

## MINUTES

### Joint EMSAAC/EMDAAC Session

#### Dr. Cesar's Report

Golden Guardian. This is the first time exercising the patient evacuation component of (our) plan in 25 years. We will exercise patient evacuation with real patients, tracking, receiving, etc., all on Moffitt Field. We will also exercise the SNS.

25<sup>th</sup> Anniversary event in Sacramento. Randy Mantooth was there. An EMS survivor from an electrocution was also there who went on to compete in the Olympics. Next 25 years is the growth and maturation phase, moving to the highest quality care in the field. There are clear challenges from the EMSA perspective.

Trauma Plan. Not quite final, very far along, however. Working on details with the Governor's office. No final release date yet. Update at Commission later this month. Funding, regionalization are general themes.

Poison Control System. 1.3 million dollar budget shortfall. EMSA has done an evaluation and is proposing a budget augmentation.

Regions. We are working with Regional LEMSAs and pursuing budget augmentation for their funding. We need data from regions ASAP.

ESAR-VHP Originally a HRSA objective. The problem is volunteers show up and nobody knows anything about them. There is no process for hospitals to bypass (suspend) credentialing in a disaster. ESAR-VHP attempts to do this by advance registration. An ESAR-VHP travel order means that you are covered by the State for Worker's Comp and limited malpractice. Reimbursement doesn't exist, it is still voluntary. Goal is tiered response so that everyone in the state who might want to help in a disaster, can. There are 28 Medical Reserve Corps in our State. We are reaching out to them with training, structure, background info, etc., so that those that want to deploy can, and those that want to remain local, can.

DMAT Teams. Continue to support (25K) per year. EMSA doesn't control them, but we want to remain connected to them.

Cal-Mat Teams. Three have already been approved by the legislature. We are initiating individual recruitments.

We have asked for two mobile field hospitals. Legislature has already given support to three 200-bed full service acute care hospitals. These are significant assets. We will need staff to run them.

There are approximately 110,000 MDs licensed in the State, 300,000 nurses licensed in the State, plus pharmacists, RTs, PAs, etc. Hopefully we can tap into this to meet staff needs. This is how ESAR-VHP is the third part of tier

But we will need to keep our current workforce healthy, and stretch as far as possible:

A. We've budgeted for 100 million N95 masks, 3 masks per worker for six months. We've also budgeted 1.6 million dollars for first responder PPE protection, mainly private sector. It must be spent by the end of June. Focus is on respiratory, head and body protection. Review your needs and get the information to us.

B. To stretch the workforce, we are looking at regulatory flexibility, pulling people from medical and nursing schools, establishing minimum licensing requirements and/or flexible licensing, bringing people from outside the state or even the country, review current hospital licensing regulations, etc. Hospital regulations haven't been updated in over 30 years.

#### Questions

How does EMTAALA work in a disaster setting?

It's terrible on a good day and worse under a disaster. No waiver exists until there's an actual declaration of a disaster. Then there is only a 72 hour waiver of EMTAALA. We need to work with the feds to fix this. It's unclear as to which level declaration must be made (local, state, federal). It's presumed to be local, but not known.

CAL-MATS: Can the Governor send these resources to other States?

It's the call of the Governor but EMSA will try to protect California and keep them here, sending D-MATs instead, but there's no guarantee.

Is the EMTAALA waiver automatic?

Hospitals do not need to apply for the waiver but they probably need to wait for the Governor's declaration. But how does this actually play out? Do you lock down the facility? Tell people to leave? What about security, etc.? There are so many unanswered questions.

What about rural and suburban areas? There is still a substantial threat and we are looking at going outside the system. The order for 100 million N95s for example, will push current backorders even further back. How is this consistent with the Governor's commitment to protecting all 37 million lives in California?

Not all players involved in the planning are as familiar with SEMS/NIMS as EMSA. We are working with them to bring them up to speed so that we can follow existing processes. With things such as masks, do we stockpile or distribute? Centralize?

Regionalize? Centralize in Sacramento? Vendor Managed Inventory will be pursued as a viable strategy.

Efforts at the JAC (Joint Advisory Committee) seem to be directed at hospitals and clinics. There doesn't seem to be a statewide plan, and what is the planning for EMS? Who's carrying the ball?

HRSA Assessment on benchmarks and pan flu model has resulted in the budget augmentation, with a focus on hospitals because that's the first and largest vulnerability. The "hospital position" is that the community must care for people outside the hospitals. This means Alternative Care Sites. These require personnel and equipment and that is what EMSA is focusing on. We believe we have enough equipment to staff 98 alternative care sites. Altered standards of care need to be factored into your plans.

EMSA is trying to do as much all hazards as possible. We believe our prehospital surge with ambulance and personnel (HRSA benchmarks) is pretty good. In the DHS pan flu plan, where can we find medically trained people? They are looking at all possibilities, including EMTs. California Service Corps is another part of the tiered response for people who want to volunteer, and no credentialing is required.

Will there be more state drills?

EMSA has stepped up to disaster, but what about DHS and getting the hospitals to come along? Governor is driving all the disaster preparation emphasis. To get more hospitals and DHS involved, we are working with DHS and PH officer. We are very engaged together; the current proposal tries to recognize multiple concerns. Hospitals are nearly maxed at preparedness. They don't see it as a moneymaker. One solution is to put a disaster coordinator in each hospital, and support with ICS, equipment, planning, etc. There's a proposal to hire 164 people for two years to help each hospital get ready. They need to get to the next level of preparedness, but lack of resources, personnel and motivation exists.

2554?

Still don't have an official position. Governor said that 2554 is not moving toward patient safety, not the direction the Governor wishes to go. This bill weakens medical direction and control. There are some solutions and the task force continues to work on this problem. EMSAs ability to take a position on a bill is cumbersome. We have to do an analysis, send it up the chain for review, etc. So we didn't get an approved position until about the last month. So until we have an approved position, we have no position. I can only say what direction we might be leaning. There are rules, but I believe the Governor is interested in this bill. Medicine needs to step up to the plate on this bill. This is a direct hit to medical control. Groups and counties need to be on track with opposing this bill. Medical control is check and balance and that is why we need to preserve it.

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Special Guest Speaker: Selinda Shontz

Director of State Health Alliance for Heart and Stroke Center

We are seeking someone from the rural area who can participate in the Health Alliance, part of the Governor's task force on Heart Disease and Stroke. Need to develop a plan. Need a cardiac workgroup and a stroke workgroup. Draft of the plan will soon be available for public comment. EMSAAC/EMDAC should be represented on the workgroup for developing this plan. Currently there is no EMS representation on the task force.

End Joint Session

10:07

Convene

### **Welcome & Introductions**

Approve the Agenda

Move the Commission Meeting item up as Chuck may have to leave.

M-Baucom, S-Boswell **Carried**

Minutes of last meeting

Move to approve.

M-Inch, S-Julihn **Carried**

New members – none

Thank you from Carol for everyone who attended the conference.

And thanks to Carol and her team for all of their hard work. It was one of the best conferences we've had.

### **Consent Agenda:**

(no committee reports)

Budget

CAA

Move to adopt consent agenda.

M-Inch, S-Pletz **Carried**

### **Commission Report**

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Agenda is not out yet. There are no regs. A few items such as Trauma Plan description, EMT-II update, EMSA Fees, interoperability update. Next Commission will be June 28, 2006, in Sacramento.

Discussion about the Trauma Committee and Trauma Plan, etc., will be a regular meeting item.

### **EMSA Follow-up Questions**

PPE Equipment from the State

100 million N95. Issues of storage space and pressures on suppliers.

CCLHO, CHAC and EMSAAC need to push for guidelines at the State level.

There is a lot of work already happening (no ET intubation, no aerosolized procedures in the ambulance, etc.)

Austere care, ventilator triage, home care, etc. are all huge issues which need to be addressed.

Motion to pursue funding for a consultant to work closely with EMSA and EMSAAC to address the issues of austere care, etc.

M-Inch, S-Karsteadt

Perhaps using the Vision model to manage the fiscal components will work; the money is there. Pursue through CCLHO and DHS and placing the consultant in EMSA.

**Carried**

### **Special Presentation**

Bob Erikson, Immediate Past President of Kiwanis

Fellowship in pediatrics to Dr. Brown at Loma Linda; deliver pediatric training available to locals. Locals can pick the topics. SSV utilized this during EMS Week. Free!

Brochure handed out. Dr. Brown will provide training anywhere we want in the Cal-Nev-Ha district. Contact Bob at 909.797.7165.

**California Disaster Medical Network**      Doug Buchanan

Handouts

Medical Resource Status is being built by E-team (2 screen shots); get a regional and statewide view of what would be available in the event of emergency. Medical Transportation screenshot – this is just for example. MHOACS would have to enter this data during an event. The data and/or layout could be added to the ReddiNet Screen. A

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lot of discussion about what the fields mean, how this would be used etc. Nancy, Carol and Kent will work with Jeff and Doug on this.

Plan to use this system as part of the Statewide Medical Exercise that will be operative in support of the Golden Guardian. There will be affected counties and unaffected counties. Really push for a true statewide hospital exercise. JACHO is on board with this and certificates will be awarded. 5:30 AM 11/15/06 is the quake. Communications, Command and Control, allocation of scarce resources from the RHEOC will be the principle exercise objectives. Next year may be GG earthquake in So Cal so we will exercise what we learn.

## **Old Business**

### 2006/07 Planning Meeting

Really want as many people as possible to attend, it has involved lots of collaboration, etc. What is the product we want? Need better collaboration between systems (counties and regions). Send comments to Carol Meyer.

### Election Results

Secretary:	Michael Petrie
Treasurer:	Art Lathrop (landslide victory)
President-Elect:	Michael Frenn and Bruce Lee in a dead heat

President Fisher tossed a coin, read by President-Elect Meyer. The result:

Bruce Lee is the next President-Elect! Congratulations, Bruce! (whew!)

### Legislation

SB1350. Came out of Senate with a 33 to 5 vote supporting, including a substantial bipartisan element. This is really huge for the Senate, which has always opposed trauma funding in the past. It's on the way to Assy. Health. CMA, ACEP, ENA, Cal Chiefs, Trauma Nurses, and other major medical groups' support. CHA wants three sets of amendments: connect back to surge; regional coordinators are to be state employees; removal of the financial aspect at this time in the bill, keeping those decisions until later. Romero's office would like to have a meeting(s) with those desiring amendments. Dollars are up to 15 million on the Assy. Side and will have to go to the Senate side for concurrence. Legislature doesn't want to fund year by year, but wants a state system worthy of permanent funding.

Several issues were raised resulting in robust discussion:

On the matter of use of the term oversight (1797.1991), Dan Smiley offered that oversight comes from, or follows, the development of regulation. Carol Meyer made a motion that EMSA should be the lead Agency responsible for the trauma care system. This motion was subsequently withdrawn and substituted with direction to the Legislation Committee to discuss the language with Senator Romero's office. Larry Karsteadt offered that ultimately there needs to be coordination of state, regional and local plans.

On the matter of 1797.1991(a) "...governed by a Board of Directors..." the Leg Committee was directed to discuss and perhaps pursue a "Regional Trauma Board".

There was clear preference for geographical desirability and less concern as to whether they are State vs. local employees. Regardless, they should be housed/attached to a LEMSA.

There was also concern about creating a new layer of government, which could in and of itself kill the bill.

Direction to Leg Committee on how to move forward.

SB 2554. Moving along very well. One lonely position testifying against this bill. No letter opposing this bill. EMDAC has taken a position, EMSA is doing what it can, EMSAAC does not have a position, CMA is at least looking, ACEP has no position. It passed 30 – 0 out of Assembly, no cards or letters, and no one is actively working it, Cal Chiefs supposedly will write the author and get registered as opposed. CAA is opposed, but its really not their issue. It will go to Senate Health, then Senate Appropriations.

AB 586. MHOAC. Out of Assembly 100% support. To Health Committee on Wednesday. Optimistic this will move forward.

SB1773 Send a letter of support.

SB1761 This has a lot to do with Maddy, including the Moving violations. All members are strongly encouraged to READ THIS BILL!

Motion to adjourn - MSC