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Sierra-Sacramento Valley EMS Agency Medical Control Committee

Tuesday, November 16, 2010 – 9:30 a.m. – 11:00 a.m.
Sierra-Sacramento Valley EMS Agency
City of Rocklin Sunset Center – Sunset Room
2650 Sunset Boulevard, Rocklin, CA 95677

MEETING MINUTES

I. CALL TO ORDER/ INTRODUCTIONS

Chairman Russ Mann called the meeting to order at 9:34 a.m. Everyone physically present at the meeting introduced themselves. John Poland introduced the online participants and reminded them to click on the 'raise hand' feature that's on their screen should they want to comment.

II. APPROVAL OF MINUTES DATED *October 20, 2010*

Rob Martin motioned to approve the minutes as written. Mickey Huber seconded. Motion passed.

III. APPROVAL OF AGENDA

The Agenda was approved as written.

IV. PUBLIC COMMENT

None

V. OLD BUSINESS

None

VI. NEW BUSINESS

- A. ***Meeting participation guidelines and procedures*** – This was developed to allow new members to actively participate in the meeting. S-SV continues to work on searching for the best technology to accommodate online participants.
- B. ***Selection and appointment of one public and one private paramedic MCC representative from the Butte, Shasta, Siskiyou, and Tehama counties*** – Brian Witherall (Mt. Shasta Ambulance) was voted as the new representative for the private ALS provider. Mark Belden (AMR Shasta County) was voted as Brian’s alternate. Amy Stacher (City of Etna Ambulance), being the only nominee, was appointed as the new public provider representative.
- C. ***Recommendation from the S-SV EMS RCQI Committee to add Saline Locks to the ALS/LALS inventory as optional items*** – There was minimal discussion. The committee is agreeable with adding saline locks to the inventory list. The updated inventory list will be included in the next protocol updates.

VII. S-SV DRAFT POLICIES/PROTOCOLS

A. FOR FINAL REVIEW/APPROVAL

1. ***416 – Alternate Transport Vehicle Policy*** – This policy allows patients to be transported to an LZ or Rendezvous Point by an Agency approved and inspected alternate transport vehicle in limited circumstances when an approved ground transport provider has an extended response time. There was no discussion. Dave Duncan motioned to approve as written. Joe Morris and Mickey Huber seconded. Motion passed.
2. ***605 – Prehospital Documentation*** – This policy contains the minimum requirements for documentation being left at the receiving facility at time of patient delivery as recommended by the RCQI Prehospital Documentation subcommittee. There was no further discussion since the last meeting. Clayton Thomas motioned to approve as written. Joe Morris seconded. Motion passed.
3. ***605-A – Interim Patient Care Report Addendum*** – This is an optional form for providers who do not utilize a similar form. There was no discussion. Clayton Thomas motioned to approve as written. Joe Morris seconded. Motion passed.
4. ***M-1 – Allergic Reaction/Anaphylaxis*** – The changes made since the last meeting are as follows:
 - a) Administration route of epinephrine 1:1,000 from SQ to “IM – thigh preferred”
 - b) Reduced Glucagon administration to 1 mg for patients on a beta blocker with inadequate response to epinephrine
 - c) Increased albuterol dose from 2.5 mg to 5.0 mg for consistency with other treatment protocols

- d) Clarified order of treatment and use of dopamine for anaphylaxis patients in extremis

A committee member is concerned with patients getting enough fluids prior to starting a dopamine infusion. After some discussion, the committee agreed to change the bulleted item under 'IV/IO NS' from "Give up to 2000 ml, titrate to SBP > 90" to "Bolus 1 liter titrate up to 2 liters SBP > 90". Rob Martin motioned to approve with this change. Joe Morris seconded. Motion passed.

5. ***T-1 – General Trauma Management*** – There was no discussion. Rob Martin motioned to approve as written. Clayton Thomas seconded. Motion passed.
6. ***T-10 – Burns: Thermal & Electrical*** – There was no discussion. Rob Martin motioned to approve as written. Clayton Thomas seconded. Motion passed.

B. FOR INITIAL REVIEW

1. ***405 – Emergency Medical Dispatch Program Approval*** – Suggested changes from S-SV were as follows:
- a) Page 1 of 3, line 12-14 – last 2 lines were deleted
 - b) Page 2 of 3, line 12-14 – added information that EMD providers utilizing S-SV approved priority dispatch systems shall follow the protocols of that system
 - c) Other minor changes were replacing 'tapes' to 'audio recordings'
 - d) The committee proceeded to discuss the following concerns:
 - (i) *Providers should be informed of any change in dispatch system* – The dispatch system currently in place is nationally recognized and is approved by S-SV.
 - (ii) *Is there a QI committee or process for EMD concerns/problems with current dispatching?* S-SV staff provided training for the implementation of the CQI template. Any concerns with 'Priority Dispatch' currently being utilized by ECC-Grass Valley should be forwarded to that agency for investigation through their normal CQI process. The S-SV EMS Agency continues to work closely with ECC-Grass Valley to monitor the 'Priority Dispatch' system. This system has been in place for approximately one year with minimal issues identified.
2. ***410-A – BLS Service Provider Policy/Application for Special Events Standbys*** – No significant suggested changes. This policy is for BLS providers who are not currently approved by S-SV but are contracted by event organizers to provide BLS services within the region for a special event usually lasting a day or two. The committee suggested adding 'immediately call 9-1-1' (see page 2 of 3, line 10).
3. ***620 – Continuous Quality Improvement Program (CQIP)*** – This policy is being updated to coincide with the EMSA QI System Guidelines. The language in this policy is consistent with the language in the California Code of Regulations, Title 22.

4. **818 – Ventricular Assist Device (VAD)** – S-SV is seeing an increase of patients with this device that are being discharged into our region. This policy contains guidelines and information for patients with a VAD. This will return to the next meeting for further discussion.
5. **883 – Prohibition on Carrying Weapons by EMS Personnel** – This policy is for routine review. There were no suggested changes and discussions.
6. **C-1 – Pulseless Arrest (Adult)** – Atropine is no longer recommended in the AHA 2010 ECC guidelines for routine use in the management of PEA/Asystole. The reversible cause's information was added to the protocol, and the algorithm was simplified. A member suggested revising the amount of Atropine listed in the inventory. Another suggestion is to spell out the acronym ROSC (Return of Spontaneous Circulation). This treatment protocol will return to the next meeting for further discussion.
7. **P-4 – Pulseless Arrest (Pediatric)** – This policy is for initial review. The changes made were the simplification of the algorithm. There was no discussion.
8. **R-2 – Respiratory Arrest** – This policy is for routine review. There are no recommended changes from S-SV. The committee discussed not giving Naloxone (Narcan) when a combitube or king tube is in place. They agreed and recommend not giving patients Naloxone if an advanced airway is in place and the patient is being adequately ventilated. This policy will return to the next meeting for further discussion.

VIII. MEDICAL DIRECTOR'S REPORT

Troy Falck asked the committee if there are any continuing medication supplies issues. There were no continuing supply issues identified by any of the members or other attendees.

IX. INFORMATION UPDATE

None

X. FUTURE AGENDA ITEMS

- A. 860 – Trauma Triage Criteria
- B. 860-A – Trauma Triage Criteria Algorithm
- C. 904 – Emergency Medical Responder (EMR) Certification/Recertification

XI. NEXT MEETING DATE

The next meeting is January 19, 2011, 9:30am-11:00am, at the Sunset Room/City of Rocklin Sunset Center, 2650 Sunset Blvd., Rocklin, CA 95677.

XII. ADJOURNMENT

The meeting adjourned at 10:46 a.m.