



# 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

## **MISSION STATEMENT**

**“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”**

## **EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING**

Frank Parra, Chair/ Chara Cote, R.N., Vice-Chair

### Minutes

**Thursday, September 26, 2019**

#### Members Present

Abbott, Stephen – District 5  
Adler, Fred – District 3  
Blacksberg, David – Hospital Assoc. of SD/Imp Counties  
Cote, R.N., Chara – Base Hospital Nurse Coordinators  
Covell, R.N., Brian – District 2  
Graydon, R.N., Cheryl – Emergency Nurses Association (Alt)  
Kahn, M.D., Christopher – District 4  
Mednick, Cheryl – American Red Cross (Alt)  
Mercer, Kevin – SD County Ambulance Association  
Parra, Frank – SD County Fire Chiefs’ Association  
Scott, M.D., Christopher – SD County Medical Society  
Wells, R.N., Chris – Base Hospital Nurse Coordinators

#### In Attendance

Benjamin, Stephanie – UCSD  
Duffy, Jennifer – SMFD  
Idman-Gervais, Dianne – Sharp Grossmont  
Meadows-Pitt, Mary – Sharp Grossmont  
Meick, Tyler – Reach Air  
Pearson, Danielle – Vista Fire  
Prior, Tracy – CoSD DA  
Seabloom, Lynne – Oceanside FD  
Sloan, Christian – UCSD  
Smith, R.N., Zechariah – AMR/CSA17  
Vilke, Gary – UCSD  
Yates, Judith – HASDIC

#### Not in Attendance

District 1  
Bi-national Emergency Medical Care Committee\*  
County Paramedic Agencies Committee  
Law Enforcement Agencies  
League of California Cities\*  
Military Agencies  
San Diego County Emergency Physicians’ Society\*  
San Diego County Fire Districts’ Association  
San Diego County Paramedic Association

#### County Staff

Christison, Brian  
del Toro, Nicole (recorder)  
Koenig, M.D., Kristi  
Osth, Cory  
Pacheco, R.N., Cheryl  
Parr, Andy  
Sigmund, Justin  
Smith, Ph.D., Josh  
Smith, R.N., Susan  
Tuteur, M.D., Jennifer

\*Representative positions vacant

---

## I. CALL TO ORDER/ PLEDGE OF ALLEGIANCE/ INTRODUCTIONS/ ANNOUNCEMENTS

---

Frank Parra, EMCC Chair called the meeting to order at 9:30 am. The group recited the Pledge of Allegiance. Introductions were made. Chris Wells was announced as the new alternate member representing Base Hospital Nurse Coordinators.

---

## II. PUBLIC COMMENTS/ PETITIONS

---

There were no public comments or petitions submitted.

---

## III. APPROVAL OF MINUTES

---

**A motion was made by Kevin Mercer, seconded by Chris Kahn to approve the July 25, 2019 minutes with a word correction (change “outreach” to “outbreak”) on page 3 under Clinical Report. Motion carried.**

---

## IV. STANDING COMMITTEE REPORTS

---

### A. Prehospital/Hospital Subcommittee – Chara Cote

Met and approved some updated trauma policies. Policies P-801 and S-010 were also looked at, but due to these policies being so big to review, it was recommended that they get referred to an Ad hoc committee.

**A motion was made by Chris Scott, seconded by Cheryl Graydon to approve the creation of two (2) Ad hoc committees, one to study P-801 and the other to study S-010, and report back to EMCC.**

S-010 Ad hoc meeting will meet after EMCC meeting.

The following people volunteered for P-801 Ad hoc committee: Steve Abbott, Kevin Mercer, Chris Kahn, Frank Parra. Chris Kahn will be the lead.

### B. Education/Research Subcommittee – Cheryl Graydon

Did not meet.

### C. Disaster Planning Subcommittee – David Blacksberg

The Bylaws are still on hold based on the Authority section. Staff work continues, and will bring back to the committee in October.

---

## V. COUNTY REPORT (Reports)

---

### A. Clinical Report – Kristi Koenig, MD

- i. Strangulation Prevention Campaign: San Diego Health CARES Initiative  
A [PowerPoint presentation](#) was provided by Dr. Koenig and Tracy Prior, Chief Deputy District Attorney.

**ACTION: It was suggested to emphasize this topic to our Prehospital Agencies**

---

## 1) Surveillance

### a. Influenza – Flu season is coming!

- i. Early signs point to a possible severe flu season; Australia had a particularly severe season; flu is unpredictable and we are continuing to see cases year round
- ii. 22 cases, 2 deaths and 1 outbreak already reported for 2018-2019 timeframe in San Diego.
- iii. FluWatch usually comes out in mid-October, but is planned to start on October 2 this season.
- iv. There will NOT be a “Jury Duty Excuse” letter this year (as we noted last year) and it is not needed for a medical professional to defer jury duty.
- v. 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>
- vi. For the purposes of this Order, emergency medical service personnel include paramedics, emergency medical technicians (EMTs), and advanced EMTs.
- vii. This order is ongoing indefinitely and applies to current 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) all care providers must be vaccinated or wear a mask.
- viii. 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>
- ix. New antiviral treatment this year (which is a one-time dose) baloxavir (Xofluza). It is not for prophylaxis.

### b. Mumps

- i. Increasing cases in San Diego & Baja California; can anticipate more

### c. Measles

- i. The measles virus was declared eliminated in the U.S. in 2000.
- ii. From January 1 to September 19, 2019, 1,241 individual cases of measles have been confirmed in 31 states. That’s the largest number of cases since 1992.
- iii. U.S. is in danger of losing elimination status (by WHO). If more cases of the measles virus are detected, October 1 could mean an end of elimination status. Look for news reports on this!
- 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.
- v. 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
- vi. 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 (recent report of death of

- Israeli flight attendant who had 1 MMR highlights the need for a full series).
- vii. Remember that asymptomatic persons infected with measles can transmit the disease.
  - viii. Disease transmission can occur without any direct patient exposure simply by entering a room where an infected patient has been.
  - ix. Measles PPE requires N-95 or equivalent due to it being AIRBORNE transmission.
  - x. County established webpage/CAHAN August 21  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/Measles.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Measles.html)
- d. Ebola
- i. WHO declared PHEIC on July 17
  - ii. Only the 5th time for such a declaration (2009 H1N1, 2014 Polio, 2014 Ebola, 2016 Zika virus)
  - iii. CAHAN July 17
  - iv. Per WHO, as of September 24, 3171 cases, 2118 deaths.
  - v. Experimental vaccine highly effective (but in short supply)
  - vi. 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>
  - vii. Regional risk of spread is high, but global risk remains low
  - viii. County PH monitored a portion of the 21-day Ebola monitoring of a HCW returning from treating Ebola patients in West Africa
  - ix. Rady Children Hospital evaluation center and Cedars Sinai treatment center in LA for adults
- e. VAPI = Vaping Associated Pulmonary Injury
- i. No infectious etiology has been determined for these VAPI cases. Most cases reported vaping cannabis or cannabidiol (CBD) oils.
  - ii. Patients typically present to the hospital with cough, difficulty breathing, fever, and sometimes vomiting and diarrhea.
  - iii. Governor's executive order directed CDPH to launch a \$20 million statewide digital and social media public awareness campaign to educate youth, young adults and parents about the health risks associated with vaping nicotine and cannabis products. CDPH is also tasked with developing recommendations to reduce smoking among young adults and teens by establishing warning signs with health risks where vaping products are sold and on product advertisements.
  - iv. State Health Alert/Media on September 24
    1. As of 9/24, > 500 across 38 states and 1 US territory, with more reports coming in every day; 90 cases & 2 deaths in CA.
    2. As of September 19, 2019, there have been 18 confirmed and probable VAPI cases reported among San Diego County residents. All cases were hospitalized and there have been no deaths. Ages of patients have ranged from 17 to 70 years, with a median age of 36 years, and 53% have been male.
  - v. CAHAN August 28  
[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications\\_documents/08-28-2019web.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications_documents/08-28-2019web.pdf)

- vi. State and County websites update every Thursday  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/VAPI.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/VAPI.html)
- 2) Policies and Protocols
- a. Ketamine
    - i. Push your ketamine SLOWLY; use for analgesia only, not for sedation or drug-facilitated intubation
    - ii. REMINDER: We are required to report data to the State for all LOSOP approvals (e.g., ketamine and IV acetaminophen)
  - b. Prehospital 12-lead EKG transmission strongly encouraged (S-126); working with CAC and EMCC subcommittee on improving systems to facilitate
- 3) Initiatives
- a. All-Hazard Health Services Capacity Management Plan, AKA Capacity Plan
    - i. Health Services Capacity Task Force Annual Meeting was Tuesday (Sept 24); New co-chair, Marlena Montgomery from Sharp Coronado
    - ii. Updated annually; the HSCTF Plan is 22 years old this year
    - iii. Built around influenza surge, can and should be responsive to the all-hazards
      - 1. Strengths are having all of the Task Force members connected to the same plan
      - 2. Able to recognize strain
      - 3. Coordinate to manage and mitigate strain
    - iv. The 2017 influenza season was particularly severe
    - v. The 2018 flu season was less acutely straining to the health services system, but strain was present
      - 1. The Capacity Plan moved to enhanced surveillance
      - 2. Daily epidemiology reports and Operational Core Group activation
    - vi. Grateful to the community for broad input
  - b. Paramedic Regs
    - i. Draft paramedic regs out for 4th 15-day comment period (ends September 28th), HOWEVER, alternate destination language has been REMOVED
    - ii. 4 hours of tactical EMS training requirements have been added to the latest draft
    - iii. Will go to EMS Commission in December for approval; Once commission approves, then submitted to Office of Administrative Law; OAL has 30 days to review and approve/deny
    - iv. Legislation (AB 1544) moving to a 2-year bill, meaning it will not be considered this legislative cycle
  - c. Community Paramedicine
    - i. OSPHD has approved another extension of the existing pilot projects through November 2020
  - d. Strangulation Initiative
    - i. Collaboration between County PHO & DA on this deadly form of DV
    - ii. Oct 15th - Press Conference
    - iii. Oct 16th - All day training for healthcare staff – looking for champions!
  - e. SART is one of the programs County EMS oversees
    - 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
- f. GEDA = Geriatric Emergency Department Accreditation
  - 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 & Alvarado at level 3
  - iv. Do not anticipate any changes in destination decisions
- g. Opioid Crisis Mitigation Funding, e.g. 1.5 million dollars of naloxone awarded from CA State Board of Pharmacy to CA first responders  
[https://www.pharmacy.ca.gov/about/news\\_release/settlement.pdf](https://www.pharmacy.ca.gov/about/news_release/settlement.pdf)
- h. Systematic review of pain management strategies  
 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 a number of 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.
 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.  
<https://effectivehealthcare.ahrq.gov/products/acute-pain-ems/research>
- i. Cross Border
  - i. August 19th webinar the Tijuana Director of Health and Directors from other regions; keen interest from Dr. Wooten's counterpart in Tijuana re: our EMS system
  - ii. September 5th visit to Casa del Migrante in MX (no screening as we do in our shelter in San Diego)
  - iii. Dr. Tuteur will cover a special visit from the federal level in her report
- j. Hurricane Dorian deployments – Drs. Kahn and Levine gave an update on DMAT and USAR at this month's BSPC; Recognize and appreciate the work of our local providers

- k. EBM presentations posted online at medical director page.  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/emergency\\_medical\\_services/medical\\_director.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/emergency_medical_services/medical_director.html)

**B. Administrative Report – Andy Parr**

- 1) Procurements – County staff continues to move forward on previously announced procurements (San Marcos and Unified Service Area) in the County. This is a huge volume of work and we're nearing the finish line on some of this work soon.
- 2) Policies and Procedures – The priority policy revision schedule for FY 20/21 has been identified, expect to see several significant policy revisions going through committees. (All would become effective July 1, 2020...per our policy on policies). Treatment protocols: This is the year we will look at all treatment protocols. Expect to see an email in October with proposed revisions and an opportunity to submit comments.
- 3) Agencies with EMTs – AEDs, glucometers, epinephrine autoinjectors, and intranasal naloxone will be required as of July 1, 2019. Some providers have had difficulty obtaining EpiPens, we are handling this on an agency by agency basis.
- 4) Fees – The Board of Supervisors have approved the 2019-2020 fee structure for personnel, agency, and hospital designation fees. The approved fees are the same as the proposed fees presented to EMCC in March. For personnel fees, the County fee has increased from \$63 to \$86.

**C. MCSD Report – Jennifer Tuteur, MD**

- 1) Federal Government visit: Chief Medical Advisor to the President and the Chief Medical Officer to the Department of Homeland Security came back for a follow-up visit with our best practices of public private partnerships, including a less than 1% transport to emergency departments toward the shelter for asylum seeking families. The asylum shelter has been turned over to UCSD. No longer seeing 200 people a day come through the shelter, but less than 20 people a day. Our presentations were well received. Grateful for everyone's participation and support with the partnership in order to protect the public health.

---

**VI. TRANSFER OF CARE (TOC) REPORTING – Josh Smith**

No current update with the data. Holding steady at about 64 percent compliance. The dashboard vendor had installed an update which caused some issues. It is now fixed and running fine.

---

**VII. SYSTEM POLICY REVIEW (EMCC Advisory Position)**

None.

---

**VIII. OLD BUSINESS**

- A. Bylaws (Disaster Committee) – was discussed earlier during agenda item IV, Disaster Planning Committee.
- B. S-010 Status Update – was discussed earlier during agenda item IV, Prehospital/Hospital Subcommittee.

---

**IX. NEW BUSINESS**

- A. Spare Wheel Exemption



The Emergency Medical Care Committee supports the request before the Board by HHSA to request a Spare Wheel Exemption for specifically identified public and private ambulances. This exemption requires reaffirmation by the Board every two years.

**A motion was made by Chris Scott, seconded by David Blacksberg to accept this request.**

**B. Endorsement for Annexation**

The Emergency Medical Care Committee supports the request before the Board for CSA-69 to annex specific unserved lands and realignments the CSA-69 Sphere of Influence to align fire service and EMS Operating Area boundaries to be coterminous. This requested action is a condition of LAFCO in response to a recent request for annexation of the Lakeside Fire Protection District.

**A motion was made by Chris Scott, seconded by David Blacksberg to accept this request.**

---

**X. NEXT MEETING/ADJOURNMENT**

---

The next EMCC meeting is scheduled for October 24, 2019.  
Meeting adjourned at 10:41 AM.