

EMS Medical Director Report

Emergency Medical Care Committee April 24, 2025



Topics



- Emerging Threats: Measles
- Novel Protocol Education Opportunity
- Cardiac Resuscitation Initiatives
 - ECPR Pilot Program
 - Revive & Survive San Diego
- Cross-Border EMS Pilot Program





1. Emerging Threats

- HSCTF plan currently at lowest level, baseline surveillance
- Close and continuous internal surveillance and monitoring for potential threats to emergency healthcare system
 - Flu season (November 1 to March 31)
 - 259 boarders and 4082 ED volume reported yesterday







Measles

2025 Outbreak (>800 cases in at least 25 states)

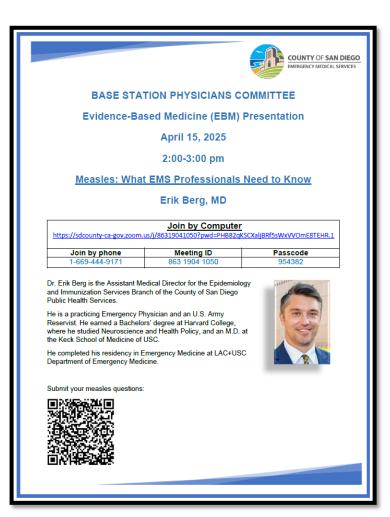
- Classically presents with high fever and the "3 C's" [Cough, Coryza, Conjunctivitis]
- Contagious 4 days before until 4 days after rash
- ~25-30% hospitalized, as of mid-April
- Can remain airborne for up to two hours
- ~90% of vulnerable (unvaccinated) patients with an exposure will contract the disease
- Complications can include pneumonia, encephalitis, and subacute sclerosing panencephalitis (7-10 years after infection)
- Two doses of the MMR vaccine 97% effective for measles prevention
- Can result in "immune amnesia" (people lose ability to resist other infections)



Measles

Educational Initiatives

- Identify*Isolate*Inform
- EMS Medical Director's Advisory Committee (March 25)
- EMS Chiefs and agency representatives meeting with PHS leadership (April 9)
- Special Evidence-Based Medicine Lecture
 - EMS Medical Director's Advisory Committee (April 15)





Measles

Guidance Memo

- Distributed to all EMS professionals via LEMSIS
- Key actions to take before, during, and after a measles exposure
- **Educational Pearls**
- "Measles: What EMS Professionals Need to Know" presentation



PUBLIC SAFETY GROUP SAN DIEGO COUNTY FIRE

SAN DIEGO COUNTY EMERGENCY MEDICAL SERVICES OFFICE 5560 OVERLAND AVE. SUITE 400, SAN DIEGO, CALIFORNIA 92123-120

ANDREW (ANDY) PARR

EMS MEDICAL DIRECTOR'S GUIDANCE ON MEASLES FOR EMS PROFESSIONALS

The 2025 rapidly spreading measles outbreak in the United States highlights the important role that frontline EMS professionals play in mitigating the spread of infectious diseases. Rapid identification and isolation of suspected measles patients with timely notification of public health authorities is critical (Identify, Isolate, and Inform).

This memo highlights key actions to take before, during, and after a potential measles exposure.

 <u>BEFORE</u>
Confirm Measles Immunity: EMS agencies should maintain readily available documentation of employee Provide Measles Education: Teach EMS clinicians to identify and manage suspected measles patients.3, 4

Don Personal Protective Equipment: Measles is spread via airborne transmission and direct contact with infectious droplets. EMS professionals should wear N95 respirators or equivalent in addition to applying standard precautions (gloves, eye protection, gown).5

· Assign one crew member to perform initial patient assessment

- . Direct patient to a well-ventilated area, when possible (e.g., meet patient outside residence)
- · Place surgical mask on patient for source control
- . Limit number of people entering and exiting the ambulance
- . Separate patient cab from driver compartment; if unable, driver should wear N95 respirator
- . Ensure adequate airflow in the ambulance (i.e., set patient compartment exhaust vent to and drive compartment ventilation fans to high, without recirculation, or open front windows)

Notify Receiving Facility Prior to Arrival . Be prepared to follow hospital policies and procedures for infectious patient management

Notify Agency Supervisor or Designated Infection Control Officer (DICO) Contact San Diego County Public Health Services per Agency Protocol (866-358-2966, option 5 during business hours or 858-565-5255 after hours)

- · Decontaminate surfaces/medical equipment using an EPA-registered hospital disinfectant
- Keep ambulances out-of-service for at least 2 hours

In addition to mitigating measles spread, these actions may reduce public health-imposed guarantines. Thank you for your contributions to preserving our emergency healthcare system.

Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director San Diego County Emergency Medical Services Office

Seema Shah, MD, MPH, Medical Director, EISB, Public Health Services

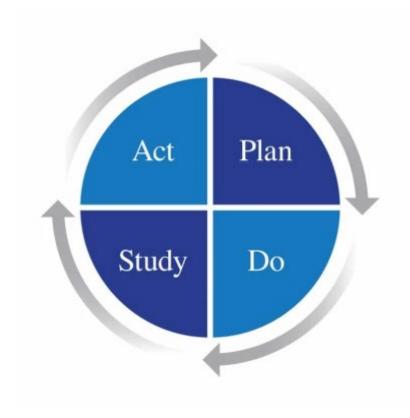
SANDIEGOCOUNTY.GOV

EMS Medical Director's Guidance on Measles for EMS Professionals

2. EMS Protocols

2025-2026 Revision Cycle

- Community engagement
 - Year-long process for public comment and discussion
 - Received >50 comments during Fall survey
 - Opportunity for real-time input via <u>EMS Mobile App</u>
- Planned distribution of materials via LEMSIS (May 1)
 - Final protocol packet
 - Protocol and policy updates presentation
 - Changelog
 - Evaluation exam
- Novel protocol education opportunity
 - Special Train-the-Trainer session on May 12 from 10:00 12:00





3. Cardiac Resuscitation Programs

A. ECPR Pilot Program (start date July 1, 2023)

- Patients meeting criteria transported to hospitals staffed/equipped to provide extracorporeal cardiopulmonary resuscitation (ECPR) using extracorporeal membrane oxygenation (ECMO)
- Participating Hospitals
 - Sharp Grossmont
 - Sharp Memorial
 - Scripps Memorial (La Jolla)
 - UCSD Medical Center (Hillcrest)
- 8 patients placed on ECMO survived to discharge with good neurologic outcomes (CPC 1 or 2)
 - 5 arrived in CPR status
 - 3 arrived with ROSC



3. Cardiac Resuscitation Programs

B. Revive & Survive San Diego

- Partnership
 - County EMS
 - UC San Diego Herbert Wertheim School of Public Health and Human Longevity Science
- Vision
 - To save lives, hands-only CPR will be performed in cardiac arrest patients in San Diego County
- Mission
 - To train 1 million San Diegans in hands-only CPR
- Approach
 - Revive & Survive San Diego community partners will be recruited to engage the public in hands-only CPR training
- Status
 - 451,942 trained!
 - 1,973 training sessions
 - Focus on schools

https://revivesurvive.ucsd.edu/











4. Cross-Border EMS Pilot Program

Collaboration with County Office of Border Health

Task Force Name

Cross-Border EMS Task Force

Mission

 To ensure a patient-centered approach to interfacility transfers between Mexico and San Diego and Imperial Counties

Nombre del Grupo de Trabajo

 Grupo de trabajo sobre servicios médicos de urgencia transfronterizos

Misión

 Garantizar un enfoque centrado en el paciente para los traslados entre centros entre México y los condados de San Diego e Imperial



Cross-Border EMS Pilot Program

Collaboration with County Office of Border Health

- Initial focus
 - Management of patients arriving to San Ysidro Port of Entry in Mexican ambulances
- Strategic partner meeting (April 23)
 - Enthusiastic endorsement for pilot project
- Focus group meetings with CRUM, San Diego Metro Dispatch, and CBP
- Planned pilot July 1
- QI meetings for data collection, evaluation, and improvements





Questions?

