



BASE STATION PHYSICIANS' COMMITTEE (BSPC) MEETING

Special COVID-19 WebEx

Tuesday, May 19, 2020 | 11:00 am

AGENDA – SPECIAL MEETING TO BE CHAIRED BY DR. KOENIG

1. CALL TO ORDER AND OPENING REMARKS (Dr. Koenig)

- No introductions were made due to time constraints.
- Happy EMS Week! Everyone was thanked for their service and everything they are doing.
- The County continues to use a 3-pronged strategy for managing the COVID pandemic: 1) flatten the curve 2) increase healthcare system capacity 3) work through an incident command system.
- The County has moved to T3 Strategy: Test, Trace, Treat. Testing will be very important as the County gradually reopens. Concerns about increased cases as the re-opening continues and as more people increase mobility.
- The border with Mexico is being monitored carefully as people are coming across from Baja California, as there is a large, ongoing COVID-19 outbreak. Same issue is happening with Imperial County/Mexicali. San Diego hospitals are receiving some transfers as Imperial County has exceeded their capacity.
- An article was issued from the NY Times regarding modeling at different parts of the country, which mentioned San Diego for saving 15,000 lives and avoiding 145,000 hospitalizations by implementing the stay at home order for over 60 days.
- Starting to see gradual increases in prehospital patient volume and higher acuity. Reminder the virus is still out there and must continue to take precautions.

2. MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) (Dr. Koenig)

California recently issued a CAHAN alert on this syndrome. Initially not seeing a lot of cases in children, but the Multisystem Inflammatory Syndrome may be associated with coronavirus infections. There is the virus itself, and there's also the body's reaction to the virus, which is believed to be causing this inflammatory syndrome. It consists of persistent high fever with a constellation of symptoms including hypotension, multi-organ involvement, and elevated inflammatory markers. May look similar to Kawasaki disease or toxic shock syndrome. Will follow the same protocols when treating this set of symptoms in the prehospital setting. First reported in the United Kingdom; also reported in Europe, New York and now in California. Predicts we will see more cases as we move along.

3. SITUATION & ACTIONS DURING THE COVID-19 PANDEMIC (Brian Christison)

Since the last BSPC meeting, the following have occurred:

- Public Health Officer Orders:
 - 4/26/20 – Reopened most of the beaches for water-based activities, but not for sitting on the beach.
 - 5/1/20 – Required facial coverings most of the time for the general public while out in public and around other people, however does not decrease the requirement for social distancing.
 - 5/8/20 – Limited reopening of many retailers with curbside service and social distancing for those businesses that have been closed.
 - 5/12/20 – Limited reopening of dine-in restaurants with facial coverings and social distancing.
- Frequently Asked Questions (FAQs): Were updated on the County EMS webpage. Webpage will be updated again to include the new information regarding MIS-C.
- The last set of EMS memos have been published and posted to the County EMS webpage:
 - 4/20 – Cardiac Arrest Management Principles
 - 4/24 – FOLST Verbal Signature Guidance & Provisional Paramedic Extension
 - 4/27 – Further adjustments to P-801 Response Waiver; extended through June 1.
 - 4/28 – Assess and Refer Option; extended through June 1.
- All-Hazard Health Services Capacity Taskforce:

- Expanded Operational Group continues to meet with bi-weekly calls throughout the COVID-19 operational period; recently reduced to weekly calls effective 4/21.
- Border Situation: There is an active Unified Command with the City of San Diego, Border Patrol, CDC, and the County of San Diego. Keeping a close eye on traffic from the border as well as coordination calls between San Diego County and Imperial County.

4. PREHOSPITAL METRICS & TRENDS (Barbara Stepanski)

Data was provided covering the past 3 ½ months:

- Overall Prehospital Patient Volume down significantly.
- BHRs in March and April saw decreases; number of calls for May trending towards expected ranges.
- TOC time down.
- Cardiac Provider Impressions were below the low range for a couple days; starting to recover. STEMI Provider Impressions have not changed much.
- Trauma also decreased and was well below the range for multiple days.
- Stroke/CVA/TIA Provider Impressions did not change much; a slight dip.
- Prehospital Calls Identified as Possible STEMIS returning to normal ranges through May; predicted to be back up to average.
- Prehospital Calls Identified as Possible Strokes did not change much; predicted to back up to previous years.

5. LOSOP UPDATES (Brian Christison)

- A brief review of two primary Local Optional Scope of Practice approvals
 - 1) Approved on 3/21 – Paramedics and EMTs may collect the nasopharyngeal specimen for coronavirus testing. This LOSOP is being put to use as County Fire teams staffing pop up testing sites throughout the back country; approval is continuous until the State’s Emergency Declaration is terminated. For agencies that would like training, this is a two-step process: Complete didactic (available through TargetSolutions) and complete the manipulative phase with County Fire at their testing sites.
 - 2) Approved on 5/1 – Stationary treatment allows paramedics and EMTs to practice to their existing scope and also to work in a static site with these additional scope items. The concept is for field medical stations or alternate care sites and/or as EMTs throughout California during COVID-19 outbreak to staff skilled nursing facilities whose staff is unable to come into work for various reasons. This allows EMS workforce, particularly the EMS workforce who is not currently working with an EMS agency, to support the larger healthcare system. Training elements go along with any of these skills that are not familiar to paramedics and EMTs. This scope has been used by several LEMSAs throughout the State.

Discussion on testing:

Testing is fairly complicated. There are three types: 1) nasal swab PCR testing, 2) antigen testing, and 3) serology blood testing (antibody) which has many different versions. Antigen and antibody testing are still emerging fields. Due to the lack of data and not knowing enough about the virus, we do not yet know what the results indicate for any specific individual. Serology/antibody testing may be best used as an epidemiologic tool.

6. BHNC REPORT (Christine Wells, RN, MICN)

- Requesting that crews make early base hospital contact, especially on patients that may be COVID-19 positive; have everything ready upon arrival in case there are offload delays.
- Seeing a lot more AMAs. Crews are encouraged to stay with the patient, if possible. If not, crews are to let the base hospital know that the patient has left the scene.
- Crews are asked not to leave the patient room with any contaminated PPE. If dirty, dispose contaminated PPE at the ED before leaving the receiving ED room.

7. WRAP UP & NEXT MEETING (TENTATIVE June 23, 2020)/ADJOURNMENT

- As the economy starts opening back up, it is suggested that everyone be careful and avoid crowded places and continue wearing facial coverings.
- Everyone on the frontline was thanked for their work and dedication.
- Meeting adjourned at 11:44 am.