

STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
December 9, 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/94784210226>

Teleconference number: 1-669-900-6833

Webinar ID: 947 8421 0226

AGENDA

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of September 16, 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. EMS Administration**
 - A. Legislative Report
 - B. Regulations Update

6. EMS Personnel

- A. AB 2293 EMT Denial Report
- B. Emergency Regulations:
 - a. EMT
 - b. AEMT
 - c. Paramedic
- C. LA County EMS Stroke Trial Study
- D. Community Paramedicine Pilot Project Status Update

7. Disaster Medical Services Division

- a. COVID-19 Response Update
- b. Wildfire Response Update

8. EMS Systems

- A. Ambulance Patient Off-Load Time (APOT) Report

9. Clinical Care and Restraint of Agitative or Combative Patients

10. Open Nominations for Election of Officers (March 2021 – March 2022)

11. Approval of 2022 Meeting Dates

12. Items for Next Agenda

13. Public Comment

14. 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 Caitlyn Cranfill at (916) 431-3701, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS**

**Minutes of Teleconference Meeting
Wednesday, September 16, 2020
Zoom**

Call-In Number 669-900-6833; Code 972 0613 6072

COMMISSIONERS PRESENT:

Steve Barrow, Dan Burch, Sean Burrows, James Dunford, M.D.,
Thomas Giandomenico, Mark Hartwig, James Hinsdale, M.D., Lydia Lam, 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:

Nancy Gordon

EMS AUTHORITY STAFF PRESENT:

David Duncan, M.D., Louis Bruhnke, Caitlyn Cranfill, Sergy El-Morshedy, Kent Gray,
Marcel Hadamek, Anne Johnson, Craig Johnson, Adrienne Kim, Kim Lew, Jennifer Lim,
Steven McGee, Tom McGinnis, Lou Meyer, Priscilla Rivera, Sean Trask, Rick Trussell,
Leslie Witten-Rood, and Angela Wise

AUDIENCE PRESENT (partial list):

David Goldstein, M.D., EMS Medical Director, Contra Costa County
Cathy Chidester, BSN, MSN, EMS Administrator, Los Angeles County
Carl Schultz, MD, FACEP, FAAEM, EMS Medical Director, Orange County
Gagandeep Grewal, MD, Associate EMS Medical Director, Orange County
Tammie McConnell, RN, MSN, MICN, PHN, EMS Administrator, Orange County
Dave Magnino, EMS Administrator, Sacramento County
Jeff Fariss, EMS Administrator, Kern County
Kristin Weivoda, EMS Administrator, Yolo County
Lance Doyle, EMS Administrator, Mountain-Valley EMS Agency
Lauri McFadden, EMS Administrator, Alameda County
Michelle Patterson, MPH, EMS Administrator, El Dorado County
Shaun Vincent, EMS Administrator, Napa County
Kenneth Miller, MD, PhD, EMS Medical Director, Santa Clara County
Dave Austin, American Medical Response (AMR)
Ken Johnson, California Fire Chiefs Association (CFCA)
Christy Bouma, California Professional Firefighters Association (CPF)

[Note: Agenda Item 5 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair James Dunford, M.D., called the teleconference meeting to order at 10:36 a.m. Seventeen Commissioners were present. Chair Dunford led the Pledge of Allegiance and reviewed the meeting agenda.

David Duncan, M.D., EMSA Medical Director, introduced Lydia Lam, M.D., and welcomed her to the Commission.

2. REVIEW AND APPROVAL OF JUNE 17, 2020, MINUTES

Chair Dunford noted that three Commissioners were elected to serve on the Administrative Committee at the last meeting, but the Bylaws only require two. Commissioner Margulies has since termed out, which leaves the required two elected representatives – Commissioners Burrows and Stangeland – who will serve on the Administrative Committee for this term.

Vice Chair Uner referred to the fifth paragraph of the June 17, 2020 minutes on page 10 and asked to change the term “pediatric intubation” to “surgical airway.” The sentence will read “Commissioner Uner stated, regarding surgical airway, 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.”

Action: Commissioner Barrow moved approval of the June 17, 2020 Commission on Emergency Medical Services Meeting Minutes as revised. Commissioner Snyder seconded. Motion carried unanimously with one abstention by Commissioner Lam.

3. DIRECTOR’S REPORT

A. EMSA Program Updates – DMS / HIE / Personnel / Systems

Dr. Duncan asked for a moment of silence in honor of former EMSA directors Dr. Steve Tharratt and Dr. Bruce Haynes.

Dr. Duncan stated he will provide his report in Agenda Item 5A, COVID-19 Response.

4. CONSENT CALENDAR

A. Administrative and Personnel Report

B. Legal Report

C. Enforcement Report

Action: Commissioner Hinsdale moved approval of all items on the consent calendar. Commissioner Barrow seconded. Motion carried unanimously with one abstention by Commissioner Lam. The item was noted and filed.

REGULAR CALENDAR

[Note: Agenda Item 5 was taken out of order and was heard after Agenda Item 6.]

5. COVID-19 Response

A. Director's Report

David Duncan, MD, EMSA Medical Director, presented his report.

COVID-19

Dr. Duncan provided an overview of the COVID-19 pandemic's start in California, surge statistics, and actions taken. He stated California has done well in handling the COVID-19 pandemic.

The event began in January with the repatriation of individuals from China to both San Diego and Solano Counties, followed by the disembarkation of individuals from the Grand Princess ship in February, which transitioned into community spread and the COVID-19 surge experienced for the past six months. The mild COVID-19 surge seen in March/April brought hospitalizations up to approximately 10,000 to 15,000 individuals. The significant COVID-19 surge seen in mid-July after a degree of reopening brought hospitalizations up to approximately 50,000 individuals.

Non-pharmaceutical interventions were encouraged and appropriate publicity on the importance of those interventions was implemented – masks required, social distancing, hand washing, et cetera. This led to a relatively rapid decline, and, by mid-September, hospitalizations were below the numbers seen in March.

The Governor, the California Department of Health and Human Services Agency (HHS), and the California Department of Public Health (CDPH) have implemented the California Blueprint for a Safer Economy initiative, which is now in its third week. The Blueprint includes four color demarcations to demonstrate risk for counties. During the first three weeks of the initiative, eight counties have already transitioned down a tier with decreases in numbers of hospitalizations, ICU admissions, and deaths.

California Wildfires

Dr. Duncan provided a brief report on the California wildfires, stating that this is the most prominent fire season ever seen in the state of California. Five of the top seven fires that have occurred this season are the largest fires ever seen in the state.

EMSA took part in planning for sheltering in a COVID-19 environment, which centered around non-congregate sheltering.

Anticipated Influenza Outbreak

Dr. Duncan addressed the influenza outbreak expected later this year and its likely impact on COVID-19 infection rates, outlining current preparation steps.

The current COVID-19 surge is transitioning down, and EMSA is preparing for the upcoming flu season, which is predicted to simultaneously bring the addition of another COVID-19 surge and potentially greater incidents through spring.

The concerning question is how to better prepare for the combination of influenza and COVID-19 when the flu alone typically exceeds EMS systems' and hospital systems' capacity. Health care agencies and organizations are currently pushing hard to publicize the greater need this year for influenza vaccinations across the state to minimize and mitigate the influenza surge coming this fall.

EMSA has just offered a template application package for local EMS agencies to request an influenza vaccination local optional scope of practice for paramedics, which would give them the ability to vaccinate EMS personnel and the public. EMS personnel would also gain the ability to deliver the COVID-19 vaccine when it becomes available, if opted for in the county.

B. Disaster Medical Services Division

Craig Johnson, Chief, Disaster Medical Services Division, summarized EMSA's ongoing response activities and resources deployed to date in response to the COVID-19 pandemic and California wildfires, which were included in the meeting packet. He stated there have been many lessons learned and a need for increased analysis on resource requirements and response program structure.

Questions and Discussion

Commissioner Barrow asked about personal protection equipment (PPE) availability for disaster team protection.

Mr. Johnson stated PPE availability has been a struggle throughout this response. Planning is done in advance to ensure a sizeable supply even prior to the COVID-19 pandemic. The disaster team cannot respond and support California without the necessary PPE and, with careful utilization, the supply has yet to be depleted.

Leslie Witten-Rood, EMS in HIE Project Manager, provided an update on the Health Information Exchange (HIE) and how it is integrated into the DMS system. She stated the +EMS Project is the daily use project for the HIE. It uses the Search, Alert, File, and Reconcile (SAFR) model that allows paramedics to search electronic Patient Care Reports (ePCRs) in the field, pre-populate the records, input the care provided in the field, and send the updated information to the hospital prior to arrival. Health care providers and local EMS agencies also have access to the patient's hospital admission, discharge, and transfer information for continuity of care as needed. The +EMS/SAFR grant expires on September 30, 2021. Funding is being sought to sustain this project.

Ms. Witten-Rood stated HIE has partnered with DMS to provide training for the Patient Unified Lookup Systems for Emergencies (PULSE) out in the field to help with any type of disaster. As part of the response to the California wildfires and the COVID-19 pandemic, the team trained hundreds of individuals to use this vital tool.

C. Personnel Related Changes

Sean Trask, Chief, EMS Personnel Division, reviewed EMS personnel-related changes 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 about the impact of COVID-19 on clinical and CPR training and internships.

Mr. Trask stated EMSA policy guidance is to use alternative methods for clinical training.

Commissioner Barrow suggested taking proactive advocacy for the state to prioritize EMS training during the COVID-19 pandemic.

Dr. Duncan asked if there has been an unexpected increase in the number of serious heat injuries, specifically heat stroke.

Commissioner Hartwig stated he has not seen an increase in heat-related emergencies.

Commissioner Burrows agreed.

Commissioner Miller stated his organization has been monitoring EMS data since the beginning of the COVID-19 pandemic. He noted that societal stress has increased, which causes the need for higher EMS responses, such as for alcohol intoxication issues.

Public Comment

Jennifer Lim, Deputy Director, Policy, Legislative, and External Affairs, read the written comments submitted by Danielle as follows:

“P100 masks are unattainable and may (sic) agencies are out. Is there a plan for proper PPE for aerosol producing procedures for field personnel?”

Questions and Discussion

Chair Dunford asked Commissioners to discuss whether P100 or N100 masks are the standard and if firefighters are seeing any significant issues.

Commissioner Hartwig stated the front line continues to use N95s masks. P100 masks are used as backups.

Commissioner Miller stated the Cal/OSHA regulation aerosol-transmissible disease standard is P100s over N95s. He agreed that obtaining disposable P100 masks is difficult. He noted the Cal/OSHA waiver that states N95 masks are acceptable during times when P100s cannot be obtained. He stated fire agencies and others now use half-face elastomeric cartridge P100 masks, which require inter-use disinfection to be safe and effective. These alternative masks require testing.

Chair Dunford asked about a plan for proper PPE for aerosol-producing procedures for field personnel safety and if this issue has been discussed at the EMS Medical Directors Association of California (EMDAC).

Commissioner Miller stated this topic has not specifically come up at EMDAC. He stated his local EMS agency modified protocols in an attempt to reduce the risk of exposure to aerosol-generating procedures. This must be balanced against patient care but that is a complex equation.

Chair Dunford stated the need for one statewide uniform best-practice recommendation to safely care for patients with a suspected or confirmed communicable disease such as COVID-19 or tuberculosis. This warrants further discussion. It is important to learn if there is data from the CDPH on first responder COVID incidents that might be work-related.

Chair Dunford asked about public safety first-responder concerns in law enforcement.

Commissioner Giandomenico stated there are real concerns in law enforcement but, in general, due to PPE, there have been no significant impacts. He agreed that there is no data available on first-responder COVID incidents that might be work-related.

Commissioner Barrow agreed with the need to understand what is happening to first responders to better understand personnel impacts in future spikes and to answer the question about first responders being transmitters of disease.

Commissioner Barrow made a motion to ask staff to create a plan on how to capture data on first-responder COVID incidents statewide.

Commissioner Burrows stated his agency has dozens of members who have tested positive for COVID-19 and at least one death has occurred as a result of COVID-19. He agreed that the true impacts to first responders are unknown. He noted the challenge of members living and working in close proximity in fire stations where social distancing is virtually impossible. He suggested looking at this issue both at the state and local levels.

Commissioner Relucio suggested collaborating with the CDPH, the state epidemiologist, and Cal/OSHA on ways to track this data on health care personnel.

Public Comment

Dr. Duncan read the written comments submitted by K. Thompson as follows:

“I have been sending survey to California FD's – collecting data on number of positives, month occurred in, hospitalizations, ICU admits, ED visits. Most cases are firefighter to firefighter exposures. I can send information.”

Dr. Duncan read the written comments submitted by William Conover as follows:

“Could also utilize local exposure reports?”

Dr. Duncan read the written comments submitted by K. Thompson as follows:

“Fire agencies do collect this data.”

Questions and Discussion

Commissioner Relucio offered the friendly amendment to ask the CDPH and Cal/OSHA to provide their information on this issue.

Commissioner Barrow accepted Commissioner Relucio's friendly amendment.

Action: Commissioner Barrow made a motion to request additional information as it exists from the CDPH and Cal/OSHA regarding COVID-related illness in first

responder populations including law enforcement, fire, and EMS. Commissioner Rodriguez seconded. Motion carried unanimously.

6. COMMISSION ON EMS SUBCOMMITTEE REPORT

Chair Dunford stated a Subcommittee convened following the last meeting to discuss whether and how to research the effect of deletions on paramedic scope of practice for pharmaceuticals and procedures. The Subcommittee met on July 27, 2020. He asked Vice Chair Uner to present this agenda item.

Vice Chair Uner summarized the Subcommittee's conclusions as follows:

- There should be a systematic approach to researching the effects of deletions of paramedic practice or equipment to avoid unexpected and unintended consequences.
- The addition of interventions or procedures involves far more scrutiny than the removal, which often involves no scrutiny or follow-up at all.
- It is important to consider which deletions would meet the threshold to warrant exploration, how to gather the required data, and to whom to report the data.
- This item should be discussed at the next EMDAC meeting.

Vice Chair Uner stated the following motion was made and passed unanimously:

“On any protocol or procedure that is decided on by the State EMS Commission (aside from local optional scope of practice or trial study issue because there is a separate process for that) the State Commission would not entertain the proposal without the inclusion of some analysis to determine the potential harm from the removal.”

Vice Chair Uner stated there was agreement through the EMDAC Scope Committee that there are mechanisms in place to require data collection and reporting for addition of scope items, and that the same mechanism could be used to require data collection for the deletion of scope items.

Vice Chair Uner stated the proposed analysis is not expected to be a formal research study but quality improvement methods such as:

- Asking for feedback from licensed paramedics.
 - Identifying and researching any themes or common complaints. Paramedics particularly feel left out of the decision-making process on deletions, so this would give them an avenue for feedback.
- Asking for feedback from base hospitals, specialty receiving centers such as trauma, and providers.
 - Local EMS agencies often look to these stakeholders for feedback.

Questions and Discussion

Dr. Duncan asked about the feedback provided at yesterday's EMDAC meeting.

Commissioner Miller stated EMDAC was overall in favor of the motion. The question of unintended consequences was a concern although EMDAC understands the intent of the motion. He stated prospective evaluation of a statewide removal of a protocol, procedure, or pharmaceutical was deemed as being positive, as long as the details and exactly how to do that is done on an issue-by-issue basis.

Commissioner Hartwig stated the Subcommittee strongly supported instituting a process to review removed procedures similar to the way it adopts procedures.

Chair Dunford stated each removal will require a different set of metrics to identify unintended consequences and cannot be pre-specified. He suggested that items come before the Commission with a recommendation of how the individuals proposing the change would like to ensure that nothing was missed.

Chair Dunford asked for a motion to approve the Subcommittee's recommendation.

Action: Commissioner Hartwig moved approval of the Subcommittee's recommendation. Commissioner Valeri seconded.

Vice Chair Uner suggested the addition of the word "deletion", revising the motion to:

"On any protocol or procedure deletion that is decided on by the State EMS Commission (aside from local optional scope of practice or trial study issue because there is a separate process for that) the State Commission would not entertain the proposal without the inclusion of some analysis to determine the potential harm from the removal."

Commissioners Hartwig and Valeri accepted the proposed revision. Motion carried unanimously.

Public Comment

No public comment.

7. EMS ADMINISTRATION

A. Legislative Report

Sergy El-Morshedy, Legislative Coordinator, summarized the EMSA Legislative Activity Report of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website.

B. Regulations Update

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

Public Comment

No public comment.

8. EMS PERSONNEL

A. Contra Costa County Buprenorphine Trial Study

Sean Trask, Chief, EMS Personnel Division, stated Dr. Duncan approved a trial study request for Contra Costa County EMS on June 18, 2020 to allow paramedics to administer SUBOXONE to provide relief from withdrawal symptoms and establish a pathway for a patient to receive medication-assisted treatment through a designated Bridge program.

Questions and Discussion

Chair Dunford asked if the project has begun yet.

Sean Trask asked the representative of Contra Costa County EMS to respond to questions from Commissioners.

David Goldstein, Outgoing Medical Director, Contra Costa EMS, stated buprenorphine was trialed on a small area of the county beginning yesterday. No doses have yet been given. The idea is to trial a small region of the county initially and to evaluate with the hope of possibly generalizing it to the entire county next year.

Chair Dunford asked Commissioners and members of the public to direct their questions to Dr. Goldstein offline.

Mr. Trask provided an update on the Los Angeles County trial study on trans sodium crocetininate. EMSA was notified on September 10, 2020 that the county was discontinuing the trial study because Diffusion Pharmaceuticals has opted to devote their resources to COVID therapeutics.

Chair Dunford requested a summary of the county's safety profile and preliminary findings at the December meeting.

B. Community Paramedicine Pilot Project Status Update

Lou Meyer, Project Manager for the Community Paramedicine Project, summarized the Community Paramedicine Pilot Project Status Update memo, which was included in the meeting packet.

C. AB 2293 EMT Denial Report Update

Sean Trask summarized the Assembly Bill (AB) 2293 EMT Denial Report Update memo, which was included in the meeting packet.

Public Comment

No public comment.

9. EMS SYSTEMS

A. Injury Prevention Report/Update

Commissioner Barrow provided an overview, with a slide presentation, of upcoming opportunities to be involved with the EMS Injury Prevention Program as follows:

- The virtual Safer California Unintentional Injury conference is scheduled for November 17, 2020 and November 18, 2020. Register for the conference on the California Coalition for Children's Safety and Health website.

- The California Unintentional Injury Prevention Strategic Plan Project: this is focused on childhood and youth. The Project is an ongoing multi-year project with a focus on ending unintentional injury and hospitalization deaths for children and youth.
- The RAP Tool put together by the California Paramedic Foundation helps first responders understand how to get involved with prevention.
- The California Coalition on Children's Safety and Health Board of Directors has invited EMSA to be more directly involved in its activities.

B. 9-1-1 System Overload

Chair Dunford tabled this discussion to the December meeting.

Public Comment

No public comment.

10. ITEMS FOR NEXT AGENDA

Chair Dunford asked to have a discussion on safer policing and how EMS can collaborate with law enforcement for greater safety and effectiveness.

Vice Chair Uner agreed on the importance of that issue.

Chair Dunford asked Commissioners for additional suggestions for the next agenda.

Commissioner Valeri asked to have a discussion on the report to be submitted to the Legislature prior to December 1, 2020, on ambulance patient offload time and recommendations to reduce or eliminate ambulance patient offload time.

11. PUBLIC COMMENT

Dr. Duncan read the written comments submitted by William Conover as follows:

“I would hope that the Commission might take a moment to acknowledge the recovery of the two LA Sheriff Officers and that they are in our prayers.”

Dr. Duncan read the written comments submitted by William Conover as follows regarding the coordinated effort with law enforcement:

“If I can help in any way Dr. Dunford please let me know.”

Dr. Duncan read the written comments submitted by Tanir Ami as follows:

“On the topic of 9-1-1 System Overload. The CARESTAR Foundation is starting to look at 9-1-1 use in a handful of California communities. We hope to get increasingly involved in understanding the problem and potential solutions.”

12. ADJOURNMENT

There being no further business, the meeting was adjourned at 1:36 p.m.

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 December 9, 2020**

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>EMSA manages the statewide AST program and collaborates with local EMS Agencies and ambulance providers to support California during emergencies. To advance the program, EMSA has convened an AST workgroup to help EMSA develop appropriate revisions to the program. The modifications include further development of the AST Leader program and curriculum, effective utilization of the Disaster Medical Support Units (AST resupply and Leader vehicle), command and control during deployments, and overall program updates. The workgroup began work in late 2019 but has since been on hold due to the COVID response.</p> <p>The AST program proved critical during the 2020 COVID and Wildfires response. ASTs were heavily engaged with COVID patient movement, fire evacuations, and support for CAL Fire operations. To date, 17 ASTs were utilized to support response activities in 2020.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 December 9, 2020**

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 significant 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>CAL-MAT supported the COVID-19 activities beginning in March. EMSA deployed over 600 CAL-MAT members, some multiple times (1,600 individual member deployments) to support 63 missions throughout the State, including 1 quarantine site, 3 ACS, 2 FMS, 1 medical shelter, 33 Long-term Care Facilities, and 23 Cal Fire Base Camps.</p> <p>To meet the statewide needs in 2020, EMSA expanded the program from less than 200 members to nearly 700 members. Additionally, there are approximately 1,500 potential members EMSA is currently vetting for CAL-MAT membership. However, with the program growth, EMSA is faced with many new challenges to maintain the program effectively. Some of the challenges include having the resources (funding and staffing) to effectively manage the program, provide continuing training for members, and update equipment and supply caches to support the expanded program and new statewide expectations.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. CAL-MAT Cache	Markell Pierce, ext. 1443	The three CAL-MAT Caches were all deployed for the COVID-19 response and utilized Statewide to support 63 CAL-MAT missions. One CAL-MAT has been 100% accounted for and redeployed to support a new COVID-19 surge in Imperial County. The two remaining caches are currently undergoing resupply. The various caches of medical supplies, biomedical equipment, and pharmacy are being refined with future disaster deployments in mind. Procurements of new medical technologies continue to be implemented to update the 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>All EOM 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> <p>The EOM workgroup meetings have been postponed throughout 2020 due to COVID-19 response.</p>
5. California Crisis Care Operations Guidelines	Kelly Coleman, ext. 726	Development is on hold until funding is made available.

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>6. Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel</p>	<p>Lauran Molina, ext. 466</p>	<p>The DHV System has over 94,000 volunteers/personnel registered. The number of volunteers has nearly quadrupled since the COVID-19 Pandemic began. At the direction of the CA Governor's Office, the DHV System was temporarily redirected for mass hiring of paid medical professionals to support California's response efforts to the COVID-19 Pandemic. On March 30, 2020, the Governor gave a press release discussing the mass hiring of medical professionals to the California Health Corps. Health Corps hires are paid positions by the State of California. There was over 62,000 personnel registered in the California Health Corps within the DHV System. All personnel registered for the California Health Corps were provided the opportunity to join the DHV County Unit, Medical Reserve Corps (MRC) Unit, and California Medical Assistance Team (CAL-MAT).</p> <p>There are 49 healthcare occupations filled by registered responders. Over 16,000 of the 94,000 plus DHV registered responders are MRC members. EMSA trains and supports DHV System Administrators in each of the 30 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 every quarter. However, some of these items 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 latest newsletter was released on December 3, 2019.</p> <p>The Spring and Fall issue of the DHV journal was canceled 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
December 9, 2020**

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>Multiple Medical Health Operations Center Support Activities (MHOCSA) training classes were conducted in 2019 and early 2020 throughout the State of California. Since March 2020, due to COVID-19 response, no additional MHOCSA courses have been conducted.</p>
<p>8. 2019 Statewide Medical and Health Exercise (2019 SWMHE)</p>	<p>Kelly Coleman, ext. 726</p>	<p>The 2020 Statewide Medical and Health Exercise (SWMHE) was canceled due to COVID-19 response. The exercise planned for 2021 is still to be determined.</p>
<p>9. Hospital Available Beds for Emergencies and Disasters (HAvBED)</p>	<p>Kelly Coleman, ext. 726</p>	<p>The United States Health and Human Services discontinued funding the national HAvBED program in 2016. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to continue integrating hospital data collection for California use.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>10. 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 developing, implementing, and maintaining EMSA's HICS program and activities.</p> <p>The HICS National Advisory Committee did not meet in 2020 due to the COVID response. EMSA is hoping to resume activities second quarter of 2021. The focus moving forward is to identify best practices and lessons learned from hospital utilization during the COVID response. Additionally, EMSA working with the committee will look to increase statewide HICS participation.</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>11. 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 MST program was utilized heavily during the COVID response. The effectiveness of the program enabled critical field logistical support for the deployed EMSA medical teams. To date, the program supported 63 medical missions in 2020. EMSA also grew the program membership during the COVID response to meet statewide needs. EMSA added hundreds of new members and established just-in-time training programs. Moving forward, EMSA will focus on program improvements from lessons learned and identified gaps.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Response Resources	Markell Pierce, ext. 1443	<p>The Mission Support Team (MST) caches and the California Medical Assistance Teams (CAL-MAT) caches were deployed for the COVID-19 Pandemic response and are undergoing resupply and modification.</p> <p>The Response Resources Unit (RRU) continues to integrate and update IT and telecommunications equipment to improve MST/CAL-MAT networking infrastructure.</p> <p>The RRU is continuing its audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located within the State. During these audits, EMSA is verifying all DMSU vehicles are being properly maintained and utilized according to written Memorandum of Understanding agreements. New audits of 24 DMSUs were conducted during this time. All DMSU audits will be completed by the end of the year.</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>
13. Information Technology	Rick Stricklin, ext. 1445	<p>EMSA continues to address key shortfalls within the EMSA Department Operations Center (DOC), and the newly acquired EMSA Station 4. 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. EMSA has completed the upgrade of VSAT on the C3.</p> <p>EMSA continues to develop relationships with allied agencies and NGO, to improve radio interoperability to include the implementation of the Shared Resources High Frequency Radio Program (SHARES) and California Radio Interoperability System (CRIS). Procurements of critical information technology and communications equipment for the C3 communications vehicle to upgrade and implement new technologies to increase its capabilities and functionality in the field.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>14. 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> <p>During the COVID response, EMSA deployed 33 mobile medical structures to support medical surge at hospitals and other treatment sites. Also, EMSA worked with Local EMS Agencies to deploy four of the six Mobile Medical Shelter Modules (each module includes six structures plus durable equipment) EMSA placed strategically around the State with local partners. EMSA also provided just-in-time training for local partners on set-up, utilization, and teardown of the structures.</p> <p>The previous MFH structures, now configured for sheltering and other multiuse support, proved extremely beneficial during the 2020 COVID response. EMSA will continue to maintain the structures for future use.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
15. 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.</p> <p>EMSA and CDPH conducted the RDMHS quarterly meeting in October 2020. During the meeting, we discussed current COVID and Wildfire response efforts and identified program strengths and weaknesses. The addition of one RDMHS per mutual aid region was lauded as a huge success. We also focused on ideas to improve communications around situation reporting and resource requesting.</p>
16. Medical Reserve Corps (MRC)	Lauran Molina, ext. 466	<p>Thirty (30) 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 16,000 of the 94,000 plus DHV registered responders are Medical Reserve Corps (MRC) members.</p> <p>The MRC Coordinators Statewide Training Workshop is slated for May 2021.</p>
17. 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 were conducted in September 2019. The rewrite is in its final review and will be published soon. CAL-OES came back with edits to the Public Health / Medical annex; these edits are under review pending final approval by CDPH and EMSA.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
18. Southern California Catastrophic Earthquake Response Plan	Brad Gates, ext. 4728	<p>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 (RDMHS), Medical Health Operational Area Coordinator (MHOAC), Emergency Support Functions, Cal OES, California Department of Public Health (CDPH), California Department of Healthcare Services (CDHS), the Assistant Secretary for Preparedness and Response (ASPR), and the Federal Emergency Management Agency (FEMA) to update the Public Health and Medical Fact Sheet, Survivor Movement plan, Mass Care Plan, Shelter Fact Sheet and Course of Action. The Plan is still in the final review, and adjudication is set for January 2021.</p>
19. Patient Movement Plan	Kelly Coleman, ext. 726	<p>The California Patient Movement Plan was released in November 2018 and can be found at https://emsa.ca.gov/plans/. The Plan was utilized extensively during the COVID response (over 3,500 patient transports). In particular, the Plan proved beneficial in providing direction as EMSA worked with local partners to transport 650 COVID patients out of Imperial County. Moving forward, EMSA will work with partners to update the Plan based on lessons learned from the current response.</p>
20. Bay Area Catastrophic Earthquake Plan	Kelly Coleman, ext. 726	<p>EMSA participated in the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. There have been no Plan activities in 2020 due to the COVID response. EMSA will continue to socialize the Plan in 2021.</p>
21. Northern California Catastrophic Flood Response Plan	Kelly Coleman, ext. 726	<p>EMSA worked with the Governor's Office of Emergency Services (Cal OES) to develop 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. The Plan is posted on the Cal OES website. There have been no Plan activities in 2020 due to the COVID response. EMSA will continue to socialize the Plan in 2021.</p>

**Emergency Medical Services Authority
Office of Health Information Exchange (OHIE)
Major Program Activities
December 9, 2020**

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 and will conclude their contract 9/30/2021. All Awardees are on target with their milestones.
PULSE	Leslie Witten-Rood	<p>In March of 2020, EMSA deployed the Office of Health Information Exchange (OHIE) PULSE Team to train CALMAT medical staff deployed at multiple Field Medical Stations in California. The OHIE staff traveled to Riverside, Imperial, San Mateo, Tulare, Orange, and Sacramento Counties, where EMSA Medical Teams CAL-MAT and Health Corps were treating COVID Patients. HIE staff created innovative solutions to train medical staff on PULSE while ensuring social distancing and other safety measures were used. A just in time training was designed and posted on the EMSA website so that medical providers could have access to the training and user guide 24/7. The training was also conducted for providers virtually by the HIE Staff. EMSA has trained an additional 250 medical providers in person on PULSE during the Pandemic. EMSA deployed PULSE on August 9, 2020, in response to the California Wildfires. PULSE was deployed at one medical shelter staffed by CAL-MAT in Santa Cruz County at the Watsonville Fairgrounds. During the deployment, OHIE</p>

**Emergency Medical Services Authority
Office of Health Information Exchange (OHIE)
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p>Team was asked to train CAL-MAT Teams supporting the firebase Camps on the PULSE system. Onsite training was conducted at three fire camps — Monterey County in Salinas, then Santa Cruz County in Scotts Valley, and in Santa Clara County at the Pleasanton Fairgrounds. The fire camps supported by EMSA provide care for fighters working the fires in our state. PULSE was instrumental in delivering our CAL-MAT teams with past medical histories of the firefighters who were receiving medical care from CAL-MAT teams. PULSE was instrumental in providing history on the patient’s medication and allergies that were essential in treating multiple cases of severe poison oak exposure that many firefighters were struggling with. During this 2-day deployment, the OHIE team trained an additional 30 medical providers on PULSE.</p>
POLST	Leslie Witten-Rood	<p>EMSA awarded all applicants who request funding to add an POLST Alert and POLST Registry connection to a +EMS SAFR System. The following received awards: Manifest Medex (\$278,240.00), San Diego Health Connect (\$379,300.00), and San Mateo County (\$189,150.00).</p>

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
December 9, 2020**

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 thirty-two (32) 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. • 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
December 9, 2020**

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 four (4) public safety first aid/CPR training programs. • EMSA approved two (2) EMT training programs. • EMSA approved two (2) EMT refresher training programs. • EMSA approved five (5) 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
December 9, 2020**

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	Jeffrey Hayes	<ul style="list-style-type: none"> • EMSA processed and issued 40 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, renew training program certifications, 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
December 9, 2020**

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"> • 250 Initial In-State applications, • 27 Initial Out-of-State applications, • 2,569 Renewal applications, • 61 Reinstatement applications. • EMSA received sixty-eight (68)% of the applications through the new online licensing system. <p>EMSA has issued a total of 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 01/31/21 to provide EMSA with proof of successfully passing the exam.</p>
13. Dept. of Child Support Services (DCSS) System	Kim Lew	DCSS temporarily discontinued use of its State License Match System (SLMS) for reporting and requesting EMSA licensure action against licensees in the arrears for child support during the COVID-19 pandemic.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> EMSA staff is in the process of scheduling a STAC meeting by teleconference for January 2021.</p> <p><u>2021 Trauma Summit</u> Due to the COVID-19 Pandemic, EMSA will not hold an in-person Trauma Summit in 2021. EMSA staff are in the process of planning online educational webinars instead. Topics are being vetted through STAC.</p> <p><u>Annual Trauma Plan Status Updates</u> LEMSAs are submitting trauma plan status updates. LEMSAs who request extensions due to COVID-19 are being accommodated.</p> <p><u>Trauma Regulations</u> The workgroup met on October 27, 2020. Group members agreed to continue working on regulations revisions via email and Zoom meetings. The next workgroup meeting will be held on December 15, 2020.</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 through 2020. 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 Plan Submission</u> A total number of 23 LEMSAs have submitted an initial Stroke plan, which has been reviewed for approval in accordance with the State STEMI and Stroke regulations; EMSA staff sent the plan approval letter to the LEMSAs' administrators. 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, which are developing a Stroke and STEMI system of care and associated implementation plans for submission. EMSA has received the annual plan update for the STEMI and Stroke system of care from 6 LEMSAs which already submitted their initial plan last year. These plan updates are under review and will respond promptly.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p><u>STEMI and Stroke Technical Advisory Committee</u> The Stroke and STEMI Technical Advisory Committee resumed working on their projects and meet on a regular basis via Zoom. This committee created a few subcommittees to be more effective for the progress of their current projects, including Data, developing Summit in 2021, etc.</p>
<p>3. EMS Transportation</p>	<p>Laura Little, ext. 412</p>	<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 state review process to ensure they meet Federal and Statutory requirements.</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 captured as a snapshot of EMS delivery in California and placed on EMSA's website for public viewing.</p> <p><u>EMS Plan Appeals</u> Review previous EMS Plan submissions, correspondence, conduct public records requests, review historical documentation to map out issues under appeal, and attend appeal hearings for support.</p> <p><u>Technical Assistance</u> The EMS Transportation Coordinator handles all calls and queries related to competitive processes, statutes, regulations, operating areas (exclusive and non-exclusive), prehospital areomedical vehicles and EMS transportation.</p>
<p>4. Poison Center Program</p>	<p>Lisa Galindo, ext. 423</p>	<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>Quarterly Report</u> The CPCS Quarterly Report consists of data and narrative reports. The 1st quarter report, July 1 - Sept 30, 2020, was received and no concerns were identified.</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><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>EMS Plan Review</u> The EMS Authority continues to review EMS Plans as they are submitted by LEMSAs; 10 EMS Plans are currently under review. In 2020, 13 EMS Plans have been approved and 2 EMS Plans have been denied approval.</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</u> Executed contracts are in effect with six multicounty EMS agencies for Fiscal Year July 1, 2020 through June 30, 2021. State General Fund assistance is provided to assist these LEMSAs in the planning, organizing, implementation, and maintenance of their EMS systems.</p> <p><u>Quarterly Report</u> 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. The 1st quarter report, July 1 - Sept 30, 2020, was received by six LEMSAs and no concerns were identified.</p> <p><u>Site Visit</u> EMSA anticipates conducting one LEMSA site visit in Fiscal Year 2020/21.</p>

**Emergency Medical Services Authority
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> EMSA previously reported the 23rd Annual EMS for Children Educational Forum would be cancelled due to COVID-19 response activities; however, EMSA has decided to hold the forum via Zoom. The forum quickly hit the Zoom account capacity of 300 with an extensive waitlist. We were able to move to a different Zoom account with a 500 attendance capacity. EMSA had a department record-breaking registration of 475 for the EMSC Educational Forum. Of the 475 that registered, approximately 375 were able to attend with good feedback.</p> <p>The educational forum was reduced from an all-day event to a two (2) hour timeframe with topics including COVID-19 in Kids, pediatric resuscitation, and responder resiliency toolkit.</p> <p><u>EMSC Surveys</u> EMSA has started preparing for the upcoming EMS provider survey to start on January 6, 2021 and close mid-March 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 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>All but five LEMSAs have submitted trauma data for 2019. Several LEMSAs have not submitted trauma data for 2020. EMSA staff are providing technical assistance to any LEMSA experiencing difficulties with data submissions.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
8. CEMSIS RDS I	Victoria Lupinetti, ext. 622	<p>The pilot project for matching trauma and EMS data for patients admitted to UC Davis Medical Center (UCDMC) has been published on EMSA's website. 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 58%, 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 (January 1 to June 30, 2019) for Riverside Community Hospital. Currently, the successful match rate is roughly 50%. EMSA is also attempting to link EMS patient records from another data platform (Biospatial), which will add more robust data to the analyses.</p> <p><u>Reports</u> Currently conducting weekly trend reports related to statewide COVID-19 respiratory symptoms in the CEMSIS database. Concurrently conducting monthly reports 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 in development but progress is impacted by COVID-19 activities. Reports include: 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 still attending virtual meetings. Recruitment for the communications coordinator position is ongoing.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
11. Core Measures	Michelle McEuen, ext. 1925	EMSA released 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.
12. Grant Activity/Coordination/ Maddy EMS Fund report	Lori O'Brien, ext. 3679	<p><u>Health Resource Services Administration (HRSA) Grant:</u> The annual Non Competing Continuation Performance Report has been reviewed and approved by HRSA on August 11, 2020.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG)</u> EMSA staff remains continually involved in the Preventive Health and Health Services Block Grant. The annual report for the FFY 2020 grant year will be completed and submitted to CDPH on 11/13/2020. Success stories will be completed and submitted on 11/20/2020. Work on both the Annual Reports and the Success Stories will continue through December as they are reviewed by CDPH.</p> <p><u>Maddy EMS Fund Reporting</u> SFY 18/19 Maddy EMS Fund report submissions have been received from 32 counties to date. 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. Because of this extension, 19 counties have not yet submitted their reports for SFY 18/19, and subsequently the report to the legislature has not yet been developed.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>13. Ambulance Patient Offload Time (APOT)</p>	<p>Adam Davis, ext. 409</p>	<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. 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 23 LEMSAs have provided a submission for quarter one of 2020. 23 LEMSAs have provided a submission for quarter two of 2020. Only 17 LEMSA have provided a submission for quarter three 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 continue to monitor the impact of COVID-19 on local EMS systems through the analysis of CEMSIS data related to APOT.</p> <p>Pursuant to Health and Safety Code 1797.123, EMSA has fulfilled both statutory requirements to report bi-yearly to the EMS Commission and submit a legislative report on or before December 1, 2020. The legislative report is the product of a year-long collaborative effort by EMSA and LEMSAs to understand factors impacting APOT and to develop recommendations on how best to decrease delays statewide.</p>

**Emergency Medical Services Authority
EMS Systems Division
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December 9, 2020**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
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 Corps Program</u></p> <ol style="list-style-type: none"> 1. Deliver materials to different sites 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 as necessary 2. Take notes on actionable information 3. Learn how to effectively work with EMS Stakeholders <p>Supported all Systems staff as needed daily</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 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 California State budget includes expenditure authority in the amount of \$52.3 million and 79 permanent positions. Of this amount, \$33 million is delegated for State operations and \$19.3 million to local assistance. State operations funding was increased \$14.2 million to provide critical Statewide emergency medical staffing and support during the Covid-19 pandemic.

As of November 6, 2020, accounting records indicate that the Department has expended and/or encumbered \$30.1 million or 57.5% of available expenditure authority. Of this amount, \$21.6 million or 65.3% of State Operations expenditure authority has been expended and/or encumbered and \$8.5 million or 44.2% of local assistance expenditure authority has been expended and/or encumbered.

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

2019-20

The 2019-20 California State budget includes expenditure authority in the amount of \$85.9 million and 78 permanent positions. Of this amount, \$58.6 million is delegated for State operations and \$27.3 million is to local assistance. State operations funding was increased \$41.6 million over the previous year to provide critical Statewide emergency medical staffing and support during the Covid-19 pandemic.

As of November 6, 2020, accounting records indicate that the Department has expended and/or encumbered \$77.4 million or 90.2% of available expenditure authority. Of this amount, \$56.4 million or 96.4% of State Operations expenditure authority has been expended and/or encumbered and \$21 million or 76.9% 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 will continue 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 17 temporary (blanket and retired annuitant) positions. Of the 96 positions, 11 positions are vacant as of November 6, 2020.

	Admin/Exec	DMS	EMSP	EMS	Total
Authorized	25.0	18.0	22.0	14.0	79.0
Temporary Staff	13.0	2.0	0.0	2.0	17.0
Staffing Level	38.0	20.0	22.0	16.0	96.0
Authorized (Vacant)	-1.0	-3.0	-2.0	-1.0	-7.0
Temporary (Vacant)	-4.0	0.0	0.0	0.0	-4.0
Current Staffing Level	33.0	17.0	20.0	15.0	85.0

Additionally, EMSA through the emergency hiring process has hired and deployed 405 California Health Corps members and 607 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

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



DATE: December 9, 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 August 14, 2020, to November 5, 2020, the Authority issued fifteen new accusations against existing paramedic licenses, four statements of issues, one administrative fine, four temporary suspension orders and accusations, and three decisions on petitions for reduction of penalties and license reinstatements. Of the newly issued actions, one of the Respondents has requested that an administrative hearing be set. There are currently six hearings scheduled. There are currently twenty-five 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.

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. The complaint was amended to add another individual with similar claims. The Authority has filed a motion to dismiss the claims.

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.

Inland Counties Emergency Medical Agency 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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 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: December 9, 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:**

The Enforcement Unit is budgeted for five full-time Special Investigators, and one full-time Associate Government Program Analyst (AGPA-Probation Monitor). However, in October 2020, one Special Investigator accepted a promotion outside of the Department. The position has not been filled at this time.

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:	223
Cases completed and/or closed:	243
EMT-Paramedics on Probation:	224

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 October 2020, there are 66 cases that have been in “open” status for 180 days or longer, including: three Firefighters’ Bill of Rights (FFBOR) cases and 17 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 66 cases are divided among four 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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 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: December 9, 2020

Item #5A

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 the 2020 legislative year affecting EMS.

FISCAL IMPACT:

None.

DISCUSSION:

AB 1544 (Gipson): Community Paramedicine or Triage to Alternate Destination Act.

Status: 9/25/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 138, Statutes of 2020.

Summary: Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2024, the Community Paramedicine or Triage to Alternate Destination Act of 2020. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. The bill would require the director of the authority, on or before March 1, 2021, to establish a community paramedicine and triage to alternate destination oversight advisory committee to advise the authority on the development and oversight of specialties for those programs.

AB 2092 (Rodriguez): Emergency ambulance employees: subsidized protective gear.

Status: 9/28/2020-Vetoed by Governor.

Summary: Would require an emergency ambulance provider to establish a voluntary personal protective equipment (PPE) program that allows for the purchase of subsidized multi-threat body protective gear that is bullet, strike, slash, and stab resistant by an emergency ambulance employee pursuant to an employer-funded stipend, and authorize an employee to voluntarily participate in a PPE program and to wear the PPE while on duty. The bill would require a provider to inform an employee of the opportunity to purchase subsidized multi-threat body protective gear through a PPE program.

AB 2300 (Cooper): California Youth Football Act.

Status: 9/9/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 49, Statutes of 2020.

Summary: Under the California Youth Football Act beginning January 1, 2021, a youth sports organization, as defined, that conducts a tackle football program must comply with certain requirements, including, among other things, having a licensed medical professional, which may include a state-licensed emergency medical technician, paramedic, or higher-level licensed medical professional, present during games. Under existing law, the emergency medical technician, paramedic, or higher-level licensed medical professional is authorized to evaluate and remove a youth tackle football participant from a game who exhibits an injury, including but not limited to, a concussion or other head injury. This bill would additionally authorize a certified emergency medical technician, state-licensed paramedic, or higher-level licensed medical professional to provide prehospital emergency medical care or rescue services consistent with their certification or license.

AB 2717 (Chau): Motor vehicles: unattended children: liability.

Status: 9/30/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 352, Statutes of 2020.

Summary: Would exempt a person from civil liability and criminal liability for property damage or trespass to a motor vehicle if the property damage or trespass occurs while the person is rescuing a child who is 6 years of age or younger from a motor vehicle under circumstances that reasonably could cause suffering, disability, or death to the child, if certain steps are taken during the removal. The bill would establish procedures that apply to a peace officer, firefighter, or emergency responder under those circumstances, including, but not limited to, arranging for the treatment and transport of the child according to existing policies of the local EMS agency.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
 Director

PREPARED BY: Kent Gray
 Regulations Manager

SUBJECT: Regulations Update

Item #5B**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 & Merge Chapter 1.2	Under review by the Emergency Medical Services Authority
1.9	Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards	Under review by the Emergency Medical Services Authority
4	Community Paramedicine and Alternate Destination (AB 1544)	Emergency Medical Services Authority is starting the development process.
5	Noncitizen Application Process	Emergency Medical Services Authority has submitted a section 100 action.
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	Receiving input from Workgroup.

TBD	SB 438	Target date January 1 to begin drafting.
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Additionally, item 6B contains potential emergency regulations. Those will be discussed in greater detail during that Agenda item.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Priscilla Rivera
Staff Services Manager, I

SUBJECT: AB 2293 EMT Denial Report

Item #6A**RECOMMENDED ACTION:**

Receive information regarding the AB 2293 EMT Denial Report.

FISCAL IMPACT:

The analyst position responsible for collecting data and preparing the report is supported by the State General Fund.

DISCUSSION:

Assembly Bill 2293 (Chapter 342, Statutes of 2018) requires California's EMS certifying agencies to collect data on initial EMT and AEMT certifications, certification actions, and demographic information and submit that data to the EMS Authority (EMSA). EMSA is then required to develop a report to determine if a person's criminal history creates a barrier to certification. EMSA is also required to submit this report to the Commission on EMS and the legislature. This year will mark the first report based on this data.

After reviewing the submitted data, EMSA did not find evidence that criminal background definitively prevents applicants from obtaining an EMS certification. EMSA was unable to find a correlation between gender, age, race, and denial or approval of EMT applications.

- 433 (5%) of 9,062 applicants were found to have a criminal history in their background check.
- 347 applicants with a criminal history were certified without restrictions.
- 17 applicants were denied.
- 19 applicants withdrew or had incomplete applications.
- 56 applicants were approved with restrictions.
- One percent of all EMT applicants were denied due to criminal history.

The 2019 data indicated that applicants with a criminal background can and do receive EMS certifications and are more likely to get certified than they are to be denied.

Attachment Report: Criminal History Impact on EMT Certification 2019

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Emergency Regulations - EMT

Item #6Ba**RECOMMENDED ACTION:**

Approve the Emergency EMT Regulations.

FISCAL IMPACT:

No Fiscal Impact

DISCUSSION:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for Emergency Medical Technician (EMT) training programs have been suspended. Approximately 210 EMT training programs are impacted by these suspensions in California, and approximately 10,000 students complete initial EMT training per year. Clinical training is an essential component, without which EMT students would not be able to complete their training and become certified.

The Governor released Executive Order N-39-20, which authorized the EMS Authority to issue policy guidance allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period for training programs to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice. They will need a period of time to ensure clinical and field internship training resources and opportunities are available and schedule students accordingly.

These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

The Health and Safety Code requires the Commission on EMS to review and approve regulations, standards, and guidelines. While we cannot predict when the Emergency Declaration will be lifted, we are requesting the Commission to approve these emergency regulations, and, once the emergency is lifted, the EMS Authority will file them with the Office of Administrative Law (OAL).

There is approximately a 17-day period for OAL to review and either approve or deny the emergency regulations, which includes a 5-day public comment period.

Once approved, the emergency regulations are effective for 180 days before expiring. If EMSA determines an extension is necessary, EMSA may request a readoption of the emergency regulations, and, if granted, the emergency regulations will be extended for an additional 90 days. The intent is to allow the emergency regulations to expire, allowing enough time for the training programs to return to pre-COVID operations.

Attachment: EMT Emergency Regulation Language

Emergency COVID-19 Regulations
EMT Regulations
Chapter 2, Division 9, Title 22, California Code of Regulations

Regulations Impacted: Chapter 2, Division 9, Title 22, California Code of Regulations

Sections Impacted:

1. Section 100068 – EMT clinical training

Explanation:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for Emergency Medical Technician (EMT) training programs have been suspended. California has approximately 210 EMT training programs that are impacted by these suspensions. Clinical training is an essential component of EMT initial training, without which EMT students would not be able to complete their training and become certified. These suspensions have negatively impacted those training programs with students enrolled. The Governor released Executive Order N-39-20, which allows the EMS Authority to issue policy guidance, allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice and will need a period of time to ensure clinical and field internship training resources and opportunities are available and will need to schedule students accordingly. These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

Trigger to Implement Emergency Regulations

Once the COVID-19 Declared Emergency is lifted, EMSA will initiate the Emergency Regulation process.

Text of Emergency Regulations

§ 100084. EMERGENCY REGULATIONS.

(a) EMT training programs may continue to use high-fidelity simulation, scenarios, or other innovative educational environments during the 24 hours of clinical training that includes ten clinical contacts when approved by the EMT training program's approving authority.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Emergency Regulations - AEMT

Item #6Bb**RECOMMENDED ACTION:**

Approve the Emergency AEMT Regulations.

FISCAL IMPACT:

No Fiscal Impact

DISCUSSION:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for Advanced Emergency Medical Technician (AEMT) training programs have been suspended. California has six AEMT training programs that are impacted by these suspensions. Clinical training is an essential component, without which AEMT students would not be able to complete their training and become certified.

The Governor issued Executive Order N-39-20, which authorized the EMS Authority to issue policy guidance allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice and will need a period of time to ensure clinical and field internship training resources and opportunities are available and schedule students accordingly.

These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

The Health and Safety Code requires the Commission on EMS to review and approve regulations, standards, and guidelines. While we cannot predict when the Emergency Declaration will be lifted, we are requesting the Commission approve these emergency regulations, and, once the emergency is lifted, the EMS Authority will file the emergency regulations with the Office of Administrative Law (OAL).

There is approximately a 17-day period for OAL to review and either approve or deny the emergency regulations, which includes a 5-day public comment period.

Once approved, the emergency regulations are effective for 180 days before expiring. If EMSA determines an extension is necessary, EMSA may request a readoption of the emergency regulations, and, if granted, the emergency regulations will be extended for an additional 90 days. The intent is to allow the emergency regulations to expire, allowing enough time for the training programs to return to pre-COVID operations.

Attachment: AEMT Emergency Regulation Language

Emergency COVID-19 Regulations
Advanced EMT Regulations
Chapter 3, Division 9, Title 22, California Code of Regulations

Sections Impacted:

1. Section 100111 – Advanced EMT Training Program Hospital Clinical Training
2. Section 100153 – Advanced EMT Training Program Field Internship

Explanation:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for Advanced Emergency Medical Technician (AEMT) training programs have been suspended. The AEMT classification is primarily used in rural communities that have challenges recruiting and keeping paramedics. California has approximately 6 AEMT training programs that are impacted by these suspensions. Clinical training is an essential component of AEMT initial training, without which AEMT students would not be able to complete their training and become certified. These suspensions have negatively impacted those training programs with students enrolled. The Governor released Executive Order N-39-20, which allows the EMS Authority to issue policy guidance, allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice and will need a period of time to ensure clinical and field internship training resources and opportunities are available and will need to schedule students accordingly. These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

Trigger to Implement Emergency Regulations

Once the COVID-19 Declared Emergency is lifted, EMSA will initiate the emergency regulation process.

Text of Emergency Regulations

§100131 EMERGENCY Hospital Clinical Education and Field Internship

- (a) AEMT training program may allow for student participation in the use of high fidelity simulation, scenarios, and other innovative educational environments as substitutes for the clinical and field internship training if approved in writing by the program medical director, program advisory committee, if available, and the paramedic training program provider approving authority.
- (b) AEMT training program may allow students to use high fidelity simulation to substitute 8 of the 15 required field internship patient contacts and 3 of the 5 required documented experiences performing the role of a team lead.

Emergency COVID-19 Regulations
Advanced EMT Regulations
Chapter 3, Division 9, Title 22, California Code of Regulations

- (c) AEMT training program may allow for students employed or volunteering in a healthcare setting under the supervision of an approved preceptor to substitute their required clinical and field internship hours; including 15 documented ALS patient contacts and 5 documented team leads if approved in writing by the program medical director, program advisory committee, if available, and the Advanced EMT program provider approving authority.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020 **Item #6Bc**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Emergency Regulations - Paramedic

RECOMMENDED ACTION:

Approve the Emergency Paramedic Regulations.

FISCAL IMPACT:

No Fiscal Impact

DISCUSSION:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for paramedic training programs have been suspended. California has 37 paramedic training programs that are impacted by these suspensions. Approximately 1,000 students complete initial paramedic training per year. Clinical training is an essential component, without which paramedic students would not be able to complete their training and become licensed.

The Governor released Executive Order N-39-20, which authorized the EMS Authority to release policy guidance allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice and will need a period of time to ensure clinical and field internship training resources and opportunities are available and schedule students accordingly.

These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

The Health and Safety Code requires the Commission on EMS to review and approve regulations, standards, and guidelines. While we cannot predict when the Emergency Declaration will be lifted, we are requesting the Commission approve these emergency regulations, and, once the emergency is lifted, the EMS Authority will file the emergency regulations with the Office of Administrative Law (OAL).

There is approximately a 17-day period for OAL to review and either approve or deny the emergency regulations, which includes a 5-day public comment period.

Once approved, the emergency regulations are effective for 180 days before expiring. If EMSA determines an extension is necessary, EMSA may request a readoption of the emergency regulations, and, if granted, the emergency regulations will be extended for an additional 90 days. The intent is to allow the emergency regulations to expire, allowing enough time for the training programs to return to pre-COVID operations.

Attachment: Paramedic Emergency Regulation Language

Emergency COVID-19 Regulations
Paramedic Regulations
Chapter 4, Division 9, Title 22, California Code of Regulations

Sections Impacted:

1. Section 100152 – Hospital Clinical Education and Training for Paramedic
2. Section 100153 – Field Internship

Explanation:

Due to the COVID-19 pandemic, hospital clinical training and field internship training for paramedic training programs have been suspended. California has approximately 37 paramedic training programs that are impacted by these suspensions. Clinical training is an essential component of initial paramedic training, without which paramedic students would not be able to complete their paramedic training and become licensed. These suspensions have negatively impacted those training programs with students enrolled. The Governor released Executive Order N-39-20, which allows the EMS Authority to issue policy guidance, allowing EMS training programs to modify specific clinical and field internship training requirements in regulation for EMT, AEMT, and paramedic training programs. When the Emergency Declaration is lifted, these modifications will cease immediately with no grace period to transition to pre-emergency operations. EMS training programs are not able to immediately transition back to pre-COVID requirements on short notice and will need a period of time to ensure clinical and field internship training resources and opportunities are available and will need to schedule students accordingly. These emergency regulations allow for training programs to transition while keeping a steady supply of EMS personnel, who are critical for the public's health and safety to respond to medical emergencies, progressing through their training.

Trigger to Implement Emergency Regulations

Once the COVID-19 Declared Emergency is lifted, EMSA will initiate the emergency regulation process.

Text of Emergency Regulations

§100177 EMERGENCY Hospital Clinical Education and Field Internship

- (a) Paramedic training programs shall inform students in writing of the need to extend clinical and/or field internship placement and an estimated timeline of the extension.
- (b) Paramedic training programs may:
 1. Allow for student participation in the use of high fidelity simulation, scenarios, and other innovative educational environments as substitutes for the clinical and field internship training if approved in writing by the program medical director, program advisory committee and the paramedic training program provider approving authority in conjunction with CoAEMSP training and student terminal competency guidance.

Emergency COVID-19 Regulations
Paramedic Regulations
Chapter 4, Division 9, Title 22, California Code of Regulations

2. Allow for students to use high fidelity simulation to substitute 20 of the 40 required field internship patient contacts and 10 of the 20 required documented experiences performing the role of the team lead.
3. Allow for students employed or volunteering in a healthcare setting under the supervision of an approved paramedic preceptor to substitute their required clinical and field internship hours; including 40 documented ALS patient contacts and 20 documented team leads if approved in writing by the program medical director, program advisory committee and the paramedic program provider approving authority in conjunction with CoAEMSP training and student terminal competency guidance.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: LA County EMS Stroke Trial Study

Item #6C**RECOMMENDED ACTION:**

Receive information on the Los Angeles County EMS Agency's suspension of the Trans Sodium Crocetininate (TSC) trial study.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:**Los Angeles County EMS Agency**

On March 1, 2019, EMSA received a trial study request from the Los Angeles County EMS Agency to study the effectiveness of paramedics administering the neuroprotective agent Trans Sodium Crocetininate (TSC) for the acute stroke patient. This trial study was approved by the Director of EMSA on April 2, 2019. Enrollment of patients began January 20, 2020. The first 18-month report is due to the EMS Authority on July 20, 2021. This report was to be presented to the Commission on EMS at the following scheduled meeting.

On September 10, 2020 EMSA was notified by the Los Angeles County EMS Agency that they were suspending the trial study because Diffusion Pharmaceuticals opted to devote resources to COVID-19 therapeutics. The Los Angeles County EMS Agency reported four patients were enrolled in the trial study with no adverse events.

Description of the Study

The Pre-Hospital Administration of Stroke Therapy-Trans Sodium Crocetininate (PHAST-TSC) trial is a double-blind, randomized, placebo-controlled, phase 2 trial of the neuroprotective

agent TSC, for acute stroke. The study will be conducted at two geographic locations (LA County and Charlottesville, VA) with a target enrollment of 128 patients in LA County. Paramedics will administer the study drug (TSC or saline placebo) in the ambulance as a single bolus of 0.25 mg/kg of estimated body weight.

Inclusion criteria:

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

Exclusion criteria:

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

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

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

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



DATE: December 9, 2020 **Item #6D**

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.

BACKGROUND:

The community paramedicine HWPP #173 has encompassed 20 projects in 14 communities across California, testing seven different community paramedicine concepts. 14 projects are currently enrolling patients. Five of the projects launched in 2015 have closed for various reasons, and one project has suspended operations.

Independent Evaluators 2nd Quarter Implementation Report

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.

This report summarizes the evaluators' findings regarding implementation during the months of April, May, and June 2020. Previous reports addressed implementation from June 2015 through March 2020.

Pilot Sites and Community Paramedicine Concepts Included in This Report

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

Community Paramedicine Pilot Project Status Update

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Number of Persons Enrolled per Project, by Month

Project No.	Concept	Enrolled for the First Time			Total Enrolled			Cumulative Enrolled*
		Apr - 20	May - 20	Jun - 20	Apr - 20	May - 20	Jun - 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	0	0	0	52
CP006	Hospice	1	3	4	-	-	-	409
CP007A	Frequent EMS Users	1	0	1	10	10	10	84
CP007B	Post-Discharge	1	0	0	1	0	0	140
CP008	Post-Discharge	-	-	-	-	-	-	228
CP009	Alternate Destination – Urgent Care	Closed in November 2017						2
CP010	Frequent EMS Users	0	0	0	19	19	19	65
CP012	Alternate Destination – Mental Health	6	3	6	-	-	-	465
CP013	Post-Discharge	4	1	1	4	2	2	285
CP014	Alternate Destination – Sobering Center	66	16	6	-	-	-	2,762
CP015A	Alternate Destination – Sobering Center	0	0	0	-	-	-	0
CP015B	Alternate Destination – Mental Health	4	1	0	-	-	-	100
CP018	Alternate Destination - Mental Health	6	7	3	-	-	-	84
CP019	Alternate Destination - Sobering Center	5	0	0	-	-	-	96
CP021	Frequent EMS Users	18	8	8	161	149	143	285
CP022	Alternate Destination – Mental Health	173	192	184	-	-	-	3,953
Total		285	231	213	195	180	174	10,211

* 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 April 20, 2020, and completed 30-day period on May 19, 2020).

COVID-19 Community Paramedicine Concept Usage

The COVID-19 pandemic started in the first quarter of 2020 and is affecting all active community paramedicine pilot projects in various ways.

Throughout the state, 20 Local EMS Agencies have authorized Pre-Hospital Care (Community Paramedics as well as other Licensed Paramedic) personnel to engage in providing care while staffing alternative care sites, long term care facilities, or similar, during declared COVID-19 local public health emergency through the approval of Local Optional Scope of Practice (LOSOP) requests submitted and approved by the EMS Authority's (EMSA's) Director.

Community Paramedicine or Triage to Alternate Destination Act. (AB 1544 Gipson)

The Community Paramedicine or Triage to Alternate Destination Act, signed by Governor Newsom on September 25, 2020, establishes within the act until January 1, 2024, the following:

1. Authorizes a local EMS agency to develop a community paramedicine or triage to alternate destination program within the following specialties:
 - a. **Community Paramedicine Program**
 - i. Providing directly observed therapy (DOT) to persons with tuberculosis.
 - ii. Providing case management services to frequent emergency medical services users.
 - b. **Triage to Alternate Destination Programs**
 - i. Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs.

- ii. Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility

2. Requirements.

- a. Requires the authority to develop and, after approval by the EMS Commission, adopt regulations to establish minimum standards for the development of Community Paramedicine programs.
- b. Requires the establishment of an Advisory Committee to advise the authority on the development and oversight of community paramedicine program and triage to alternate destination program specialties.
- c. Integrate the proposed Community Paramedicine programs into the local EMS Agency's EMS Plan.
- d. Requires EMSA to submit an annual report to the California Legislature.
- a. Requires EMSA contract with an independent 3rd party to prepare a final report on the results of the programs on or before April 1, 2023.

3. Restrictions:

- a. Post-Discharge follow-up Pilot Programs were not included as one of the authorized specialties contained within AB 1544, thereby not allowing EMS Agencies to include this specialty within their Community Paramedicine Programs.
- b. Post Discharge Follow-Up Pilot Programs that were approved on or before January 1, 2019 under the OSHPD Workforce Pilot Project #173 and were continuing to enroll patients as of January 1, 2019, may continue operations until January 1, 2024

EMSA's AB 1544 Implementation Plan

EMSA is currently in the process of developing an Implementation Plan in accordance with the requirements of AB 1544 described above.

Community Paramedicine Training Curriculum Development

The *CARESTAR Foundation* in collaboration with EMSA, and as part of their

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developing grants portfolio, are engaged in updating the Community Paramedicine Training Curriculum which is in the final stages of development prior to submission to EMSA) for their review and stakeholder input, and inclusion within the upcoming Community Paramedicine Regulations.

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



DATE: December 9, 2020 **Item #7A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: COVID-19 Response Update

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 continues to support response activities for COVID-19, which began January 24 with the Activation of the Medical Health Coordination Center (MHCC) and shortly after, the State Operations Center. By mid-March, EMSA activated the DOC to support statewide medical operations, including deploying California Medical Assistance Teams (CAL-MAT) to support Federal Medical Stations, Alternate Care Sites, and Long-term Care Facilities. The EMS Authority also supported the Governor's initiative Health Corps program to support statewide staffing shortages.

Since the last EMS Commission meeting in September, the EMS Authority's response activities have slowed as California COVID cases trended down. Over the past several months, we have placed the three EMSA supported Alternate Care Sites (Imperial, Porterville, and Fairview) into a warm closure status and shifted focus to COVID testing and vaccine distribution planning.

In September, the EMS Authority, in partnership with the California Air National Guard (CANG), provided testing for the presidential event held at McClellan ARB. Following the Presidential event, we continued our partnership with the CANG and provided testing in the Central Valley, Monterey, and Tulare Counties. To date, the EMS Authority and CANG conducted 2,452 COVID tests to support local jurisdictions.

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Beginning in October, the COVID response focus shifted back to the southern part of the state. The border communities in Imperial County began experiencing a surge in COVID-19 patients. El Centro and Pioneers hospitals were reaching levels not seen since May when the facilities were overwhelmed with COVID patients. To stay ahead of any potential needs, the EMS Authority re-opened the ACS with the ability to receive 1-10 patients, with plans to increase patient capacity as needed. Additionally, the EMS Authority is working with state and federal partners to bolster ICU surge capacity at El Centro and Pioneers hospitals. The initial planning includes establishing a 50-bed temporary hospital on the El Centro grounds and a 10-bed ICU in the auditorium at Pioneers. The goal is to position Imperial County with the capability to handle a COVID surge without the need to transport patients out of County.

In October, we started to see COVID surges in Long-term Care facilities, necessitating CAL-MAT SNF strike team capability. Over the past quarter, the EMS Authority received multiple requests to provide CAL-MAT strike team support to SNFs, and Assisted Living facilities, although at a much-reduced frequency.

During this quarter, the EMS Authority focused on the recovery phase of the response. The recovery efforts included reconstituting all medical supply and equipment caches, mobile medical structures, and updating formularies and supplies based on experience gained in the field over the past eight months. Additionally, we focused on after-action reporting, conducting gap analysis, and developing strategies to pursue funding to expand preparedness and response capabilities.

Summary of Ongoing EMSA Response Activities:

- Continuing to support the SOC, MHCC, and EMSA DOC
- Conducting regular meetings with local and state partners to discuss trends, protocols, EMS guidance, best practices, and improvement opportunities
- Co-leading the ESF 8 MAC group for scarce resource prioritization and allocation
- Maintaining capability and readiness to support Alternate Care Sites (ACS), hospitals, and long-term care facilities as needed
- Receiving and servicing bio-medical equipment, including the preparation of ventilators for immediate deployment
- Assisting Cal OES with the management of the Federal Medical Station caches and developing a plan for storage and maintenance
- Deploying and managing EMSA Mobile Medical Shelter structures
- Supporting the response to the statewide fires
- Monitoring PSPS events for impacts on medical/health
- Monitoring election for credible threats and maintaining support capability to meet any medical needs

Resources Deployed to Date:

- Deployment of over 600 CAL-MAT members, some multiple times (1,600 individual member deployments) to support 62 missions throughout the state, including 1 quarantine site, 3 ACS, 2 FMS, 1 medical shelter, 33 Long-term Care Facilities, and 22 Cal Fire Base Camps
- Deployment of approximately 530 CA Health Corps personnel to SNFs and hospitals
- Deployment of eight teams of 20 DOD medical professionals to support hospitals
- Utilized staffing contracts to staff four ICU strike teams (40 members) to bolster hospital ICU capacity
- Coordinated over 1,500 Disaster Healthcare Volunteers, including MRC members, for local support
- Deployed 28 Mobile Medical Shelter Structures for medical surge
- Coordinated statewide patient movement, including:
 - 21 Ambulance Strike Teams plus single units for various transports, including fire support
 - Coordinated over 3,500 patient transports
- Receive, processed, and cleared for deployment over 12,000 ventilators to support the COVID response

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



DATE: December 9, 2020 **Item #7B**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: Wildfire Response Update

RECOMMENDED ACTION:

Receive updated information regarding the EMS Authority's response to recent California Wildfires.

FISCAL IMPACT:

None.

DISCUSSION:

The EMS Authority maintains a robust Mobile Medical Assets (MMA) Program. Among these assets are the Ambulance Strike Team (AST) and California Medical Assistance Team (CAL-MAT) Programs. The CAL-MAT and AST programs were heavily engaged during the wildfires, which erupted beginning mid-July. Most notable perhaps is the rapidity these programs, which continued to be heavily involved in response to COVID-19 since mid-March, were able to expand to support the response to the wildfires effectively.

The Mineral fire (July 15, Coalinga, Ca.), quickly followed a week later by the Hogg and Gold fires in Susanville's vicinity, started the season. The needs were met promptly by the two CAL-MAT Fire caches ready for such a response. However, demand would grow exponentially less than a month later with the explosion in northern California of the LNU, CZU, BTU, and BEU lightning complex fires. September saw the Creek, Zogg, and Glass fires, and the Silverado fire ignited in October 2020.

To provide additional context, five of the 2020 wildfires have been listed by the California Department of Forestry and Fire Protection (Cal Fire) among the largest, deadliest, and most destructive wildfires in California history, with the following ranking(s):

- Largest Wildfires: #1 August Complex, #3 SCU Lightning Complex, #4 Creek Fire, #5 LNU Lightning Complex Fire

- Most Destructive Wildfires: #5 North Complex
- Deadliest Wildfires: #5 North Complex

The EMS Authority responded to the demands resulting from these unprecedented wildfires by more than tripling the capability and capacity of the Fire Cache element in the CAL-MAT Program. At the beginning of Fiscal Year 20/21, CAL-MAT had two (2) fully equipped fire caches available to support Cal Fire Base Camp operations and statewide wildfire responses. By the end of Q2 2020, that number tripled to six (6) caches. Additionally, the CAL-MAT program was expanded from 200 personnel to over 700 available members. Subsequently, the EMS Authority was able to support every mission it received. In all, CAL-MAT has supported 22 wildfire missions and filled 305 positions since the start of the fiscal year. It is essential to note that this response and the efforts of CAL-MAT members and the EMS Authority personnel accomplished the missions against the background of COVID-19, which was a major strategic consideration in fire base camps.

In addition to supporting Cal Fire, the CAL-MAT Program was deployed to support an evacuation shelter in Santa Cruz for people forced to evacuate due to the CZU Lightning Complex Fire. This mission lasted approximately three weeks and required nearly 60 CAL-MAT personnel to fulfill.

The Ambulance Strike Team Program also played a significant role in wildfire response. ASTs are comprised of 5 ambulances of like type (ALS or BLS) and managed by an AST Leader in a separate vehicle, typically one of the EMS Authority's Disaster Medical Support Units. In little more than a week, lightning from rare and violent thunderstorms struck northern California and set off hundreds of fires, some of which became notorious record setters. More than 1.1 million acres have burned in less than a week, forcing entire communities' evacuations, including hospitals and skilled nursing facilities.

For the wildfire response, the EMS Authority coordinated 17 ASTs. These Teams evacuated hospitals, Skilled Nursing Facilities, provided Fire Base Camp medical care, and provided transports from within the fires' footprint. The teams supported 12 counties across two mutual aid regions.

In summary, the EMS Authority's response to the wildfires included:

- Providing medical shelter support at the Santa Cruz Fairgrounds
- Providing ASTs to support evacuations
- Providing medical support at Cal Fire Base Camps
- Coordinating mutual aid ambulances for Cal Fire support

EMSA-DMS is in the process of compiling feedback on AST and CAL-MAT efforts and will use the information to improve the Programs moving forward.

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



DATE: December 9, 2020 **Item #8A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Adam Davis
APOT Research Specialist

SUBJECT: Ambulance Patient Off-Load Time (APOT) Report

RECOMMENDED ACTION:

Receive information regarding final Ambulance Patient Offload Time (APOT) report.

FISCAL IMPACT:

No Fiscal Impact.

DISCUSSION:

Pursuant to Health and Safety Code 1797.123, EMSA has fulfilled both statutory requirements to report biannually to the EMS Commission and submit a legislative report on or before December 1, 2020. The legislative report is the product of a year-long collaborative effort by EMSA and LEMSAs to understand factors impacting APOT and to develop recommendations on how best to decrease delays statewide. The legislative report is included in the packet.

EMSA continues to collect and analyze APOT submissions from participating LEMSAs. COVID-19 significantly impacted all LEMSAs which has led to instances of delayed reporting. The current submission status through Quarter 3 of 2020 for each LEMSA can be found below.

EMSA continues to monitor COVID-19's impact on APOT in each of California's EMS Systems through analysis of CEMSIS data. Data is being analyzed on a weekly basis and will continue as needed. EMSA will maintain communication with LEMSAs to further understand the correlation between COVID-19 and offload times.

Ambulance Patient Off-Load Time (APOT) Report

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LEMSA	2019		2020		
	Q3	Q4	Q1	Q2	Q3
Alameda	11/5/2019	1/2/2020	4/23/2020	7/13/2020	10/16/2020
Central California	10/21/2019	1/28/2020			
Coastal Valleys	11/27/2019				
Contra Costa	10/30/2019	2/3/2020	8/12/2020	8/12/2020	10/7/2020
El Dorado	11/1/2019	1/15/2020			
Imperial					
Inland Counties	10/18/2019	7/21/2020	7/21/2020	7/16/2020	10/7/2020
Kern	10/21/2019	1/22/2020	4/23/2020	8/3/2020	10/5/2020
Los Angeles	12/16/2019	5/1/2020	6/25/2020	9/23/2020	
Marin	11/19/2019				
Merced	10/4/2019	1/16/2020	4/14/2020	7/2/2020	
Monterey	10/31/2019	1/30/2020	6/11/2020	7/30/2020	
Mountain Valley	11/1/2019	6/17/2020	6/17/2020	7/13/2020	
Napa	10/30/2019	1/18/2020	9/15/2020	9/15/2020	
Northern Cal	10/23/2019	1/15/2020	4/30/2020	7/29/2020	10/27/2020
North Coast	10/31/2019	1/15/2020		8/30/2020	
Orange	10/8/2019	1/8/2020	4/20/2020	7/7/2020	10/7/2020
Riverside	10/22/2019	1/16/2020	4/7/2020		10/9/2020
Sacramento	10/10/2019	1/8/2020	5/7/2020	7/7/2020	10/9/2020
San Benito	10/31/2019	1/9/2020	4/7/2020	7/9/2020	10/12/2020
San Diego	10/10/2019	1/15/2020	8/14/2020	8/12/2020	10/16/2020
San Francisco	11/19/2019	3/16/2020	6/18/2020	8/3/2020	10/23/2020
San Joaquin	10/10/2019	1/6/2020	4/10/2020	7/13/2020	10/9/2020
San Luis Obispo	10/24/2019	1/22/2020			
San Mateo	10/7/2019	1/2/2020	5/4/2020	7/2/2020	10/5/2020
Santa Barbara	11/13/2019	2/11/2020			
Santa Clara	10/30/2019	1/29/2020	4/2/2020	7/29/2020	10/27/2020
Santa Cruz	10/30/2019	2/11/2020	4/10/2020	7/7/2020	
Sierra-Sac Valley	10/7/2019	1/5/2020	4/3/2020	7/23/2020	10/7/2020
Solano	12/20/2019	1/13/2020	4/23/2020	7/28/2020	10/23/2020
Tuolumne	12/26/2019				
Ventura	12/3/2019	1/3/2020	4/7/2020	7/13/2020	10/7/2020
Yolo	10/30/2019	1/7/2020			

*Updated 10/29/2020

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



DATE: December 9, 2020 **Item #9**

TO: Commission on EMS

FROM: Dave Duncan, MD
Director

PREPARED BY: Caitlyn Cranfill
Executive Division

SUBJECT: Clinical Care and Restraint of Agitative or Combative Patients

RECOMMENDED ACTION:

Discuss the clinical care and restraint of agitative or combative patients.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:

During the September 16, 2020 Commission on EMS Meeting, it was requested that discussion be held regarding excited delirium in EMS. The National Association of EMS Physicians (NAEMSP) published an article entitled Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners.



National Association of EMS Physicians®

4400 College Boulevard, Suite 220, Overland Park, KS 66211

Phone: (913) 222-8654 • 800-228-3677 • info-NAEMSP@NAEMSP.org • www.NAEMSP.org

Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners

Douglas F. Kupas, MD, Gerald C. Wydro, MD, David K. Tan, MD, Richard Kamin, MD, Andrew J. Harrell IV, MD, Alvin Wang, DO

POSITION

The National Association of EMS Physicians (NAEMSP) has had a position statement on patient restraint since 2002(1), which was updated in 2017(2). This document updates and replaces these previous statements and is now a joint position statement with the National Association of State EMS Officials (NASEMSO), National EMS Management Association (NEMSMA), National Association of Emergency Medical Technicians (NAEMT) and the American Paramedic Association (APA).

The NAEMSP, NASEMSO, NEMSMA, NAEMT and APA recognize that emergency medical services (EMS) personnel frequently care for agitated, combative, or violent patients, who require clinical treatment and transportation. These situations are often complicated by alcohol use, substance use, or mental health illness. When clinical monitoring and treatment are indicated, these become health care issues.

When such encounters occur, patients, the public, and all emergency responders are at risk for injury. Furthermore, excited delirium is associated with continued patient agitation or struggling, with or without physical restraint, and is associated with hyperthermia, hyperkalemia, rhabdomyolysis, and cardiac arrest. In these severely impaired patients, rapid pharmacologic management/ sedation may prevent these adverse and life-threatening conditions and maximize patient safety.

Concerning the care of these patients, the NAEMSP, NASEMSO, NEMSMA, NAEMT and APA believe that:

- **Primary Goal:** It is of paramount importance to protect agitated, combative, or violent patients from injuring themselves while simultaneously protecting the public and emergency responders from injury.
- **Agency Protocol:** Every EMS agency should have specific protocols for dealing with an agitated, violent, or combative individual. Such protocols may be developed in consultation with EMS system administrators, EMS practitioners, legal counsel, community stakeholders, and local law enforcement representatives, but ultimately this patient-centered clinical protocol must be overseen and approved by the agency's EMS medical director. Note: The term "protocol" is used throughout this document to define a written form of oversight provided by the medical director to direct patient assessment and treatment, realizing that in some systems terms such as guidelines, standing orders, policies or procedures are used.
- **Assessment/ Clinical Treatment:** EMS practitioners must quickly evaluate the situation and resources available, often with limited information available to them. EMS practitioners must perform an appropriate patient assessment to identify and manage clinical conditions that may be contributing to a patient's agitated, combative, or violent behavior. EMS agencies should consider using an agitation score, like the Richmond Agitation Sedation Scale (RASS), as part of the assessment and reassessment of agitated patients. Agitated, combative, or violent behavior has varying presentations on a spectrum from agitated but cooperative to excited delirium with a dangerous inability to understand the situation or the dangers of their behavior. Assessment should be thorough to identify conditions causing this behavior including, hypoxia, hypoglycemia, alcohol or substance intoxication, stroke, seizure, traumatic brain injury, and excited delirium. Clinical treatment of some of these conditions may decrease agitation. EMS practitioners should consider early use of high-flow oxygen by mask as it serves to treat hypoxia in patients who are too agitated to assess pulse oximetry and preoxygenation is beneficial if the patient is sedated.

- **Patient Dignity:** Persons who lack decision-making capacity are assessed and treated with implied consent. EMS practitioners must maintain the patient's dignity to the extent possible, including use of the least restrictive method of restraint that protects the patient, the public, and emergency responders from harm. The use of appropriate de-escalation techniques should take precedence over physical restraint or pharmacologic management whenever possible.
- **Unique EMS Environment:** Compared with the controlled setting of a hospital, EMS practitioners face higher risks when caring for patients in the confined space of an ambulance or with limited resources in the field. These differences may require the use of restraint techniques and thresholds for the implementation of restraint techniques that are specifically intended for the out-of-hospital environment. These may differ from those used by health care providers within a hospital.
- **Education/Credentialing:** EMS agencies must ensure that their EMS practitioners have received education on how to identify and treat the clinical spectrum of conditions that are associated with agitated, combative, or violent behavior and that their EMS practitioners are trained to implement the principles and devices of the agency's restraint protocol during patient care. EMS practitioners should also be educated about patient reassessment. The EMS agency medical director should credential the agency's practitioners as competent in these skills.
- **Indications for Restraint:** Physical restraint and pharmacologic management/ sedation when providing EMS care are only indicated to protect a patient, the public, and emergency responders from further injury, facilitate assessment, or allow for treatment of life-threatening injury or illness. Restraint protocols should describe the clinical indications for restraining a patient. Although EMS practitioners work closely in the field with co-responders and frequently assist or are assisted by law enforcement officers, EMS practitioners must not administer sedating medications to an individual to facilitate arrest or to assist law enforcement to take the individual into custody. EMS practitioners should use the least restrictive restraint techniques to facilitate clinical patient assessment, medically indicated treatment, and safe transport to a hospital. In all circumstances, the decision about using pharmacologic management is a health care decision that must be made by the EMS practitioner with oversight by an EMS medical director.
- **Strategies and Techniques:** Restraint protocols must address the strategies, devices and techniques that will be used (verbal de-escalation, physical restraint, and/ or pharmacologic management), when each will be used, who can apply them, and if direct medical oversight must be involved. EMS agencies should ensure that all practitioners are competent in the use of any devices, techniques or medications used for restraint. Agencies should ensure that practitioners also have training in techniques of verbal and environmental de-escalation and in communication with individuals who are agitated or have a behavioral illness. Preplanning in conjunction with law enforcement agencies can facilitate appropriate and safe management of these incidents.
- **Physical Restraint:** Restraint protocols should address the type of physical restraints and techniques that are permissible for use by EMS practitioners. Any physical restraint device used must allow for rapid removal if the patient's airway, breathing, or circulation becomes compromised. Rigid restraints, such as handcuffs, should not be used by EMS providers. If the patient is handcuffed by law enforcement officers, consideration should be made to transition to the least restrictive restraints that are safe for the patient and responders. Physical restraint devices that are easily removed by practitioners without a key are preferred. However, if a patient is restrained in devices that require a key, the key must accompany the patient during treatment and transportation.
- **Prohibited Techniques:** Restraint protocols should identify restraint techniques that are expressly prohibited for use by EMS practitioners. Patients must not be restrained in a position with hands and feet tied together behind their back or restrained with techniques that compromise the airway or constrict the neck or chest. During transport on a stretcher or other transport device, patients must not be restrained in a prone position nor under backboards or mattresses. EMS practitioners must not use weapons as adjuncts in the restraint of a patient.

- **Pharmacologic Management/ Sedation:** Pharmacologic management, usually with a dissociative agent (ketamine), a benzodiazepine (for example, midazolam), butyrophenone (for example, droperidol), or a combination of these medications, is an effective method of protecting the violent or combative patient from self-injury. When pharmacologic management is required due to excited delirium or risk of serious self-injury, a medication with rapid onset is preferred to reduce the risk as quickly as possible. Neuromuscular blocking agents that paralyze individuals are not acceptable for restraint, unless they are also clinically indicated to treat an underlying medical or traumatic condition by EMS practitioners in agencies that otherwise use these agents. Medications used for pharmacologic management may cause respiratory depression, and every individual who receives pharmacologic management must be continuously monitored and treated by EMS providers. These individuals must be transported to a hospital for additional clinical assessment and treatment.
- **Reassessment:** After patient physical restraint and/or pharmacologic management, physiologic monitoring and clinical assessment/reassessment of respiratory and hemodynamic status as well as neurovascular status of all restrained extremities must be done as soon as possible and at recurring intervals.
- **Documentation:** EMS patient care reports must be completed for all patients assessed or treated by EMS practitioners. Documentation should include details of patient behavior, patient assessment, clinical indication for restraint, type of restraint intervention(s) attempted or applied, frequency of reassessment and associated exam findings, and additional care provided during transport. If an agitation score is used by the agency, the initial and repeat scores should be documented.
- **Direct Medical Oversight:** In some systems, direct medical oversight of interventions performed by EMS practitioners may be required for combative patients who refuse treatment, as well as for orders to restrain a patient (before or immediately after restraint) or for orders for pharmacologic management (before or after medication is administered). If required, EMS medical directors should determine the point at which EMS practitioners are expected to contact a physician in these situations. Clinicians providing direct medical oversight through a base station should be educated to EMS protocols and their options.
- **Quality Assurance:** Every case of physical restraint or pharmacologic management by EMS practitioners should undergo quality assurance review, with specific filters for the appropriateness of restraint for the patient, the type of restraint(s) used, the quality and frequency of physiologic monitoring, protocol compliance, and documentation compliance. States are encouraged to develop a method of tracking the use of medications for the purpose of pharmacologic management of agitated patients and to consider a statewide quality improvement plan to ensure the appropriateness of their use.
- **Scene Safety Considerations:** Law enforcement officers, whenever available, should be involved in all cases in which a patient poses a threat to themselves, the public, or emergency responders. If the practitioners are in danger of harm they should retreat to a safe place and await the arrival of law enforcement. If there is no safe option for retreat, EMS practitioners who are being physically attacked may defend themselves as permitted by local law.
- **EMS and Law Enforcement Techniques Differ:** EMS restraint protocols and interventions will differ from those of law enforcement. All agencies should recognize their roles and work cooperatively and proactively to ensure the safe care of patients assessed or treated by EMS. EMS practitioners who are legally authorized to function in a law enforcement capacity or vice versa must be particularly cognizant of their role in the encounter and ensure that their actions are commensurate to their role.
- **Assessment of Patients Restrained by Law Enforcement:** In some situations, it may be necessary for law enforcement to apply restraint techniques or technologies to individuals which are not sanctioned by EMS protocols. These individuals may also need, or may develop a need for, EMS assessment or patient care. In these cases, a law enforcement officer must remain immediately available while the EMS practitioner assesses and manages the patient based upon the EMS agency's clinical protocols. At all times, the EMS practitioner must act as an advocate for the safety, medical monitoring, and clinical care of the patient.

- **Patients in Custody:** If a law enforcement-based restraint intervention (for example handcuffs, flex cuffs) which are not sanctioned for use by EMS practitioners must be continued during patient care and transport by EMS, a law enforcement officer should either accompany the patient during transport by ambulance or the law enforcement-based restraint intervention should, when appropriate, be discontinued in favor of a sanctioned EMS-based restraint intervention. Patients who are in law enforcement custody or who are under arrest, must always have a law enforcement officer present or immediately available during EMS transport.
1. Kupas DF, Wydro GC. Patient restrain in emergency medical services systems. [Position Statement] *Prehosp Emerg Care.* 2002;6:340-345.
 2. Patient restraint in emergency medical services [Position Statement]. *Prehosp Emerg Care.* 2017;21(3):395-396.

Statement endorsed by the following organizations:



EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020 **Item #10**

TO: Commission on EMS

FROM: Dave Duncan, MD
 Director

PREPARED BY: Caitlyn Cranfill
 Executive Division

SUBJECT: Open Nominations for Election of Officers (March 2021 – March 2022)

RECOMMENDED ACTION:

Open nominations for Commission Officers for 2021 - 2022.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:

Nominations for Commission Officers are opened at the last Commission meeting of the year, and the election is held at the first meeting of the following year.

The Commission will need to nominate a new Chair as Commissioner Dunford has served two consecutive terms as the Chair. Per the Commission on EMS By-Laws, the Chair can only serve two consecutive terms.

Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election except the immediate past chair who is automatically a member of the Administrative Committee.

Current Commission Officers:

Chair	James Dunford, MD
Vice Chair	Atilla Uner
Administrative Committee	Brent Stangeland Sean Burrows

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: December 9, 2020 **Item #11**

TO: Commission on EMS

FROM: Dave Duncan, MD
Director

PREPARED BY: Caitlyn Cranfill
Executive Division

SUBJECT: Approval of 2022 Meeting Dates

RECOMMENDED ACTION:

Approve the proposed meeting dates for Calendar Year 2022.

FISCAL IMPACT:

The estimated cost of four in-person meetings per year is approximately \$58,000.

The estimated cost of four virtual meetings per year is approximately \$3,640.

DISCUSSION:

At the December 6, 2006 Commission on EMS Meeting, the Commission approved scheduling the meetings two years in advance.

Governor Newsom's [Executive Order N-29-20](#), issued on March 17, 2020, 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 EMS Commission meetings during 2020 were conducted by Zoom and teleconference only.

Executive Order N-29-20 has not yet been lifted at the time of this December 9, 2020 Commission Meeting. Therefore, 2021 meeting dates are scheduled to be held virtually pending Governor action.

The following meeting dates and locations were approved on December 4, 2019 for calendar year 2021:

Calendar Year 2021:

March 17, 2021, in Garden Grove
June 16, 2021, in Sacramento
September 22, 2021 in San Diego

Approval of 2022 Meeting Dates

December 9, 2020

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December 8, 2021, in San Francisco

The proposed meeting locations for Calendar Year 2021 are:

Calendar Year 2021:

March 17, 2021, in Garden Grove

June 16, 2021, in Sacramento

September 22, 2021 in San Diego

December 8, 2021, in San Francisco

The proposed meeting dates and locations for Calendar Year 2022 are:

Calendar Year 2022:

March 16, 2022, in Garden Grove

June 15, 2022, in Sacramento

September 21, 2022 in San Diego

December 14, 2022, in San Francisco

The Emergency Medical Services Medical Directors Association of California (EMDAC) and the Emergency Medical Services Administrators Association of California (EMSAAC) hold their meetings the day before the Commission meetings.

The EMS Authority has not contracted for meeting rooms for the 2022 Commission meetings.