



DISPATCH

Quarterly Newsletter
FALL 2022

HAPPY THANKSGIVING!

Elizabeth Basnett
Acting EMSA Director



Brian Aiello is appointed to be the next EMSA's Chief Deputy Director



On October 28 the Governor Gavin Newsom announced the appointment of Brian Aiello as EMSA's next Chief Deputy Director.

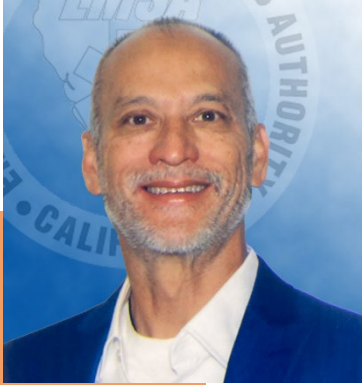
Brian is an accomplished healthcare administrator with over 19 years of progressively responsible experience in emergency management and response. He has an extensive background experience in field operations, clinical management and regulatory compliance.

Brian is a progressive leader dedicated to finding innovative solutions in emergency medical service delivery accounting for changes in healthcare finance, clinical management, workforce engagement, and relevant laws/regulations.

Brian earned a Bachelor's of Arts from the University of California, Berkeley and Master's of Business Administration from the University of California, Davis.

New Commissioners

EMSA is proud to announce two new members of the Commission on EMS recently appointed by the Governor.



Commissioner Masaru "Rusty" Oshita:

- Appointed May 4, 2022
- Represents California Medical Association

Masaru "Rusty" Oshita attained his medical degree from Wayne State School of Medicine. He completed his residency in Emergency Medicine at University of California, Davis, followed by a fellowship in Emergency Ultrasound at the University of California, Irvine. He has lectured and taught numerous healthcare providers nationally and internationally and continues his passion for teaching. He is board certified in Emergency Medicine. He is owner and medical director of several Urgent Care's in Sacramento. Over the last year he has played an integral role in fighting the COVID pandemic. Dr Oshita and his team have worked closely with the County Public Health, various School Districts and Community Leaders. He has organized and led mass vaccine clinics to protect a substantial population of Sacramento County.

Additionally, he worked with numerous schools in an effort to keep schools open without educational interruption. He continues his charge to public health and service. Concurrent to these efforts he led several clinical research trials to advance tackling the COVID pandemic and bringing ground breaking prevention and therapeutic interventions. As well continuing his medical passion, he enjoys many outdoor activities such as running, hiking, and snow skiing.



Commissioner Travis Kusman:

- Appointed March 18, 2022
- Represents EMS Administrators' Association of California

Travis Kusman is the Director of Emergency Medical Services, which plans, implements, evaluates, and regulates the 911 emergency medical services system and coordinates disaster medical preparedness and response County-wide. He also serves as the Regional Disaster Medical Health Coordinator (RDMHC) for the California Governor's Office of Emergency Services Coastal Mutual Aid Region, comprised of sixteen counties with a total population of approximately eight million people. As the RDMHC, he is responsible for supporting disaster response within the region and providing mutual aid support to other areas of the state in conjunction with the broader medical health response system.

Kusman has over two decades of experience as a healthcare provider and leader in emergency medical services, beginning his career as a lifeguard and volunteer emergency medical technician, and later serving in senior-level executive leadership roles in both the public and private sectors. He has been recognized with the National Star of Life Award for his leadership of numerous programs that have reduced emergency response times, saved lives, and enhanced customer service. He is an active participant in several statewide committees, including as a member of the California Department of Public Health and Emergency Medical Services Authority's Joint Advisory Committee on Health Emergency Preparedness. He is a member of the Board of Directors of the Emergency Medical Services Administrators' Association of California and serves as chair of its disaster services subcommittee. When he is not at work, he enjoys traveling and the outdoors, including camping, scuba diving, biking, and hiking.



California EMS Awards

Brave. Dedicated. Willing. Reliable.

These words describe the 86,000 licensed or certified EMS providers in California. They demonstrate these qualities every day by coming to the aid of others when they are most in need and working to ensure that the EMS system operates well. However, each year, due to circumstance or extraordinary effort, certain individuals among us shine the brightest.

EMSA is accepting nominations for consideration for the 2023 California EMS Awards Program! All nominations for the 2021 awards program must be submitted by December 31, 2022.

Awards recipients will be selected and notified in early 2022, with a ceremony occurring shortly thereafter.

EMS providers, supervisors, and managers are encouraged to nominate any deserving individual for recognition. Nominations can be submitted at any time.

[Nominate an EMS Hero for 2022!](#)

National EMS Memorial Bike Ride 2022



The National EMS Memorial Bike Ride, Inc. honors EMS personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty.

This year a group of people celebrated and honored Emergency Medical Services (EMS) personnel who have made the ultimate sacrifice, and those still working in EMS, by participating in the West Coast National EMS Memorial Bike Ride (NEMSMBR). This long-distance cycling event took place on September 19-24, 2022, and spanned the distance from Reno, NV to San Francisco, CA.

The week was challenging but gratifying and memorable for participants of the 2022 West Coast Route. They endured Reno, NV to Stateline climbing, then back around to Stateline in 45 degree pouring rain with the elevation up to 6,200 ft.

Then, on a 4th day they traversed Stateline to Rancho Cordova, CA, with temperatures at 90 degrees. Sacramento Metropolitan Fire Battalion Chief Graf, Captain Whaley, along with Sac Metro's Company Engine and Ambulance - E63, provided our West Coast Route an escort out of Rancho Cordova safely to the American River Trail. The trail let them to the Sac State University Guy West Bridge, onto the west steps of the CA State Capital, for a beautiful ceremony.



It was a long stretch from Rancho Cordova to Fairfield, then onto Novato to end the 2022 National EMS Bike Ride for the year, crossing the Golden Gate Bridge in San Francisco for the final ceremony with a total ride mileage of approximately 422 miles.



For more information go to:
www.facebook.com/muddyangels/
<https://nemsnbr.org/>

The Ambulance Patient Offload Time (APOT) report

The EMS Authority was mandated (Health and Safety Code 1797.120) to develop a statewide methodology for calculating and reporting ambulance patient offload times by a LEMSA. This statewide, standard methodology was based on input received from stakeholders, including but not limited to: hospitals, LEMSAs, public and private EMS providers.

The EMS Authority, at the advisement of the Executive Data Advisory Committee, has updated the APOT-1 and APOT-2 Reporting Specifications to better capture the patient record population impacting ambulance patient offload times. The updated specifications now include all records where element eDisposition.12 "Incident/Patient Disposition" has a value of "4212033" "Patient Treated, Transported by this EMS Unit." EMSA included clarifying language on the APOT-2 time-intervals and removed the need for LEMSAs to report APOT-2 "percent of records" for each month. Finally, EMSA included the ability for LEMSAs to include the names of their EMS Providers which they included in their APOT reporting population. EMSA is requesting that all LEMSA use the updated specifications and updated reporting spreadsheet for the reporting of Quarter 4 2022 APOT data.

The updated reports can be found on our website at emsa.ca.gov/APOT under Documents and Guidance.

EMSA will also use these updated specifications when developing the CEMSIS Comparison reports for the remaining two quarters of 2022. EMSA will continue to utilize these updated specifications following the reporting of APOT information directly from CEMSIS starting January 1st, 2023. The updated specifications will serve as the foundation for the future APOT specifications when California transitions to NEMSIS 3.5 in 2023.



New EMSA Member



Meet Derek Gitmed – a New Program Manager I over the Response Resources Unit in DMS

Derek Gitmed is originally from Sacramento, CA and attended Sheldon High School. He earned a bachelor's degree in Communication at Santa Clara University in 2019, and currently enrolled at UNLV as a graduate student pursuing a master's degree in Emergency & Crisis Management. Derek served in the U.S. Army for 11 years on active duty including overseas tours to Afghanistan, West & Central Africa, and the Pacific Islands. His previous occupations held were Military Intelligence Analyst and Field Artillery Officer. Derek decided to leave the military and return home so he could spend more time with his family.

Derek has a 5-year-old son named Dylan, and his favorite activity is going to the playground. Derek is a huge sports fan even though none of his teams have winning records (San Francisco Giants, Oakland Raiders, Sacramento Kings, San Jose Sharks). He enjoys taking trips to anywhere that has large body of water. Also, Derek has a strong interest in sports cars; unfortunately, he sold his recently but always on the lookout for the next one.

I'm extremely fortunate and take great pride in being part of the emergency response industry. I recognize the importance of the services we provide and I'm thrilled to be in a position to help Californians all throughout the state. I look forward to working alongside everyone at EMSA, thank you!

*Very Respectfully,
Derek Gitmed*



FOOD BANKS NEED OUR HELP



Donating Online is
Safe & Easy



STATE EMPLOYEES FOOD DRIVE



FOOD DONATIONS



MONETARY DONATIONS



VOLUNTEER WORK



& MORE!

Please Note: Due to pandemic concerns & protocols, the acceptance of food donations may vary by food bank and in most cases monetary donations are preferred.

NOV 7, 2022 – JAN 6, 2023

VIRTUAL EVENTS

30 minute calls via Zoom about the Food Drive, its impact, and how to support local food banks. All state employees are welcome to attend!

November 8, 2022 @ 12 PM
December 6, 2022 @ 1 PM
January 27, 2023 @ 1 PM

PARTICIPATION CREDIT

Food Donations, Monetary Donations, Turkey Drive Donations, Run to Feed the Hungry Registrations, &/or Volunteer Hours

Submit your credit online by
Friday, January 20, 2023

Treating Influenza (Flu)



Information for People at High Risk for Serious Flu Complications



Do you have Asthma, Chronic Obstructive Pulmonary Disease, Diabetes, or Heart Disease?

If so, you are at high risk of serious illness if you get flu. Treatment with an influenza antiviral drug can mean the difference between having milder illness instead of very serious illness that could result in a hospital stay. This fact sheet provides information about using prescription antiviral drugs to treat influenza in people at high risk for serious flu complications.

Why am I at greater risk of serious flu complications?

Your medical condition makes it more likely that you will get complications from flu, like pneumonia. Flu also can make long-term health problems worse, even if they are well-managed. People with asthma, chronic obstructive pulmonary disease, or heart failure may experience worsening of their conditions and have difficulty breathing. Diabetes (type 1 and 2) can make the immune system less able to fight flu. Also, flu illness can raise blood sugar levels.

Can flu be treated?

Yes. There are prescription medications called “antiviral drugs” that can be used to treat influenza illness. Antiviral drugs fight influenza viruses in your respiratory tract. They are different from antibiotics, which fight against bacterial infections.

What should I do if I think I have flu?

Check with your doctor promptly if you are in a group at high risk for serious complications and you get flu symptoms. Symptoms of flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. If you get flu, antiviral drugs are a treatment option. Your doctor may prescribe antiviral drugs to treat your flu illness.

Should I still get a flu vaccine?

Yes. Antiviral drugs are not a substitute for getting a flu vaccine. While flu vaccines can vary in how they work, flu vaccination is the first and best way to prevent influenza. You should receive flu vaccine every year. Antiviral drugs are a second line of defense to treat flu if you get sick.

What are the benefits of antiviral drugs?

Antiviral treatment works best when started within two days of getting symptoms. Antiviral drugs can lessen fever and other symptoms and shorten the time you are sick by about one day. They also can prevent serious flu complications, like pneumonia when treatment is started early.

For people at high risk of serious flu complications, early treatment with an antiviral drug can mean the difference between having a milder illness instead of a more serious illness that could result in a hospital stay. For adults hospitalized with flu illness, some studies have reported that early antiviral treatment can reduce the risk of death.

What antiviral drugs are recommended?

There are four FDA-approved influenza antiviral drugs recommended by CDC: oseltamivir (available as a generic version or under the trade name Tamiflu®), zanamivir (trade name Relenza®), peramivir (trade name Rapivab®), and baloxavir marboxil (trade name Xofluza®). Oseltamivir is available as a pill or liquid, and zanamivir is a powder that is inhaled. Peramivir is administered intravenously by a health care provider. Baloxavir is a pill given as a single dose by mouth.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Health and age factors known to increase a person's risk for developing flu-related complications:

- Asthma
- Neurological and neurodevelopmental conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure, and coronary artery disease)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- People younger than 19 years of age on long-term aspirin- or salicylate-containing medications
- People with a weakened immune system due to disease or medication (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)

Other people at high risk from the flu:

- Adults 65 years and older
- Children younger than 2 years old¹
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives
- People who live in nursing homes and other long-term-care facilities

¹ Although all children younger than 5 years old are considered at high risk for serious flu complications, the highest risk is for those younger than 2 years old, with the highest hospitalization and death rates among infants younger than 6 months old, younger than 6 months old.

What are the possible side effects of antiviral drugs?

Side effects vary for each medication. For example, the most common side effects for oseltamivir are nausea and vomiting, zanamivir can cause wheezing and difficulty breathing (bronchospasm), and peramivir can cause diarrhea.

Other less common side effects also have been reported. Your health care provider can give you more information about these drugs, or you can check the Food and Drug Administration (FDA) website for specific information about antiviral drugs, including the manufacturer's package insert.

When should antiviral drugs be taken for treatment?

Studies show that flu antiviral drugs work best for treatment when started within two days of getting sick. However, starting them later can still be helpful, especially if the sick person is in a group at high risk for serious complications (see list in sidebar) or is very sick from flu (for example, hospitalized from flu). Follow your health care provider's instructions for taking these drugs. These antiviral drugs are given in different ways and are approved for different ages.

How long should antiviral drugs be taken?

To treat flu, oseltamivir and zanamivir are usually taken for 5 days, although people hospitalized with flu may need the medicine for longer than 5 days. Peramivir is given once intravenously. Baloxavir is given as a single dose.

Can children take antiviral drugs?

Yes. Oseltamivir is recommended by CDC and the American Academy of Pediatrics (AAP) for early treatment of flu in people of any age, and is approved for the prevention of flu (i.e., prophylaxis) in people 3 months and older. Zanamivir is recommended for early treatment of flu in people 7 years and older. Peramivir is recommended for early treatment of flu in people 6 months and older. Baloxavir is recommended for early treatment of flu in children aged 5 to less than 12 years without chronic medical conditions and in all persons aged 12 years and older.

Can pregnant and breastfeeding women take antiviral drugs?

Oral oseltamivir is recommended for treatment of pregnant women it has the most studies available to suggest that it is safe and beneficial during pregnancy. Baloxavir is not recommended for pregnant women or breastfeeding mothers.

Who should take antiviral drugs?

It's very important that antiviral drugs be used early to treat flu in people who are very sick with flu (for example, people who are in the hospital).

People who are sick with flu and have a high-risk factor related to a health condition like asthma, diabetes or chronic heart disease or their age. (See the full list of high-risk factors).

For more information, visit: www.cdc.gov/flu
or call 1-800-CDC-INFO