



## **Regional Medical Control Advisory Committee Meeting Minutes of May 15, 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 March 20, 2018.**

- Clayton Thomas motioned to approve the minutes as written. Dr. Martin seconded. Motion passed unanimously.

### **3. Approval of agenda**

- Dr. Royer asked for any changes to the agenda of which there were none.

### **4. Public comment**

- Debbie Madding (Sutter Roseville) announced their annual EMS Week BBQ on 5/25 from 11am – 1pm and 5-7:30pm. Debbie also announced that Sutter Roseville was experiencing a complete IT failure and advised that they were temporarily closed to all EMS traffic.
- Steve Giusti announced the AMR EMS Week BBQ on 5/22 from 12pm-5pm.

### **5. Old business**

- There was no old business.

### **6. New business**

- Committee Bylaws – Glenn County was added to the SSV Region in July 2018 and is being added to the list of counties, on page 2. This has to be on the agenda (per the Bylaws) first as a non-action item, and then as an action item. The bylaws will be on the July 2018 meeting agenda for final review and approval.
- Paramedic voting member appointments: July 1, 2018 – June 30, 2019 term
  - South counties public representative: Clayton Thomas was voted primary, and Chris Wade was voted alternate.
  - South counties private representative: Andrew Armitage was voted primary, there were no other nominations so an alternate was not appointed.
  - North counties public representative: There were no nominees, so the Committee determined the nominee for north counties private with the second highest votes would be appointed as the north counties primary public representative.
  - North counties private representative: Ashley Spivey was voted primary, Kane Edwards (second highest vote count) was appointed the north counties primary public representative, and Troy Jones was voted north counties private alternate.
- Chairperson and Vice-Chairperson elections: July 1, 2018 – June 30, 2020 term
  - Chairperson: Dr. Martin nominated Dr. Royer. The Committee agreed. Dr. Royer will continue as the Chairperson.
  - Vice Chair: Dr. Royer nominated Dr. Martin. The Committee agreed. Dr. Martin will continue as Vice Chair.



- **Policy actions for final review and approval:**
  - **305 Base/Modified Base Hospital Program**
    - No changes are being recommended.
    - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.
  - **701 ALS Provider Agency Inventory Requirements**
    - The ALS, LALS and BLS inventory requirements were split into 3 separate policies (701, 703 and 704). Policy 702 will be designated for specialty ALS programs (bike team, fireline, ski patrol) and will return to a future meeting for review and approval.
    - The following revisions to policy 701 are being recommended:
      - Page 2: NEMSIS Version 3.4 Compliant EPCR System, Infection Control Kit with Particulate Filter Respirator (N95, etc.) was added as mandatory. The last 3 patient movement items are being added as optional.
      - Page 3: Portable Monitors - waveform capnography will become a mandatory requirement. At the bottom of page 3, BVM/PEEP Valve was added as an optional item.
      - Page 4: Added optional Video Laryngoscope Device. The i-gel airway device was added. Adult and pediatric QuickTrach Needle cricothyrotomy devices are being added and needle thoracostomy catheter one-way valve was made optional.
      - Page 5: Approved commercial pelvic binders were added as optional. Hydrogen Peroxide was added as optional. Approved commercial tourniquets were added as mandatory for ALS providers.
      - Page 6: Buretrol and Dial-A-Flo IV sets were added as optional. 3-Way stopcock was added as mandatory. IV fluid pressure infusion bag was added as mandatory. IV fluid warmers were added as optional.
      - Page 7: TXA was added as optional (S-SV EMS is in the process of requesting local optional scope of practice approval for this medication).
    - It was suggested to add 100 mL bags of NS to the list.
    - S-SV EMS will work on an appropriate implementation timeline for ALS providers who do not currently have waveform capnography.
    - Clayton Thomas motioned to approve the policy with the recommended revisions. Mickey Huber seconded. Motion passed unanimously.
  - **703 LALS Provider Agency Inventory Requirements**
    - New inventory list for LALS/AEMT providers.
    - The changes are the same as those previously mentioned in the ALS policy.
    - Dr. Martin motioned to approve the policy with the recommended revisions. Jared Gunter seconded. Motion passed unanimously.
  - **704 BLS Provider Agency Inventory Requirements**
    - New inventory list for BLS providers. Pulse oximetry is now mandatory.
    - Dr. Martin motioned to approve the policy with the recommended revisions. Mickey Huber seconded. Motion passed unanimously.



- **844 ALS/LALS Transfer Of Patient Care**
  - Policy is being revised to address all types of prehospital transfer of patient care.
  - Dr. Martin motioned to approve the policy as written. Clayton Thomas seconded. Motion passed unanimously.
  
- **T-1 General Trauma Management**
  - In the BLS box, the first 3 bullet points are new changes.
  - On page 2, the IV/IO box has new language. Added 'Commercial' to the Pelvic Binder box, and added 'commercial' in the second to the last bullet point.
  - Dr. Martin motioned to approve the protocol with the suggested changes. Clayton Thomas seconded. Motion passed unanimously.
  
- **T-2 Tension Pneumothorax**
  - One change was suggested by the Trauma QI Committee: In the ALS box, moved "Traumatic cardiac arrest with suspected tension pneumothorax" as a separate item.
  - Dr. Martin motioned to approve the protocol with the suggested changes. Mickey Huber seconded. Motion passed unanimously.
  
- **1102 Airway and Ventilation Management**
  - Added waveform capnography as a mandatory requirement for the use of the i-gel (as required by the EMSA local optional scope of practice approval).
  - 'Supraglottic' was replaced with 'i-gel' throughout the policy.
  - On page 4, line 1, added 'relative' in relation to one of the contraindications.
  - Dr. Martin motioned to approve the policy with the suggested changes. Mickey Huber seconded. Motion passed unanimously.
  
- **1103 Needle Cricothyrotomy**
  - No changes from the last meeting.
  - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.
  
- **1104 Nasotracheal Intubation**
  - No changes from the last meeting. This procedure will be removed on 12/1/18.
  - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.
  
- **1110-D (1) & (2) Adult & Pediatric i-gel Skills Verification Checklists**
  - Skills verification checklists for adult and pediatric i-gel airway devices. 'Supraglottic' was replaced with 'i-gel'.
  - Dr. Martin motioned to approve both checklists with the suggested changes. Clayton Thomas seconded. Motion passed unanimously.
  
- **1110-F Needle Cricothyrotomy Skills Verification Checklist**
  - The only change was to incorporate the use of the QuickTrach Cricothyrotomy Kit.
  - Dr. Martin motioned to approve the checklist with the suggested changes. Clayton Thomas seconded. Motion passed unanimously.



- **1110-G Needle Thoracostomy Skills Verification Checklist**
  - This was updated to be consistent with the changes to the T-2 protocol.
  - Dr. Martin motioned to approve the checklist as written. Clayton Thomas seconded. Motion passed unanimously.
  
- **1107 12-Lead EKG Procedure**
  - There was some language clean-up under Procedure, letter A, page 1.
  - Dr. Martin motioned to approve the policy as written. Mickey Huber seconded. Motion passed unanimously.
  
- **Policy actions for initial review**
  - **507 Stroke Receiving Centers and Interfacility Transport Of Acute Stroke Patients**
    - Policy 507 and protocol N-3 are being revised to address the 2018 AHA/ASA guidelines regarding large vessel occlusion (LVO) stroke patients potentially eligible for mechanical thrombectomy up to 24 hours after symptom onset. There is a small subset of stroke patients (4-7%) who might benefit from thrombectomy based on additional hospital assessment criteria.
    - The only currently designated Comprehensive Stroke Center in the area is Mercy San Juan Medical Center (Sacramento), although additional hospitals are providing some thrombectomy services for stroke patients.
    - 'Thrombectomy Capable Stroke Center' designation is a new level of stroke center designation recently made available through The Joint Commission. Several hospitals in the region are interested in pursuing this certification although none have obtained it yet. S-SV EMS is not recommending additional stroke patient diversion criteria based on hospital thrombectomy capabilities at this time.
    - There was discussion regarding the different prehospital stroke scales being used.
    - There was additional discussion regarding the importance of last known well time and other information that should be relayed to the receiving hospital.
  
  - **N-3 Suspected Stroke**
    - Protocol was discussed with Policy 507.
  
  - **R-1 Airway Obstruction**
    - Protocol due for routine review.
    - Algorithm format was cleaned up and reorganized, but no significant language revisions are being recommended.
  
  - **M-3 Phenothiazine/Dystonic Reaction**
    - Protocol due for routine review.
    - No changes are being recommended.
  
  - **M-7 Nausea/Vomiting (combined adult and pediatric protocol)**
    - Protocol due for routine review.
    - Adult and pediatric protocols were merged in a single protocol.



- **OB/G-1 Childbirth**
  - Protocol due for routine review.
  - Algorithm format was cleaned up and reorganized, but no significant language revisions are being recommended.
- **T-8 Hemorrhage**
  - Approved tourniquet and hemostatic dressing information moved to the top box.
  - TXA language added on page 2. Dr. Falck suggested changing the minimum age for administration from 18 years old to 15 years old.
  - S-SV EMS is in the process of submitting a local optional scope of practice application for the use of TXA to EMSA.
  - It was suggested to add the words 'Inclusion Criteria' and 'Exclusion Criteria' on page 2, second and third boxes, and bold these titles and to remove the words 'High risk for' from the second box on page 2 in relation to significant hemorrhage.

## **7. S-SV EMS Agency information Update**

- Two ALS ground providers, one EMS aircraft provider and a few hospitals have yet to turn in their EMS QI plan annual updates. S-SV EMS has the same responsibility to submit their EMS plan to EMSA (due by 6/30/2018). A copy of the S-SV EMS QI plan will be sent to EMS system participants when it is submitted to EMSA.

## **8. Medical Director's Report**

- June 4 – 8 is CPR week. Public events will be held in Los Angeles and at the State Capitol. The Sacramento event will occur on 6/7, from 10am-2pm. It will begin with a flash mob, and include teaching the lay public CPR. Participants should bring CPR manikins. S-SV EMS plans on participating. Flyers and participation forms can be printed from the California American College of Emergency Physicians website.
- The 45-day public comment period for the Stroke and STEMI regulations concludes on 5/21. Comments can be made directly to EMSA. S-SV EMS will be submitting public comments.

## **9. Future agenda Items**

- Suggestions should be sent to John Poland.

## **10. Next Meeting Date**

- July 17, 2018 (9:00 am – 10:30 am).

## **11. Adjournment**

- Meeting adjourned at 10:24 am.