EMS MEDICAL DIRECTORS' ASSOCIATION OF CALIFORNIA, INC.

**Notes**

**December 12, 2023**

**Marines' Memorial Club & Hotel**
**609 Sutter St, San Francisco, CA 94102**

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**Scope of Practice Committee and EMDAC Discussion: 0830-0955**

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1. Local Optional Scope Requests (Dr. Ken Miller)

**LOSOP Renewal Requests**

*Los Angeles County EMS, Napa County EMS:* Supraglottic airways Igel peds

Approve:

*Tuolumne County EMS:*

1. Verapamil
   - Used for rapid a-fib
2. Oxytocin
   - May need clarification on indication for use, Oxytocin + TXA
   - New hires get trained on this and during accreditation
   - Gausche-Hill: ACOG pathway uses oxytocin first, consider adopting to match the guidelines

Approve: Bosson, Uner

*Central California EMS:* Verapamil

- Question: q15 min
- Bosson: Recommend more frequent vital sign check
- Uner: No bp or HR parameters, consider adding in

Approve: *with provision about when to stop infusion, more frequent vital sign check

Freeman, Mackey

**LOSOP Requests**

*Coastal Valleys EMS:* Blood product monitoring - IFT

- Thought was to be used in more rural setting, but level 2 gets a lot of drop offs

Approve: Bosson, Uner

*Central CA EMS:* CCT-P Calcium Channel Blockers

- Borrowed from Alameda County
- Bosson: Recommend more frequent vital sign check, currently q15
- Uner: No bp or HR parameters, consider adding in

*Need parameters on when to stop the drip, increasing vital signs monitoring

Mackey: Nicardapine and Dilt: Not approved under scope for CCT-P

- Per Hernando: LOSOP is a way to get drugs included that are not in state basic scope
- Trial studies: require submitting data, presentation at commission, potential benefit but less data to support use
- Blood products brought up as a question whether that will need LOSOP vs trial

Approve: Uner, Freeman

Verapamil re-approval was not submitted

Garzon: Trying to streamline renewals, if no changes to protocol and no new data then will be approved by Dr. Garzon at EMSA. If changes are included, will be brought to LOSOP.

*Alameda County EMS:* Ondansetron for EMTS

- Per Hernando, this LOSOP didn't need to come EMDAC

Lots of discussion around ability to expand EMT medications. Regulations restrict scope of practice for EMT in the state, more restrictive than national standards. To get meds into regulations, need to do trial studies. Trial study results then brough to Scope of practice and commission, and then can be incorporated into Regulations.

- Konik: Will set up a trial study to submit to the state, will reach out to other LEMSAs to elicit interest in participating.

Kim from EMSA: looking to open the regulations chapter around this, send Kim expansions that are wanted, send data, studies.

*Tuolumne, Sacramento, San Mateo, Stanislaus Count EMS:* Buprenorphine

- Discussion about standing order for different meds, bup included
- Dr. Hern: Would recommend standing order, but encourage calling base for questions, confusing cases. Massachusetts now approved EMTs to give bup.
- Mercer: SF likes to have the discussion with base given complex cases, have given it over 100 times without problem, consultations around giving the 16mg, base consultation has increased comfort with giving the 16mg.
- Ghilarducci: there is a barrier to calling base to give the med, removing it would decrease the barrier
- Gene: No refusals from New Jersey, good to call base for questionable cases
- Kidane: 100 cases, no precipitated withdrawal, few cases of base physician declining treatment (recent methadone use

**If counties have LOSOP for Bup already and want to move to standing order, will need to resubmit LOSOP with the change**

- Use change request form on EMSA website with your LOSOP

Approve: Freeman, Rose

Hemostatic dressings: No granules, no exothermic products

EMSA approves products: Process should be from medical directors, Garzon asking for LOSOP to approve products. Garzon will send out the 2019 military list of hemostatic agents, will bring back to Scope and then comment from medical directors.

Bosson: Should not be responding to individual vendors, but this is an opportunity to look at broader list

**0955 break (5 minutes)**

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**EMSAAC & EMDAC Joint Meeting: 1000-1100**

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1. Introductions of EMSAAC, EMSA, and EMDAC Leadership
2. EMSAAC Report (Nick Clay)
    a. Chapter 13 listening sessions occurred with various stakeholders
    b. AB 40: More listening sessions to happen in the next few months
    c. $50^{th}$ anniversary of EMS week in 2024, looking to do something special, more information to come
    d. EMSAAC Conference Update
        i. Lowes San Diego, two new pre-conferences: CQI and investigations
        ii. Occurring last week in May
    e. Red Cross Training Curriculum
        i. Looking to get feedback on their training for public safety first aid
3. EMSA Report (Liz Basnett & Dr. Hernando Garzon)
    a. Chapter 13 update: listening sessions for the past 60 days
        i. Putting together a policy advisory group to help develop the changes

ii. Change the title from Chapter 13 to a new title, given the history associated with "Chapter 13" nomenclature
iii. EMSA will be sending out a letter to put the group together, anticipate the first meeting in Feb/March
iv. Hoping to have public comment period shortly after

b. AB 40: workshops in Jan on the implementation of AB 40
    i. Will help guide regulations, technology challenges for implementation
c. AB 767: CP/TAD
    i. Need to update the toolkit and regulations to include post hospital discharge

d. Regulations
    i. Trauma: In the fall went through Chapter 7 trauma regulations, updated, ready to go to OAL and public comment
    ii. Will be looking at other clinical program Chapters: STEMI, Stroke EMSC
    iii. Jan/Feb will be looking at those regulations, hope to get them out on the same timeline as Trauma regulations revision
e. Asia Pacific Economic Cooperation meeting report
    i. Held in SF, strike teams were deployed but was a low incident event
    ii. Dr. Brown: Thanks to the city, emergency medical services
        1. 300 calls in the 911 system that the ambulance strike teams responded to: about 25% of the EMS call volume for the period
        2. CALMAT team was sent from the state
        3. Working on a QI project on the patient experience with the use of ambulance strike teams

4. Question & Answer
    a. 1157 evidence code: including EMS providers under QI plan protection

i. Might be a topic that EMDAC/EMSAAC and others can get behind to change the code

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**EMDAC Meeting: 1100-1600**

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1. Prior Meeting Minute Review and Approval (Drs. Dustin Ballard & Kathy Staats)
    a. Approve: Kann, Gilbert
2. Executive Committee 2023 Report (Dr. Kathy Staats)
    a. EMDAC has become more active, certainly open to input to change how exec committee meets/discusses
    b. Leg committee: considered building a baseline line of items we support, but given the moving target of leg bills does not seem feasible
3. Treasurer's Report (Dr. Daniel Shepherd)
    a. $53,000 on the ledger, but still need to pay SF date
    b. Dr. Rose: Stripe payment is being separated out from the website
    c. Dr. Rose is now the holder of the website and listserv
    d. If you change agencies or change email, please let Dr. Rose know
    e. Website will be more open, won't need login for most things
    f. If you want lunch, please purchase voucher for lunch-on the website
    g. To have a vote, you need to pay dues
4. Red Cross questions for EMDAC:
    a. Preferred documentation MIST vs SAMPLE
    b. Supplemental oxygen in first aid course
    c. Discuss tourniquet: commercial vs improvised
    d. Which hemostatic dressings are approved?
    e. Do we need to train on vacuum splint?
    f. Narcan: routes IM vs IN?
    g. SMR: what devices need to be mentioned?
    h. First aid supplies for CA
    i. Chest seal training

1. EMSA to take first attempt at answer questions and then send back to task force developed by EMDAC
2. Dr. Rosen: maybe we should get a small group together to review to send back, may need more input

5. Committee Reports
   a. EMS Commission (Dr. Ken Miller)
      i. Agenda: No action items
         1. EMTALA discussion with CHA legal counsel
         2. APOT discussion
         3. Review ketamine use: sedation vs analgesia
            a. Per Dr. Garzon, once approved in scope can be used for indications approved by LEMSA MD
         4. Dr. Uner: Review US use in the field
            a. Trial study: 18 months of data, then data presented to commission.
               i. Commission can choose to end study, extend study for 18 months if more data needed, move to basic scope, move to local scope

Discussion around how CA is too regulated, stifles innovation. Per Dr. Garzon, would like to review every chapter every two years to allow more frequent updates

- EMSA's intent is to be supportive, not obstructive

   b. Scope of Practice (Drs. Ken Miller & Nichole Bosson)
      i. Agitated Patient & Policy Language
         1. Was brought up on Listserv, whether LEMSA policy language is in line with other national organizations. AB 360 takes away the term from police.

2. Can we find consensus on a term to relay the previously known syndrome of "excited delirium"?
3. ACEP uses hyperactive delirium with agitation
4. NAEMSP delirium with agitated behavior
5. Some LEMSAs still have the terms in policies, hoping to standardize if we are all changing
6. WHO, APA, AMA, AAEM do not recognize this as a diagnosis
7. Dr. Tamkin: train officers as a metabolic state that they should call EMS before restraining
8. Dr. Gausche-Hill: maybe we land on delirium
9. Executive committee to discuss this topic, develop a term and bring back to EMDAC

ii. Patient Steroid Administration

1. Paramedics can already help patients take meds with a doctor's order

c. EMS-Children (Drs. Joelle Donofrio-Ödmann & Shira Schlesinger)

i. March 12 EMSC meeting
ii. Shira will be chairing the committee
iii. Nov 7 2024 in Fairfield, in person conference, limit number to 100ish people
iv. Pediatric track at CFED in May 2024, more skills practice
v. Dr. Schlesinger-pediatric Igel use throughout the state (see PPT)

1. Survey was sent out to EMDAC listserv
2. 12 responses, covered 11 LEMSAs
3. Dr. Freeman: Tuolumne went away from Igel to LMA Supreme due to issues with Igel staying in place during transport

d. Executive Data Advisory Group (Drs. Ken Miller, David Ghilarducci, Zita Konik)

i. State sending out a current list of providers/counties that are submitting data to the state using NEMSIS version 3.5 Please take a look and reach out to agencies that are not submitting (sent out by Dr. Ghildarducci to the EMDAC listserv)
ii. The state is now receiving PCR records from all counties. Yay!
iii. Version 3.5.1 will come out in March-ish, just minor updates to correct spelling, no need to adopt if you don't want
iv. EDAG will have three subcommittees, with hopes of having a chairperson report on respective committees to EDAG. Email will be forthcoming to solicit participation.
    1. Core Measures subcommittee
    2. Data Standardization and Quality subcommittee
    3. Research subcommittee
v. EMSA would like all EMS providers (BLS/ALS paid or volunteer) to submit PCR data electronically. More information about platforms and funding to come
vi. Dr. Garzon and the state to work on schematron to avoid errors in timestamps that are submitted in PCR
vii. Dr. Konik to spearhead expanding primary impression list, will solicit from each LEMSA
viii. State would like standardized way to document Leave Behind Narcan when done. Information will be sent out by email on how to implement in PCRs.

e. State Trauma Advisory Committee (Drs. Katherine Shafer & David Shatz)
    i. No report
f. Stroke/STEMI Advisory Committee (Drs. Reza Vaezazizi, Ken Miller, AJ Singh)
    i. Meeting scheduled for January
g. Tactical EMS (TBD)
    i. If interested in joining this group, please email Dr. Staats

h. Strategic Planning (Drs. Kimberly Freeman, Marianne Gausche-Hill)
    i. Finished 6 months ago
i. Medical Advisory (TBD)
j. Legislative (Dr. Kathy Staats)
    i. Hard to come up with a certain agenda
    ii. Dr. Kahn evidence code 1150 does not cover EMS. May be covered under other sections. He is working with assemblymember, needs a group to bring forward

6. Voting (Drs. Kathy Staats & Dustin Ballard):
    a. President-Elect Konik
    b. Secretary-Shepherd
    c. Treasurer- Whitlfield
    d. Active Member-At-Large (2) Kann, Schultz
    e. Associate Member-At-Large (2) Kazan, Mercer
    f. Medical Advisory Committee
    g. Legislative Committee
    h. Scope of Practice Committee

**Break for Lunch 1215-1300**

7. ECPR Survey Results (Dr. Kristi Koenig) (see ppt)
    a. If interested please reach out to San Diego
8. Prehospital Blood Transfusion (Dr. Clayton Kazan)
    a. Time to transfusion was 11 minutes in some studies
    b. Most urban centers have short transport times, but bleeding doesn't start when transport starts
    c. LA to present a protocol for blood in the field
    d. Cost of $5-10k to outfit a rig for blood
    e. Working on logistics to get blood

    f. Current data is descriptive studies from San Antonio, currently RCTs are being done

9. Discussion: D'Souza: Stanford Lifeflight has figured out a lot of the barriers, could borrow ideas from them on implementation, tracking challenges
    a. Rosen: Is there really harm to giving blood in a bleeding out trauma patient?
    b. Singh: support trial
    c. Schultz: We need to look at outcomes, correlation vs causation, need RCTs
    d. Rosen: Think the data is pretty clear: if bleeding, need blood. We give blood in the resuscitation bay, and minutes count.
    e. Gausche-Hill: could use matching methodology to get a reasonable control group, lots of trauma patients in LA county
    f. Schatz: could design an RCT with this, blood is not always really ready, need to consider hypothermia with giving blood, which could lead to coagulopathy associated
    g. Staats: Need to consider public perception of how this is rolled out, previous San Diego experience with fake blood
    h. Garzon: need input of the trauma docs
    i. Muller: More time spent on scene and transport than just 8 minutes, more like 30 minutes
10. APOT (Dr. Clayton Kazan)
    a. Nothing new
11. State MHSA & Homelessness Funding (Dr. Clayton Kazan)
    a. Most funding going to the county agencies, not the fire or EMS agencies
    b. Requesting advocacy at the state level for EMS providers to apply for these monies
    c. Ghilarducci: A portion of the funds is supposed to go to high impact areas, which EMS is part of

   d. Schmalz: Mental health units would qualify for the funding based on the guidelines

12. Priority Goals Workgroups Reports
    a. Current: Data Reports, EMS Clinician Wellness, Community Paramedicine, Alternative Destination, SOP Expansion, Unified EMT Scope
    b. Discussion of Topics and Prioritization for 2024
       i. Please email Dr. Staats if you think another workgroup should happen. Mentioned at the meeting were APOT, behavioral health
13. CA EMS Buprenorphine Study Update (Drs. Gene Hern & David Ghilarducci) (see ppt)
14. SOS Cal-ROC Study Update (Dr. Nichole Bosson)
    a. Stay and Stabilize-bundle of care with deliberate actions to prevent hypoxia, hypotension, hypercarbia
15. 2024 Meetings (Drs. Zita Konik & Dustin Ballard)
    a. Discussion that dates and locations are in place for next year if we want to coordinate with EMS Commission
    b. Saved quite a bit of money by having the March meeting at UC Davis: general agreement was a good location for this year
    c. Possibly consider alternate locations/cities in conjunction with EMSA for 2025
16. Adjourn

**2024 EMDAC Meeting Dates:**
**March 12, 2024 – Anaheim, CA, Joint EMSAAC Component**
**June 11, 2024**
**September 17, 2024 – Joint EMSAAC Component**
**December 10, 2024 – Joint EMSAAC Component**