



Emergency Medical Service Agency

333 Valencia St, Suite 210
San Francisco, CA 94103

Meeting Minutes Meeting Title: **EMSAC** Date/Time: **February 1, 2023** Location: MS Teams

ATTENDEES:

Item	Discussions/Notes	Action /Follow up Items
Meeting Started	Ray Ryan welcomes the committee and provides meeting instructions	
Roll Call	Roll call is taken and quorum requirements are fulfilled	
Minutes	Minutes from October 2022 EMSAC are reviewed	Minutes Approved
EMS Agency Announcements	<p>A Holcomb</p> <ul style="list-style-type: none">- EMSA is currently hiring for multiple positions- Recently welcomed a part time epidemiologist who will work on various dashboarding and data analysis projects- A member of PHEPR has been assigned as Liaison between EMSA/PHEPR- Epinephrine Med Page revision was removed from the agenda today due to high volume of public comment response and need for additional vetting- Work on state approval of the Community Paramedicine is ongoing to ensure compliance with new regulations <p>J Brown</p> <ul style="list-style-type: none">- Please use the askEMSA function to provide feedback on policy/protocol changes and other system concerns	



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Policy 2010	<p>L Ishoda</p> <ul style="list-style-type: none">- AED standards are added to cover law enforcement- Required training plans and maintenance standards are included, consistent with Title 22 <p>J Nultemeier</p> <ul style="list-style-type: none">- Unrelated question about whether public comment responses were distributed to the group <p>E Bachus</p> <ul style="list-style-type: none">- Describes new location on EMSA website for public comment response and other meeting-related documents, and how to navigate to these	<p>Motion to vote</p> <p>Vote passes</p>
Policy 7010	<p>A Holcomb</p> <ul style="list-style-type: none">- Provides overview of revisions and discusses the importance of system standards related to EMS at special events <p>R Ryan</p> <ul style="list-style-type: none">- Were there any comments made following public comment? <p>A Holcomb</p> <ul style="list-style-type: none">- Describes modifications made and itemizes the changes following public comment	<p>Motion to vote</p> <p>Vote passes</p>
Protocol 7.08	<p>A Holcomb</p> <ul style="list-style-type: none">- Describes changes made to protocol and cites current literature used to inform this revision	<p>Motion to vote</p> <p>Vote passes</p>
Policy 1010	<p>E Gunn</p>	<p>D Malmud suggestions are approved</p>



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	<ul style="list-style-type: none"> - Language for specific committees were included to the policy (Stroke, EMS for Children) and new meeting schedules - Requests the committee direct comment toward the current revisions and not other concerns with the policy that should be addressed at a later date - Asks for agreement from the committee on quorum rules for EMS for Children <p>D Malmud</p> <ul style="list-style-type: none"> - Reiterates the comment made through the public comment process for establishing quorum for this group - Suggestion is made to consolidate ZSFG/UCSF Benioff as the same voting group since the representative is usually the same - Shares his comment in the chat and proposes motion to vote with suggested comments included 	<p>Motion to vote</p> <p>Vote Passes</p>
<p>Protocol 8.03</p>	<p>E Gunn</p> <ul style="list-style-type: none"> - Describes changes to the document <p>D Malmud</p> <ul style="list-style-type: none"> - Suggests: For the 5th bullet..."Oxygen with appropriate airway adjuncts and BVM as indicated." <p>R Daftary</p> <ul style="list-style-type: none"> - Suggests: "start CPR if HR <60 bpm AND evidence of hypoperfusion (hypotension, altered mental status)" <p>D Malmud</p>	<p>D Malmud suggestions are approved</p> <p>R Daftary's first suggestion is approved, second is tabled for future Medical Director's meeting</p> <p>Motion to Vote</p> <p>Vote passes</p>



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	<ul style="list-style-type: none"> - Should CPR be initiated prior to of after ALS interventions (medications, etc.)? <p>R Daftary</p> <ul style="list-style-type: none"> - CPR would be frontline in this case we should prioritize perfusion before ALS treatments for pediatric patients with unstable bradycardia - Suggests: (under ALS) -Epinephrine [dosing to be discussed], - Atropine, -Consider transcutaneous pacing with consultation with base hospital physician 	
Protocol 8.11	<p>E Gunn</p> <ul style="list-style-type: none"> - Provides description of protocol changes <p>N Tangherlini</p> <ul style="list-style-type: none"> - Is Buretrol a trade name or common name? <p>A Holcomb</p> <ul style="list-style-type: none"> - We believe this is a common name (multiple companies use "buretrol" for the same product) - EMSA will ensure we use most generic available name <p>R Daftary</p> <ul style="list-style-type: none"> - Suggests: "buretrol or similar device" (lower case B) 	<p>R Daftary suggestion is approved</p> <p>Motion to vote</p> <p>Vote passes</p>
Policy 4043	<p>A Holcomb</p> <ul style="list-style-type: none"> - Describes revisions to document and prioritization of de-escalation - Provides overview of revisions made following public comment (in teal in the latest version of the document) 	<p>Motion to vote</p> <p>Vote passes</p>



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	<p>R Ryan</p> <ul style="list-style-type: none"> - Asks if requirement for exception reports was removed <p>A Holcomb</p> <ul style="list-style-type: none"> - Confirms removal, these events can be documented in the narrative <p>R Ryan</p> <ul style="list-style-type: none"> - Will there be further assessment of de-escalation training and policy needs by the EMSA? <p>A Holcomb</p> <ul style="list-style-type: none"> - Points to current language supporting de-escalation policy, states the EMS agency will continue to review needs moving forward 	
Protocol 6.01	<p>A Holcomb</p> <ul style="list-style-type: none"> - Describes revision and work done to ensure consistency with Policy 4043 - Provides overview of revisions made following public comment (in teal in the latest version of the document) 	<p>Motion to vote</p> <p>Vote passes</p>
Protocol 2.10/Protocol 2.18 (Joint Vote)	<p>A Holcomb</p> <ul style="list-style-type: none"> - Describes changes and adoption of leave-behind naloxone - 2.18 (opiate withdrawal) was moved from 2.10 to its own policy - Explains how the development of 2.18 related to future adoption of buprenorphine in the EMS system 	<p>Separate motions made to vote on both policies</p> <p>Both votes pass</p>
Midazolam Med Page	E Gunn	Motion to vote



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	<ul style="list-style-type: none"> - Describes changes made since last reviewed at the prior EMSAC meeting <p>D Malmud</p> <ul style="list-style-type: none"> - Emphasizes the comprehensive work done with clinical pharmacy at ZSFG, believes this version is sound and ready for adoption 	Vote passes
Normal Saline Med Page	<p>E Gunn</p> <ul style="list-style-type: none"> - Describes changes and new adoptions following public comment - Asks group if we need to change language for consistency with Protocol 8.11 <p>D Malmud</p> <ul style="list-style-type: none"> - Points out formatting issues (bullet in “AMS of Unknown Cause” line and new line at “Pediatric hypovolemic shock”) <p>J Lacocque</p> <ul style="list-style-type: none"> - Points out redundant language in NOTES (“renal insufficiency” and “diminished renal function”) - Use language “volume overload” rather than “overdosing” 	<p>D Malmud suggestions approved</p> <p>J Lacocque suggestions approved</p> <p>Motion to vote</p> <p>Vote passes</p>
Protocol 2.07	<p>E Gunn</p> <ul style="list-style-type: none"> - Describes changes and points out the relationship with the pending Epi Infusion protocol <p>J Lacocque</p> <ul style="list-style-type: none"> - Epinephrine infusion should be considered regardless of heart rate if patient is hypotensive and still bradycardic. - Suggests removing the requirement for >50 BPM and moving the related bullet up in the sequence 	<p>Motion to vote</p> <p>Vote passes</p>



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	<p>D Malmud</p> <ul style="list-style-type: none">- Its difficult to vote on changes like this without being able to review them visually beforehand, recommends putting this suggestion off for further discussion <p>J Lacocque</p> <ul style="list-style-type: none">- Agrees with D Malmud's comment, withdraws suggestion	
Public Comment	<p>J Brown</p> <ul style="list-style-type: none">- Encourages hospital provider to participate in upcoming active shooter drills, emphasizes the need for continued cooperation and exercises <p>T Rivera</p> <ul style="list-style-type: none">- PHEPR is collaborating with EMSA and EMS providers to ensure readiness for active shooter events- Will be reviewing MCI procedures and going table top exercises <p>N Tangherlini</p> <ul style="list-style-type: none">- SFFD has a grant for MCI exercises, specifically for testing new technologies related to these operations	
Meeting Adjourned		Adjourned