



## **Regional Medical Control Advisory Committee Meeting Minutes of July 17, 2018**

### **1. Call to order and introductions**

- Dr. Royer called the meeting to order at 9:00 am and everyone introduced themselves.

### **2. Approval of previous minutes dated May 15, 2018**

- There was one change suggested to be made to the minutes on the first page, last sentence. The first “Dr. Martin” should be changed to “Dr. Royer”.
- Dr. Martin motioned to approve the minutes with the suggested change. Mickey Huber 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**

- None.

### **5. Old business**

- Committee Bylaws – Glenn County was added to the list of counties on page 2.
- Dr. Martin motioned to approve the bylaws with the revision. Ron Welch seconded. Motion passed unanimously.

### **6. New business**

- **Northstar FD request to make glucagon optional for ALS non-transport providers.**
  - ALS non-transport providers are required to stock glucagon and several of the smaller departments are not using it before it is outdated and needs to be replaced. John Poland reviewed the system-wide glucagon utilization data for the past 18 months and confirmed that most ALS non-transport providers have not administered it at all. The ones who have were all administered after arrival of the ALS transport provider.
  - Dr. Falck is supportive of the request. There were no Committee objections and the request was passed to make glucagon option for ALS non-transport providers.
- **Policy actions for final review and approval:**
  - **507 Stroke Receiving Centers and Interfacility Transport Of Acute Stroke Patients**
    - No changes were made since the previous meeting.
    - John Poland advised the Committee that the proposed California EMS Stroke Regulations are out for a second 15-day public comment period, which will likely be the last public comment period.
    - Dr. Martin motioned to approve the policy as written. Clayton Thomas seconded. Motion passed unanimously.



- **N-3 Suspected Stroke**
  - As discussed at the previous meeting, the primary change being proposed is to extend the time frame for calling an EMS 'Stroke Alert' to 24 hours from the patient last know well time based on the 2018 AHA/ASA guidelines.
  - No changes were made since the previous meeting.
  - Dr. Martin motioned to approve the protocol as written. Clayton Thomas seconded. Motion passed unanimously.
  
- **R-1 Airway Obstruction**
  - No changes were made since the previous meeting.
  - Dr. Martin motioned to approve the protocol as written. Ron Welch seconded. Motion passed unanimously.
  
- **M-3 Phenothiazine/Dystonic Reaction**
  - No changes were made since the previous meeting.
  - Ron Welch motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **M-7 Nausea/Vomiting**
  - As discussed at the previous meeting, the pediatric and adult protocols were combined into one.
  - No changes were made since the previous meeting.
  - Dr. Martin motioned to approve the protocol as written. Clayton Thomas seconded. Motion passed unanimously.
  
- **OB/G-1 Childbirth**
  - No changes were made since the previous meeting.
  - Dr. Martin motioned to approve the protocol as written. Ron Welch seconded. Motion passed unanimously.
  
- **T-8 Hemorrhage**
  - As discussed at the previous meeting, TXA is being added as an optional medication for paramedic administration to eligible patients. S-SV EMS has received optional scope of practice approval from the EMS Authority to utilize this medication.
  - Any ALS provider utilizing this medication will have to receive approval from S-SV EMS prior to implementation and all utilizations will be closely tracked and monitored for QA/QI purposes. Any hospital or trauma center concerns related to the use of TXA by prehospital personnel should be directed to S-SV EMS.
  - Dr. Martin motioned to approve the protocol as written. Clayton Thomas seconded. Motion passed unanimously.
  
- **Policy actions for initial review**
  - **410 EMS Service Provider Permit**
    - The regulations require the LEMSA to have contracts in place with all transport and ALS/LALS non-transport providers.



- This policy defines the permit process for providers who do not have an EOA with S-SV EMS. Current policies 410 and 410-A are being combined into one policy.
- There were no additional recommended revisions from the Committee. This policy will come back to the next meeting for final review and approval.
- **702 ALS Specialty Programs Inventory Requirements**
  - This policy establishes the inventory requirements for ALS specialty programs (bike teams, fireline and ski patrol). The programs currently providing these services were consulted to ensure that the equipment requirements were appropriate. S-SV EMS is in agreement with the provider proposed inventory requirements.
  - There were no additional recommended revisions from the Committee. This policy will come back to the next meeting for final review and approval.
- **M-8 & P-34 Adult & Pediatric Pain Management**
  - There has been recent discussion at the State level and requests by multiple LEMSAs to utilize additional analgesics in the prehospital setting. These requests are being prompted due to ongoing opioid shortages and the desire to have additional non-opioid analgesic options.
  - The EMS Authority has approved at least one LEMSA for all three of the medications that S-SV EMS is proposing to add to the pain management protocols (ketamine, IV acetaminophen and ketorolac). Ketamine was initially being used under a trial study in several LEMSAs, but it was recently approved by the EMS Commission as a local optional scope of practice item.
  - John Poland and Michelle Moss reviewed the S-SV EMS region prehospital pain management data from January 1, 2018 – June 30, 2018 (6 months).
  - John included a data summary report in the agenda packet which he reviewed verbally with the Committee.
  - The proposed revisions to both the adult and pediatric protocols are based on a review of current prehospital pain management practices in the S-SV EMS region as well as the inclusion of additional analgesic options.
  - The first page on both protocols are essentially the same.
    - The top box has a reminder regarding pain assessment and BLS interventions.
    - Some of the BLS steps of pain management aren't being documented very well.
    - The paramedic needs to consider individual patient factors and medication availability when deciding what type of pain medication(s) to use.
  - Cardiac and SpO<sub>2</sub> monitoring are required for all patients receiving analgesics.
  - Page 2 contains the revisions to fentanyl and morphine administration as well as the addition of ketamine, IV acetaminophen and ketorolac as pain management options.
  - IV acetaminophen and ketorolac are considered first-line analgesics for patients with mild-moderate pain. Multi-system trauma was added as a contraindication to ketorolac due to trauma center feedback.
  - Opioids or ketamine are considered first-line analgesics for patients with severe pain (pain score typically  $\geq 7$ ). Multi-system trauma was added as a contraindication to ketamine due to trauma center feedback.



- It is being proposed to change the maximum single dose of morphine from 10 mg to 5 mg and fentanyl from 100 mcg to 50 mcg, which can be repeated every 5 minutes. Ketamine is being added with a single dose that can be repeated every 10 minutes.
- It is being proposed to change the single dose of midazolam to 1 mg with a maximum cumulative dose of 2 mg for patient safety reasons.
- Dr. Falck advised the Committee that these additional medications have not been submitted to the EMS Authority for approval yet, so the protocols are still subject to additional revisions.
- The Committee agreed that midazolam should not be included as a standing order medication in the pediatric pain management protocol, but Dr. Martin suggested that the note indicating to use caution when administering both opioids and midazolam to the same patient be added to the pediatric protocol as well.
- It was suggested to remove the bolded “Administer Only One of The Following” in the top and middle boxes.
- There was some discussion about the need for better documentation by paramedics based on the data review that John presented. Dr. Falck also suggested that providers need to be reviewing PCR's better, and identifying errors. The hospitals need to give feedback as well.
- S-SV EMS will be submitting a request to the EMS Authority in the near future for approval to utilize these additional medications.
- These protocols will come back to the next meeting for final review and approval.

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

- There were no additional updates.

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

- The Stroke and STEMI regulations are out for public comment until 7/25.

#### **9. Future agenda items**

- Suggestions should be sent to John Poland.

#### **10. Next meeting date**

- September 18, 2018 (9:00 am – 10:30 am).

#### **11. Adjournment**

- Meeting adjourned at 10:12 am.