



**HPP LEMSA Deliverables FY14-15
Meeting Minutes
November 12, 2014
1000 – 1400 hours
Location: Redding, CA – Blood Source**

Attendees

Mark Belden	Nor-Cal EMS, Contractor	Christi Myers	Lassen County
Bill Bogenreif	Nor-Cal EMS	N/A	Modoc County
Patti Garrison (Lima)	Nor-Cal EMS	Tina Venable	Plumas County
Dr. Eric Rudnick	Nor-Cal EMS, Contractor	LeTina Vanetti	Sierra County
Dan Spiess	Nor-Cal EMS	Megan Blanchard	Trinity County
Amy Travis	Glenn County	Dr. David Herfindahl	Trinity County
Bethany Edholm	Lassen County	Elizabeth Wallgren	Trinity County
Mark Belden	Nor-Cal EMS, Contractor	Christi Myers	Lassen County

Documents distributed:

- CA Self-Identified Ebola Centers 11/5/14
- CA Self-Identified Ebola Centers/drive time 11/5/14
- MHOAC Response Hazard Specific Checklist – provided by Glenn County
- Nor-Cal EMS Infectious Disease Control Measures policy (including letter to EMS stakeholders from Dr. Rudnick)

Agenda Item:

Objective 1 of the LEMSA deliverables workplan addresses the clarification of the LEMSA, LHD and MHOAC program roles before, during and after an event. The development of Emerging Infectious Disease (EID) and Ebola policies, protocols and procedures was identified as the template for the components of this objective. Dr. Rudnick developed the collaborative efforts agenda for “handling Emerging Infectious Disease. Intersection between Public Health and EMS

Discussion:

EMS, hospital, and Public Health responses in regards to potential Ebola patients: risk assessment of suspected patients

- Dr. Rudnick advised that Ebola is the first of many infectious diseases that will impact us. Dr. Herrfindahl advised Ebola training is a good exercise, that H1N1 or some other variant will mutate and anticipates a high case fatality with flu at some point. Dr. Rudnick expressed concern about the region’s hospitals ability to manage/process an Ebola patient and offered up Dallas Presbyterian as an example of the impact on facilities.
- Nor-Cal EMS Policy 101 Emerging Infectious Diseases was released. It includes the mandate for universal standard safety precautions (eyes & gloves). Dr. Rudnick asked the team to review and respond with updates/changes

- Dr. Rudnick has developed an Ebola specific guidance/policy and will ask for feedback once completed. It will include a history of fever and travel and Cal-OSHA's guidance for PPE. Dr. Rudnick advised the team that we will reach out to the hospital to review response policies.
- Both Dr. Rudnick and Dr. Herfindahl expressed the need to include Fire and Law in discussion and education.
- Monitored travel will most likely be the type of patient the region may encounter
- Mark recommended that on the "fire side" for education, start with the highest level (e.g. Cal Fire). Start at the top and then branch out to the fire districts/chiefs.
- Tina expressed the concern about the response of volunteer fire personnel to an infectious disease call. The team discussed the need to develop a consensus on response by departments.
- Christi is meeting with the Fire Chiefs. Additionally, they are scheduling times to meet with the fire departments on "drill nights" and provide kits as well as a 2-sided "recommended" suspect Ebola safety card developed for use by both paid and volunteer. She will forward a copy to Patti for distribution.
- Christi advised Lassen OES is determining how dispatch will be managing.
- Dr. Rudnick advised that the LEMSA determines dispatch policy. EMD is not utilized in any Nor-Cal EMS county; Dr. Rudnick is establishing guidelines for the PSAPs and should have within the next couple of weeks. It will include screening questions and will determine how to measure Quality Assurance (QA).
- Mark advised that AMR provided a 1 page Ebola screening guide with a number for AMR's internal contact number that will assist in further screening.
- For QA and standardization, Dr. Rudnick advised that Public Health/MHOAC needs to verify that a suspected individual is a "person under investigation (PUI)" before a patient is transported. EMS should call Public Health/MHOAC before they leave the scene.
- Amy asked for clarification of Enloe medical dispatch as it relates to two different LEMSAs' policies. Dr. Rudnick advised Enloe would follow S-SV policy.
- Dr. Rudnick advised that county hospital infectious disease/Ebola procedures need to be identified/evaluated/documented for Public Health and LESMA coordination and necessary MOUs (between facilities) be developed using normal referral patterns.
- Per Amy Yolo County MHOAC advised that they had AMR and Yolo had a designated "bus" for transport. Dr. Rudnick advised that he has discussed an IDART (Infectious Disease Ambulance Response Team) with AMR. There has been discussion about a national contract for IFTs. Per Tina, CHIACC has also discussed this issue.
- It was discussed that hospitals need to determine if they would house a PUI or if a policy would be identified to move them to "more appropriate care."
 - Transport issues:
 - Transport to local ED?
 - Bypass local ED and transport to tertiary care
 - Shelter at home pending IDART response
 - Transport (IFT) to regional facility (resource)
 - This is a good opportunity to formalize policy between EMS, Public Health and the hospitals and leverage the policies for other infectious/communicable diseases.
- Per Dan Spiess, an EMSA document indicated that draft material stated that while all facilities should be capability of initially evaluating a suspect patient, not all facilities can admit to confirm diagnosis, so local or regional Ebola evaluation hospitals may be designated by LEMSA and local Public Health.
- Question for CDPH if have cross border MOUs with Nevada hospitals
- Christi stressed the need to educate law enforcement regarding PPE
- Mark addressed the need to teach infection control for volunteers as they wear the same (street) clothes to a scene and return home in the same clothes/boots.

- Mark recommended that the county EMCCs (Emergency Medical Care Coordination) or a county Emergency Medical Advisory group venue be utilized for training and education and interaction with Public Health. Dan advised that some counties don't have EMCCs, but function with county "Fire Chiefs" meetings.
- Per Dr. Rudnick – there are 2 issues dealing with and "parallel ways" are required to manage::
 - Monitored traveler
 - Walk –in
- Discussion ensued regarding how to manage healthcare providers presenting with symptoms.
- Megan asked if quarantine individual if responsible for staples. Per Dr. Herfindahl, yes – don't need to buy, but need to make sure they can get, there are many laws pertaining to quarantine/isolation. Per Amy, there are emergency relief funds available for food and housing.
- The loss of the transport ambulance was discussed. Issuing a resource request was suggested which would be a MHOAC/RDMHS role. Mutual Aid may be initiated.
- Following the EOM a sit report for the "unusual event" would be issued after 2 hours of the incident/monitoring of PUI. Notification for assistance and resources would be made to the RDMHS and CDPH would be notified.
- Request for Air National Guard would be initiated by the RDMHS following SEMS. If the health officer contacts CDPH, it's possible that CDPH / EMSA may act.
- A 24-hour MHOAC contact list is available and continually updated for the region. Department of Communicable Disease contacts the Health Officer. The issue is that in many counties, the HO is not educated/familiar with the MHOAC program.
- The group recommended that dispatch & DCD lists be updated routinely.
- Dr. Herfindahl recommended that the counties subscribe to GETS cards or pagers.
- The development of work groups was discussed – to include fire and hospitals:
 - Transportation (Ebola related) - work with other LEMSAs and/or state – local vs. regional and how/where to transport (i.e., IDART, IFT) including policy/procedures
 - Awareness Level Training – standardized for region – emerging/infectious (novel) disease including PPE
 - Dr. Rudnick lead
 - Communication
 - Best Practices
 - Documents sent to Patti, database will be started
- Mark recommended that we work with the RDMHS and determine what the regions are developing
- Megan recommended bringing the partners together at an RDMHS meeting

Agenda Item:
EMResource

Discussion:

- The benefits of EMResource were discussed. Dr. Rudnick stated that Nor-Cal EMS is working with S-SV to develop a ground ambulance view that will include resources such as the ground fleet, DMSU and MCI trailer caches. Dr. Rudnick would like to see more providers utilizing EMResource for alerts, communications. EMResource provides a snapshot of the entire region during events versus CAHAN which is a CDPH/CDC communication system.
- Mark discussed the patient tracking form under development and that it is the responsibility of the Medical Group at the scene for patient tracking.
- Patti advised that a meeting will be scheduled with EMTrack product manager to determine if it would benefit the region for patient tracking and the affordability.

- The group discussed when a multi-county incident concludes, whoever is at the scene - transportation/medical communications coordinator snaps a picture of the patient tracking form and sends it to the Control Facility to coordinate with hospitals and communicate with Public Health/MHOAC.

Agenda Item:

SALT / S.T.A.R.T Triage

Discussion:

- All counties are supposed to use S.T.A.R.T. Per Mark, Shasta County is initiating twice each month every patient AMR responds on, regardless of medical complaint, gets a triage tag. Cal-Fire and City Fire have agreed to participate.
- The new patient tracking form was discussed. Development continues with S-SV and can be used electronically on tablets/computers. Instructions will be indicated to send to the Control Facility. It will be included in the MCI Plan.
- All MCIs should be critiqued
- Per Mark, SALT is a new triage method (developed by the CDC and other governmental agencies) with the potential to save more people. It allows more to be done during the triage process (e.g., can open the airway and give rescue breath and apply a tourniquet). Trials with SALT & S.T.A.R.T have been conducted and there are better outcomes with SALT. It's a non-proprietary system.
- Per Dr. Rudnick the RTCC North is meeting in January and will be evaluating both triage methods. The RTCC is for the whole region (north) and they are looking at adopting SALT.
- Per Mark the tags would be different, but the same color system can be used.
- Per Christi, Lassen successfully used triage ribbons for the first time at the last active shooter exercise. Ribbons are simple, user friendly and 'made sense.'

Round Table:

- Megan, Trinity, asked for clarification of who initiates and who responds to HAvBED events/drills. The hospital did not receive the event notification during the last drill. Dr. Rudnick advised that the LEMSA & RDMHS initiate and the hospital responds. Patti agreed to review Trinity's hospital and public health's EMResource profiles and resolve.
- Local HAvBED training is being refined and will be distributed
- Dr. Rudnick will work with S-SV to coordinate CF training with the Nor-Cal EMS hospitals. Per Amy, education needs to include correct MCI response by the hospitals
- In regards to repatriation of patients, Dr. Rudnick will ask Kevin whose responsibility it is to coordinate.

Next meeting date: 12/10/14 / 1430-1530 / Conference Call