



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120-3599
(619) 285-6429 • FAX (619) 285-6531

NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

BASE STATION PHYSICIANS' COMMITTEE (BSPC) MEETING

Steven Weinstein, M.D., Chair
Sharp Tech Way Building
8520 Tech Way, Rooms 124 & 125, San Diego, CA 92123
September 12, 2019

Minutes

Members Present

Donofrio, D.O., Joelle – Rady Children's BHMD
Dotson, R.N., Melody – UCSD BHNC
Fischer, M.D., Andy – Tri-City BHMD
Hums, Jason – Southwestern
College
Kahn, M.D., Chris – City of SD Medical
Director/UCSD Agency
Klingensmith, Todd – SD Co. Paramedics
Association
Levine, M.D., Saul – Sharp Memorial BHMD
Marsan, M.D., Robert – Scripps Mercy BHMD
Marzec, M.D., Karl – Palomar BHMD
Schwartz, M.D., Brad – AMR/RCCP Director
Scott, M.D., Christopher – Kaiser Permanente
Vilke, M.D., Gary – Carlsbad Fire/Interim
UCSD
Weinstein, M.D., Steven – Sharp Grossmont

County Staff

Ameng, R.N., Diane
Koenig, M.D., Kristi – EMS Medical Director
Pacheco, R.N., Cheryl
Sigmund, Justin
Smith, R.N., Susan
Velasco, Anjelica –
Recorder

In Attendance

Andrade, Jared – CalFire/SD County Fire
Ayers, Kathi – Sharp
Barb, Haylee – Stryker
Benjamin, Stephanie – UCSD EMS Fellow
Bey, Christian – UCSD EMS Fellow
Bingham, Jim – Viejas
Branning, Mark – San Diego Health Connect
Chandler, Craig – Stryker
Cote, R.N., Chara – Tri-City Medical Center
Covell, R.N., Brian – Mercy
Duffy, R.N., Jenny – San Marcos Fire
Enloe, Robin – Sharp
Graydon, R.N., Cheryl – Palomar Medical Ctr BHNC
Hayflich, Vanessa – Mercy Air
Healy, R.N., Marla – Sharp Memorial
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kuntz, John – Navy
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Pearson, R.N., Danielle – Vista Fire
Pierce, R.N., Jodi – SDFD
Rosenberg, R.N., Linda – Sharp Memorial
Russo, Joe – SDFD
Seabloom, R.N., Lynne – Oceanside Fire
Segura, Jorge – CalFire/SDCFA
Schroter, Stephanie – UCSD EMS Fellow
Wells, R.N., Christine – Scripps La Jolla
Wojnowski, Jay – Heartland Fire

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Dr. Weinstein called the meeting to order at 12:01 p.m.

II. APPROVAL OF MINUTES

A motion was made and seconded to approve the July 16, 2019 minutes. Motion carried.

III. COUNTY REPORT (Kristi Koenig, MD)

A. Surveillance

1. Influenza

- i. Early signs point to a possible severe flu season; Australia had the worst flu season on record; we are continuing to see cases year-round and just reported our second death for the 2018-2019 season
- ii. There will NOT be a “Jury Duty Excuse” letter this year (as we noted last year) and it is not needed for a person to defer jury duty.
- iii. Health Officer Order for Influenza Vaccination Program or Masking of Healthcare Personnel during Annual Influenza Season remains in effect <http://www.sdiz.org/documents/HCP/SDIB-Bulletins/Health-Officer-Order-Mandatory-Vaccination-or-Masking-FINAL.PDF>
 - For the purposes of this Order, emergency medical service personnel include paramedics, emergency medical technicians (EMTs), and advanced EMTs.
 - This order is ongoing indefinitely and applies to the each and future influenza season unless the order is rescinded. For purposes of this order, the influenza season is defined as **November 1 to March 31** of the following year. In any given year, if influenza surveillance data demonstrate unusually early and/or late peaks, the Health Officer may extend the period during which the masking program shall apply for that year. This means as of November 1 (at the latest) you must be vaccinated or wear a mask.
- iv. On September 10th, the governor signed two bills (SB 276 and SB 714) tightening medical exemptions for immunizations. <https://cheac.org/2019/09/10/governor-newsom-signs-bills-tightening-medical-exemptions-for-immunizations>
- v. New antiviral treatment this year, one-time dose; baloxavir (Xofluza) – NOT for prophylaxis

2. Measles

- i. The measles virus was declared eliminated in the United States in 2000.
- ii. U.S. is in danger of losing elimination status (by WHO). If more cases of the measles virus are detected next month, it could mean an end of elimination status.
- iii. There have been more than 1,200 measles cases this year so far.
- iv. August 7 – first case of measles this year in San Diego County was confirmed in an 11-month-old resident who had recently traveled to the Philippines. A fully immunized adult exposed to this case was confirmed to have measles on August 20. Fortunately, we are out of the window for additional exposures from this event.
- v. Providers involved in direct patient care activities should have documentation of measles immunity, confirmed either by receipt of 2 MMR vaccinations or IgG positive serology (report of death of Israeli flight attendant who had 1 MMR)
- vi. Remember that asymptomatic persons infected with measles can transmit the disease. Also, disease transmission can occur without any direct patient exposure simply by entering a room where an infected patient has been. Measles PPE requires N-95 or equivalent due to it being AIRBORNE transmission.
- vii. County established webpage/CAHAN August 21
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Measles.html

3. Ebola

- i. WHO declared Public Health Emergency of International Concern on July 17 following the first case in Goma (a city bordering Rwanda with an international airport); has spread to 3rd DRC province — South Kivu; low risk of spreading outside the region
- ii. Only the 5th time for a declaration (2009 H1N1, 2014 Polio, 2014 Ebola, 2016 Zika virus)
- iii. Experimental vaccine highly effective (but in short supply)
- iv. Two experimental treatments highly effective (mortality rate dropped to 6% for REGN-EB3 and 11% for mAb114 preliminary results) <https://www.cnn.com/2019/08/12/health/ebola-breakthrough-congo/index.html>

- v. Regional risk of spread is high, but global risk remains low
- vi. County PH monitored a portion of the 21-day Ebola monitoring of an HCW returning from treating Ebola patients in West Africa
- vii. Rady Children Hospital evaluation center and Cedars Sinai treatment center in LA (for adults)
- 4. VAPI = Vaping Associated Pulmonary Injury
 - i. CAHAN August 28
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications_documents/08-28-2019web.pdf
 - ii. Over 200 cases have been reported in at least 24 states, with 36 cases in California that include eight from San Diego County.
 - iii. No infectious etiology has been determined for these VAPI cases. Most cases reported vaping cannabis or cannabidiol (CBD) oils.
 - iv. All cases in California have been hospitalized, with most requiring respiratory support with supplemental oxygen, high-flow oxygen, or bi-level positive airway pressure (BiPAP). At least ten patients had respiratory failure requiring mechanical ventilation.
 - 1. Typically presents as infection: shortness of breath, fever, sepsis, GI complaints
 - 2. Young, healthy patients, usually short of breath; rising numbers 450 cases nationwide, in 33 states, 6 deaths, one in LA County
- 5. Other Surveillance – has been very busy, e.g. mumps, STEC at county fair, RMSF, MERS, and more, e.g., Phase 2 of the heat plan multiple times

B. Policies and Protocols

- 1. Ketamine
 - i. Push your ketamine SLOWLY; Use for analgesia only, not for sedation or drug-facilitated intubation
 - ii. OK to administer IN “off label” as we do for many other drugs; Appreciate data from our military partners; Developed LOSOP that went through a comprehensive process, approved by EMSA medical director after scope of practice committee and EMDAC and EMS Commission
 - iii. REMINDER: We are required to report data to the State for all LOSOP approvals (e.g., ketamine and IV acetaminophen)
- 2. Prehospital 12-lead EKG transmission strongly encouraged (S-126); working with Cardiac Advisory Committee (CAC) and Emergency Medical Care Committee (EMCC) subcommittee on improving systems to facilitate

C. Initiatives

- 1. Paramedic Regulations
 - i. Draft paramedic regulations will be reviewed at State EMS Commission on September 17th in San Diego, however no longer for action; alternate destination legislation removed, and State EMS Commission will wait for new Medical Director to be appointed to continue
 - ii. Legislation (AB 1544) moving to a 2-year bill, it will not be considered this legislative cycle
 - iii. <https://emsa.ca.gov/wp-content/uploads/sites/71/2019/06/EMSA-Paramedic-Regulations-15-Day-Modified-Text.pdf>
- 2. Cross Border Transfers
 - i. August 19th webinar the Tijuana Director of Health and Directors from other regions; keen interest from Dr. Wooten’s counterpart in Tijuana regarding our EMS system
 - ii. September 5th visit to Casa del Migrante in TJ to see how they care for migrants, no screenings as we do in our shelter in San Diego
- 3. Strangulation Initiative
 - i. Collaboration between County PHO and DA on this deadly form of DV
 - ii. Oct 15th - Press Conference
 - iii. Oct 16th - All day training for healthcare staff

4. SART
 - i. Palomar Health Forensic Health Services maintains a 24/7 service, with trauma informed private locations throughout the county to provide Sexual Assault Forensic Exams after medical stabilization
 - ii. Working with EDs to improve preservation of forensic evidence collection, e.g. ensuring that patients avoid hand washing and genital wiping prior to evidence collection
5. Geriatric Emergency Department Accreditation (GEDA)
 - i. ACEP initiative with 3 levels (level 1 highest in parallel to trauma center designation)
 - ii. We are working with Supervisor Jacob to explore seeking accreditation in our county EDs
 - iii. Currently UCSD is accredited at highest level 1 and Alvarado at level 3
 - iv. Do not anticipate any changes in destination decisions
6. Opioid Crisis Mitigation Funding, e.g. 1.5 million dollars of Narcan awarded from CA State Board of Pharmacy to CA first responders https://www.pharmacy.ca.gov/about/news_release/settlement.pdf
7. Systematic review of pain management strategies:
 - i. National Highway Traffic Safety Administration (NHTSA) Office of EMS collaborated with the Agency for Healthcare Research and Quality (AHRQ) to support a review of the evidence and effectiveness of several analgesic options. The reviewers, a team from the University of Connecticut Evidence-based Practice Center, analyzed more than 60 published studies and looked at treatments including opioids, ketamine, non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. As initial therapy in the prehospital setting:
 - Nonsteroidal anti-inflammatory drugs provide similar pain relief to opioids and may cause fewer overall side effects and less drowsiness.
 - Acetaminophen may provide similar pain relief to opioids and may cause fewer side effects overall and less dizziness.
 - Ketamine may provide similar pain relief to opioids. Ketamine may cause more dizziness or overall side effects, while opioids may cause more respiratory depression.
 - Combining an opioid with ketamine may be more effective in reducing pain compared with opioids alone.
 - If morphine does not adequately relieve pain, changing to ketamine may be more effective and more quickly reduce pain than giving additional morphine.
 - ii. NHTSA recently released a Notice of Funding Opportunity requesting applications from organizations interested in leading the development of an evidence-based guideline (EBG) for the pharmacologic management of acute pain by EMS in the prehospital setting.
 - iii. <https://effectivehealthcare.ahrq.gov/products/acute-pain-ems/research>
8. EBM presentations posted online at Medical Director's page
 - i. Looking forward to today's presentation on Hurricane Dorian from Dr. Chris Khan and Dr. Saul Levine

IV. SAN DIEGO HEALTH CONNECT (Mark Branning)

- A. Anticipate signing of grant on October 1, 2019 by Cal EMSA to continue will roll-out to all EDs
- B. Grant received for POLST Registry expansion
- C. Grant for \$1 million received to develop prototype of "one-stop-shop" for consent (grant will last for 2 years)

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, RN)

- A. Meet at SDGE to tour their Disaster Command Center
 1. Dr. Campman was guest speaker
 2. WebEOC classes – Donna Johnson is contact for County of San Diego
- B. Surge reviewed VA hospital use of DMS (part of ICS)
 1. Utilizes an overhead map to visualize entire facility
- C. Gathering Hospital Vulnerability Analysis Data from all hospitals
- D. FEMA at Alabama events cancelled due to disasters
- E. Next event: November 6 pediatric surge, coalition doing own drill vs. state drill

VI. CARDIAC ARREST AND CARES (Brad Schwartz, MD)

- A. Following presentation from last BSPC meeting, will be proactively contacting agencies regarding numbers and how to improve
 - 1. Further discussion to occur offline and will report back at next BSPC meeting
- B. Review of automated CR Devices (LUCAS Devices)

VII. POLICIES & TREATMENT PROTOCOLS (Susan Smith, EMS Coordinator)

- A. Policy/Protocol review process for 2020
 - 1. Comment form will be sent out to group, to track what needs to be revised; goal to send out by end of September
 - 2. Fire Chiefs choosing to continue with Taskforce – more information to come
 - 3. Plan for BSPC review:
 - i. Adult treatment protocols in January, pediatric treatment protocols in February
 - ii. March & April will be opportunity for all training officers and base hospital nurse coordinators to build training and review for clarity
 - iii. Therefore, all trainings should be ready by May
 - 4. Colleges and education programs for Paramedics willing to review policies/protocols line by line with students and provide feedback

VIII. LUNCHTIME EVIDENCE BASED PRESENTATION – Saul Levine, MD and Chris Khan, MD

“Review from Hurricane Dorian emergency response teams”

IX. ITEMS FOR FUTURE DISCUSSION

- A. Roundtable
 - 1. Dr. Joelle Donofrio – CHET/NICU/Hospitalist/ER combined teams to share pediatric knowledge with prehospital/hospital community and would appreciate feedback on best methods (classes held at Rady’s or external locations); email Dr. Donofrio for your comments/thoughts

X. NEXT MEETING/ADJOURNMENT

The meeting was adjourned at 1:13 p.m.

The next meeting is scheduled for October 15, 2019.