

SIERRA-
SACRAMENTO
VALLEY

EMERGENCY
MEDICAL
SERVICES AGENCY

5995 PACIFIC STREET
ROCKLIN, CA 95677

PHONE
(916)
625-1701

FAX
(916)
625-1730

NEVADA CO.
PLACER CO.
SUTTER CO.
YOLO CO.
YUBA CO.



Sierra-Sacramento Valley EMS Agency Medical Control Committee

Tuesday, June 16, 2009 – 9:30 a.m. – 11:00 a.m.
Sierra-Sacramento Valley EMS Agency
5995 Pacific Street, Rocklin, California (Conference Room)

MEETING MINUTES

I. CALL TO ORDER/ INTRODUCTIONS

Chairperson Russ Mann called the meeting to order at 9:34 a.m. Everyone present introduced him/herself. Since there was no quorum, the committee decided to continue with discussions only and skip the items that require approval.

II. APPROVAL OF MINUTES DATED *April 21, 2009*

III. APPROVAL OF AGENDA

IV. PUBLIC COMMENT

None

V. OLD BUSINESS

None

VI. NEW BUSINESS

None

At this point, a member arrived late and his presence allowed for a quorum. The committee then decided to approve items beginning with the minutes dated April 21, 2009.

Rob Martin motioned to approve the minutes as written. Bob Royer seconded. Motion passed.

VII. S-SV DRAFT POLICIES

A. FOR FINAL REVIEW/APPROVAL

1. **605 – Patient Care Report (PCR)** – Based on the committee’s meeting of April 21, 2009, a letter from Vickie went out to providers reminding them of S-SV’s policy that PCR’s are required to be left with the patient at the hospital. A question was asked if this policy contains what would happen when the PCR is not left with the patient. Some discussion followed. The committee decided to forward this policy to the QI committee to address this issue. Bob Royer motioned to approve this policy as written, and forward to the QI committee for further review. Rob Martin and Kevin Owens seconded. Motion passed.

The only change made to items #2 (policy #377) through item #8 (policy #977) is the addition of the King Airway device as an optional skill for EMT-I personnel.

2. **377 – EMT-1 Optional Skill: Base Hospital Medical Control Requirements**
3. **477 – EMT-1 Optional Skill: Service Provider Application, Approval Process, Requirements and Responsibilities**
4. **477-A – EMT-1 Optional Skill Service Provider**
5. **477-B – EMT-1 Optional Skill Status Report**
6. **477-C – EMT-1 Optional Skill: Skill Check Documentation Record**
7. **801 – EMT-1 Scope of Practice**
8. **977 – EMT-1 Optional Skill: Requirements for Accreditation**

Bob Royer motioned to have the above items (#2 through #8) approved with the stated change. The motion was amended to include changing the initial training time requirement for the King Airway device in policy #477 from 5 hours to 2 hours. Rob Martin and Kevin Owens seconded. Motion passed.

9. **702 – Fireline EMT-Paramedic (FEMT-P) ALS Inventory** – Rob Martin motioned to approve. Frank Crawford seconded. Motion passed.
10. **1103 – Mucosal Atomization Device (MAD)** – The committee asked to review all treatment protocols that included Midazolam administration at the next meeting to determine the appropriate dose for intranasal administration. Kevin Owens motioned to approve. Bob Royer seconded. Motion passed.

B. FOR INITIAL REVIEW

1. **375 – EMT-1/Public Safety AED Program: Base Hospital Medical Control Requirements** – California Health and Safety Code title 1798.102 was added to the authority section of this protocol. This will return to the next meeting for final review.

2. **803 – Paramedic Scope of Practice** – The only changes were the addition of ‘1. Administer Amiodarone” and ‘2. Administration of approved intranasal medications using a Mucosal Atomization Device (MAD)’ on page 3 of 3, under ‘Local Optional Scope of Practice.’ This will return to the next meeting for final review.
3. **838 – Physician on Scene** – This will return to the next meeting for final review.
4. **927 – EMS Personnel Review: Incident Reporting** – This will return to the next meeting for final review.
5. **XX – Cardiovascular “STEMI” Receiving Centers** – This is a new policy and will return to the next meeting for final review. Troy Falck reports that by late summer or early fall 2009 there will be two hospitals in the S-SV region that will be able to provide 24/7 PCI services – Kaiser Roseville and Sutter Roseville. A letter of STEMI System intent / interest and survey requesting 2007 and 2008 STEMI data was sent to all S-SV hospitals. However, not all surveys have returned. He expects this program to start by 4th quarter 2009. Meanwhile, he has been working with cardiac cath directors from Kaiser Roseville and Sutter Roseville as well as the American Heart Association in formulating this policy (i.e., designated facility guidelines, catchment area). S-SV is also exploring the possibility of grant money that may be available to assist with upgrading 12 lead ECG transmission equipment and training for prehospital providers.

VIII. MEDICAL DIRECTOR’S REPORT

Troy Falck spoke against fragmenting the EMSA at a recent senate hearing. He is waiting to hear about funding for poison control. He advised that S-SV is in the process of developing a diversion policy for stroke patients. He reported that Kaiser Roseville, Sierra Nevada Memorial Hospital and Woodland Memorial Hospital are currently designated by the joint commission as primary stroke centers and that he would be meeting with representatives of each of these facilities to discuss this policy as it is being developed.

IX. INFORMATION UPDATE

Vickie reports that as of July 1, 2009, Colusa County will be part of the S-SV region.

John Poland included policy #s 1001 and 1001-A for the committee’s information only. These are strictly California regulation policies.

X. NEXT MEETING DATE

The next meeting is on July 21, 2009. *There is no August 2009 meeting. There will be a QA meeting in July 2009.*

XI. ADJOURNMENT

Meeting adjourned at 10:46 a.m.