Regional Medical Control Advisory Committee
Meeting Minutes of March 20, 2018

1. Call to order and introductions
   - Dr. Royer called the meeting to order at 9:01 am and everyone introduced themselves.

2. Approval of previous minutes dated January 16, 2018.
   - Dr. Martin motioned to approve the minutes as written. Clayton Thomas seconded. Motion passed unanimously.

3. Approval of agenda
   - Dr. Royer asked for any changes to the agenda. John Poland requested to add one item under 'Equipment and Supplies' related to the i-gel device manufacturer demonstration.

4. Public comment
   - Debbie Madding announced the "Master the Disaster" MCI Education and Tabletop Exercise at Sutter Roseville Medical Center on 4/10/18, from 10:00am – 12:30pm.

5. Old business
   - There was no old business.

6. New business
   - Equipment and Supplies
     - i-gel Supraglottic Airway Device Demonstration
       - Shawn Cary from InterSurgical provided a demonstration on the use of the i-gel supraglottic airway device and answered Committee member questions.
     - Commercial Tourniquet Devices
       - Patrick Comstock surveyed ALS providers to determine who was carrying commercial tourniquet devices. Only one ALS provider was not carrying tourniquets, but they are in the process of ordering them. Dr. Falck is recommending tourniquets be mandatory for all ALS providers (minimum of 2 per ALS unit). There were no Committee objections to this recommendation.
     - Needle Cricothyrotomy Equipment
       - The California EMSA Scope of Practice Position Statement document was revised in November 2017. With this revision, the Rusch Quick Trach Cricothyrotomy Device now meets the requirement for utilization by paramedic personnel to perform needle cricothyrotomy procedures. Dr. Falck has approved this device as an option for use by ALS providers.
     - Supraglottic Airway Device
       - S-SV EMS has applied for local optional scope of practice approval to allow EMS personnel to utilize the i-gel supraglottic airway device. Dr. Falck is currently at the EMDAC meeting in Southern California to present this request. Additional communication regarding device approval/utilization will be provided as necessary.

- Waveform Capnography
  - Patrick Comstock will be contacting ALS providers to inquire about their current waveform capnography capabilities. Dr. Falck is considering making this a mandatory requirement for ALS providers but would like to gather information on current provider capabilities before making a final recommendation.
- S-SV EMS Prehospital Provider Agency Inventory Requirements
  - ALS providers were surveyed on equipment they are currently carrying that is not on the S-SV EMS inventory list. S-SV EMS recommended revisions to the inventory list will be made and placed on the May meeting agenda for review and approval.

- Policy actions for final review and approval:

  - **605 Prehospital Documentation**
    - Based on provider requests, lines 13-15 on page 3 was added, requiring a full signature on the electronic PCR by the EMS personnel completing the report.
    - Dr. Martin motioned to approve the policy with the recommended revisions. Mickey Huber seconded. Motion passed unanimously.

  - **706 Equipment and Supply Shortages**
    - No changes were made since the previous meeting.
    - John Poland reminded prehospital providers to keep S-SV EMS informed/updated when equipment/supply shortages are anticipated or identified.
    - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.

  - **830 Suspected Child Abuse/Neglect Reporting**
    - No changes were made since the previous meeting.
    - Dr. Martin motioned to approve the policy as written. Clayton Thomas seconded. Motion passed unanimously.

  - **832 Suspected Elder/Dependent Adult Abuse Reporting**
    - No changes were made since the previous meeting.
    - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.

- Policy actions for initial review

  - **305 Base/Modified Base Hospital Program**
    - This policy is due for routine review. No changes are being recommended.

  - **844 ALS/LALS Transfer Of Patient Care**
    - Significant revisions to the policy are being recommended to make it easier to understand and follow. Under the “Policy” section on page 1, reiterated that the first ALS provider on scene assumes primary care until such time that they relinquish that care to other prehospital or hospital personnel. Better defined: a) transfer of pt. care to higher level and lower level EMS personnel, b) transfer of pt. care allowed as long

as it's agreed to by both personnel and appropriate for the provider that is going to assume care (based on patient condition/needs). Item 5, page 2, 'Ski Patrol' was added.

- **T-1 General Trauma Management**
  - Protocol was significantly revised as follows:
    - Layout was changed to an algorithm format.
    - Page 1 – BLS box, 'Maintain body temperature, keep warm' was added.
    - Page 1 – ALS box, added "Apnea", and "Need for airway protection from aspiration (vomitus, bleeding, etc.)" for advanced airway utilization consideration.
    - Page 2 – Top section is specific to vascular access and fluid administration. Pediatric fluid administration language was added.
    - Page 2 – Added language regarding the use of pelvic binders. There was discussion regarding this at the last S-SV EMS Trauma QI Committee meeting. Initially there was going to be a pelvic binder pilot project, but it was discovered several providers were already using them so current utilization data was evaluated. The majority of uses were determined to be inappropriate due to a lack of education and protocol guidance. Dr. Falck is okay with prehospital utilization of pelvic binders, but guidelines and training need to be in place first.
    - Page 3 – Updated/added spinal motion restriction language based on the pilot project of approximately 600 patients in the S-SV EMS region last year. Backboards will still be recommended on certain patients, but the number of patients with indications for backboard utilization will be significantly reduced.
  - Protocol will be further reviewed at the April S-SV EMS Trauma QI Committee meeting and will come back to this committee in May for final review/approval.

- **T-2 Tension Pneumothorax**
  - Following recent discussion at the Northern California RTCC meeting, as well as Dr. Falck's review or current literature, the following changes are being recommended:
    - Added language requiring the attachment of an empty 10 ml syringe to the catheter prior to insertion to allow for better insertion grip/control/technique.
    - Added language advising to advance a 3.25" catheter (after pleural space penetration) until the catheter hub rests against the skin.
    - Added anterior axillary line as an additional approved insertion site.
    - Added language to utilize an alternate insertion site if the initial attempt is unsuccessful.
  - Protocol will be further reviewed at the April S-SV EMS Trauma QI Committee meeting and will come back to this committee in May for final review/approval.

- **1102 Airway and Ventilation Management**
  - Current advanced airway policy is 1104. The policy contents were divided into three separate policies. Airway and Ventilation Management was renumbered to 1102. Needle Cricothyrotomy (1103) and Nasotracheal Intubation (1104) procedures were divided into separate policies.
  - Airway and ventilation management language was revised and supraglottic airway device language was added. PEEP and ITD language was also added.

- **1103 Needle Cricothyrotomy**
  - Needle Cricothyrotomy language is in the current 1104 policy, but was separated into a stand-alone policy. No specific language revisions are being recommended.

- **1104 Nasotracheal Intubation**
  - Nasotracheal intubation language is in the current 1104 policy, but was separated into a stand-alone policy. This optional scope of practice procedure will no longer be approved for utilization by S-SV EMS accredited paramedics effective December 1, 2018. Separating this into a stand-alone policy will allow for easier removal from the policy manual when the skill is no longer approved for use.

- **1110-D (1) & (2) Adult & Pediatric Supraglottic Airway Device Skills Verification Checklists**
  - New skills verification checklists for the i-gel supraglottic airway devices.
  - It was suggested to add "relative" to the end of the 'Trismus' contraindication bullet point and to make the same change to the language in policy 1102.

- **1110-F Needle Cricothyrotomy Skills Verification Checklist**
  - Added Quick Trach Device skills verification language to address all three approved devices: ENK Flow Modulator, Jet Insufflation Device and Quick Trach Device.

- **1110-G Needle Thoracostomy Skills Verification Checklist**
  - Skills verification language revised for consistency with proposed Tension Pneumothorax Protocol (T-2) revisions.

- **1107 12 Lead EKG Procedure**
  - New procedure policy to replace S-SV EMS 12-Lead Program Policy (440).
  - Training language was removed and patient indication language was revised.
  - Additional procedure language was added based on manufacturer recommendations and review of S-SV EMS 12 lead procedure data.
  - 12 lead interpretation, transmission and documentation language was revised.

7. S-SV EMS Agency information update

- John Poland advised that S-SV EMS has begun producing monthly EMS QI reports. Data will never be perfect due to various factors and different software systems being utilized, but these reports will provide a good/accurate/consistent picture of the EMS system. Data included in the reports is aggregate and not provider specific. There are several reports being produced (Ground EMS, EMS Aircraft, APOT, Response Time Compliance). All of these and various other EMS system reports/newsletters can be found in the right upper corner of the S-SV EMS website homepage (www.ssvems.com). John reminded the prehospital providers of the importance of ensuring that their crews provide complete and accurate patient care documentation on all calls.
- Patrick Comstock indicated that there seems to be some confusion as to what he needs from providers related to their EMSQIP reporting requirements. The 5-year EMS QI plan is due every 5 years and is more of a general overview on how EMS QI is conducted by the

organization. Most providers have already submitted these plans. The annual EMS QI update (due by March 31st of each year) is a summary of specific EMS QI activities for your organization for the previous year. These requirements as listed in S-SV EMS Policy 620. Patrick will be following up with individual providers as needed. The BLS EMS QI Annual Reporting Form developed by S-SV EMS has worked out well this year, resulting in a significant increase in reporting compliance. S-SV EMS will evaluate utilizing a similar type of reporting form for ALS provider annual reporting next year.

8. Medical Director's Report

   - Dr. Falck was absent attending EMDAC.

9. Future agenda Items

   - Suggestions should be sent to John Poland.

10. Next Meeting Date

    - May 15, 2018 (9:00 am – 10:30 am).

11. Adjournment

    - Meeting adjourned at 10:13 am.