutory requirements. EMSA provides technical assistance to LEMSAs who wish to establish a competitive process that complies with statutes, regulations, and case law.</p> <p><u>EMS Plan Review</u> EMS response and transportation data is submitted with each LEMSAs EMS plan. When EMS plans are submitted, the new transportation data is compared with data submitted from the prior years. The new data from each LEMSA EMS Plan is compiled and input into a spreadsheet as a snapshot of EMS delivery in California, then placed on EMSA’s website for public viewing.</p> <p><u>Technical Assistance</u> The EMS Transportation Coordinator handles all calls, related to queries including but not limited to competitive processes, statutes, regulations, operating areas (exclusive and non-exclusive), and prehospital areomedical vehicles.</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> <p><u>Quarterly Report</u> The CPCS Quarterly Report consists of data and narrative reports. The 4th quarter report, April 1 - June 30, 2020, was received and no concerns were identified.</p>

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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p><u>Contract</u> An executed contract between the CPCS and EMSA is in effect 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>
<p>5. EMS Plans</p>	<p>Lisa Galindo, ext. 423</p>	<p><u>Review</u> The EMS Authority continues to review EMS Plans as they are submitted by LEMSAs; 14 EMS Plans are currently under review. In 2020, six EMS Plans have been approved, and 1 EMS Plan has been disapproved.</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 has executed contracts with four multicounty EMS agencies for Fiscal Year 2020/21, and anticipates executing contracts with the two remaining multicounty EMS Agencies by September 1, 2020. State General Fund assistance is provided to assist these LEMSAs in the planning, organizing, implementation, and maintenance of their EMS systems.</p> <p>Multicounty Quarterly Reports 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 relevant to the eight EMS system components identified in statute. To date, the 4th quarter report, April 1 - June 30, 2020, has been received by five out of six LEMSAs. No concerns were identified on the reports.</p> <p>EMSA anticipates conducting one LEMSA site visit in Fiscal Year 2020/21.</p>

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EMS Systems Division
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
6. EMS for Children Program	Heidi Wilkening, ext. 556	<p><u>Educational Forum</u> Due to COVID-19 response activities, the 23rd Annual EMS for Children Educational Forum scheduled for November 5, 2020, has been cancelled. Options are being explored, such as shorter Zoom-type training sessions. No decisions have been made at this time.</p> <p><u>EMSC Surveys</u> EMSA was notified the federal surveys will begin in 2021.</p> <p>The new EMS provider survey is anticipated to launch the week of January 4, 2021 and anticipated to close the week of March 15, 2021.</p> <p>The NPRP Assessment that was scheduled to open June 2020 is now anticipated to launch the week of May 3, 2021 and anticipated to close the week of July 26, 2021.</p>
Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
7. CEMSIS Trauma	Elizabeth Winward, ext. 460	<p>There are 27 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, several LEMSAs have not completed 2019 trauma data submissions or began to submit trauma data for 2020. EMSA staff are providing technical assistance to any LEMSA experiencing difficulties with data submissions.</p>
8. CEMSIS RDS I	Victoria Lupinetti, ext. 622	<p>The pilot project rough draft for matching trauma and EMS data for patients admitted to UC Davis Medical Center (UCDMC) has been completed. 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% in current and future data linkage attempts. Efforts have now shifted to matching EMS data to trauma data for the first half of 2019 for Riverside</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p>Community Hospital and is in the beginning stages.</p> <p><u>Reports</u> Currently conducting weekly trend reports related to statewide COVID-19 respiratory symptoms in the CEMSIS database. Also, currently conducting a monthly report on other primary symptoms such as shortness of breath, fever, fatigue, cough, etc. Additional reports 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: submission rates by EMS agencies, patient demographics, geographic indicators, response times, and an overview of the study methodology.</p>
9. CEMSIS EMS Data	Ashley Stewart, ext. 910	<p>As of August 2020, CEMSIS has almost four million records for 2018, over four million records for 2019, and more than 2.2 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 CY 2019 EMS Annual report is currently in development; however, both the annual report and the trauma report will be delayed due to COVID-19.</p>
10. Communications	Heidi Wilkening, ext. 556	<p>Due to COVID-19 response activities, EMSA personnel are attending virtual meetings. EMSA has received approval on the proposed duty statement for the communications position and is advertising the position for applicants.</p>
11. Core Measures	Michelle McEuen, ext. 1925	<p>EMSA sent out the 2019 California Core Measures Instructions Manual on August 3, 2020, along with the due date for submission on October 9, 2020. We understand due to COVID-19 response activities, submissions may be delayed.</p>

**Emergency Medical Services Authority
 EMS Systems Division
 Major Program Activities
 September 16, 2020 – Item #3A**

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
September 16, 2020 – Item #3A**

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 LEMSA failed to provide any submissions for quarter three of 2019. 29 of 33 LEMSAs provided a submission for quarter four of 2019. As anticipated, COVID-19 has significantly impacted APOT reporting for quarter one and two of 2020. To date, only 20 LEMSAs provided a submission for quarter one of 2020, while only 18 LEMSAs have provided a submission for quarter two of 2020. EMSA continues to develop CEMSIS comparison reports for LEMSAs who provide submissions to EMSA and who are participating in CEMSIS.</p> <p>EMSA staff continues to monitor the impact of COVID-19 on local EMS systems through the analysis of CEMSIS data related to APOT.</p>
Management Services (Office Support)	John Skarr	<p><u>Support 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><u>Support Administrative Division in onboarding new members for the Health Core Program</u></p> <ol style="list-style-type: none"> 1. Deliver materials to different sights 2. Check-In individuals as they arrive 3. Complete Medical Scan of individuals 4. Obtain documentation 5. Provide assistance to HR staff in the on-boarding procedures 6. Clean and organize materials for secondary sight <p><u>Support Management in communications with LEMSAs</u></p> <ol style="list-style-type: none"> 1. Scribe meetings with LEMSAs as necessary 2. Take notes on actionable information 3. Learn how to effectively work with LEMSAs <p>Supported all Systems staff as needed daily</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 16, 2020 **Item #4A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Rick Trussell, Chief
Fiscal and Administration Unit

SUBJECT: Administrative and Personnel Report

RECOMMENDED ACTION:

Information Only

FISCAL IMPACT:

None

DISCUSSION:**Emergency Medical Services Authority (EMSA) Budget:****2020-21**

The 2020-21 enacted California State budget includes expenditure authority in the amount of \$35.9 million and 78 permanent positions. Of this amount, \$16.6 million is delegated for State operations and \$19.3 million is delegated to local assistance.

Accounting data for the new fiscal year is not yet available and we are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

2019-20

The 2019-20 enacted California State budget includes expenditure authority in the amount of \$85.9 million and 79 permanent positions. Of this amount, \$58.6 million is delegated for State operations and \$27.3 million is delegated to local assistance. State operations expenditure authority has been increased since last report as a result of COVID-19 response activities.

As of August 19, 2020, accounting records indicate that the Department has expended and/or encumbered \$52.3 million or 76.7% of available expenditure authority. Of this amount, \$23.1 million or 89% of State Operations expenditure authority has been expended and/or encumbered and \$19.7 million or 27.9% of local assistance expenditure authority has been expended and/or encumbered.

The Department is in the process of year-end closing (YEC) accounting activities and we are continuing to monitor and adjust both State operations and local assistance. An updated report will be distributed prior to the next Commission meeting.

EMSA Staffing Levels:

The Department staffing level includes 79 permanent positions and 14 temporary (blanket and retired annuitant) positions. Of the 91 positions, 6 positions are vacant as of August 19, 2020.

	Division				
	Admin/Exec	DMS	EMSP	EMS	Total
Authorized	25.0	18.0	22.0	14.0	79.0
Temporary Staff	10.0	2.0	0.0	2.0	14.0
Staffing Level	35.0	20.0	22.0	16.0	93.0
Authorized (Vacant)	-2.0	-3.0	0.0	0.0	-5.0
Temporary (Vacant)	0.0	-1.0	0.0	0.0	-1.0
Current Staffing Level	33.0	16.0	22.0	16.0	87.0

Additionally, EMSA through the emergency hiring process has hired and deployed 274 California Health Corps members and 545 California Medical Assistance Team (CalMAT) members to assist with California's COVID-19 response activities since March 9, 2020. These emergency hires have been deployed to field medical sites, alternate care sites, skilled nursing facilities, hospitals, and other locations throughout the State to provide both medical and logistical support.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

Item #4B

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 are conducting hearings only remotely through services such as Zoom, Microsoft teams, etc.

Disciplinary Cases:

From May 15, 2020, to August 14, 2020, the Authority issued fifteen new accusations against existing paramedic licenses, four statement of issues, two administrative fines, one temporary suspension order and accusation, and seven decisions on petitions for reduction of penalties and license reinstatements. Of the newly issued actions, eight Respondents have requested that an administrative hearing be set. There are currently seventeen hearings scheduled. There are currently twenty-eight open active disciplinary cases in the legal office.

Litigation:

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

Contra Costa County EMS v. EMSA: The Authority is currently working to determine hearing dates and request a hearing through OAH 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 underground regulations. Pursuant to CCR Title 1 Section 280, the Authority 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 June 22, 2020, the court granted CalChiefs' requests for declaratory and mandate relief, and issued a judicial declaration that the Guidelines are underground regulations and ordered EMSA not to use or enforce the Guidelines unless and until it promulgates them as regulations in compliance with the APA. The Court declined to order EMSA to promulgate regulations, and also did not set aside any prior EMSA determinations regarding local EMS plans.

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 was held on June 23, 2020, at 10 AM with oral argument given remotely via Zoom. The Court issued a ruling denying the writ.

Gurrola v. Duncan: United States District Court, Eastern District, 2:20-CV-01238-JAM-DMC Plaintiff sued for a violation of his constitutional rights, alleging a violation for being precluded under the regulations from receiving an EMT certificate due to two felony convictions. Currently in the pre-hearing discovery phase, no hearing date set yet.

Sacramento County EMS v. EMSA: Denial of local EMS plan that included ALS providers without ALS agreements, as is required by the regulations. The Authority will issue a Statement of Issues and is currently working to determine hearing dates and request a hearing through OAH for the appeal.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020 **Item #4C**

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 August 1, 2020, the Enforcement Unit is fully staffed with five full-time special investigators, and one full-time associate government program analyst (AGPA-Probation Monitor).

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:	179
Cases completed and/or closed:	181
EMT-Paramedics on Probation:	220

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 122 cases in “open” status.

As of August 1, 2020, there are 63 cases that have been in “open” status for 180 days or longer, including: two Firefighters’ Bill of Rights (FFBOR) cases and 19 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 63 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

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DATE: September 16, 2020

Item #5A

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 provided by Dr. Dave Duncan.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

Item #5B

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 updated information regarding the EMS Authority's activities in response to the COVID-19 Pandemic.

FISCAL IMPACT:

None

DISCUSSION:

The EMS Authority's response activities for COVID-19 began January 24 with the Activation of the Medical Health Coordination Center (MHCC) to support ESF 8 planning and coordination. By mid-March, EMSA activated the DOC to support statewide medical operations, including deploying California Medical Assistance Teams (CAL-MAT) and onboarding Health Corps personnel in accordance with the Governor's initiative to support statewide staffing shortages. EMSA also continues to co-lead the ESF 8 Multi-Agency Coordination (MAC) group for scarce resource allocation and policy guidance. Additionally, the EMS Authority became the central repository and hub for all state procured ventilators, IV Pumps, and BiPAP machines. The expanded EMSA mission lead to the acquisition of two additional warehouses to accommodate the significant increase in response equipment and supplies.

Following the early response efforts, state focus began to shift to the southern part of the state. In early May, the border communities in Imperial County experienced a surge in COVID-19 patients. El Centro and Pioneers hospitals were quickly overwhelmed, with approximately 120-130 ED visits daily. The daily census of both facilities increased, with El Centro operating above 100%. To assist Imperial County with decompressing the hospitals, EMSA coordinated the deployment of three Ambulance Strike Teams (AST) and aligned air

transports utilizing the AMR state contract and the All Access Transfer Center to coordinate patient movement.

Initially, the State and County relied on the medical/health mutual aid system to facilitate patient movement out of Imperial County. The Medical Health Operational Area Coordinators (MHOAC) helped with bed polling and hospital placement. Within a few days, the method transitioned to the Inter Facility Transport (IFT) model, but with notification to the Regional Disaster Medical Health Specialist (RDMHS) and MHOACs to support the ongoing need to transport 10-15 patients out of Imperial County hospitals daily. This “hybrid” approach proved to be effective, allowing for inter-facility transfers while keeping the MHOACs informed and engaged. To date, 625 patients have been transported out of County to Mutual Aid Regions 1, 2, 4, 5, and 6.

In addition to assisting Imperial County with patient movement, EMSA worked to provide medical teams to increase local capability and decompress the only two hospitals. Support included standing up a Federal Medical Station (FMS) in Imperial County staffed by CAL-MAT and coordinating with State ESF 8 to place California National Guard and federal medical teams at both Pioneers and El Centro hospital. The support provided to Imperial County proved valuable. Currently, patients are being managed within Imperial County, and new COVID cases are trending down.

Unfortunately, beginning in June, a surge in COVID cases impacted the central valley and northern parts of the state just when we thought the situation was improving, and the response could begin to drawdown. Medical staffing shortages became a significant concern as hospitals were overwhelmed with COVID patients and needed staffing to support Intensive Care Units. To help meet the need for staffing, EMSA worked with federal partners to coordinate the deployment of eight teams of 20 DOD medical professionals to support hospitals. EMSA also utilized staffing contracts to staff four ICU strike teams (40 members) to further assist hospitals. Also, EMSA provided relief to Long-term Care Facilities by deploying CAL-MAT strike teams as needed.

Summary of Ongoing EMSA Response Activities:

- Continuing to support the SOC, MHCC, and EMSA DOC
- Co-leading the ESF 8 MAC group for scarce resource prioritization and allocation
- Coordinating deployment of medical teams to support Alternate Care Sites (ACS), hospitals, and long-term care facilities
- Coordinating statewide patient movement as needed
- Conducting regular meetings with local and state partners to discuss trends, protocols, EMS guidance, best practices, and improvement opportunities
- Receiving and servicing bio-medical equipment, including the preparation of ventilators for immediate deployment
- Assisting Cal OES with deployment and management of FMS and developing a plan for future storage and maintenance
- Deploying and managing EMSA Mobile Medical Shelter structures - Increasing medical surge and infection control capability for hospitals, ACS, SNFs and the CA Patton State prison

- Providing alternate care facilities with the Patient Unified Lookup System for Emergencies (PULSE) - enables medical providers to have access to patient health information. Deployed to San Mateo ACS, Riverside County FMS, and LA County MRC in Pomona
- Providing medical support at multiple Cal Fire Base Camps

Resources Deployed to Date:

- Approximately 650 CAL-MAT members - supported 15 CAL-MAT missions, including 1 quarantine site, 3 ACS, 2 FMS, and 9 Long-term Care Facilities
- CAL-MAT SNF Strike Teams - Performed 21 SNF Strike Team missions and treated over 1,700 patients
- 94 CA Air and Army National Guard members - integrated with EMSA to provide medical and logistical support
- 125 AMR EMT and Paramedics – Contracted to provide fix site medical and logistical support
- Approximately 450 CA Health Corps personnel
- Over 1,500 Disaster Healthcare Volunteers, including MRC members
- 24 Mobile Medical Shelter Structures for medical surge
- Patient Movement Contracted Resources
 - 15 Ambulance Strike Teams plus single units for various transports
 - As of August 12, coordinated nearly 3,500 patient transports
- 1,144 Ventilators to medical facilities in CA and to support other states

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Personnel Related Changes

Item #5C**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.
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.

Personnel Related Changes

September 16, 2020

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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 the EMS Authority to address various items related to emergency medical services and the response to the COVID pandemic. Those items authorize the EMS Authority 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 the EMS Authority.

Policy Guidance

As a result of the Governor's Proclamation and Executive Orders, the EMS Authority has created multiple policy guidance documents which are posted on the EMS Authority's 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 August 31, 2020 over 11,000 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, nurses assistants, therapists, and respiratory therapists.
2. EMS Licensure, Certification, and Training:
 - a. 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 the EMS Authority.
 - b. EMT skills verification for EMT recertification is waived for the duration of the COVID Pandemic due to social distancing restrictions.
 - c. 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.
 - d. Suspend EMT certifying skills exams due to social distancing restrictions.
 - e. 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.
 - f. 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

Personnel Related Changes

September 16, 2020

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local EMS agency in conjunction with CoAEMSP training and terminal competency guidance.

- g. 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. The EMS Authority 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. The EMS Authority approved COVID swab testing by EMT and paramedics for 29 local EMS agencies.
 - b. The EMS Authority has approved drug administration at static care sites for 16 local EMS agencies.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020 **Item #6**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Anne Johnson
Interim Executive Assistant

SUBJECT: Commission on EMS Subcommittee Report

RECOMMENDED ACTION:

Receive information on the Subcommittee, which met via Zoom on July 27, 2020 to explore the scope of practice changes to be addressed at the September Commission meeting.

FISCAL IMPACT:

None

DISCUSSION:

This will be a verbal presentation provided by Commissioner Uner.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

Item #7A

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 online at https://emsa.ca.gov/legislative_activity/.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

Item #7B

TO: Commission on EMS

FROM: Dave Duncan MD
 Director

PREPARED BY: Kent Gray
 Regulations Manager

SUBJECT: Regulations Update

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
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	Notice Not to Proceed was published August 14, 2020 closing the proposed action that was noticed March 6.
TBD	SB 438	Target date October 1 to begin drafting.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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DATE: September 16, 2020 **Item #8A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Contra Costa Buprenorphine Trial Study

RECOMMENDED ACTION:

Receive notification of the EMS Authority's approval of a trial study conducted by the Contra Costa 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:

On May 15, 2020, the EMS Authority received a trial study request from the Contra Costa County EMS Agency to study the effectiveness of paramedics administering buprenorphine to patients experiencing suspected opioid withdrawal symptoms in the prehospital setting. This trial study was approved by the Director of the EMS Authority on June 18, 2020. Training for paramedics is planned for the end of August and early September 2020. Enrollment of patients is expected to begin on October 1, 2020.

Description of the Study

The EMS component of this trial study allows for the administration of buprenorphine in the prehospital setting to provide relief from withdrawal symptoms and establish a pathway for the patient to receive medication-assisted treatment through a designated Bridge program.

If the patient is eligible for enrollment, the paramedic will contact the Opioid Protocol Physician and request buprenorphine. After the medication is administered, the paramedic will recommend transport to the designated opioid receiving facility, and the patient will be informed that a person from public health will contact them within 72 hours to offer additional treatment.

Contra Costa County Buprenorphine Trial Study

September 16, 2020

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If the patient is not eligible for enrollment, they will be given a Medication Assisted Treatment brochure and encouraged to be transported to the designated Opioid Receiving Facility.

Attached is the list of current trial studies.



STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

CURRENT TRIAL STUDIES
as of 6/18/2020

Local EMS Agency	Study Title	EMS Agency Medical Director and Primary Investigator	Date of Initiation of Trial Study	Commission Notified	18 Mo. Report Due	Commission Action	36 Mo. Report Due / Patients Enrolled	Disposition of Study
Los Angeles County EMS Agency	Trans Sodium Crocetinate	Marianne Gausche-Hill, MD	January 20, 2020	6/19/19	July 20, 2021			Approved by EMSA 4/2/19
Contra Costa County EMS Agency	Buprenorphine	David Goldstein, MD		9/16/20				Approved by EMSA 6/18/20

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020 **Item #8B**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Lou Meyer
Community Paramedicine Pilot Project Manager

SUBJECT: Community Paramedicine Pilot Project Status Update

RECOMMENDED ACTION:

Receive information regarding the Community Paramedicine Pilot.

FISCAL IMPACT:

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

DISCUSSION:

On November 14, 2014, the Office of Statewide Health Planning and Development (OSHPD) 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 either are 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 either are inebriated or have mental health needs.

The Impact of COVID-19

The COVID-19 pandemic started in the first quarter of 2020 and is affecting all of the active pilot projects in different ways. Most of these changes occurred in late March or later and had more impact on the projects during the second quarter of 2020.

- Eight of the 14 projects experienced a decrease in patient volume.
- Most projects (11 of 14) are still serving patients in person.
- Seven of the 11 projects that are still seeing patients in person have changed their infection control protocols.
- Two projects expanded the range of services they offer.
 - San Francisco's Frequent EMS Users project has taken on substantial additional responsibilities, including taking part in field-testing and community screenings for COVID-19 and medical evaluation of people at isolation and quarantine sites.
 - Stanislaus' Alternate Destination – Mental Health project is performing COVID-19 pre-screenings in addition to its usual screenings.
- One project has secured additional resources for its clients.
 - Due to additional housing resources (FEMA trailers, hotel rooms), Alameda's Frequent EMS Users project has been able to obtain temporary housing for 21 clients.
- One project's CPs have been assigned to care for a different population.
 - CPs in San Diego's Frequent EMS Users project are having only limited contact with clients by phone because CPs have been diverted to Operation Shelter to Home, a partnership among multiple city agencies that provides homeless people with shelter at San Diego's convention

center, monitors their health and provides them with access to medical and behavioral health services.

- Three projects have temporarily discontinued services.
 - The sobering center that participates in Los Angeles' Alternate Destination – Sobering Center project was converted to a COVID-positive homeless isolation center in March 2020 and has not received any intoxicated patients since that time. It is not expected to reopen to sobering patients until after August 2020.
 - In May 2020, San Francisco's Alternate Destination - Sobering Center project had to close and quarantine its staff due to a patient who tested positive for COVID-19. After the quarantine, the center reopened briefly and then had to close again because another patient tested positive.
 - Ventura's Tuberculosis project is no longer dispensing DOT in person because the Ventura Public Health Department decided shortly after the shelter in place order was issued that all patients with tuberculosis would be monitored via telemedicine.

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess 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.

UCSF published its 7th Public Community Paramedicine Pilot Project update report on August 24, 2020

https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/7th%20update%20to%20public%20report%20on%20CA%20%20CP%20project_082420.pdf

The two (2) following Table's were derived from the UCSF Independent Evaluators 1st Quarter Implementation Report which was filed with OSHPD on July 29, 2020.

Table 1.

HWPP #173 – 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 CLOSED

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CP002	UCLA Center for Pre-Hospital Care	Post-Discharge	Sept. 1, 2015 CLOSED
CP003	Orange County	Alternate Destination – Urgent Care	Sept. 14, 2015 CLOSED
CP004	Butte County EMS	Post-Discharge	July 1, 2015 CLOSED
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 CLOSED
CP009	Carlsbad Fire Department	Alternate Destination - Urgent Care	Oct. 9, 2015 CLOSED
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

Table 2.
Number of Persons Enrolled per Project, by Month

Project No.	Concept	Enrolled for the First Time			Total Enrolled			Cumulative Enrolled*
		Jan - 20	Feb - 20	Mar - 20	Jan - 20	Feb - 20	Mar - 20	
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	3	2	2	52
CP006	Hospice	6	7	6	-	-	-	401
CP007 A	Frequent EMS Users	0	0	0	10	9	9	82
CP007 B	Post-Discharge	1	0	1	1	1	1	139
CP008	Post-Discharge	-	-	-	-	-	-	228
CP009	Alternate Destination – Urgent Care	Closed in November 2017						2
CP010	Frequent EMS Users	0	2	0	17	19	19	65
CP012	Alternate Destination – Mental Health	3	6	4	-	-	-	450
CP013	Post-Discharge	5	2	3	5	2	4	279
CP014	Alternate Destination – Sobering Center	89	83	79	-	-	-	2,674
CP015 A	Alternate Destination – Sobering Center	0	0	0	-	-	-	0
CP015 B	Alternate Destination – Mental Health	1	1	2	-	-	-	95
CP018	Alternate Destination – Mental Health	8	8	8	-	-	-	68
CP019	Alternate Destination – Sobering Center	21	24	12	-	-	-	91
CP021	Frequent EMS Users	11	8	13	81	95	83	251
CP022	Alternate Destination – Mental Health	147	139	162	-	-	-	3,404
Total		292	280	290	117	128	118	9,482

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* Cumulative enrollment differs from the cumulative sum of total enrolled patients in each month because patients enrolled in these projects are not necessarily unique from month to month. Some patients participating in frequent 911 caller and tuberculosis pilot projects receive CP services for multiple months. Some patients enrolled in post-discharge pilot projects receive CP service for a 30-day period spanning two months (e.g. enrolled on January 20, 2020, and completed 30-day period on February 19, 2020).

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 16, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: AB 2293 EMT Denial Report Update

Item #8C

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.

As of August 10, 2020, the Authority has received reports from 64 of the 68 EMT certifying entities. Two of the four certifying entities do not show any EMT certification activity for 2019. Authority staff are working with the delinquent certifying entities to submit their data and are validating data from the other certifying entities.

All certifying entities are required to enter EMT certification data into the Central Registry which is hosted by the Authority. The Authority is 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

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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.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 16, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

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

SUBJECT: Injury Prevention Update

Item #9A

RECOMMENDED ACTION:

Receive information on the EMS Injury Prevention Program

FISCAL IMPACT:

None

DISCUSSION:

At the June 2020 Commission on EMS meeting, an information report was requested related to the EMSA Injury Prevention Program. Due to EMSA's COVID-19 response and the need to prioritize staff activities, EMSA does not have a report to submit for the Injury Prevention Program at this time. EMSA will keep the Commission informed on future progress of the Injury Prevention Program.

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DATE: September 16, 2020

Item #9B

TO: Commission on EMS

FROM: Dave Duncan MD
Director

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

SUBJECT: 9-1-1 System Overload

RECOMMENDED ACTION:

Receive information on 9-1-1 System Overload

FISCAL IMPACT:

None

DISCUSSION:

During the June 2020 Commission on EMS meeting, a request was made to have a report on 9-1-1 System Overload and possible referral of calls to the 2-1-1 system. EMSA has been fully engaged with the COVID-19 response and unable to perform any direct research on this issue. We have also not been able to identify an available subject matter expert from the Office of Emergency Services (OES) to address the Commission.

This item has been left on the September 2020 Commission agenda to allow the Commission to have discussion on the 9-1-1 System Overload issue and allow EMSA to consider next steps in our review process.