Emergency Medical Service Agency
333 Valencia St, Suite 210
San Francisco, CA 94103

Meeting Minutes
Meeting Title: EMSAC
Date/Time: 01.31.2024
Location: MS Teams

ATTENDEES: See Roster/Quorum Sheet

Item	Discussions/Notes	Action /Follow up Items
Introductions- Roll Call	We have quorum. Minutes approved. Motion seconded.	
EMSA Announcements:	Andrew Holcomb: EMSA Awards Nominations extended to 2.13.2024. EMSA Awarded $125K grant from Carestar; earmarked for data systems and training 2024: back to basics. Focused on P&P revisions this year. Implementing flowcharts/algorithms. Scheduled reviews over next 1-2 years. New certs platform (incident tracking, ambu inspections, incidents, and trainings); midway through process. Stay tuned for more details in 3-6 months. AB 40 implementation is big focus Exercise and training big focus this year; full scale exercise in April. For today: John Brown: P&Ps grouped today	

	Dr. Brown is retiring soon; likely March 1, 2024. Unknown when we can post for replacement position. Keep your eye on sf.gov/emsa for announcements. See https://www.sf.gov/meeting/january-31-2024/emergency-medical-services-advisory-committee-meeting for detailed changes to each P&P. Brief summaries only included in minutes below.	
Policy 4000.1-Ambulance Turnaround Time Standards	Andrew Holcomb: Starting in April we have seen some severe increases in APOT times. Have held off on policy changes until this EMSAC. Goal to complete this process via EMSAC. Lots of changes and input from ambu providers, agencies, organizations, and hospitals went into this document. AB 40 in effect Jan1, some changes go into effect in Summer and into September. Time requirement is 30 minutes, 90% of the time. Biggest change is APOT alert change – EMT/EMT-P initiated offloads. More proactive. Criteria is verbatim for Sacramento, San Mateo, and Alameda Counties (all in effect now) Christopher Colwell: APOT alert does not negate ED not immune from EMTALA even if hospital staff do not agree to take pt offsite Field providers put hospitals into EMTALA violation when removing pt from hospital premises Mary Mercer: agree w/Dr. Colwell comments Andrew Holcomb: rare occurrence; about 1/month; typically collaboration in ED; EMS sup must check in w/charge nurse re: retriage	Motion passes. Policy approved as-is.

	potential; important that all pts get on ED board right away; as we get closer to 30 minute standard, may be able to look at policy revisions Rose Colangelo: charge nurse level is not high enough level for this decision; possible to leave retriage piece in and revisit in 1-2 months? Christopher Colwell: agree w/ Colangelo's comments. Charge nurse needs to run up the chain quickly; 2-3 hour waits/APOTs cannot continue to be permitted. Understand we are not immune to EMTALA, but hopefully this brings people together. Niels Tangherlini: ambu at Kaiser ED last night for 7 hours. This is not acceptable. Appreciate potential ability to take people to waiting room. How can we balance this w/ED needs. Can't have an ambulance sitting for that long. Mary Mercer: goal here to achieve mutual accountability and support safety for pts in a timely fashion to maintain pt access in our system. Bryan Mayo: San Mateo does not have diversion. Rod Brouhard: believer in getting rid of diversion; not an issue in counties that do not have diversion such as San Mateo. Understands hospitals are concerned about this due to EMTALA, but there are lots of opportunities before this happens. Change for everyone to work together. Added concern about field providers treating patients in hospital hallways. Andrew Holcomb: Ensure we get to other items. Any motions or requests for changes? Can we motion to approve? Niels Tangherlini: would like to see pilot to take pts to waiting room; add language to capture Dr. Colwell's comment. Chance to talk with charge nurse to offload pt. Josh Nultemeier: motions to approve as-is	

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	Rod Brouhard: second motion to approve. Language Niels suggested is already in policy.	
Prehospital Analgesia Intervention trial (PAIN) Presentation	Jeremy Lacocque: key investigators on a study; need to run by key stakeholders including EMSAC. Summarized study. Looking for effective analgesics that can minimize side effects. Looking at Ketamine. Pain trial: nationwide; 9 trauma centers. Goal to enroll 1K pts that have indication for pain management and are severely injured. Blind medication administration. Compensated shock. Using numerical pain scale; discussed exclusions. Randomized to receive either ketamine or fentanyl. Unknown which med is better. Pts enrolled w/o informed consent in ambulance, but consent from family or pt will be obtained ASAP. Pts can disenroll from study at any time. Study has not started yet. Please email Dr. Lacocque with any questions. Christopher Colwell: expressed support Michael Mason: agrees w/Dr. Colwell. Asked question about data collection point that is not included in study. Jacqueline Tulsky: part of review board; request for anyone to notify Dr. Lacocque if they have suggestions about who else the study should be run by. Please use QR code to reach out.	Reach out to Dr. L w/any questions or suggestions.
Protocol 2.09-Pain Control	Elaina Gunn: Summarized changes on behalf of Gino Cifolelli. Jeremy Lacocque:motion to change ketamine and fentanyl to be listed as “used for both moderate and severe pain” Josh Nultemeier: also works in Sonoma county; used Ketamine there for a long time but they are moving away from it due to wastage related to manufacture packaging. One trauma center moving away from it because it interferes with pt care b/c they have to wait for it to wear off.	Motion passes. Policy approved w/changes suggested in chat by Jeremy Lacocque.

	Christopher Colwell: extremely safe drug with many uses. ZSFG is using it a lot for many things, predominately pain. Disagrees w/ Nultemeier's comment. Jeremy Lacocque: changed wording in chat. Elaina Gunn: motion to approve w/corrections in chat? Neils Tangherlini: Motions to approve with/changes proposed by Dr. Lacocque Mary Mercer: I second that motion to approve.	
Medication 14.1 Ketamine	Elaina Gunn: Summarized changes on behalf of Gino Cifolelli. Jeremy Lacocque: changed wording in chat. Modify exclusion to "significant head trauma" Elaina Gunn: motion to approve w/corrections in chat? Rod Brouhard: Motions to approve Niels Tangherlini: Seconds the motion to approve	Motion passes. Policy approved w/changes suggested in chat by Jeremy Lacocque.
Medication 14.1 Ibuprofen EMTALA (Emergency Medical Treatment and Active Labor Act) federal regulations	Elaina Gunn: Summarized changes on behalf of Gino Cifolelli. Several members suggested change to update max limit to 600mg, including David Malmud. David Malmud: pediatric dosing needs to be uploaded to Acid Remap. Per Elaina Gunn, this has been corrected and should have been uploaded. EMSA to review my understanding based on EG's comments at the 2PM SFFD mtg on same day is that current version is update in Acid Remap; next updates go along w/4.1 release but need to verify with her to be sure.	Motion passes. Policy approved w/changes suggested in chat by Jeremy Lacocque.

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	Jeremy Lacocque: added language to chat to change contraindication to "current anticoagulation therapy" and delete "aspirin" John Brown: okay with change; consider for mild pain Curt Geier: single dose should be okay even though aspirin is a contraindication. Changes: Remove aspirin as contraindication. Keep 600 as max dose. Rod Brouhard: motion to approve with changes Niels Tangherlini: seconds motion to approve	
Policy 2000-Prehospital Personnel Standards and Scope of Practice	Ron Pike: summarized changes and comments Niels Tangherlini: wants to see "intubation above supraglottic airway in policy 2000" as intubation is gold standard. Rod Brouhard: motion to approve all 3 policies together (policy 2000, Policy 2041, Protocol 2.02) Andrew Holcomb: level setting that this is only a list of skills that an EMT-P can perform. Not a requirement. Niels Tangherlini: changed mind; motion to approve as-is. Seconded 11:24am	Motion passes. Policies approved as-is.
Policy 2041-EMT Optional Skills	See above	Motion passes. Policies approved as-is.
Protocol 2.02-Allergic Reactions	See above	Motion passes. Policies approved as-is.
Policy 4001.a-Vehicle	Jeremy Lacocque: new post-public comment version states "prefilled preferred", but I thought draw up was fine too.	Motion passes. Policy approved w/changes

Equipment and Supply List for First Responder Ambulances	Andrew Holcomb: EPI auto-injectors approved for organized EMS system; may not be approved for EMT use at special events. Jeremy Lacocque: Narcan – says naloxone IV or IM, but wondering about IM? Could we just remove the route from equipment policy. Andrew Holcomb: agrees Motion to approve with route change removal Niels Tangherlini: motions to approve Rod Brouhard: seconds approval	suggested by Jeremy Lacocque.
Protocol 2.16-Shock	Elaina Gunn: Summarized changes on behalf of Gino Cifolelli. Removed dopamine, added Epi infusion for alignment. Will be fully revised at future EMSAC. Jeremy Lacocque: cardiac arrest protocol lists dopamine too. Elaina Gunn states all cardiac approvals are in process of revision. Rod Brouhard: motions to approve Mary Mercer: seconds to approve	Motion passes. Policies approved as-is.
Protocol 4.01 General Trauma Evaluation and Overview	4.01, 4.03, 4.04, 4.05, and 4.06 will be lumped together for one vote. Dave Moorer: TSAC, medical directors have reviewed and approved prior to public comment. Dave Moorer presented summarized changes for 4.01 Jeremy Lacocque: Motion: remove nausea medications from base contact. Instead, "contact base for repeat doses of pain medications". Dr. Brown thinks this has already been removed post-public comment. Lacocque says protocol online shows red underline instead of strikethrough. Moorer will fix. David Malmud: comments will apply to next batch of protocols. Ketamine now approved for many indications, but ketamine is not	

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	included in any of these protocols. Recommend adding to all of these for consistency with newly approved pain protocols. Jeremy seconds this motion.	
Protocol 4.03-Head and Neck Trauma	Dave Moorer: summarized changes Mary Mercer: motions to approve with changes suggested above in combined vote.	
Protocol 4.04-Chest, Abdominal and Pelvic Trauma	Dave Moorer: summarized changes via document	
Protocol 4.05-Extremity Trauma	Dave Moorer: summarized changes via document Bryan Fregoso: happy to explain or answer any questions Discussion regarding removing functional tourniquet without base hospital contact. Lacocque, Cuschieri, Brown, and Mercer commenting. Mary Mercer change to “may consider base contact prior to tourniquet removal” instead of “must”	
Protocol 4.06-Burns	Dave Moorer: summarized changes via document David Malmud: on algorithm section, box 1 states “meeting xyz criteria should be transported to st. francis”, but the criteria have been removed. Need to add criteria back in. Dave Moorer: link should be added to something at some point Elaina Gunn: in meantime, can we add criteria back into narrative section? Niels Tangherlini: Motions to add criteria back into narrative and approve Rod Brouhard: seconds motion to approve with criteria added back in	Motion to approve all protocols with changes described in text to left. motions to approve. Rod Brouhard seconds motion to approve.

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Procedure 7.18-Transcutaneous Pacing	Elaina Gunn: time check with group. Motion to continue past time approved. Andrew Holcomb confirms we do not have quorum with hospitals. Will need to set up additional meeting Not discussed due to time constraints.	
Protocol 8.03-Pediatric Bradycardia	Not discussed due to time constraints.	
Roundtable/Open Forum	Not discussed due to time constraints.	
Adjourn	Rod Brouhard and Niels Tangherlini motion and second motion to adjourn meeting. Next Meeting Wednesday, April 24 from 10am-12pm	