A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County
Emergency Medical Services Agency

http://www.sjgov.org/ems

Mailing Address
PO Box 220
French Camp, CA 95231

Health Care Services Complex
Benton Hall
505 W. Service Rd.
French Camp, CA 95231

Phone Number
(209) 468-6818

EMS Liaison Committee
Thursday, November 12 at 0900 hours

Online via WebEx
Register at
https://sjgovems.webex.com/sjgovems/k2/j.php?MTID=t1b390e2ad10469440e59116c2477ee06

A G E N D A

1. Welcome - Call to Order

2. EMS Administrator's Report (no attachment)

3. Staffing and Training
   A. EMS Personnel

4. Response and Transport
   A. Emergency Ambulance Service Performance (Revised November 19, 2020)

5. Facilities and Critical Care
   A. Stroke System Update Report
   B. STEMI System Report
   C. Trauma System Report
   D. Ambulance Patient Offload Delay Report
   E. ALS Treatment Protocols Report

6. Draft Policies for Public Comment
   A. ALS Treatment Protocol Traumatic Arrest (ATRA-02)

7. Disaster Medical
   A. MHOAC Logistics Report
   B. COVID-19 Response Timeline

8. Hospital and Prehospital Care Service Provider Reports - Roundtable

9. Public Comment

10. Next Meeting – January 14, 2021

A full agenda packet will not be provided at the meeting. A full agenda packet may be viewed or downloaded from the EMS Agency's website at www.sjgov.org/ems

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DATE: October 29, 2020

TO: EMS Liaison Committee

PREPARED BY: Marissa Matta, EMS Specialist

SUBJECT: EMS Personnel Report

RECOMMENDED ACTION:

Receive information on EMS Personnel activities.

DISCUSSION:

The following is a summary of the number of EMS personnel currently certified, accredited, or approved to practice in San Joaquin County; and the EMS personnel application activity of the SJCEMSA between December 17, 2019, and October 29, 2020.

EMR Certification Total:	**22**
Applications processed	
Initial Certification:	0
Re-certification:	4
EMT Certification Total:	**834**
Applications processed	
Initial Certification:	98
Re-certification:	289
Reciprocity Certification:	0
Active Probation:	9
Active Suspension:	0
Denied/Revoked since July 2019:	6
Paramedic Accreditation Total:	**367**
Applications processed	
Initial Accreditation:	43
Re-accreditation:	118
Active Probation:	0
Denied/Failed Accreditation since July 2019:	8

EMS Dispatcher Accreditation Total:	**86**
Applications processed	
Initial Accreditation:	7
Re-accreditation:	33
Active Probation:	1
Active Suspension:	0
Denied/Revoked since:	0
MICN Authorization Total:	**50**
Applications processed	
Initial Authorization:	4
Re-authorization:	22
Active Probation:	0
Active Suspension:	0
Denied/Revoked since January 2019:	1
Paramedic Field Internship Authorization Total:	**9**
Applications processed	
Initial Authorization:	7
Extended Authorization:	2
Paramedic Preceptor Authorization Total:	**48**
Allocation by ALS provider organization	
American Medical Response:	19
Escalon Community Ambulance:	1
Manteca District Ambulance:	10
Ripon Consolidated Fire District	4
Stockton Fire Department:	6
South County Fire Authority:	8

Each July, the SJCEMSA accepts applications for Paramedic Preceptor authorization. Applicants are required to complete an eight (8) hour paramedic preceptor training course and be approved by a peer review panel.

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DATE: November 19, 2020 (Revised)

TO: EMS Liaison Committee

PREPARED BY: Tina Shahani, EMS Analyst

SUBJECT: Report on Emergency Ambulance Service Performance

RECOMMENDED ACTION:

Receive information on emergency ambulance performance for American Medical Response (AMR), Manteca District Ambulance (MDA), Escalon Community Ambulance (ECA) and Ripon Consolidated Fire District (RCFD).

FISCAL IMPACT:

The 2019-2020 San Joaquin County EMS Agency budget emergency ambulance monitoring and permit fees totaling $804,506 to offset the cost associated with monitoring compliance and evaluating performance.

Emergency and non-emergency ambulance service providers operate without subsidies from San Joaquin County. San Joaquin County sets the allowable billing rates for emergency ambulance service through a competitively awarded performance agreement to AMR and by non-competitively awarded performance agreements with MDA, ECA, and RCFD. Non-emergency ambulance service rates are unregulated and may be established by each non-emergency ambulance service provider based on market conditions.

DISCUSSION:

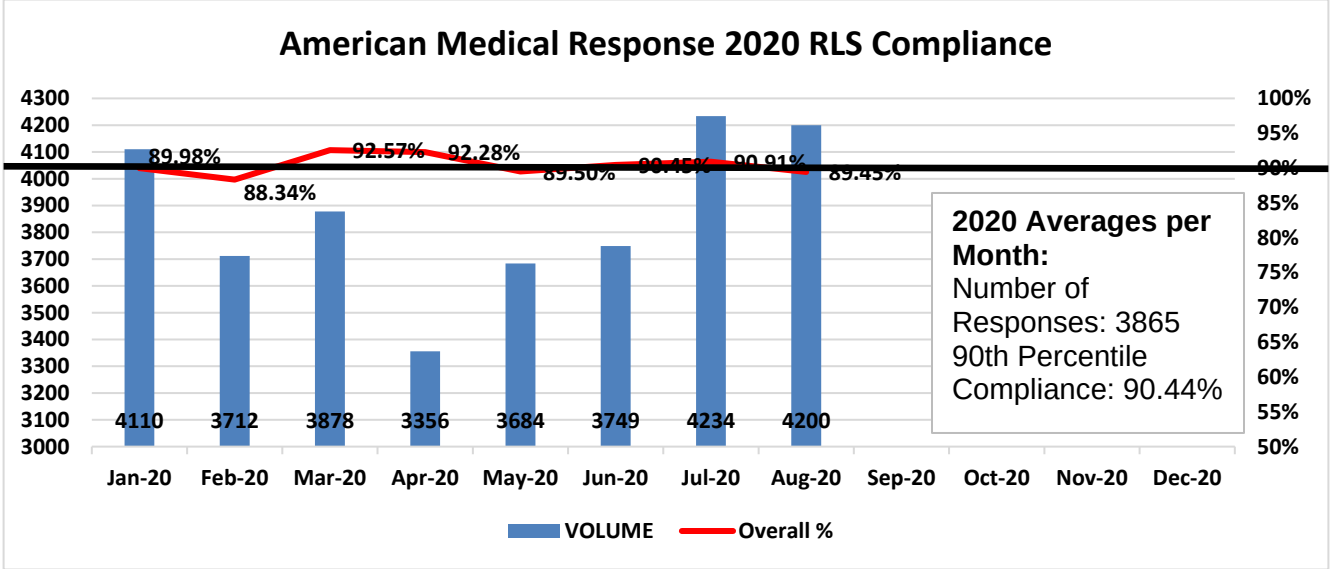
SJCEMSA publishes bi-monthly reports on the exclusive emergency ambulance provider service contract compliance for AMR, MDA, ECA, and RCFD. These reports primarily focus on service provider response time performance and other related measures included in their respective ambulance service contracts. Copies of these performance reports are available on the SJCEMSA's website at:

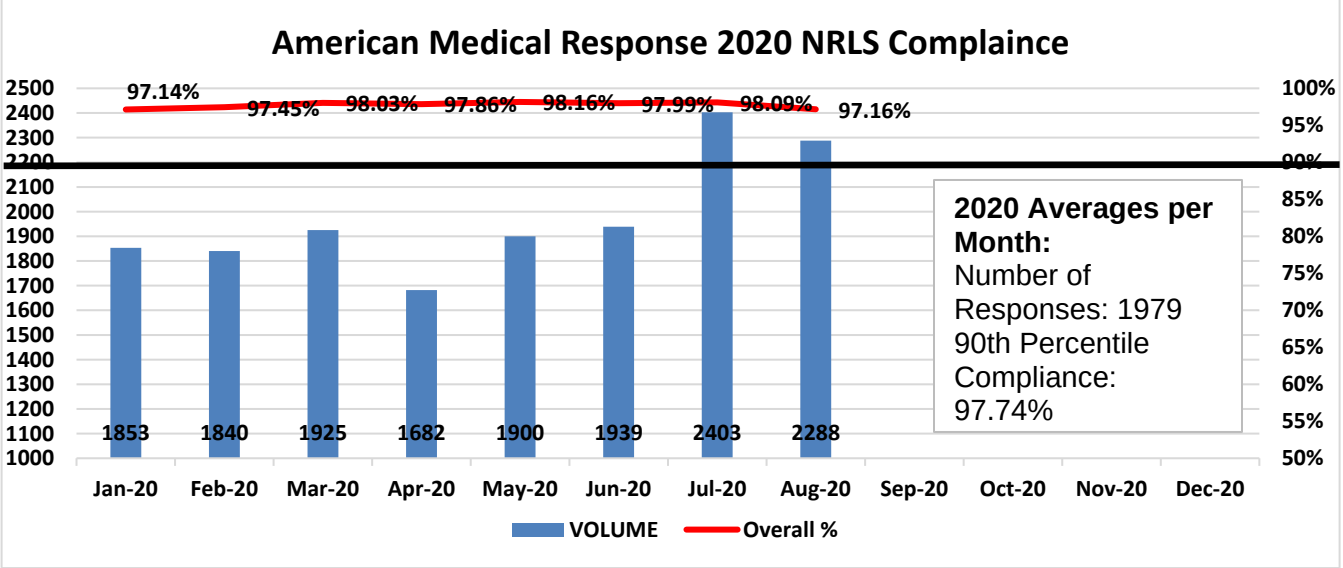
https://www.sjgov.org/ems/transportationcompliancereports.htm.

Compliance Review by Provider:

A summary analysis of the prehospital performance for each ALS ambulance provider during the first eight months of 2020 is shown below.

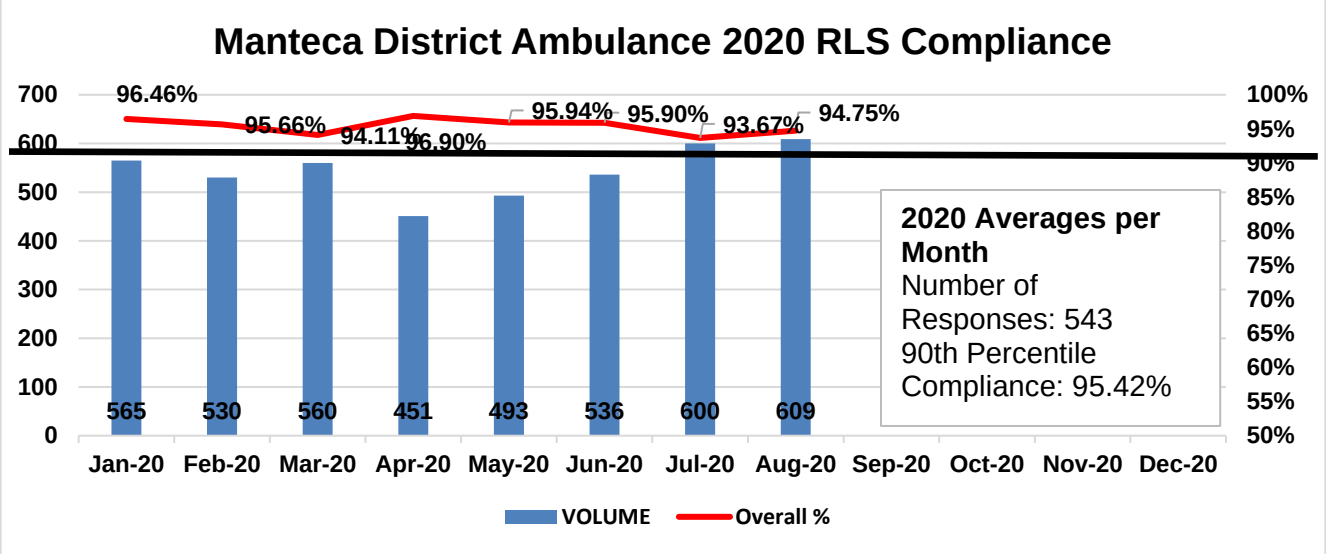
AMR

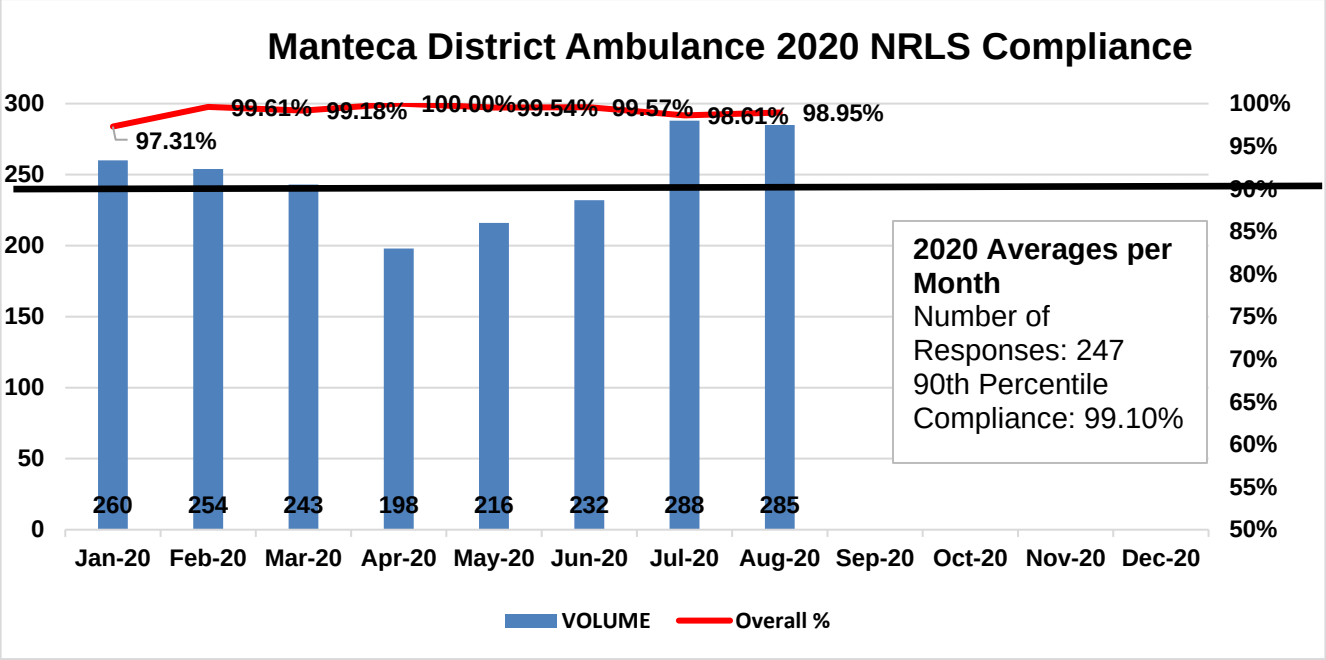




AMR's combined RLS and NRLS call volume for January thru August 2020 is 46,753 with an overall compliance of 92.90%. The call volume for ALS-IFT and CCT-IFT was 486 and 74 respectively during this time period.

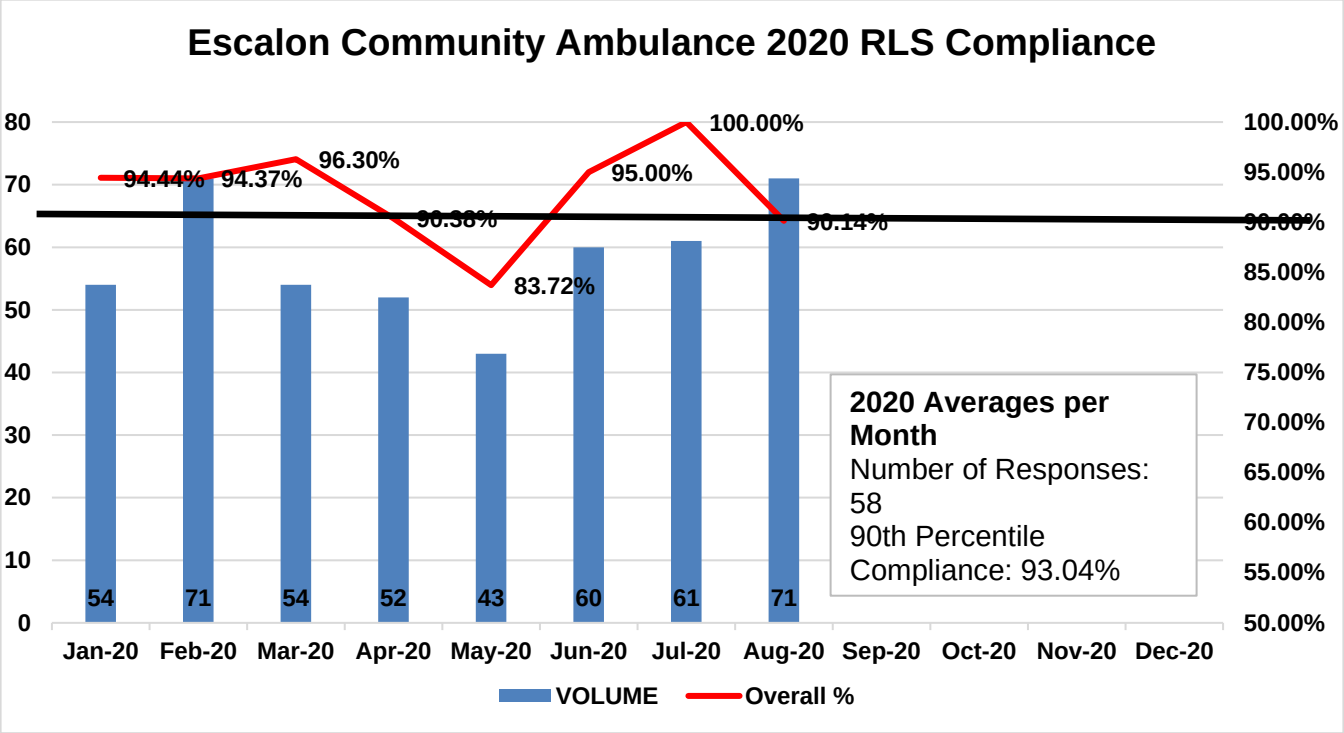
MDA



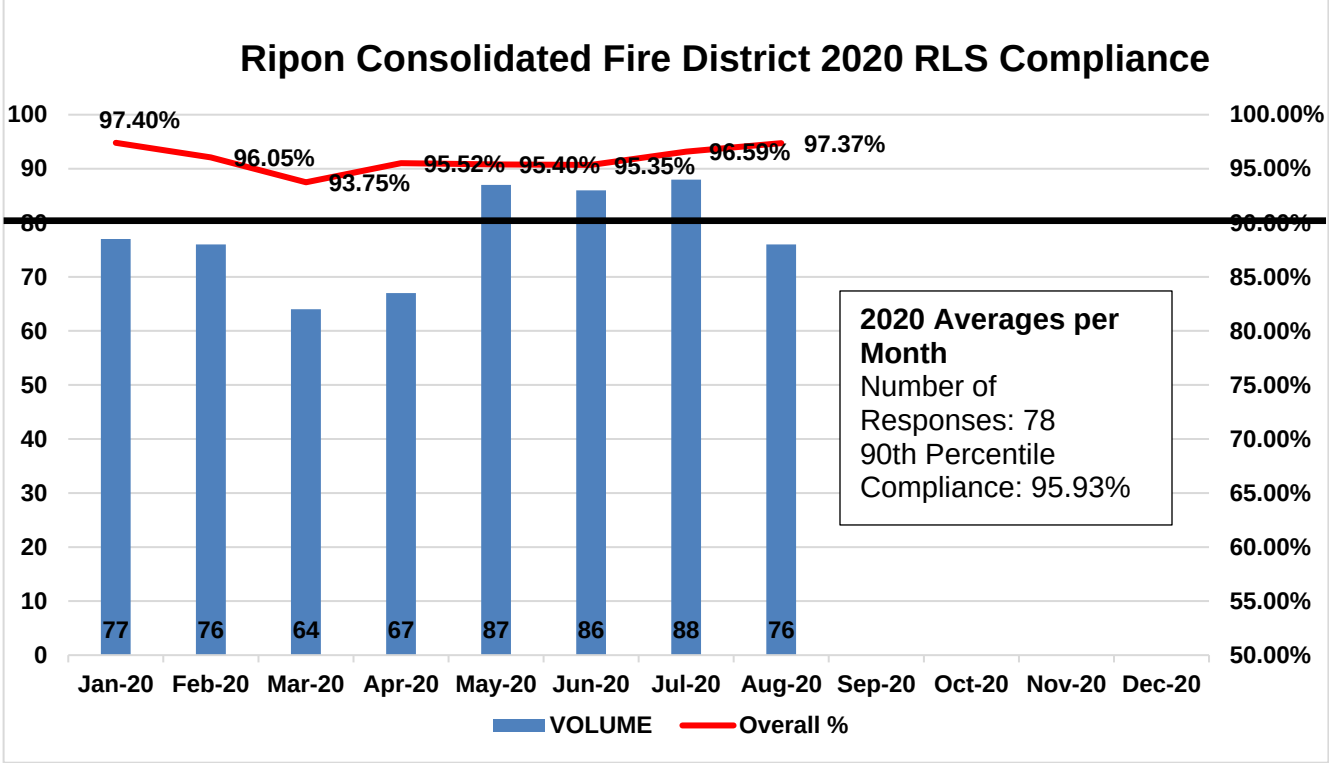


MDA's combined RLS and NRLS call volume for January thru August 2020 was 6,320 with an overall compliance of 96.57%.

Escalon Community Ambulance



Ripon Consolidated Fire District



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DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Jeffrey Costa, RN
EMS Critical Care Coordinator

SUBJECT: Stroke System of Care Update

RECOMMENDED ACTION:

Receive information on the stroke system of care in San Joaquin County.

FISCAL IMPACT:

The San Joaquin County EMS Agency (SJCEMSA) receives $26,075 per year from each designated stroke center to offset the costs associated with stroke system planning, implementation, and evaluation.

DISCUSSION:

In 2018, the SJCEMSA designated all seven San Joaquin County hospitals as primary stroke centers following successful completion of a process that included site surveys and ratification of written agreements.

The SJCEMSA implemented a standardized data collection and reporting process that is consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program and the American Heart Association's Get with the Guidelines. Reported data follows suspected stroke patients from the time the ambulance arrives on-scene to the time the patient receives a discharge diagnosis or is transferred to a facility that provides a higher level of care.

American Stroke Association Standards

According to the 1st Quarter data of 2020, the San Joaquin County stroke system already performs at a level expected in a more mature system. The American Stroke Association (ASA) publishes, *Recommendations for the Establishment of Stroke Systems of Care: A*

2019 Update[1]*,* providing both goals and standard for stroke systems. San Joaquin County has met and exceeded many of the current goals for 2019 per the ASA. For example, ASA's recommended elapsed on scene time with a suspected stroke patient is less than 15 minutes. During the 1st Quarter of 2020 the elapsed on scene time of suspected stroke patients in San Joaquin County (avg 10 minutes) was less than 15 minutes **78.7**% of the time compared to the national average of 51.3% and California average of 62.6%. The national average of stroke alert prehospital notification is 31.8% of the time and California average of 34.7%. During the 1st Quarter of 2020, EMS personnel provided "pre-alerts" to primary stroke centers in San Joaquin County **71.1**% of the time.

Other suggestions to improve stroke systems from ASA include the use of prehospital stroke severity assessment tools and the importance of early stroke team activation. ASA specifically states that, "In prehospital patients who screen positive for suspected stroke, a standard prehospital stroke severity assessment tool (such as Rapid Arterial Occlusion Evaluation, etc.) should be used to facilitate triage." In addition, ASA emphasized that, "Early stroke team activation, CT angiography performed in <30 minutes, and cloud image sharing may reduce door in-door out time and facilitate rapid treatment. Future efforts should be aimed at supporting the widespread implementation of rapid advanced imaging to detect LVO in appropriately selected patients." The SJCEMSA implemented a severity scale (Rapid Arterial Occlusion Evaluation or RACE) and has integrated its use into early notification and rapid imaging upon arrival at PSCs.

During 1st Quarter of 2020, data provided to SJCEMSA by the primary stroke centers in San Joaquin County indicates that PSCs received a total of 138 patients from EMS with a final diagnosis of stroke. Of these, 84 were prehospital patients transported by ambulance.

[1] Opeolu et al.. (2019, July). Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update. *American Heart Association, 50(7), 187-210. Retrieved July 1, 2019, from https://www. Ahajournals.org/doi/10.1161/STR.00000000000173.*

Chart 1
Prehospital performance measures and standards during the first quarter of 2020.

Number of cases transported by ambulance with a final diagnosis of stroke by the PSC.	**138**	
Number of cases suspected stroke per prehospital.	**84**	
EMS documented LKWT	**69**	**82.1%**
Number of cases with prehospital notification	**61**	***72.6%***
Stroke scale used	**73**	**86.9%**
Blood Glucose Checked	**83**	**99%**

Chart 2
Stroke System Performance chart representing the first quarter of 2020.

Metrics	Average (minutes)
ON-scene Times	**0:10:38**
Hospital Performance Door to CT	**0:17:52**
EMS at Pt to CT	**0:42:50**
Hospital Performance Door to TPA	**0:43:03**
EMS at Pt to TPA	**1:04:13**
Hospital Perf Door to Neuro Consult	**0:53:20**
EMS at Patient to Neuro Consult	**1:17:11**

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DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Jeff Costa, RN
EMS Critical Care Coordinator

SUBJECT: STEMI System Report

RECOMMENDED ACTION:

Receive information on the ST elevated myocardial infarction (STEMI) System in San Joaquin County.

FISCAL IMPACT:

The San Joaquin County EMS Agency (SJCEMSA) receives $26,075 per year from each designated STEMI center to offset the costs associated with STEMI system planning, implementation, and evaluation.

DISCUSSION:

Cardiac Catheterization Laboratories (or Cath Lab) Team Skills Practice & Survivability:

During the first two quarters of 2020 a total of 143 patients were identified as having a suspected ST elevation myocardial infarction needing specialized cardiac care and were treated at St Joseph's Medical Center (SJMC) or Dameron Hospital Association (DHA). Ninety-six (**96.5**%) were discharged alive. A total of forty-four (44) of these critically ill patients received percutaneous interventions (PCI) in the Cardiac Cath labs of either SJMC or DHA of which ninety-seven percent (**97.7**%) of these patients were discharged alive.

Data Collection:

The ability of SJCEMSA to evaluate the STEMI system relies upon data measuring the performance of prehospital and hospital timeliness. Such data includes quality indicators as seen below which are used as a means to measure the effectiveness of the STEMI system in San Joaquin County.

Prehospital Quality Indicators include measurement of the following:

1. Accurate and complete documentation
2. Time spent on-scene
3. Time between First Medical Contact[1] (FMC) to the first EKG
4. Time between identification of a STEMI (EKG) and notification of SRC
5. Timely and correct notification of SRCs for patients identified as having STEMI
6. Efficacy of ECG transmission
7. Time from FMC to Balloon[2] at SRC
8. Time between FMC and patient arrival to SRC

In-Hospital Quality Indicators include measurement of the following:

1. Timeliness of in-hospital STEMI alert in response to prehospital STEMI alert
2. Efficacy of prehospital STEMI identification method (e.g. percentage of false positives)
3. Timeliness of prehospital alert and ED arrival to cath lab/balloon times

Data Analysis:
The data in this report is derived from a review of patient care reports and in-hospital care at each SRC. The focus of this process is appropriate STEMI documentation, 12-lead ECG interpretation and application, and whether timely and correct notification of SRCs for patients identified as having STEMI has occurred.

The focus of data collected for this report is on those cases in which patients are transported by ambulance that were identified as meeting criteria of having a STEMI. Also included are cases in which patients are not identified in the prehospital setting as having STEMI, but who evolve to meeting STEMI criteria after arrival at the SRC.

Transmission of ECGs from the Prehospital Setting:
Paramedics are required to transmit ECGs to the SRC for suspected STEMI patients as soon as possible. ECGs were transmitted to SRCs as part of the prehospital STEMI alert process on average sixty-one percent (61.5%) of the time. Compared to the last quarter of 2019, (the average transmission percentage was 82.7%), compliance with the requirement to transmit ECGs has decreased. A continued effort is needed to improve the transmission rates of ECGs on STEMI patients.

First Medical Contact (FMC) to Balloon Times
Chart 1 shows the elapsed time from FMC to Balloon in the hospital cardiac cath lab. This data only includes those cases in which a STEMI alert was initiated in the prehospital setting, excluding all evolving subsequent STEMIs and return of spontaneous circulation (ROSC) patients. As shown in the charts below, SJCEMSAs STEMI system consistently meets or exceeds the ACC/AHA $\leq$ ninety (90) minute the FMC to Balloon time interval minimum standard with a 1st half, 2020 average time of **81** minutes.

[1] First Medical Contact is the time of face to face contact between STEMI patient and first caregiver.
[2] Balloon refers to reperfusion of blood flow during a Percutaneous Intervention.

Chart 1
Table representing SRC interpretation of ECGs in the first two quarters of 2020.

Total # of STEMI Transported to SRC	143	
True Positive	44	30.8%
False Positive	96	67.1%
Evolving Subsequent/Outlier	3	0.03%
Completion EKG	143	100%
Transmission of EKG	88	61.5%

Chart 2
STEMI System Performance chart representing the first two quarters of 2020.

San Joaquin County STEMI System	
FMC to EKG	0:08:18
On scene Times	0:10:59
Time from 1st STEMI EKG to SRC Alert	0:09:01
FMC to Arrival	0:27:21
Door to Balloon	0:56:31
FMC to Balloon	1:21:39

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DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Amanda Petroske, EMS Trauma Coordinator

SUBJECT: Trauma System Report

RECOMMENDED ACTION

Receive information on the Trauma System of San Joaquin County.

FISCAL IMPACT

State law allows local EMS agencies to recoup the costs associated with the development of a trauma system plan and ongoing monitoring of the trauma system in the fees charged for designating trauma centers. The trauma center monitoring fee totals $254,347 and will offset the costs associated with monitoring the trauma center contract, legal fees, and a site team verification of San Joaquin General Hospital (SJGH) by the American College of Surgeons (ACS) Committee on Trauma. Revenue from the trauma center designation fee is included in the approved 2019-20 EMS budget.

DISCUSSION

Trauma Center Verification:

SJGH was initially designated as a Level III Trauma Center by the San Joaquin County EMS Agency (SJCEMSA) in August 2013. SJGH was verified as a Level III Trauma Center by the American College of Surgeons (ACS) Committee on Trauma (COT) in June 2018.

Verified trauma centers must meet ACS-COT essential criteria ensuring trauma care capability and institutional performance, as outlined by ACS-COT's "Resources for Optimal Care of the Injured Patient". The ACS-COT's verification program does not designate trauma centers. Rather, the program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. SJCEMSA is responsible for the designation of trauma centers.

SJGH Trauma Process Improvement and Patient Safety Program:

The SJGH Trauma Services Department holds monthly meetings of its multidisciplinary Trauma Process Improvement and Patient Safety (PIPS) Committee. The objective of a trauma PIPS program is to improve patient outcomes, eliminate problems, and reduce

variation in patient care. All trauma centers are expected to systematically and critically scrutinize their trauma care using performance measurements as a means to validate and improve patient care and provide clinicians with the tools to remain competent with current medical best practice. While there is no precise prescription for a PIPS program, such programs must demonstrate a continuous process of monitoring, evaluating, and improving the performance of the trauma program. As part of its PIPS program, SJGH collects and evaluates information related to trauma activations and follows each trauma patient through their hospitalization and disposition.

In addition to PIPS, the SJGH Trauma Department participates in quarterly Trauma Audit Committee (TAC) meetings which integrates with regional trauma system performance efforts.

The charts below show a summary of the data regularly evaluated by the SJGH Trauma PIPS Committee.

SJCEMSA's Trauma Registry Data:

Major Trauma Patients Received by SJGH	**Apr-May-Jun 2019**	**Apr-May-Jun 2020**
Total Major Trauma Activations	932	947
Pediatric Activations	61	49
Pediatrics Transferred out	6	3
Burn Activations	17	14
Burn Transferred out	3	3
Mechanism of Injury	**Apr-May-Jun 2019**	**Apr-May-Jun 2020**
Gunshot Wound (GSW)	80	58
Stabbing	37	57
Motorcycle Collision	59	42
Motor Vehicle Collision	291	306
Assault	48	56
Fall	258	281
Pedestrian Hit by Car	65	32

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Fax Number
(209) 468-6725

DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Tina Shahani, EMS Analyst

SUBJECT: Report on Ambulance Patient Off-load Delays

RECOMMENDED ACTION:

Receive information on Ambulance Patient Off-load Delays (APOD) occurring in San Joaquin County.

FISCAL IMPACT:

The total estimated financial loss of ambulance availability to the EMS system due to the impact of APODs has historically been limited to a tally of the number of minutes that ambulances are prevented from returning to service after delays greater than twenty (20) minutes. The fiscal impact is not included in this report because additional financial costs need to be determined.

DISCUSSION:

Health and Safety Code, Section 1797.120 requires the state EMS Authority (EMSA) to develop a standard methodology for calculation of, and reporting of ambulance patient offload times (APOT) by local EMS agencies (LEMSAs).

Health and Safety Code, Section 1797.225 mandates LEMSAs to adopt policies and procedures for calculating and reporting ambulance offload time based on standards established by EMSA.

The EMSA's standardized model to measure APOT includes the following definitions:

Ambulance Patient Offload Time (APOT) - the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The adoption of this definition ensures uniformity of measurement for comparison purposes statewide, and establishes a more accurate method to determine transfer of care time at the

ED than used prior to 2017. This APOT report follows the standardized model recommended by the EMS Commission and adopted by the EMSA utilizing the categories defined as APOT-1 and APOT-2.

a. APOT-1: The number reported is the APOT in minutes for transfer of care of 90% of ambulance patients and the number of ambulance runs included in the report.

b. APOT-2: The number reported is the percentage of ambulance patients transported by EMS personnel with an offload time within twenty (20) minutes and those transports with an ambulance patient offload delay beyond 20 minutes. APOD is further stratified by sixty (60) minute intervals up to one hundred eighty (180) minutes then any APOT exceeding one hundred eighty (180) minutes. Twenty minutes has been selected as the target standard for statewide reporting consistency based on precedence from other systems outside of California, as well as experience of some of the California LEMSAs.

The APOT standard adopted by the San Joaquin County EMS Agency (SJCEMSA) is twenty (20) minutes. An APOT delay (APOD) shall be deemed to have occurred when the APOT interval exceeds this standard.

Goal

SJCEMSA's goal is for every patient care transfer between ambulance personnel and emergency department personnel to occur within 20 minutes thereby allowing ambulances to return to service. SJCEMSA believes this is an attainable goal for all receiving hospitals.

Patient Care Impact

An ambulance that is kept at an emergency department over 20 minutes due to an ambulance patient offload delay impacts the ability of the EMS system to meet demand and may adversely impact the care of the patient waiting on an ambulance gurney.

While definitive patient outcome data is not available to support the claim that offload delays are deleterious to patient care, one way in which the impact of offload delays can be measured is through an analysis of ambulance response compliance data. Such an analysis indicates that offload delays directly reduce the number of ambulances available to respond to emergencies with response times required for contract compliance.[1] The reduction in available ambulance services caused by offload delays can be measured in two ways: the relative increase in the number of exemption requests and the real impact of off-load delays on ambulance response time compliance.

[1] The process for determining response time compliance includes a review of late response exemption requests to determine if a delay in response may be attributed to factors outside of the control of the ambulance provider. If an exemption request is approved (e.g. fog, train crossings, road construction) those responses are not included in response time compliance calculations.

Increase in Ambulance Response Compliance Exemptions: When the frequency and length of offload delays reach a trigger point, an ambulance provider may request an exemption from meeting ambulance response compliance requirements. An offload delay exemption trigger is activated when all of the following occurs:

- There are a minimum of 3 ambulances delayed at one or more Stockton area hospital (Dameron, St. Joseph's Medical Center, San Joaquin General Hospital) for a time period ≥ 50 minutes for each ambulance.
- There are five (5) or fewer ambulances available in the greater Stockton area (Status 5 or less).
- The three (3) ambulances referenced above must have been delayed at hospitals during the 50 minutes prior to the call in which an exemption is being sought.
- Ambulance staffing must be at or above the contracted minimum staffing levels.

The EMS system continues to experience a profound impact on ambulance availability and response caused by ambulance patient offload delays (APODs) at emergency departments. The inability of emergency departments to readily accept ambulance patients has a direct negative effect on the availability of ambulances to respond to emergency requests. APODs continue to rob the EMS system of efficiency and steals precious response-time minutes from acutely ill and injured patients. APODs continued to decrease monthly response-time compliance by more than 6% during 2020.

Ambulance Patient Off-load Delay Performance

Tables 1 and 2 show the APOT-1 performance (90th percentile off-load times) and off-load volume for the seven hospitals in San Joaquin County from the 4th quarter in 2019 to the 3rd quarter in 2020. Considering that it is not acceptable for hospitals to allow more than twenty minutes to elapse before off-loading patients, it is discouraging to note that even the most efficient and effective hospitals fail to meet this goal 90% of the time. As illustrated in the tables below, APOT performance remained consistent during the past year.

TABLE 1 APOT-1 by Hospital	**Q4-2019 90th%ile APOT Minutes**	**Q1-2020 90th%ile APOT Minutes**	**Q2-2020 90th%ile APOT Minutes**	**Q3-2020 90th%ile APOT Minutes**
St. Joseph's Medical Center	0:45:41	0:54:33	0:41:00	0:43:51
San Joaquin General	0:40:00	0:43:13	0:37:28	0:40:42
Adventist Lodi Memorial Hospital	0:29:16	0:31:00	0:28:39	0:31:00
Dameron Hospital Association	0:32:25	0:34:29	0:29:55	0:38:00
Doctors Hospital Manteca	0:29:23	0:34:49	0:25:23	0:24:51
Sutter-Tracy Hospital	0:34:09	0:38:29	0:29:08	0:35:00
Kaiser Hospital Manteca	0:29:36	0:34:33	0:36:26	0:36:42

TABLE 2 Ambulance Off-load Volume by Hospital	Q4-2019 Off-load Volume	Q1-2020 Off-load Volume	Q2-2020 Off-load Volume	Q3-2020 Off-load Volume
St. Joseph's Medical Center	6089	5768	5255	5942
San Joaquin General	3293	2849	3144	3574
Adventist Lodi Memorial Hospital	1921	1821	1609	1785
Dameron Hospital Association	1390	1366	1468	1727
Doctors Hospital Manteca	1017	892	835	983
Sutter-Tracy Hospital	872	866	816	977
Kaiser Hospital Manteca	857	770	682	848

Charts 1 and 2 below show the percentage of ambulance patient off-loads that fall within twenty (20) minutes, between twenty (20) minutes and sixty (60) minutes, from sixty (60) minutes to one hundred eighty (180) minutes, and any exceeding one hundred eighty (180) minutes in the fourth quarter of 2019 and the third quarter of 2020.

Chart 1

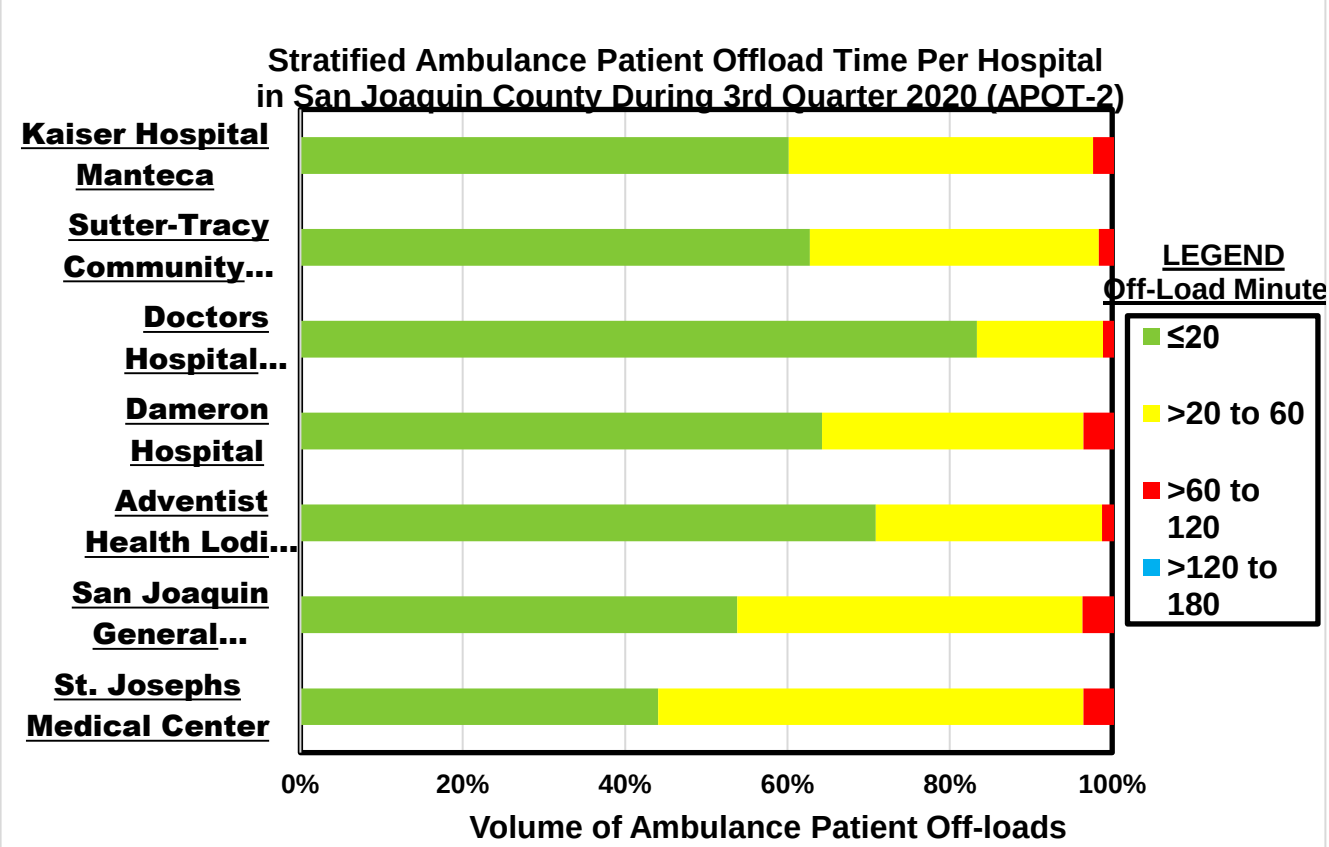
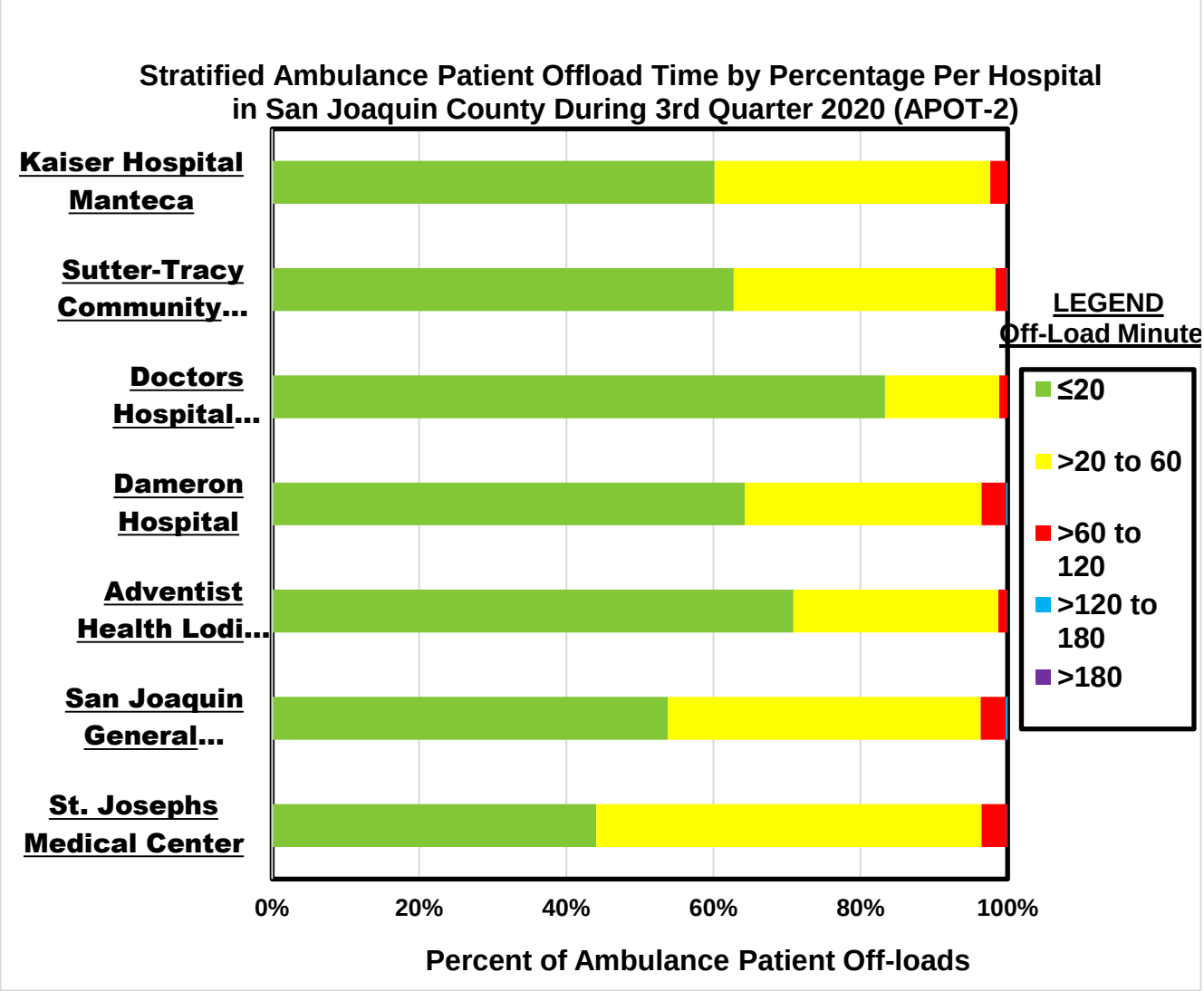


Chart 2



Charts 1 and 2, combined with information provided in Table 1, provide a clear picture of how closely each hospital adheres to the goal of off-loading patients within twenty (20) minutes

A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County
Emergency Medical Services Agency

http://www.sjgov.org/ems

Mailing Address
PO Box 220
French Camp, CA 95231

Health Care Services Complex
Benton Hall
505 W. Service Rd.
French Camp, CA 95231

Phone Number
(209) 468-6818

DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Matthew R. Esposito, MS, MICP
EMS Pre-Hospital Care Coordinator

SUBJECT: Revisions to ALS Treatment Protocols

RECOMMENDED ACTION:

Receive information regarding Version 1.3 of EMS Policy No. 5700, Advanced Life Support Treatment Protocols, issued on October 23, 2020.

FISCAL IMPACT:

None.

DISCUSSION:

On October 23, 2020, SJCEMSA issued Version 1.3 making corrections to the initial beta version of the ALS protocols issued the preceding June.

The revisions as listed below reflect the feedback provided by individual paramedics, MICNs, base hospital physicians and members of the CQI Council during the initial evaluation of the ALS protocols. An updated PDF version of the ALS Protocols is available on the SJCEMSA website https://www.sjgov.org/ems/policies.htm and as a mobile application through the Apple App Store or Google Play Store.

ACAR-04 Adult Medical Cardiac Arrest
Page 36 **Remove:** Definitions: No. 4 Transport notes A. Drowning-follow treatments in protocol but **transport immediately**. **Change:** Follow instructions on Page 40 for adult patients in medical cardiac arrest secondary to drowning.
AGEN-03 Adult Pain Management
Page 129 **Add:** Fentanyl IM/IN for patients with difficult IV access. **Change:** Consideration No. 2, If SBP<100 consider fentanyl for pain management. Consideration No. 3, IM fentanyl shall only be used for patients with difficult IV access (IN may be considered if patient refuses IM injection).

PCAR-01 Neonatal Resuscitation
Page 140 **Remove:** B. 15:2 ratio compression to ventilation ratio. **Change:** Compression ratio to 3:1 compressions to ventilations.

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DATE: November 6, 2020

TO: EMS Liaison Committee

PREPARED BY: Amanda Petroske, EMS Trauma Coordinator

SUBJECT: Proposed revisions to ALS Treatment Protocol Traumatic Arrest (ATRA-02)

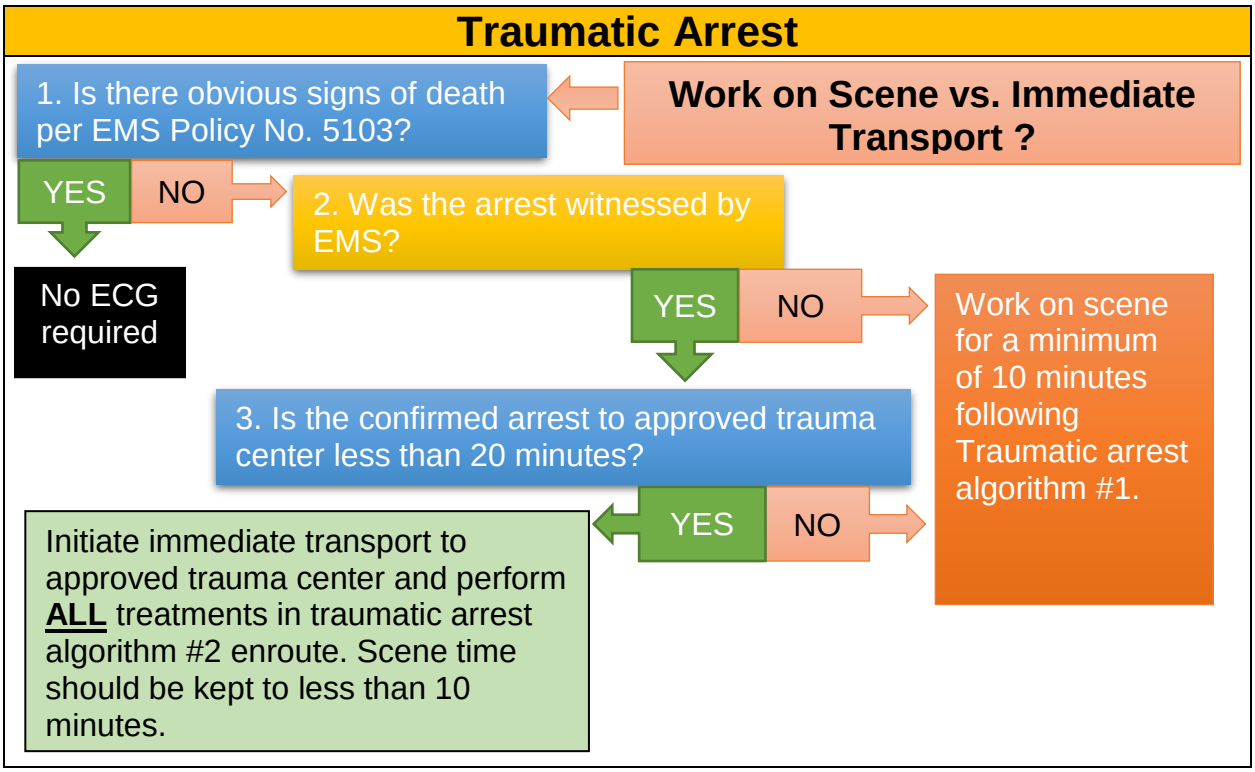
RECOMMENDED ACTION

Receive information and provide feedback on proposed revisions to the Traumatic Arrest (ATR-02) Protocol as specified in Version 1.3 EMS Policy No. 5700 ALS Treatment Protocols issued on October 23, 2020.

FISCAL IMPACT

Not determined.

DISCUSSION



SJCEMSA is proposing these revisions to further clarify, EMS Medical Director, Dr. Katherine Shafer's medical direction to prehospital and base hospital personnel on the decision points for initiating traumatic arrest resuscitation, treatment on scene, initiating transport to trauma center, and terminating resuscitative efforts. The proposed revisions were drafted based on feedback received from trauma surgeons, base hospital physicians, MICNs, and field personnel.

Individuals interested in submitting public comment are encouraged to visit the SJCEMSA website https://www.sjgov.org/ems/policiesdraft.htm.

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Phone Number
(209) 468-6818

DATE: November 5, 2020

TO: EMS Liaison Committee

PREPARED BY: Matthew R. Esposito, MS, MICP
EMS Pre-Hospital Care Coordinator

SUBJECT: Medical Health Operational Area Logistics Report

RECOMMENDED ACTION:

Receive information on the processing of material by the Medical Health Operational Area Logistics Section in support of the response to the COVID-19 pandemic.

FISCAL IMPACT:

Significant cost savings estimated in the millions of dollars for San Joaquin County Healthcare Coalition members including acute care hospitals, skilled nursing and residential care facilities, medical and dental clinics, individual medical and dental practitioners, ambulance services, fire departments and others.

DISCUSSION:

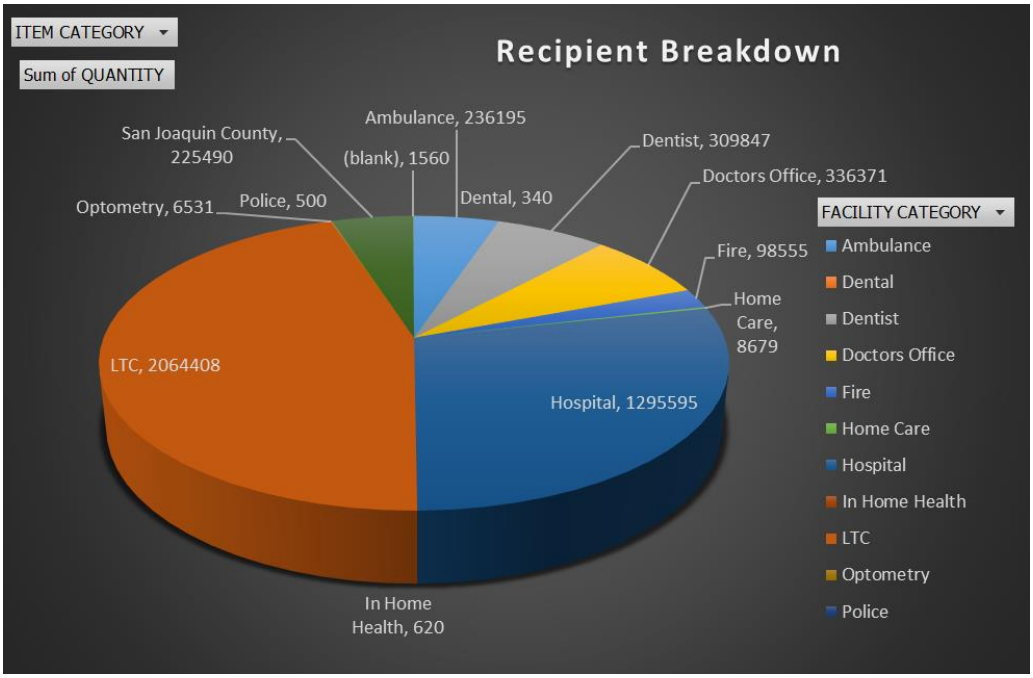
On February 6, 2020, the San Joaquin County Emergency Medical Services Agency enacted the Medical Health Operational Area Coordination (MHOAC) Logistics Branch, in response to the COVID-19 pandemic. Operating with the initial objective of suppling personal protective

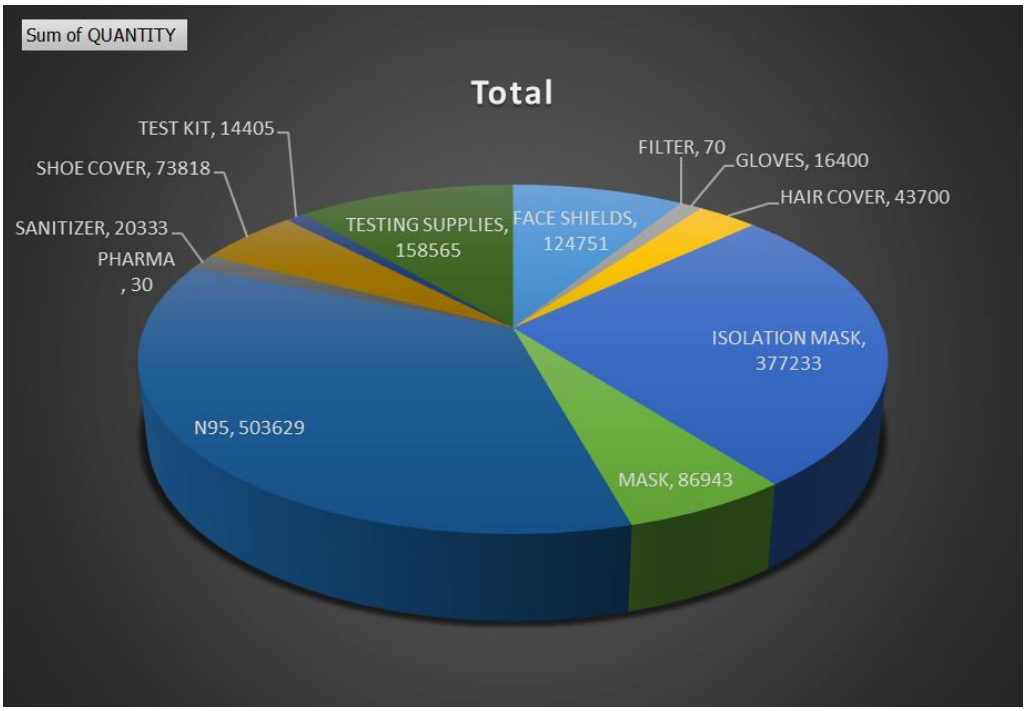
Row Labels	Sum of QUANTITY
Ambulance	236195
Dental	340
Dentist	309847
Doctors Office	336371
Fire	98555
Home Care	8679
Hospital	1295595
In Home Health	620
LTC	2064408
Optometry	6531
Police	500
San Joaquin County	225490
(blank)	1560
Grand Total	**4584691**

Row Labels	Sum of QUANTITY
FACE SHIELDS	124751
FILTER	70
GLOVES	16400
HAIR COVER	43700
ISOLATION MASK	377233
MASK	86943
N95	503629
PHARMA	30
SANITIZER	20333
SHOE COVER	73818
TEST KIT	14405
TESTING SUPPLIES	158565
Grand Total	**1419877**

equipment (PPE) such as N95 masks, surgical masks and isolation gowns, to hospitals, fire departments, ambulance providers and long-term care facilities. The objectives quickly advanced to providing hospital beds, pharmaceuticals and laboratory testing supplies as well as supplying PPE to doctors' offices, dentists, clinics and law enforcement. To date, the EMS Logistics Branch has processed over nearly 4.6 million items and gone from a staff of one person, Disaster Medical Health Specialist, Phil Cook, to a staff of 12 San Joaquin County employees from various departments such as Public Works, Human Services Agency and Probation.

As the pandemic continues, the need for PPE remains as supply chains still have extended delays and allocations.




Sum of QUANTITY
Total
TEST KIT, 14405
SHOE COVER, 73818
SANITIZER, 20333
PHARMA , 30
TESTING SUPPLIES, 158565
FACE SHIELDS, 124751
FILTER, 70
GLOVES, 16400
HAIR COVER, 43700
ISOLATION MASK, 377233
MASK, 86943
N95, 503629

January

- EMS Policy 2020-02 Coronavirus Emerging Infectious Disease

February

- 1st COVID related resource request
- Monitoring of the impacted counties (cruise ships)

March

- Stood up DOC
- EMS Policy 2020-18 ACF Bed Polling
- EMS notification process
- EMS 2020-06 Personnel Screening
- EMS 2020-08 Disinfection Recommendations
- EMS 2020-10 PPE
- EMS 2020-12 EMD Screening Process
- EMS 2020-13 Healthcare Surge Strategy Implementation
- EMS 2020-16 Aerosol Generating Procedures
- EMS 2020-17 Waived Response Time Compliance penalties

April

- Hydroxychloroquine available for ACF use through MHOAC
- LE notifications
- EMS 2020-20 COVID testing opportunities and exposure consueling
- EMS 2020-23 EMSA
- Josh Harder delivered PPE

May

- 2020-26 LTCF Crisis Staffing
- May 8th, 1st allocation of Remdesivir and creation of EMS 2020-27

June

- Two Department of Defense teams arrive in SJC to assist AHLM and DHA
- 2020-31 Denial of Entry into ED

July

- Hospitalizations peak at 262 on July 27, 2020
- EMS 2020-34 Hospital Staffing Resource Requests
- Coordination with Dr. Song from CDCR regarding advanced planning
- CAL-MAT team arrives to support SNF (Riverwood)

August

- Received patients from St. Helena's Hospital during an emergency evacuation caused by wildfires