

**Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities**

September 2013

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Ambulance Strike Team/Medical Task Force (AST/MTF) System Development	Michael Frenn, ext. 435	<p>The first run of approximately 85 AST Leader Red Cards was distributed in July. A second run of an estimated 100 cards is being prepared pending verification of records.</p> <p>AST/MTF Leader Trainings continue to be conducted on an ongoing basis. EMSA recently conducted classes in Modesto and Visalia. Santa Clara EMS conducted a course in late May. The ASTL training power point slides are located on the EMSA website at: http://www.emsa.ca.gov/disaster/AST/default.asp</p> <p>35 Disaster Medical Support Units (DMSUs) are strategically placed with local EMS Agencies and ambulance providers throughout the State. 4 additional units should be distributed by late 2013. This will bring the total number of ASTs with DMSUs to 39 in the State.</p> <p>EMSA Publication #215 (Ambulance Strike Team System Manual) is being revised to incorporate updates to the Position Task Book and certification process, as well as incorporate the Emergency Operations Manual (EOM) where appropriate.</p>
2. California Medical Assistance Teams (CAL-MAT) Program	Michael Frenn, ext. 435	<p>EMSA is reorganizing the CAL-MAT program, including the establishment of two Divisions, one in Northern California and one in Southern California. Eight local units are planned, 4 in the north and 4 in the south. This is being done to streamline the administrative requirements of the program and ultimately reduce program costs. The Disaster Healthcare Volunteer (DHV) system will be modified to reflect the 8 local CAL-MAT Units. Persons registering in DHV now can indicate a desire to participate in the CAL-MAT Program and they will be placed on a waiting list until the program is finalized.</p>
3. CAL-MAT Cache	Craig Johnson, ext. 4171	<p>CAL-MAT equipment caches have been re-configured to support smaller medical specialty team deployments. All caches are standardized for rapid response. Inventory maintenance to provide resupply for expired and short items is currently underway for all three caches.</p>
4. California Public Health and Medical Emergency Operations Manual (EOM)	Lisa Schoenthal, ext. 463	<p>The California Department of Public Health (CDPH) and EMSA concluded EOM trainings in all six mutual aid regions in June 2013 and is preparing to conduct "Train-the-Trainer" EOM trainings in fall 2013.</p>

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5. Disaster Interest Group (DIG)	Patrick Lynch, ext. 467	The DIG has been suspended due to the re-prioritization of DMS staff projects.
6. Disaster Healthcare Volunteers of California (DHV)(California's ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel	Patrick Lynch, ext. 467	<p>The DHV Program has surpassed the mark of 20,000 volunteers registered. Over 7,000 of those volunteers are Medical Reserve Corps (MRC) members in 40 of the state's 42 MRC Units. All 58 counties have trained System Administrators.</p> <p>System Administrator training and DHV user group conference calls are ongoing.</p> <p>EMSA Response Personnel Unit staffs are in the planning phase for EMSA's DHV/MRC deployment exercise portion of the Golden Guardian 2013 Mobile Medical Assets Full Scale Exercise in August.</p> <p>The DHV website is https://www.healthcarevolunteers.ca.gov.</p> <p>The DHV Deployment Operations Manual (DOM) is available on the EMSA webpage http://192.168.100.211:8000/disaster/Health_Care_Volunteers/documents/pdf/DHV_DOMRevisionFebruary21-2012.pdf.</p> <p>The "DHV Journal" is available on the DHV webpage of the EMSA webpage http://www.emsa.ca.gov/disaster/Health_Care_Volunteers/default.asp.</p>

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<p>7. Exercises and Training</p> <p>Weapons of Mass Destruction (WMD)</p> <p>Medical Operations Center Support Activities (MOCSA)</p> <p>Mission Support Team (MST)</p> <p>Statewide Exercises:</p> <p>Golden Guardian 2013</p>	<p>Bill Campbell, ext.728</p> <p>Bill Campbell, ext.728</p> <p>Michael Frenn, ext. 435</p> <p>Bill Campbell, ext. 728</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>The Medical Operations Center Support Activities (MOCSA) course has been developed in conjunction with the California Specialized Training Institute (CSTI). A pilot course was completed in January 2012. The course will be offered again in 2013 with revisions made in response to the pilot attendees' suggestions.</p> <p>The Intermediate MST Curriculum has been developed and the first course conducted. As a result of the recent Disaster Medical Response full scale exercise held at Sacramento State in June, the MST Program and curricula are being revised to reflect the lessons learned from that event. Additional courses (Basic and Intermediate) will be scheduled following program revisions.</p> <p>EMSA is planning a Disaster Medical Response Exercise for Golden Guardian 2013 on August 21st, 22nd and 23rd. This year's exercise will provide the opportunity to mobilize, deploy and exercise disaster medical response assets in collaboration with public and private agencies. The California National Guard is providing access to Moffett Airfield in Santa Clara County. The exercise will involve a disaster medical response with two 40 bed Alternate Care Sites, medical caches, disaster medical response teams and other supporting assets. Corrective actions from the EMS Authority GG2012 exercise will be employed in this year's exercise. This federally funded training and exercise is part of the larger California Emergency Management Agency's Golden Guardian 2013 (GG 2013) exercise. GG 2013 is designed to validate the response plans described in the San Francisco Bay Area Concept of Operation's Catastrophic Earthquake Plan.</p>

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<p>Statewide Exercises:</p> <p>2013 Statewide Medical and Health Exercise (2013 SWMHE)</p>	<p>Nirmala Badhan, ext. 1826</p>	<p>The date for the 2013 Statewide Medical Health Exercise is November 21. The selected scenario is a foodborne illness. This year's exercise will focus on the coordination of surveillance activities and health system capabilities anticipated when managing a medical surge among community healthcare partners. The 2013 SWMHE Workgroup has developed and posted exercise documents to http://www.californiamedicalhealthexercise.com/ .</p>
<p>8. Hospital Available Beds for Emergencies and Disasters (HAvBED)</p>	<p>Jody Durden, ext. 702</p>	<p>EMSA is currently working with CDPH and other partners to develop the Request for Offer to obtain a commercial-off-the-shelf hospital data collection system that meets federal HavBED requirements.</p>
<p>9. Hospital Incident Command System (HICS) Revision</p>	<p>Lisa Schoenthal, ext. 463 hics@emsa.ca.gov</p>	<p>EMSA staffs are reviewing drafts of the Incident Planning Guides, (IPGs), the Incident Response Guides, (IRGs), Job Action Sheets, (JASs), and HICS Forms.</p> <p>The target for release of the HICS materials is Late Fall 2013.</p>

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10. Medical Sheltering	<u>Bill Campbell, ext. 728</u>	CDPH has received funding for the project of establishing Medical Shelter Guidelines and is the lead agency for this project. Draft medical sheltering guidelines were distributed to stakeholders for public review and comment. Public comment ended on November 9, 2011. Comments provided by our public health and medical stakeholders were reviewed and when appropriate incorporated into the draft document. The final guidelines will be reviewed by the Medical Shelter Workgroup before release and distribution.
11. Mission Support Team (MST) System Development	Michael Frenn, ext. 435	The Intermediate MST Curriculum has been developed and the first course conducted. As a result of the recent Disaster Medical Response full scale exercise held at Sacramento State in June, the MST Program and curricula are being revised to reflect the lessons learned from that event. Additional courses (Basic and Intermediate) will be scheduled following program revisions. Inter-Governmental Employee Exchange Agreements are being executed to permit compensation to local government when their employees are utilized by EMSA on an MST.
12. Response Resources	Craig Johnson, ext. 4171	The MST caches have been updated to improve support for wireless networks. The Command, Control & Communications vehicle has been updated to enhance wireless connectivity and improve the on-board satellite. The CAL-MAT caches are currently undergoing inventory review to identify expired and short items for replacement. The MST Program will be tested at the Golden Guardian 2013 Disaster Medical Response Training and Exercise at Moffett Federal Airfield on August 21-23, 2013.
13. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Jody Durden, ext. 702	The RDMHS program continues to work with EMSA and CDPH staff in supporting major disaster planning activities in addition to supporting information management processes. The Region I and Region V RDMHSs were integrally involved with the Power House Fire in Southern California and the Carstens Fire in Mariposa County. The RDMHS were very instrumental in coordinating the recent Statewide EOM trainings.

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14. Mobile Field Hospital Program (MFH)	Craig Johnson, ext. 4171	Three 200-bed MFHs are being stored in Sacramento, California. A site assessment tool for 50 and 200 bed MFH site selection is being implemented statewide. 54 sites are currently identified for full 200-bed MFHs. EMSA continues to try to identify alternatives to sustain this valuable program without stressing the State budget.
15. Medical Reserve Corps (MRC)	Sheila Martin, ext. 465	40 of the 42 MRCs have trained DHV System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and quarterly DHV user group calls.
16. Statewide Emergency Plan Update	Lisa Schoenthal, ext. 463	The Governor's Office of Emergency Services (OES) updated the Statewide Emergency Plan (SEP) and is moving toward implementing Emergency Functions (EFs). EMSA is a lead participant in the development of the Public Health and Medical Emergency Function of the SEP and is supporting the development of six other EFs.
17. Emergency Medical Services Field Treatment Site Guidelines (EMS FTS)	Bill Campbell, ext. 728	Based on comments received, EMSA is holding the EMS FTS Guidelines for further discussion with CDPH regarding coordination of the developing guidance documents for Alternate Care Sites (ACS) and Medical Shelters.
18. Southern California Catastrophic Earthquake Response Plan	Jody Durden, ext. 702	EMSA is currently participating in the validation of the Southern California Catastrophic Earthquake Plan.

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18. Patient Movement	Craig Johnson, ext. 4171	EMSA continues to work on the draft Statewide Patient Movement Plan. EMSA also participates with the Bay Area Urban Area Security Initiative (UASI) on the Medical Surge Planning Project, which includes patient tracking. The project will evaluate patient tracking within the 12 County Bay Area UASI Regions and conduct a feasibility study using the Joint Patient Assessment & Tracking System (JPATS) in California. Findings from the feasibility study will be used to assist the State with further development of the Statewide Patient Movement Plan and interoperability of patient tracking systems.
19. Cascadia Subduction Zone Catastrophic Tsunami/Earthquake Plan	Lee Sapaden, ext. 766	EMSA has been designated as the California Health and Human Services Agency (CHHSA) co-lead in conjunction with the Office of the Assistant Secretary for Preparedness and Response (ASPR) Region IX in developing this plan. Draft Courses of Action have been developed and will be presented to Federal and State senior leaders for review and approval. Based on input from the senior leaders, final Courses of Action will be developed. A Region IX and X meeting was held on January 31 and February 1, along with DHHS and the States of Oregon and Washington to discuss this plan. A Resource Allocation Workshop (RAW) was held from May 28 th to May 30 th in Bothell, Washington. Participants included FEMA Regions IX and X, FEMA National and the States of California, Oregon and Washington.
20. Northern California Catastrophic Flood Response Plan	Lee Sapaden, ext. 766	EMSA has provided to OES input for the development of the concept of operations for a catastrophic event based upon historically occurring atmospheric rivers that result in catastrophic flooding. Input was provided for "Courses of Action" based on identified response capabilities. An operational framework for the development of local flood plan annexes, training, and exercises is also a primary objective for this plan. The draft plan is scheduled to be released August 1, 2013 and presented to Senior Leaders December 15, 2013.

EMS PERSONNEL DIVISION PROGRESS REPORT

September 18, 2013

ACTIVITY	PRIMARY CONTACT	STATUS/COMMENT
1. First Aid Practices for School Bus Drivers	Lucy Chaidez Extension 434	Reviewing one new program. Awaiting changes on a recent review of a new program. Eleven training programs are currently approved. Staff provides ongoing renewals of approved programs. Planning a revision of school bus regulations.
2. Child Care Provider First Aid/CPR Training Programs	Lucy Chaidez	Reviewing 3 programs for first-time approval. Twenty-seven programs are currently approved. Technical assistance is being provided to child care training program instructors and directors, licensing staff, and child care providers. EMSA First Aid and CPR sticker sales are ongoing.
3. Preventive Health Training Programs	Lucy Chaidez	Currently, there are 33 preventive health training programs approved. Reviewing curricula for renewals and also for updates of the American Academy of Pediatrics standards for several preventive health training topics. EMSA is working with the Department of Public Health California Breathing and the Thoracic Society to update the EMSA asthma curriculum for child care training. EMSA is working to develop protocols for child care provider disaster preparedness. EMSA is partnering with several child abuse prevention experts to develop a white paper on child abuse mandated reporter training for child care providers that will be submitted to DSS Licensing Division. EMSA is providing technical assistance for proposed legislation, AB 290, to add the topic of nutrition to child care provider training. EMSA child care staff serves on the Department of Defense/Child Care Aware Regulatory Work Group to update standards for child abuse prevention, mandated reporting, and disaster preparedness. EMSA reviewed the Child Care Initiative Project Training health and safety module for the California Department of Education. EMSA reviewed the CDPH California Strategic Plan for Asthma as it pertains to child care. EMSA is preparing a legislative proposal to make changes to the preventive health training standards. EMSA Preventive Health sticker sales are ongoing.
4. Child Care Training Provider Quality Improvement/Enforcement	Shelly Reyes	Technical assistance and education regarding compliance issues is continually given to approved training programs, child care providers, DSS community care licensing, and child care resource and referral staff. EMSA refers many complaints about AHA noncompliance to the AHA Government liaison.
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Laura Little Extension 461	Ongoing technical assistance for Lay Person AED programs and Public Safety AED programs.
6. BLS Training and Certification Issues	Laura Little	Providing ongoing support and technical assistance
7. State Public Safety Program Monitoring	Laura Little	Provide ongoing monitoring of State Public Safety EMSA approved Public Safety First Aid, First Responder, and EMT programs for statutory and regulatory compliance.
8. My License Office/ EMT Central Registry Audit	Laura Little	EMSA is continuing to monitor the EMT Central Registry to verify that the 80+ certifying entities are in compliance with the California Code of Regulations regarding data entry

EMS PERSONNEL DIVISION PROGRESS REPORT

September 18, 2013

		including background checks and disciplinary notification for all EMT personnel.
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EMS SYSTEMS PROGRESS REPORT
September 18, 2013

<p>1. Trauma:</p>	<p>Bonnie Sinz Extension 460</p>	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC has been working with the American College of Surgeons (ACS) on developing a California version of the national Trauma QI Program (TQIP) with supporting data programming. Statewide participation in TQIP is being encouraged for each designated Level I and Level II (including pediatric) Trauma Center. The CEMSIS-Trauma data dictionary is being revised to be in full compliance with the National Trauma Data Standards for 2013. Eighteen of the fifty applicable Trauma Centers are current TQIP participants. The STAC Project Subcommittee is finalizing guidance documents for Trauma Center/Trauma System assessment which will be provided to the STAC for final approval. The STAC now has more frequent conference calls with the next face-to-face meeting on October 2, 2013.</p> <p><u>State Trauma Plan</u> The EMS Authority staff and the STAC writing group have completed the State Trauma Plan. The DRAFT Plan has been submitted to the executive division of the EMS Authority for review.</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. The North RTCC hosted a full constituent meeting on September 9, 2013 in Redding and the South East RTCC plans for their full meeting on September 26, 2013 in Loma Linda.</p> <p><u>Trauma Plans/Updates</u> The EMS Authority continues to review local Trauma System Status Reports as they are submitted.</p> <p><u>New Trauma Center Designations</u> San Joaquin General Hospital in French Camp was designated as a Level III Trauma Center on August 1, 2013. San Joaquin General is the first and only Trauma Center in San Joaquin County.</p>
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EMS SYSTEMS PROGRESS REPORT
September 18, 2013

2. STEMI/Stroke Systems of Care	Farid Nasr Extension 424	Comments received during the Pre-Public comment period are being reviewed by EMSA staff. EMSA create a new taskforce from the STEMI and Stroke Regulations team member to rewrite the Data chapter based on concerns from EMSAAC group and make the chapter more practical with less confusion.
3. EMS Systems Standards and Guidelines	Sandy Salaber Extension 423	Development of changes to EMS Systems, Standards and Guidelines is currently on hold pending the Chapter 13 regulatory process.
4. EMS Transportation	Laura Little Extension 412	<u>EMS Systems Regulations Work Group / Chapter 13 Task Force :</u> Since July of 2012, the EMS Authority has met monthly with individuals who have specific knowledge of HSC 17977.224/201 and the AB1387. The Chapter 13 work group has continued making process in the development of a draft set of regulations related to EMS systems. Once a draft set of regulations is completed, the Chapter 13 Task Force will be reengaged to review the draft regulations.
5. Poison Center Program	Sandy Salaber Extension 423	The California Poison Control System (CPCS) continues to provide statewide service. Quarterly reports, call and poison statistic reports are provided to the EMS Authority as required in the contract. The Managed Risk Medical Insurance Board (MRMIB), which administers the Healthy Families Program, will augment CPCS funding by matching the State General Fund allocation.
6. EMS Plans	Sandy Salaber Extension 423	Thirty-three LEMSA's have approved EMS Plans. EMS Plan updates are reviewed/approved/disapproved as received. Correspondence is sent to local EMS agencies requesting a timeframe for the submittal and status on updates that have not been received or in situations where additional information has been requested from the local EMS agency on a given component of the EMS Plan or update. Regional quarterly and final reports continue to be reviewed/approved as received.
7. EMSC Project	Tonya Thomas Extension 441	EMSA is progressing forward with the regulation process slower than originally planned pending resolution of issues conveyed in the comments. Once a resolution has been reached, EMSA will revise the regulations, distribute for a third 45-day pre-public comment period and a 90-day public comment period.

EMS SYSTEMS PROGRESS REPORT
September 18, 2013

		<p>After comment periods are complete and the regulations revised, EMSA is proposing to begin the one year rulemaking process with a projected date for approval by the Commission no later than December 2014.</p> <p>The Original 1994 Inter-facility Transfer Guidelines (EMSA # 181 and 183) have been revised and distributed for a public comment period that ended October 25th 2012. The comments received during that comment period are being reviewed by EMSA staff and the EMSC TAC. Completion of these guidelines is slowly progressing; however, EMSA is working carefully not to overburden the local EMS agencies with reviewing EMS related documents. Therefore, staff is proposing to work with the local EMS agencies over the next six months to finalize the guidelines for Commission approval in March 2015.</p> <p>The Emergency First Aid Guidelines for California Schools draft revision is in the final stages of completion. EMSA is working collaboratively with the California Department of Education and the California School Nurses Association to ensure the accuracy of policy information and administration of medication. Once revisions to the guidelines are complete, EMSA will distribute for a 45-day public comment period. After the comment period is complete and the guidelines revised, EMSA is proposing to submit the final version for Commission approval by December 2014.</p>
8. CEMSIS-EMS Data	Hailey Pate Extension 742	EMSA has executed a contract agreement with Inland Counties EMS to provide for the transformation of the CEMSIS data system. The new system will be compliant with NEMSIS and has demonstrated ability to provide secure login, cube analysis, and web services to both state and local users. Local EMS Agency onboarding to the new system will be handled by ICEMA and is currently underway. In September, EMSA staff will travel across the state to introduce the new program in a minimum of five locations.
9. CEMSIS – Trauma Data	Bonnie Sinz Extension 460	The CEMSIS-Trauma data dictionary is being revised to ensure compliance with the National Trauma Data Standards 2013. EMSA is working with each LEMSA on the data quality reports that were sent to each LEMSA specific for each Trauma Center with the goal of improved data accuracy and completeness.
10. Core Measures	Adam Davis	The purpose of the EMS system core measures project is to increase the

EMS SYSTEMS PROGRESS REPORT
September 18, 2013

	Extension 409	accessibility and accuracy of pre-hospital data for public, policy, academic and research purposes to facilitate EMS system evaluation and improvement through a grant from the California Health Care Foundation (CHCF). EMSA met the deadline set forth by CHCF and developed a dedicated webpage specific to the Core Measures Project. EMSA published three reports: the CHCF Final Report Narrative, Reporting Capabilities, and Clinical Measures. The task force will meet to discuss further development of the core measures for the next year as well as seek to refine existing measures to gain more meaningful statewide data. All measures will be developed to reflect the shift from NEMSIS 2.2.1 to NEMSIS 3.x.x. Additional funding has been identified from CHCF to allow for the purpose of future core measures rollouts. These session will be developed and deployed sometime in early 2014
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EMERGENCY MEDICAL SERVICES AUTHORITY

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(916) 322-4336 FAX (916) 324-2875



DATE: September 18, 2013
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP
Director
PREPARED BY: Jennifer Lim, Deputy Director
SUBJECT: Legislative Report

RECOMMENDED ACTION:

Receive information regarding EMS-related legislation.

FISCAL IMPACT:

None.

DISCUSSION:

The following information is current as of September 16, 2013.

AB 11 (Logue - R) Employees: reserve peace officers and emergency rescue personnel.

Chaptered: 8/19/2013

Status: 8/19/2013-Chaptered by Secretary of State - Chapter 120, Statutes of 2013

Summary: Would revise provisions to require those employers employing 50 or more employees to permit an employee who performs emergency duty as a volunteer firefighter, reserve peace officer, or as emergency rescue personnel, as defined, to take the leave of absence for the purpose of engaging in fire, law enforcement, or emergency rescue training.

AB 58 (Wieckowski - D) Medical experiments: human subjects.

Current Text: Enrollment: 9/9/2013

Status: 9/9/2013-Enrolled and presented to the Governor at 3:30 p.m.

Summary: Current law regulates the conduct of medical experiments on human subjects and requires informed consent prior to conducting medical experiments on human subjects. Current law, until January 1, 2014, exempts from this requirement a medical experimental treatment that benefits a patient subject to a life-threatening emergency if specified conditions are met, including that the patient is in a life-threatening situation necessitating urgent intervention and available treatments are unproven or unsatisfactory and informed consent cannot be obtained before treatment must be administered. This bill would continue the exemption for life-threatening emergencies indefinitely and would add conditions for the use

of medical experimental treatment.

AB 290 (Alejo - D) Child day care: childhood nutrition training.

Current Text: Enrolled 9/12/2013

Status: 9/9/2013-Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 77. Noes 0.).

Summary: The California Child Day Care Act, requires that, as a condition of licensure and in addition to any other required training, at least one director or teacher at each day care center, and each family day care home licensee who provides care, have at least 15 hours of health and safety training, covering specified components, including preventative health practices courses. This bill would provide that, for licenses issued on or after January 1, 2016, a director or teacher who receives the health and safety training shall also have at least one hour of childhood nutrition training as part of the preventive health practices course or courses. This bill contains other related provisions.

AB 355 (Cooley - D) Emergency medical services: medical field hospitals. GUT and AMEND AB 355 (Ting - D) Property tax agents.

Current Text: Amended: 9/6/2013

Location: 9/6/2013-S. APPR.

AB 633 (Salas - D) Emergency medical services: civil liability.

Current Text: Enrolled 9/12/2013

Status: 9/6/2013-Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 78. Noes 0.).

Summary: Would prohibit an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as specified.

AB 704 (Blumenfield - D) Emergency medical services: military experience.

Current Text: Enrolled 9/12/2013

Status: 9/6/2013-Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 78. Noes 0.).

Summary: Would require the Emergency Medical Services Authority to develop and adopt regulations to, upon presentation of satisfactory evidence, accept the education, training, and practical experience completed by an applicant with military experience toward the qualifications and requirements for EMT-I certification, EMT-II certification, or EMT-P licensure, as specified.

AB 939 (Melendez - R) Pupil and school personnel health: automatic external defibrillators.

Last Amend: 7/8/2013

Status: 8/30/2013-Failed Deadline pursuant to Rule 61(a)(11). (APPR. SUSPENSE FILE on 8/13/2013)

Summary: Would require that a principal designate only school employees who volunteer to be designated as AED volunteers to respond to an emergency that may involve the use of an AED during normal operating hours. The bill would state the intent of the Legislature that school employees not be required to pay the cost of any training that may be required on the

proper use of an AED . This bill contains other existing laws.

SB 191 (Padilla - D) Emergency medical services.

Current Text: Enrolled: 9/5/2013

Status: 9/5/2013-Enrolled and presented to the Governor at 4 p.m.

Summary: Existing law, until January 1, 2014, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. Existing law, until January 1, 2014, requires 15% of the funds collected pursuant to that provision be used to provide funding for pediatric trauma centers. This bill would extend the operative date of these provisions until January 1, 2017. The bill would also make a technical, nonsubstantive change to these provisions.

SB 535 (Nielsen - R) Commission on Emergency Medical Services.

Current Text: 9/6/2013

Status: 9/6/2013-Enrolled and presented to the Governor at 11 a.m.

Summary: Would increase the membership of the Commission on Emergency Medical Services from 18 to 20 members. The bill would require the additional members to be an air ambulance representative appointed by the Senate Committee on Rules from a list of 3 names submitted by the California Association of Air Medical Services, and a representative appointed by the Speaker of the Assembly from a public agency that provides air rescue and transport.

SB 669 (Huff - R) Emergency medical care: epinephrine auto-injectors.

Current Text: Enrolled 9/12/2013

Status: 9/10/2013-Assembly amendments concurred in. (Ayes 37. Noes 0.) To Engrossing and Enrolling.

Summary: Would authorize a pre-hospital emergency medical care person, first responder, or lay rescuer to use an epinephrine auto-injector to render emergency care to another person, as specified. The bill would require the California Emergency Medical Services (EMS) Authority to approve authorized training providers and to establish and approve minimum standards for training and the use and administration of epinephrine auto-injectors. The bill would specify components to be included in the minimum training and requirements. This bill contains other related provisions and other existing laws.

SB 556 (Corbett - D) Agency: ostensible: nongovernmental entities.

Last Amend: 9/4/2013

Status: 9/11/2013-Ordered to inactive file on request of Assembly Member Atkins.

Summary: Would prohibit a person, firm, corporation, or association that is a nongovernmental entity and contracts to perform labor or services relating to public health or safety for a public entity from displaying on a vehicle or uniform a logo, as defined, that reasonably could be interpreted as implying that the labor or services are being provided by employees of the public agency, unless the vehicle or uniform conspicuously displays a disclosure, as specified.

Emergency Medical Services Authority

FY 2012/13 - as of June 30, 2013

Note: 100% of the FY has elapsed

Budget Authority: Expenditure Analysis

	Program Expenditures					
	Budget Authority	Expended	Encumbered	Total	Balance of Authority	% Expended
Department	\$ 27,438,000	\$ (19,879,000)	\$ (4,607,000)	\$ (24,486,000)	\$ 2,952,000	89.2%
State Operations	\$ 12,196,000	\$ (10,493,000)	\$ (460,000)	\$ (10,953,000)	\$ 1,243,000	89.8%
EMS Personnel Fund (0312)	\$ 1,531,000	\$ (1,525,000)	\$ (6,000)	\$ (1,531,000)	\$ -	100.0%
EMT Certification Fund (3137)	\$ 1,289,000	\$ (1,287,000)	\$ (2,000)	\$ (1,289,000)	\$ -	100.0%
Federal Trust (0890)	\$ 1,850,000	\$ (1,508,000)	\$ (2,000)	\$ (1,510,000)	\$ 340,000	81.6%
General Fund (0001)	\$ 1,137,000	\$ (1,124,000)	\$ (12,000)	\$ (1,136,000)	\$ 1,000	99.9%
Reimbursements (0995)	\$ 6,034,000	\$ (4,725,000)	\$ (438,000)	\$ (5,163,000)	\$ 871,000	85.6%
Training Program Approval Fund (0194)	\$ 355,000	\$ (324,000)	\$ -	\$ (324,000)	\$ 31,000	91.3%
Local Assistance	\$ 15,242,000	\$ (9,386,000)	\$ (4,147,000)	\$ (13,533,000)	\$ 1,709,000	88.8%
EMS Personnel Fund (0312)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
EMT Certification Fund (3137)	\$ 300,000	\$ (159,000)	\$ (47,000)	\$ (206,000)	\$ 94,000	68.7%
Federal Trust (0890)	\$ 704,000	\$ -	\$ -	\$ -	\$ 704,000	0.0%
General Fund (0001)	\$ 5,558,000	\$ (5,132,000)	\$ (380,000)	\$ (5,512,000)	\$ 46,000	99.2%
Reimbursements (0995)	\$ 8,680,000	\$ (4,095,000)	\$ (3,720,000)	\$ (7,815,000)	\$ 865,000	90.0%
Training Program Approval Fund (0194)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

Note: Figures are rounded. Figures in red and in parenthesis denote negative numbers.

Emergency Medical Services Authority
FY 2013/14 - as of July 31, 2013
Note: 8% of the FY has elapsed

Budget Authority: Expenditure Analysis

	Program Expenditures					
	Budget Authority	Expended	Encumbered	Total	Balance of Authority	% Expended
Department	\$ 28,030,000	\$ (713,000)	\$ (4,000)	\$ (717,000)	\$ 27,313,000	2.6%
State Operations	\$ 12,788,000	\$ (713,000)	\$ (4,000)	\$ (717,000)	\$ 12,071,000	5.6%
EMS Personnel Fund (0312)	\$ 1,926,000	\$ (128,000)	\$ (3,000)	\$ (131,000)	\$ 1,795,000	6.8%
EMT Certification Fund (3137)	\$ 1,318,000	\$ (79,000)	\$ -	\$ (79,000)	\$ 1,239,000	6.0%
Federal Trust (0890)	\$ 1,901,000	\$ (96,000)	\$ -	\$ (96,000)	\$ 1,805,000	5.0%
General Fund (0001)	\$ 1,199,000	\$ (87,000)	\$ -	\$ (87,000)	\$ 1,112,000	7.3%
Reimbursements (0995)	\$ 6,069,000	\$ (304,000)	\$ (1,000)	\$ (305,000)	\$ 5,764,000	5.0%
Training Program Approval Fund (0194)	\$ 375,000	\$ (19,000)	\$ -	\$ (19,000)	\$ 356,000	5.1%
Local Assistance	\$ 15,242,000	\$ -	\$ -	\$ -	\$ 15,242,000	0.0%
EMS Personnel Fund (0312)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
EMT Certification Fund (3137)	\$ 300,000	\$ -	\$ -	\$ -	\$ 300,000	0.0%
Federal Trust (0890)	\$ 704,000	\$ -	\$ -	\$ -	\$ 704,000	0.0%
General Fund (0001)	\$ 5,558,000	\$ -	\$ -	\$ -	\$ 5,558,000	0.0%
Reimbursements (0995)	\$ 8,680,000	\$ -	\$ -	\$ -	\$ 8,680,000	0.0%
Training Program Approval Fund (0194)	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

Note: Figures are rounded. Figures in red and in parenthesis denote negative numbers.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Rick Trussell, Chief
Fiscal, Administration, and Information Technology Division

SUBJECT: Fiscal and Administration

RECOMMENDED ACTION:

Information Only.

FISCAL IMPACT:

None.

DISCUSSION:**2012/13 EMS Authority Budget**

According to the attached report, available budget authority during FY 2012/13 for State operations was approximately \$12.2 million and \$15.2 million in local assistance for total budget authority of \$27.4 million. As of June 30, 2013, the EMS Authority had expended and/or encumbered \$22.8 million or 83.2% of available budget authority. Of this amount, \$10 million or 86.2% of State Operations funding had been expended and/or encumbered and \$12.3.9 million or 80.8% of local assistance budget authority had been expended and/or encumbered.

Currently, program expenditures are still being adjusted and updated due to year-end closing.

2013/14 EMS Authority Budget

The 2013/14 enacted California State budget (AB 110) includes expenditure authority in the amount of \$28 million and 64 permanent positions. Of this amount, \$12.8 million is delegated for State operations and \$15.2 million is delegated to local assistance. Workload budget adjustments and policy adjustments enacted include the following items:

- Increase of \$136,000 in Emergency Medical Services Personnel (EMSP) Fund Authority to decrease paramedic application processing time, incur additional expenses associated with the acceptance of electronic payments during the paramedic licensing process and increased travel expenses associated with the monitoring of paramedics on probation and streamlining of the investigatory process.

As of July 31, 2013, the EMS Authority has expended and/or encumbered \$717,000 or 5.6% of available budget authority. Of this amount, \$717,000 or 5.6% of State Operations funding has been expended and/or encumbered and \$0 or 0% of local assistance budget 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 and an updated report will be distributed prior to the next Commission meeting.

EMS Authority Staffing Levels

As of August 30, 2013, the EMS Authority is authorized 64 positions and also has 23 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 87. Of the 87 positions, 4 positions are vacant bringing current staffing levels to 83. We are actively recruiting to fill all vacant positions.

	Admin/Exec Division	DMS Division	EMSP Division	EMS Division	Total
Authorized	14.0	19.0	22.0	9.0	64.0
Salary Savings	0.0	0.0	0.0	0.0	0.0
Authorized Total	14.0	19.0	22.0	9.0	64.0
Temporary Staff	10.0	5.0	5.0	3.0	23.0
Overall Staffing Level	24.0	24.0	27.0	12.0	87.0
Vacant	0.0	-3.0	-1.0	0.0	-4.0
Current Staffing Level	24.0	21.0	26.0	12.0	83.0

Enclosures

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 18, 2013
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP, Director
PREPARED BY: Steven A. McGee, Administrative Adviser
SUBJECT: Update on Legal Office Activity

RECOMMENDED ACTION:

Receive the Legal Office Report.

FISCAL IMPACT:

None.

DISCUSSION:

From May 14, 2013, to August 21, 2013, the Authority issued seventeen new Accusations against existing paramedic licenses, issued nine Statement of Issues denying an unrestricted license, six letters of Administrative Fine, and three Temporary Suspension Orders. Of the newly issued actions, five of the Respondents have requested that an administrative hearing be set. There are currently no investigation cases that are waiting to be reviewed in the Authority's legal office; all open files have been acted upon and are pending legal action. The case summaries below include updates of cases reported in the last Legal Office Report, and new case activity since the last report.

ADMINISTRATIVE DISCIPLINARY ACTIVITY:**UPDATES FROM ACIVITY OF LAST REPORT:****Accusation issued November 7, 2012, EMSA Case No. 11-0094**

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Update Status: The matter settled prior to hearing for three years of probation.

Accusation issued November 30, 2012, EMSA Case No. 11-0229

Respondent reported for work intoxicated. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(9); addiction to or misuse of alcohol.

Update Status: Respondent surrendered his license.

Accusation and petition to terminate probation issued January 25, 2013, EMSA Case No. 12-0216

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Update Status: the matter settled prior to hearing with three years of probation.

Accusation issued January 25, 2013, EMSA Case No. 12-0065

Respondent performed procedures on a patient that were not within the local scope of practice or the paramedic scope of practice. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(7); failure to follow protocol, (c)(10); functioning outside of medical control.

Update Status: Respondent requested a hearing, hearing set for September 5, 2013.

Accusation issued January 28, 2013, EMSA Case No. 12-0061

Respondent and his paramedic partner failed to assess and provided no treatment to an elderly patient with Alzheimer's and congestive heart failure who had been lying on the floor for several days refusing to move. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(2); gross negligence, (c)(7); failure to follow local protocol, (c)(10); functioning outside of medical control.

Update Status: A hearing was held on August 6, 2013; awaiting ALJ proposed decision.

Accusation issued January 28, 2013, EMSA Case No. 12-0062

Respondent and his paramedic partner failed to assess and provided no treatment to an elderly patient with Alzheimer's and congestive heart failure who had been lying on the floor for several days refusing to move. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(2); gross negligence, (c)(7); failure to follow local protocol, (c)(10); functioning outside of medical control.

Update Status: A hearing was held on August 6, 2013; awaiting ALJ proposed decision.

Statement Of Issues issued January 30, 2013, EMSA Case No. 12-0169

Respondent was convicted of two DUI's within five years of his license application. Respondent was denied a license and appealed. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Update Status: Respondent requested a hearing; hearing set for September 18, 2013.

Accusation issued January 31, 2013, EMSA Case No. 12-0040

Respondent was convicted of felony possession of methamphetamine. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, (c)(8), violation of state and federal drug laws.

Update Status: Respondent requested a hearing, hearing set for September 1, 2013.

Accusation issued February 11, 2013, EMSA Case No. 11-0218

Respondent was twice convicted within two years for DUI. Additionally, Respondent failed to disclose the first DUI on his license renewal application. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(1); fraud in the procurement of a license; (c)(5);

fraudulent, dishonest or corrupt act; (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Update Status: Respondent requested a hearing, hearing set for October 8, 2013.

Accusation issued February 27, 2013, EMSA Case No. 12-0129

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent requested a hearing, hearing set for October 21, 2013.

Accusation issued March 4, 2013, EMSA Case No. 11-0226

Respondent was convicted of possessing a controlled substance. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, (c)(8), violating state of federal drug laws; and (c)(9); addiction to or misuse of dangerous drugs.

Update Status: Respondent requested a hearing, hearing set for October 2, 2013.

Accusation issued March 14, 2013, EMSA Case No. 12-0114

Respondent failed to properly administer treatment to a patient and dissuaded the patient from being transported to the hospital. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(2); gross negligence, (c)(7); failure to follow protocol, (c)(10); functioning outside of medical control.

Update Status: Respondent requested a hearing; hearing set for September 23, 2013.

Accusation issued April 19, 2013, EMSA Case No. 12-0207

Respondent was convicted of taking a boat without the owner's permission. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(5); fraudulent, dishonest or corrupt act, and (c)(6); conviction of a crime substantially related to the duties and functions of a licensee.

Update Status: Respondent never responded to the Accusation; license revocation by default decision.

NEW ADMINISTRATIVE DISCIPLINARY ACTIVITY:

Statement Of Issues issued May 23, EMSA Case No. 13-0035

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued May 23, 2013, EMSA Case No. 12-0174

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent never responded to the Accusation, license revocation by default.

Accusation issued May 23, 2013, EMSA Case No. 12-0224

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent never responded to the Accusation, license revocation by default.

Statement Of Issues issued May 24, EMSA Case No. 13-0083

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued May 24, 2013, EMSA Case No. 12-0221

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent never responded to the Accusation, license revocation by default.

Administrative Fine issued May 24, 2013, EMSA Case No. 12-0260

Respondent failed to properly document that treatment provided on a patient care report. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(10); functioning outside of medical control.

Status: Respondent never responded to the notice, fine levied by default.

Administrative Fine issued May 24, 2013, EMSA Case No. 12-0340

Respondent failed to properly administer a medication to a patient. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(10); functioning outside of medical control.

Status: Respondent never responded to the notice, fine levied by default.

Accusation issued May 29, 2013, EMSA Case No. 12-0201

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent never responded to the Accusation, license revocation by default.

Statement Of Issues issued May 29, EMSA Case No. 13-0119

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued May 30, 2013, EMSA Case No. 12-0151

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Statement Of Issues issued May 30, EMSA Case No. 12-0396

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued June 3, 2013, EMSA Case No. 13-0011

Respondent dropped a patient on a gurney. Subsequent to a drug test, Respondent was found to have marijuana metabolites in his system. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(8), violating state of federal drug laws; and (c)(9); addiction to or misuse of dangerous drugs.

Status: The case was settled prior to hearing for three years of probation and attendance in a drug treatment program.

Accusation issued June 6, 2013, EMSA Case No. 12-0177

Respondent was convicted of DUI. Respondent failed to disclose the DUI on his license renewal application for several renewal cycles. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(1); fraud in the procurement of a license; (c)(5); fraudulent, dishonest or corrupt act; (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent requested a hearing, hearing set for November 4, 2013.

Accusation issued June 6, 2013, EMSA Case No. 13-0153

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent requested a hearing; hearing set for November 4, 2013.

Administrative Fine issued June 14, 2013, EMSA Case No. 12-0219

Respondent falsified the treatment provided on a patient care report. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(5); fraudulent, dishonest or corrupt act.

Status: Respondent never responded to the notice, fine levied by default.

Accusation issued June 24, 2013, EMSA Case No. 12-0103

Respondent failed to properly assess and administer treatment to multiple patients. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(3); repeated negligent acts, (c)(7); failure to follow protocol, (c)(10); functioning outside of medical control.

Status: Respondent requested a hearing; waiting for hearing date from OAH.

Statement Of Issues issued June 24, EMSA Case No. 13-0179

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Temporary Suspension Order issued July 2, 2013, Accusation Issued, July 2, 2013, EMSA Case No. 13-0076

Respondent stole morphine from his employer and self-administered it while on duty. He also concealed his use by replacing the used morphine with saline and placing the vials back into use. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(5); fraudulent, dishonest or corrupt act; (c)(8), violating state of federal drug laws; and (c)(9); addiction to or misuse of dangerous drugs.

Status: Respondent never responded to the Accusation; license revocation by default.

Statement Of Issues issued July 8, EMSA Case No. 13-0130

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued July 12, 2013, EMSA Case No. 12-0405

Respondent used stolen prescription pads to obtain medications illegally. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(5); corrupt or dishonest act; (c)(8), violating state of federal drug laws; and (c)(9); addiction to or misuse of dangerous drugs.

Status: Respondent never responded to the accusation; license revocation by default decision.

Administrative Fine issued July 12, 2013, EMSA Case No. 12-0381

Respondent self-administered an anti-nausea medication while on duty. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(10); functioning outside of medical control.

Status: Respondent has not yet responded to the notice.

Administrative Fine issued July 12, 2013, EMSA Case No. 12-0382

Respondent self-administered an anti-nausea medication while on duty. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(10); functioning outside of medical control.

Status: Respondent paid the fine and the matter is closed.

Accusation issued July 15, 2012, EMSA Case No. 12-0287

Respondent reported for work intoxicated. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(9); addiction to or misuse of dangerous drugs.

Status: Respondent never responded to the accusation; license revocation by default decision.

Accusation issued July 15, 2013, EMSA Case No. 12-0254

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Accusation issued July 15, 2013, EMSA Case No. 12-0131

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Accusation issued July 15, 2013, EMSA Case No. 11-0367

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Statement Of Issues issued July 15, EMSA Case No. 13-0135

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Statement Of Issues issued July 15, EMSA Case No. 13-0030

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Temporary Suspension Order issued July 23, 2013, Accusation Issued, July 23, 2013, EMSA Case No. 13-0245

Respondent stole morphine from his employer and self-administered it while on duty. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(5);fraudulent, dishonest or corrupt act; (c)(8), violating state of federal drug laws; and (c)(9); addiction to or misuse of dangerous drugs.

Status: Respondent has requested a hearing; hearing set for August 27, 2013.

Statement Of Issues issued July 25, EMSA Case No. 12-0389

Respondent was convicted of DUI. License denial pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: The matter was settled prior to hearing with the issuance of a provisional license and three years of license probation.

Accusation issued July 25, 2013, EMSA Case No. 12-0356

Respondent failed to properly assess and administer treatment to multiple patients.

Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(3); repeated negligent acts, (c)(7); failure to follow protocol, (c)(10); functioning outside of medical control.

Status: Respondent requested a hearing; waiting for hearing date from OAH.

Accusation issued August 12, 2013, EMSA Case No. 13-0360

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Accusation issued August 12, 2013, EMSA Case No. 13-0005

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Respondent settled the matter prior to hearing with three years of probation and random alcohol testing.

Accusation issued August 12, 2013, EMSA Case No. 13-0065

Respondent was convicted of DUI. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(6); conviction of a crime substantially related to the duties and functions of a licensee, and (c)(9); addiction to or misuse of alcohol.

Status: Newly issued accusation, Respondent has not yet responded.

Administrative Fine issued August 12, 2013, EMSA Case No. 13-0232

Respondent performed ALS procedures while not authorized and outside of local medical control. Disciplinary action pursuant to Health and Safety Code Section 1798.200(c)(10); functioning outside of medical control.

Status: Respondent has not yet responded to the notice.

Temporary Suspension Order issued August 13, 2013, Accusation Issued, August 13, 2013, EMSA Case No. 12-0167

Respondent was found to have committed a sexually based offense by being in possession of child pornography. Disciplinary action pursuant to Health and Safety Code Section 1798.200 (c)(12)(C); unprofessional conduct for commission of a PC 290 related offense.

Status: Newly issued accusation; Respondent has not yet responded.

LITIGATION:

Crown Plaza LAX Hotel v. EMSA, Sacramento County Case #34-2012-00137071.

This case is a contract dispute between the Authority and the Crowne Plaza Hotel over the cancellation of the EMS for Children Conference. This matter was settled prior to hearing by stipulated settlement agreement.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Farid Nasr, MD
Specialty Care Systems

SUBJECT: STEMI and Stroke Regulations

RECOMMENDED ACTION

Receive information regarding Stroke and STEMI Regulations development.

FISCAL IMPACT

None.

DISCUSSION

The EMS Authority is continuing work on the development of STEMI and Stroke Systems regulations.

STEMI & Stroke Regulations:

The EMS Authority has convened a small workgroup of stakeholders to specifically address concerns noted during the pre-public comment period related to data requirements in the draft Stroke and STEMI regulations. The workgroup will evaluate potential language changes to the data section of the draft regulations to ensure we are meeting the system needs locally and at the state level. Once a redraft of the regulations is completed, another pre-public comment period will take place to gain input on revisions made.

The Commission will be kept informed on the progress of these regulation packages.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Bonnie Sinz, RN, BS
EMS Systems Division

SUBJECT: Statewide Trauma System Planning

RECOMMENDED ACTION

Receive information regarding the Statewide Trauma System.

FISCAL IMPACT

None.

DISCUSSION**State Trauma Advisory Committee (STAC):**

The STAC is scheduling more frequent conference calls with quarterly face-to-face meetings. Since the last Commission meeting, STAC had a conference call in August and plans for a face-to-face meeting in October. Multimedia options are made available for members who are unable to travel. The STAC has been working with the American College of Surgeons (ACS) on developing a California version of the national Trauma QI Program (TQIP) with supporting data programming. Statewide participation in TQIP is being encouraged for each designated Level I and Level II (including pediatric) Trauma Center. Currently there are nineteen (19) California Trauma Centers participating in TQIP representing ten (10) local EMS agencies (LEMSA.) ACS is currently developing a process to include Level III Trauma Centers. This project is in response to State Performance Improvement Objectives found in the DRAFT State Trauma Plan.

The STAC Project Subcommittee has finalized Trauma Center and Trauma System assessment tools with review by each RTCC and scheduled for approval in August and October. The next documents under development address interfacility transfer and emergency department re-triage. The subcommittee holds frequent conference calls and membership includes a Trauma System Coordinator and Trauma Center Program Coordinator from each Regional Trauma Coordinating Committee (RTCC.)

State Trauma Plan

The EMS Authority management staff has received the final DRAFT of the State Trauma Plan. Proposed edits will be brought to the STAC for discussion and recommendations as appropriate. Pre-public and public comment periods will begin upon final edits by the EMS Authority.

Local Trauma Plan Review

The EMS Authority has been working with LEMSAs to ensure a current Trauma System Status Report is on file. Trauma Plan submission is required if significant changes have occurred in the system.

San Joaquin General Hospital in French Camp was designated as a Level III Trauma Center on August 1, 2013.

The current number of Trauma Centers in California is now 75. The EMS Authority website has a listing of all California Trauma Centers at www.emsa.ca.gov.

Regional Trauma Coordinating Committees (RTCC)

The RTCCs continue to schedule their own conference calls and face-to-face meetings with participation by EMS Authority staff when available. Subcommittees are formed with special projects as determined by the membership. Upcoming full day constituent meetings:

North RTCC	September 9, 2013	Redding, CA
South East RTCC	September 26, 2013	Loma Linda, CA

Trauma Summit V

The fifth Trauma Summit is currently being planned for February 2014. The Commission will be kept informed as summit preparations are finalized.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

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

SUBJECT: EMS Systems Regulation Development

RECOMMENDED ACTION:

Receive information regarding the process for EMS Systems Regulations development.

FISCAL IMPACT:

None.

DISCUSSION:

The EMS Authority is developing a set of draft EMS systems regulations using a small work group of subject matter experts on California's EMS system. The group is meeting approximately monthly. The last meeting was just held in San Diego on June 18, 2013.

The group continues to make progress on very complex issues in a positive and collaborative environment in the development of these draft regulations. Once these draft regulations are completed, the EMS Authority will convene the Chapter 13 Task Force to provide input to the draft regulations.

The Commission will be kept informed on our progress with these draft regulations.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: M.D. Smith
Supervising Special Investigator
Paramedic Enforcement Unit

SUBJECT: Update on Enforcement Activities

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None.

DISCUSSION:**Unit Staffing:**

As of August 19, 2013, the Enforcement Unit has 6 full-time Special Investigators assigned, one of which is assigned as the EMT-2010 Project Coordinator and also carries a case load of paramedic investigations, and 1 Retired Annuitant Special Investigator.

Investigative Workload:

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

Cases opened since January 1, 2013, including:

Cases opened:	288
Cases completed and/or closed:	284
Paramedics on Probation:	300

In 2012:

Cases opened:	402
Cases completed and/or closed:	369
Paramedics on Probation:	292

Status of Current Cases:

The Enforcement Unit currently has 144 cases in “open” status.

As of August 19, 2013, there are 60 cases that have been in “open” status for 180 days or longer; 6 are Fire Fighters’ Bill of Rights (FFBOR) cases and 16 are drug or alcohol related cases where the EMS Authority is waiting on evaluations from physician who specialize in addition medicine. .

Those 60 cases are divided among 5 Special Investigators are in various stages of the investigative process, (i.e. 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.]

**STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, JUNE 19, 2013
RED LION HOTEL WOODLAKE
SACRAMENTO, CA
(916) 922-2020**

MINUTES

COMMISSIONERS PRESENT:

Linda Broyles, Dan Burch, Jaison Chand, Steven Drowniany, Aaron Hamilton, Mark Hartwig, Richard Johnson, MD, Kristi L. Koenig, MD, Alexis Lieser, MD, Daniel Margulies, MD, David Rose, Jane Smith, Kathleen Stevenson, Lew Stone, Dave Teter

COMMISSIONERS ABSENT:

Eric Rudnick, MD, Joy P. Stovell,

EMS AUTHORITY STAFF PRESENT:

Reba Anderson, Howard Backer, MD, Teri Harness, Jennifer Lim, Annie Luyen, Steve McGee, Tom McGinnis, Kristi McMahan, Hailey Pate, Robin R Robinson, Lisa Schoenthal, Daniel R. Smiley, Sean Trask, Adam Willoughby, Lisa Witchey

AUDIENCE PRESENT:

Grey Reynar, Los Angeles Fire Dept.
David Austin, American Medical Response
Leigh Overton, San Bernardino County FD
Helen Pierson, Medic Ambulance Service
Mike Giannini, Marin County Fire – Cal Chiefs
Matt Powers, North County Fire Authority
Leslie Parham, SB Co Fire Department
Joe Powell, Rialto Fire
Rosie Romero, LA County Association
Kara Davis, RN, Nor Cal EMS
June Iljana, CAA
Joshua Stapleton, Rancho Cucamonga FD
Robert Bruce, Metro Fire
Kim Rodenick, Palo Alto Fire
Ray Ramirez, Ontario Fire/Cal Chiefs
Ellen Chavez, CPCS
Steve Pendergrass, Kern Co Fire Dept
BJ Bartleson, CHA
Sandy Carnes, Rancho Cucamonga FD
Brian Hartley, Bound Tree Medical
Barbie Law, Metro Fire
Andrew Fenton, MD, California ACEP

AUDIENCE PRESENT (continued)

Lani Maxera, Coalition for Compassionate Care of CA
Judy Citko, Coalition for Compassionate Care of CA
Mark Apfel, MD, Coalition for Compassionate Care of CA
Belinda Schafer, Butte County
Michael Smith, Butte College

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Vice Chairperson Jane Smith called the meeting to order at 10:01 a.m. Fifteen out of 17 Commissioners were present. Jane Smith requested the audience stand and recite the pledge of allegiance.

2. REVIEW AND APPROVAL OF MARCH 20, 2013 MINUTES

Commissioner Mark Hartwig moved to approve the March 20, 2013 **Action: Moved (Hartwig). Second (Aaron F. Hamilton). Motion was passed. Minutes were approved.**

Vice Chairperson Smith announced and welcomed several new Commissioners. She also acknowledged that Matt Powers had left the Commission. She thanked him for his worthwhile contributions.

Each new Commissioner stood, introduced themselves and gave a short bio:

Linda Broyles replaces Matt Powers as the ENA representative. She is from San Diego and has been a nurse for 36 years. She has also been a member of the Emergency Nurses Association (ENA) for many years. She is employed by the Regional Cooperative Care Program, which is a partnership between AMR and seven fire agencies in San Diego County.

Dr. Richard (Rick) Johnson replaces Dr. David Herfindahl, representing CCLHO. He is the health officer for Inyo and Mono Counties, and also the chair of the Public Health Preparedness and Response Committee on CCLHO.

Dan Burch replaces Bruce Barton. He is the president of the EMS Administrators Association of California (EMSAAC). He has been in EMS for 30 years.

Kathleen Stevenson, a nurse for thirty years, replaces Chris Van Gorder as the representative of the California Hospital Association. She works at Children's Hospital in Los Angeles as the disaster resource center manager.

3. DIRECTOR'S REPORT

Vice Chairperson Smith acknowledged Matt Powers, who had served as Interim Commission Chairman since September 2012. Matt offered he was appreciative of his learning experiences, the ability to grow, and he welcomed all of the new Commissioners.

Dr. Howard Backer provided his report:

He also acknowledged: Robin R Robinson – EMS Commission Coordinator; Reba Anderson – who is responsible for travel and meeting logistics as well as travel reimbursement, and Mike Giannini, the new Cal Chief EMS Section President, who replaced Mark Hartwig in that role. Lastly, he recognized Jennifer Lim, the new deputy director for legislative, public affairs and communications. She replaced June Iljana who left the position in January 2013.

Dr. Backer reported that the preventive health block grant survived another year; however, there is a \$150,000 decrease in funding.

The hospital preparedness grant (which funds the disaster services division) anticipates a 5% cut in the next award period which translates to relinquishing another position or abandoning a programmatic initiative.

The emergency department wait time is a hot topic and one that Dr. Backer, Bruce Barton, and BJ Bartleson have particularly been involved in. Bruce Barton is handling the metrics. Dr. Backer is leading the legal group and BJ, with support from contractor, the Abaris Group is leading a group to collect best practices of medical centers and health systems.

The Community Paramedicine report written at UC Davis is in its final stages of editing and formatting at the Healthcare Foundation.

Dr. Backer stated he is working on steps to implement the health workforce pilot project through the Office of Statewide Health Planning and Development (OSHPD).

The amount of training hours (200) for the pilot project is an issue due to prohibitive costs and questions whether that many hours are necessary for all projects. However, that number has become the national standard and is compatible with other extended paramedic programs, including critical care.

The California Endowment has put most of its money and efforts into a project that focuses on fourteen communities, some of which include: three communities in LA, one in San Diego county, one in Orange county, Monterey, Fresno, and Oakland, with an emphasis on developing healthy communities. The Healthcare Foundation supports the

DIRECTOR'S REPORT (continued)

Community Paramedicine Health Workforce pilot project; however, they are funding other project priorities, including external evaluator.

A \$10 to \$11 million grant that funded Reno's community paramedicine project came from the federal Health and Human Services Agency.

Dr. Backer thanked the members of the Chapter 13 group for their interest and commitment and asked those who were in the audience to stand up so they could be acknowledged.

At the EMSAAC meeting (in May 2013), a legal group gave an interesting presentation where Section 201 was discussed – its problems and the barriers to the agreements between fire agencies and the county EMS agencies. Dr. Backer suggested that perhaps this information should be presented to the Commission in the future.

Dr. Backer voiced concern about discipline (or lack thereof) of non-transport cases that had poor results; i.e., patients, who were left in the field by paramedics. Some paramedics have been persuading patients not to go to the ED, which has resulted in disability or death in young, viable people. He wants the Commission to think about how to abate this situation. An institutional change in how paramedics are mentored or taught could be the remedy to these medical errors.

Regarding data and core measures, Dr. Backer stated that California has set a precedent and may be the first state to formally develop core measures. He added that EMSA is transitioning to a different database (Imagetrend) coupled with a different data partner (ICEMA).

EMSA's relationship with the Department of Public Health is progressing well. Planning for two important issues is being initiated: large scale patient movement and crisis standard of care, which, according to Dr. Backer, are interconnected. If a big earthquake occurs and multiple hospitals must be evacuated, a system of prioritization will have to occur.

Commissioner Kristi L. Koenig, MD, wants more discussion and additional data on non-transport and what prompts paramedics to not transport these cases available at the EMSA meeting in September. Dr. Backer responded that EMSA does not have this data readily available and it should be requested through the local LEMSA. There was discussion about paramedics leaving patients at the scene – it is not a new phenomenon; however awareness has been heightened. This topic has been included in the core measure document (RST-3 – Response and Transport, number 3).

DIRECTOR'S REPORT (continued)

Multiple paramedics at the scene should reduce this risk but has not prevented poor decisions in several cases. The Crew Resource Management for EMS, a document that originates from the International Association of Fire Chiefs, essentially encourages all paramedics and EMTs at the scene to communicate better with senior personnel. Better medical direction and protocols are the keys to rectifying this issue.

4. CONSENT CALENDAR

The Legislative Report (#B) will be moved from the Consent Calendar.

Jennifer Lim, the newly appointed, Deputy Director Legislative and External Affairs offered a brief report on legislation issues:

AB 11 – gives the same leave protections for volunteers, reserve peace officers and emergency rescue personnel for training

AB 58 – relates to medical experiments

AB 290 – child daycare would add one extra hour on pediatric nutrition training

AB 355 – the mobile file hospital bill

AB 633 – this bill would protect an employee (from his employer) from coming to the aid of someone in an emergency

AB 704 – the bridging of military experience for EMT classifications

AB 939 – having automated external defibrillators in schools

SB 191 – extends the Maddy funds

SB 535 – adds two Commissioners to the body from the air ambulance community

SB 669 – makes EpiPens available to lay rescuers and other people to administer

From a policy standpoint Dr. Backer stated SB669 and AB633 are quite challenging bills. There was brief discussion regarding AB633 and the potentiality of problems arising due to multi-casualty incidents and unsafe scenes.

BJ Bartleson, California Hospital Association, stated CHA is working to get hospitals exempt from AB633 due to the diverse population of people in hospitals, code teams and the various tasks associated with hospital stay.

There was a brief comment regarding how AB939 restricts personnel from applying the apparatus unless they're a designated responder. Waiting for that person to arrive usurps precious time that could be used to apply the AED to the person in need.

There was brief discussion about the perceived ramifications of an advanced EMT or paramedic obtaining prescriptions for EpiPens and then administering them while off duty, which means they would be operating outside medical control and the policies of

CONSENT CALENDAR (continued)

their LEMSA. A potential problem with providing EpiPens to lay rescuers is false-positive administrations of Epi. Vice Chairperson Smith moved to accept the Consent Calendar. **Action: Moved (Koenig). Second (Hartwig). Motion passed.**

5. EMS PERSONNEL

Community Paramedicine

Lisa Witchey, Manager of the Personnel Standards Unit provided a brief report: Work on the California Healthcare Foundation continues and their final report is eagerly anticipated by the unit. After it's received, pilot project proposals will be solicited and a single application submitted to the Office of Statewide Health Planning and Development (OSHPD) by EMSA.

POLST Form Revisions

Sean Trask, Chief, EMS Personnel Division, provided clarification regarding the Commission's role, which would be to advise the director to approve or disapprove the Physician's Order for Life Sustaining Treatment (POLST) Task Force's amendments to revise the POLST form.

The California Coalition for Compassionate Care convened a POLST Task Force, which is comprised of a Document Committee that includes a myriad of health care providers who met to review and make recommendations to revise the POLST form. The typical public comment period was abandoned because revisions to the form were vetted through the POLST Task Force and their Document Committee.

Trask introduced Dr. Fenton (president of the California American College Emergency Physicians) and Dr. Mark Apfel (family physician and palliative care physician in Mendocino County (POLST Task Force) who delivered their presentation.

Highlights include:

- POLST forms are revised periodically based on feedback from use
- New form won't go into effect until April 2014
- Changes must be substantial and significant
- The word "person" has been changed to "patient"
- The order of how treatment selections are listed has been reversed; i.e., "do not attempt resuscitation" as the first choice, then "attempt resuscitation" as the second
- Goal statements have been added to each statement; i.e., under full treatment, it states "primary goal of prolonging life by all medically effective means"
- "Limited additional measures" was changed to "selective treatment." The word "limited" could be construed as being negative

EMS PERSONNEL (continued)

- “Comfort measures only” has been changed to “comfort-focused treatment.” For example, intubation is not a comfort measure so that would not be used in this category
- In Section D, the sentence “I am aware this form is voluntary,” has been added to “...signature of patient or legal recognized decision maker” so that signees are aware the POLST form is voluntary and a signature is not required nor is a POLST form required

Commissioner Lieser stated that she liked the POLST form and that it's very helpful in the emergency department. She had a question regarding whether the old version of the form is considered valid. Answer: Yes, there is a disclaimer on the bottom of the first page (of the new form) stating this fact.

The POLST form is used in skilled nursing facilities, residential care facilities, hospitals, and outpatient settings, and it moves with the patient from setting to setting. A POLST form can be filled out by the decision maker; whereas, an advance directive can only be filled out by the patient themselves.

There was discussion that the word “burdensome” might be confusing in the pre-hospital setting. The consensus is that the word does not apply to this setting since paramedics will not make this judgment.

Ultimately, the purpose of POLST is to initiate conversation with patients about their wishes, helping them to understand their medical condition(s), and advising them of their options.

There was discussion about whether the POLST form could serve as a replica of the AMA (American Medical Association) form for transport purposes in the pre-hospital setting. There was discussion about the outcome of a patient requesting a different treatment than what is indicated on the form. Dr. Apfel stated a patient could change information on the POLST form at any time by voiding the previous form. The back of the form states “...a patient with capacity can, at any time, request alternative treatment.”

Sean Trask stated that the LEMSAs are encouraged to modify their DNR policies to be consistent with the most current POLST form. He added that DNR guidelines have yet to be revised; however, they will be presented to the Commission by March 2014, at the latest, for approval.

Vice Chair Jane Smith solicited comments from the public regarding this issue. There were none. Vice Chairman Smith suggested that the Commission accept the POLST form as presented. **Action: Moved: (Stone). Second (Rose). Motion is approved.**

6. EMS SYSTEMS

Tom McGinnis, Chief of the EMS Systems Division presented his report.

EMS System Core Measures

On May 31, the reporting period ended for local EMS agency partners to provide data on measures this year. A significant number of submissions from LEMSAs were received. As of June 19, 2013, twenty-seven LEMSAs have submitted data to the core measures project. The data is being reviewed and a report (due July 31) is being developed. This project was funded by the California Healthcare Foundation. The task group will meet again during the first week of July.

EMS Data Program

The objective of obtaining a new data vendor through a new LEMSA-EMSA partnership is ongoing.

Data currently in the CEMSIS system is not viable because of the way the data is embedded in the system. Only very basic information and basic concepts can be gleaned from it. Going forward, the NEMSIS Version 3 will determine the data dictionary in the state.

The base system for the state data program will be Imagetrend. EMSA has contracted with the Inland Counties EMS agency. Components such as provider and hospital lists are key elements needed to make sure the system runs efficiently.

Rollout sessions are being planned with the first one occurring in September. A list that details exact locations and dates will be widely distributed at the appropriate time.

Emergency Department Wall Time

The process is moving forward and subgroups are being defined with meetings to begin soon. A draft is due by December, 2013.

7. DISASTER MEDICAL SERVICES DIVISION

Lisa Schoenthal, Chief, Disaster Medical Services Division presented her report.

Disaster Medical Response Training and Exercises

Budget constraints, challenging fiscal times and creative planning resulted in Golden Guardian (August 21 – 23, 2013 at Moffett Field in Mountain View) merging the two field exercises that took place in 2012: The Medical Reserve Corps Unit in the “Hands

DISASTER MEDICAL SERVICES DIVISION (continued)

Across the Bay” exercise in Oakland and the Golden Guardian field exercise that involved a 50-bed mobile field hospital.

The mission support team will increase their capability and provide logistical coordination and support for two medical missions. One will involve the health system sponsored CAL-MATs, the second involves medical reserve corps.

There will be no community wide public ceremonies during Golden Guardian this year. Patient care is this year’s focus and theme.

Deployment procedures of the mobile medical assets program, showcasing the emergency operation center procedures, and increasing a responder’s ability to provide patient care in austere settings are also primary goals.

Partnerships with FEMA, the United States Department of Health and Human Services, the State Military Department and the California National Guard are crucial to reduce operating costs and important to increase relationships and provide networking opportunities. Additionally, all six regional disaster medical health specialist programs in the six mutual aid regions in the state are involved, along with local and county operational area partners, including public safety, public health and EMS.

March 28, 2013, the four-state tabletop exercise to test policies of volunteers who were deployed across state boundaries was held at EMSA headquarters and was attended by representatives from Nevada, Arizona and Oregon who tested the Emergency Management Assistance Compact procedures.

Mobile Field Hospitals

AB355 is being tracked and has been amended (as of 6/19/2013). The original plan was \$1.7 million to the State General Fund; this has been amended to \$1 million. This would provide for three hospitals to be strategically located throughout the state: Northern, Central and Southern California. BLU-MED Response Systems would be contractually engaged to deploy all three hospitals and begin treating patients within 72 hours.

American Medical Response has pledged \$5,000 per year for five years, which will go towards storage costs. Food Link of Sacramento is also donating storage.

Station 2 in Santa Clara County is being closed out by pertinent staff. All MFHs will be housed in Sacramento after this transition.

DISASTER MEDICAL SERVICES (continued)

There was brief discussion regarding security and safety measures for the America's Cup event in San Francisco in light of the tragic Boston bombing incident.

April 15, 2013. California Medical Assistance Teams will be available to provide standby medical assistance if/when needed. The City of San Francisco is confident they will be able to manage any medical response without needing outsourced resources. They have contracted with Kaiser Permanente to provide a field medical station.

The possibility of EMSA forming a task force to develop mass gathering planning guidelines in the future is being considered.

8. ELECTION OF OFFICERS

Commissioner Koenig nominated Commissioner Smith for Chairperson. **Action: Second (Chand). Commissioner Koenig moved to close nominations for Chairperson. Action: Second (Drewniany).** Commissioner Stone pointed out that since there is only once person nominated for Chairperson, by acclamation, a chair can be declared. A paper ballot vote is not needed. **Commissioner Rose motioned for Commissioner Smith to be elected Chairperson. Action: Second (Burch). Motion passed.** Commissioner Rose nominated Commissioner Stone for Vice Chair. **Action: Second (Drewniany). Nomination closed for Vice Chair. Motion passed.** Commissioner Koenig nominated Commissioner Lieser for the Administrative Committee. **Action: Second (Rose). Motion passed.** Commissioner Rose nominated Commissioner Chand for the second spot on the Administrative Committee. **Action: Second (Hamilton). Motion passed. Newly elected officers are: Jane Smith, Chairperson, Lew Stone, Vice Chairman, Administrative Committee Members: Alexis F. Lieser, MD, Jaison Chand.**

9. ITEMS FOR NEXT AGENDA

- Status report on ED wait times.

10. PUBLIC COMMENT

There were none.

11. ADJOURNMENT

Commissioner Stone motioned to adjourn. **Action: Second (Hartwig). The meeting adjourned at 12:16 p.m.**

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Witchey, Manager
Personnel Standards Unit

SUBJECT: Community Paramedicine

RECOMMENDED ACTION:

Receive information regarding Community Paramedicine.

FISCAL IMPACT:

None.

DISCUSSION:

The EMS Authority continues to work in partnership with the California HealthCare Foundation (CHCF) to explore the implementation of Community Paramedicine (CP), utilizing the Health Workforce Pilot Program option to test CP in California.

The CHCF has provided a short term grant to fund a CP project manager, Mr. Lou Meyer. Mr. Meyer is charged with overseeing the coordination of the pilot projects, and will be facilitating meetings with each pilot site. Additional grant proposals have been submitted to the CHCF, and will be presented to the CHCF Board of Directors in late September. The requested grants would provide funding to support the project manager for the length of the project, provide training funds to support standardized training, provide an independent project evaluator, and provide local assistance funding to support data collection.

Following the release of the policy options report, titled *Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care (July 2013)*, by the UC Davis Institute for Population Health Improvement, EMSA released the Letter of Intent, seeking pilot site proposals. On August 14th the EMS Authority held a conference call to provide additional information and address questions from interested parties. The conference call was a success, with over 70 participants and a strong show of interest and support for the pilot project concept. Areas of concern primarily involve funding and training.

The next steps for this project are to receive and review pilot site proposals, which will be submitted by September 30th. Once pilot sites have been selected, EMSA will submit an

Commission on EMS

September 18, 2013

Page 2

application for a Health Workforce Pilot Project to the Office of Statewide Health Planning and Development (OSHDP). The OSHDP review process involves various licensing boards, public meetings and a public hearing. We anticipate receiving a decision from OSHDP 4-6 months following submission of our application.

The EMS Authority will continue to keep the Commission informed on the progress of the CP pilot program.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Adam Morrill
Health Program Specialist
Personnel Standards Unit

SUBJECT: Chapter 1.5 Regulations: First Aid Standards for Public Safety Personnel

RECOMMENDED ACTION:

Receive information on potential amendments to Chapter 1.5 Regulations: First Aid Standards for Public Safety Personnel.

FISCAL IMPACT:

None.

DISCUSSION:

The EMS Authority is considering convening a small working group to explore areas of the First Aid Standards for Public Safety Personnel Regulations (Public Safety Regulations) that are outdated and in need of revision. The newly formed State Tactical Advisory Committee has also requested this chapter of regulations be updated.

The Public Safety Regulations have not been revised since the year 2000. Areas needing revision include:

1. Replace the reference to the outdated First Responder course with the current Emergency Medical Responder course and the National Education Standards. The First Responder course is listed as one option for public safety personnel to meet the first aid and CPR training requirements.
2. Add the use of epinephrine auto-injectors as an optional skill. AB 559 (Wiggins, Ch. 458, Statutes of 2001) added the use of epinephrine as a scope of practice item for all EMS personnel including public safety personnel.
3. Add the use of oxygen.
4. Add the use of tourniquets and hemostatic dressings.

5. Add a Tactical First Aid training option for law enforcement personnel.

The EMS Authority will keep the commission informed on the progress of the Public Safety Regulation revision process.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Tonya Thomas
EMSC Program Coordinator

SUBJECT: EMS for Children

RECOMMENDED ACTION:

Receive information on Emergency Medical Services for Children (EMSC) Program

FISCAL IMPACT:

None

DISCUSSION:

None

EMSC Regulations:

The draft regulations, developed by a task force consisting of EMS Authority staff, EMSC Technical Advisory Committee (TAC), and other EMS partners, were distributed for pre-public comment on two separate occasions, reviewed by the EMSC TAC chair and key representatives; and may be distributed for a third pre-public comment period due to additional proposed changes. The areas of concern by constituents were the submission of EMSC updates in the EMS plans, submission of EMSC data, and levels of facility designation.

EMSA is progressing forward with the regulation process slower than originally planned pending resolution of issues conveyed in the comments. Once a resolution has been reached, EMSA will revise the regulations, distribute for a third 45-day pre-public comment period and a 90-day public comment period. After comment periods are complete and the regulations revised, EMSA is proposing to begin the one year rulemaking process with a projected date for approval by the Commission no later than December 2014.

We will continue to keep the Commission informed on the progress of these regulations.

Annual EMSC Educational Forum

The 16th Annual EMS for Children Educational Forum “*Taking Action . . . Saving Children*” will be held on November 7, 2013, at the DoubleTree Hotel in Sacramento. Attendees will be from the prehospital and administrative field. Topics to be presented include:

- Child Abuse
- Current Street Drugs
- When to Call Comes, Baby Not Breathing
- Growth and Development
- Critical Kids in the Field
- Pain Management
- Prehospital Literature Update

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

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

SUBJECT: Emergency Department Wall Time

RECOMMENDED ACTION:

Receive information regarding the Emergency Department Wall Time issue.

FISCAL IMPACT:

None known at this time.

DISCUSSION:

The subcommittees established to continue review of the Emergency Department (ED) Wall Time issue have all held at least their first meetings. These subcommittees were established as a result of the March 2013 meeting co-hosted by the California Hospital Association (CHA) and the EMS Authority to have focused discussions on the ED wall time issue.

The 3 subcommittees are evaluating specific topics related to ED wall time to address areas related to metrics using standard nomenclature for definition of the ambulance delivery interval, legal and regulatory implications, and identification of best practices for use by hospitals, local EMS agencies and the community to improve ambulance patient offload delays.

It is anticipated that all 3 groups will have their respective information submitted to CHA and the EMS Authority by December 2013 for review.

The Commission will be kept informed on the progress of this issue.

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Teri Harness
Assistant Division Chief
EMS Systems Division

SUBJECT: Data Program and California Emergency Medical Services Information System (CEMSIS) Update

RECOMMENDED ACTION:

Receive information on CEMSIS.

FISCAL IMPACT:

None immediately. Changes to adoption of the NEMSIS Version 3 data set will have cost to the EMS Authority, local EMS agencies and providers in amounts that are not yet determined.

DISCUSSION:**OTS Grant Related:****Current 2012-13 grant activities:**

A draft list of EMS provider names and identifiers is complete for all 32 Local EMS Agencies. Sections of this list were sent to LEMSA administrators for validation on July 1, 2013. As of mid-August, only 15 of 33 LEMSAs have returned their portion of the list to EMSA.

Completion of this list is an important prerequisite for our transformation to NEMSIS 3. California needs a standardized list of organizations which provide emergency medical service.

2013-14 Grant Period:

OTS has sent the EMS Authority tentative approval of grant funding for the 2013 – 2014 federal fiscal year. The exact amount is pending the final approval and should be sent to the EMS Authority in the near future.

CEMSIS Transformation Rollout:

The EMS Authority will be hosting 5 educational sessions to discuss the various changes to CEMSIS that have been taking place in recent months. These sessions will include information related to changes in the software vendor and transition process to move to NEMSIS Version 3.

The sessions will be held as follows:

September 5th in San Francisco

September 9th in Rancho Cordova (Sacramento area)

September 11th in San Diego

September 26th in Santa Fe Springs (Los Angeles area)

September 30th in Bakersfield

Registration and attendance information is available on the EMS Authority website at www.emsa.ca.gov.

Statewide Data Dictionary:

The EMS Authority is continuing in the preparation to adopt NEMSIS Version 3 as our data dictionary for EMS in California. In the coming months, we will begin working with a data group of constituents to evaluate the options we have in making NEMSIS Version 3 consistent with EMS practice in California. This process will in part go over things such as prehospital scope of practice, medications and procedures.

The anticipated timeline for use of the NEMSIS Version 3 data set is as follows: Submission of NEMSIS Version 3 data by the local EMS agencies to the EMS Authority will begin on January 1, 2014. Data in the NEMSIS Version 2.2.1 format will be accepted through December 31, 2014. On January 1, 2015, all data submitted to CEMSIS will need to be in the NEMSIS Version 3 format.

The EMS Authority continues to evaluate the long term considerations with software and storage for our State data.

The Commission will be kept informed on our progress with the statewide data program.

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Adam Davis
Staff Services Analyst
EMS Systems Division

SUBJECT: California EMS Systems Core Measures

RECOMMENDED ACTION:

Evaluate information regarding EMS Core Measures and plan for future information collection.

FISCAL IMPACT:

There will be some expense to the EMS Authority and local EMS agencies and service providers as they work to implement a system to properly capture the data required to report and implement Core Measures. Specific costs have not been determined.

SUMMARY OF CORE MEASURE PROJECT:

EMSA met all requirements of the CHCF grant and submitted the final report narrative to meet the July 31st, 2013 deadline. A dedicated webpage (http://www.emsa.ca.gov/systems/Core_Measures.asp) on EMSAs website now highlights the core measures project which includes the project history, objectives, and results. The Project results include reports on the reporting capability of LEMSAs and CEMSIS as well as the information reported for each of the clinical measures.

DATA REPORTING:

26 of 32 LEMSAs participated in the core measures project by submitting at least one measure for any year between 2009 and 2012. Two reports were published regarding data reporting capabilities and the information that was reported. Both reports can be found at:

<http://www.emsa.ca.gov/systems/files/CMReportPart2.pdf>

<http://www.emsa.ca.gov/systems/files/CMReportPart3.pdf>

DISCUSSION:

The task force is planning to meet August 14th to discuss the results of the retrospective information reported to EMSA, review of the published reports, discuss the role of the task force moving forward, as well as discuss Core Measures for 2014. Future monthly meetings will be held to further refine each of the measures to yield a higher level of confidence in the information as well as a higher level of LEMSA participation.

With the shift from NEMSIS Version 2.2.1 to the NEMSIS Version 3 data dictionary, it has been determined that two Core Measures books will be developed for 2014, one for each dictionary. The EMS Authority will be accepting data in the NEMSIS Version 3 format on January 1, 2014; with full implementation to take place on January 1, 2015. Having two Core Measures books that show the specific data elements for each data dictionary version allow systems in the process of changing data dictionaries to continue submitting core measure information as they work through their change to NEMSIS Version 3 by January 1, 2015.

COMMISSION ON EMERGENCY MEDICAL SERVICES

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Schoenthal, Division Chief
Disaster Medical Services Division

SUBJECT: The Golden Guardian 2013 Disaster Medical Response Training
and Exercise

RECOMMENDED ACTION:

Receive updated information on the Disaster Medical Response Training and Exercise conducted as part of Golden Guardian (GG) 2013.

FISCAL IMPACT:

The cost of this exercise is \$490,000. in federal grant funds.

DISCUSSION:

In collaboration with multiple partners, EMSA conducted a training and full-scale field exercise on August 21st to August 23rd, 2013 at Moffett Federal Airfield in Santa Clara County. More than 250 people participated including medical professionals, students and trained disaster responders from over thirty partner agencies.

EMSA conducted the full-scale earthquake medical response exercise as part of the Governor's Office of Emergency Services' annual Golden Guardian readiness exercise. The exercise was federally-funded and is an integral part of EMSA's grant-supported preparedness activities. This year's purpose was to validate the Northern California Bay Area Catastrophic Earthquake Plan.

Ambulance Strike Teams transported the patients to one of two medical Alternate Care Sites in cooperation with disaster response teams from Stanford, SCRIPPS, and Tenet Health Systems as well as Disaster Healthcare Volunteers and Medical Reserve Corps personnel.

The three days of activities included the mobilization, deployment, training and exercising of the following response assets:

- Specialized California Medical Assistance Teams comprised of medical and administrative disaster responders from Stanford, SCRIPPS and Tenet Health Systems delivering patient care in an Alternate Care Site (ACS).
- Disaster Healthcare Volunteers and Medical Reserve Corps personnel delivering patient care in a second ACS.
- A Mission Support Team.
- Two (2) Ambulance Strike Teams (ASTs).
- A California National Guard C130 aircraft.
- California National Guard medical teams.

Volunteers from Santa Clara County along with nursing and EMT students from Sacramento State's College of Continuing Education served as the volunteer patients with fake, but realistic, injuries created using makeup. The patients were thoroughly briefed on the nature of their injuries to effectively play their part.

The point of the exercise was to practice integration of state disaster medical resources and evaluate how the different organizations and resources coordinate to provide medical response to save lives and minimize suffering. Exercise leaders were also able to evaluate patient transport and the continuum of care and identify improvements that can be made to existing response plans or training concepts.

The agencies and organizations participating in the exercise included the following:

- Santa Clara County Emergency Medical Services Agency
- Santa Clara County Fire Department
- Santa Clara Fire Department
- Santa Clara County Medical Volunteers for Disaster Response
- Santa Clara County Ambulance - Rural Metro
- Sunnyvale Department of Public Safety
- Mountain View Fire Department
- Palo Alto Fire Department
- Marin County Medical Reserve Corps
- Alameda County Ambulance - Paramedics Plus
- Fremont Medical Reserve Corps
- Stanford Health System
- Tenet Health System
- SCRIPPS Health System
- California Department of Public Health
- Sacramento State University
- California National Guard, 129th Rescue Wing
- Verizon Wireless

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: September 18, 2013

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Schoenthal, Division Chief
Disaster Medical Services Division

SUBJECT: The Hospital Incident Command System (HICS) 2013 Revision

RECOMMENDED ACTION:

Receive updated information on the current status of the HICS 2013 Revision.

FISCAL IMPACT:

The cost of the HICS 2013 revision is \$200,000. in federal funds.

DISCUSSION:

EMSA is nearing the conclusion of the HICS 2013 revision project. The Hospital Incident Command System, (HICS), is an incident management system based upon Incident Command System principles. It was developed in the late 1980's with the cooperation of several partnering agencies, and was originally titled the Hospital Emergency Incident Command System, (HEICS). EMSA dropped the "E" from the system with the last revision in 2006 as incident command system principles are not only applied to emergent situations.

In order to support the ongoing review and revision of HICS, EMSA has partnered with the United States Department of Veterans' Health Administration (the VA) who has contractually agreed to provide funds for the revision of HICS every three years. Launched with a "HICS National Summit" in October of 2011, EMSA brought together partners comprised of HICS users, regulators and vendors from across the nation who shared lessons learned and provide input on needed revisions.

An 80 member Secondary Review Group of national stakeholders provided over 2000 comments and suggestions on draft HICS revision materials. In addition, the California Police Chiefs' Association and the California Association of Tactical Officers provided input on the new Incident Planning and Response Guide for "Active Shooter" incidents.

EMSA conducted a two-day meeting at the end of August with the Work Group to review final materials. Consistency with the California Public Health and Medical Emergency Operations Manual (EOM) 2011 and the California Public Health and Medical EF 8: Public Health and Medical Annex of the State Emergency Plan (SEP) 2012 is also being reviewed.

HICS has seen increased use in hospitals across the nation and around the world. It has been adopted by the Department of Defense for military brick and mortar hospitals worldwide, and is used in countries around the globe.

EMSA expects the HICS 2013 Guidebook and Toolkit to be released for public domain before December 2013.