



Regional Medical Control Advisory Committee Meeting Minutes of September 17, 2018

1. Call to Order/Introductions

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

2. Approval of July 17, 2018 Meeting Minutes

- Debbie Madding motioned to approve the minutes. 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

- None.

5. Old Business

- There was no old business.

6. New Business

- **Policy actions for final review and approval:**

- **410 EMS Service Provider Permit**

- No changes were made to this policy since the previous meeting.
- Dr. Martin motioned to approve the policy as written. Clayton Thomas seconded. Motion passed unanimously.

- **702 ALS Specialty Programs Inventory Requirements**

- Agencies providing these services were consulted to ensure that the equipment requirements were appropriate.
- IV acetaminophen, ketorolac and ketamine were added as optional items.
- Dr. Martin motioned to approve the policy as written. Clayton Thomas seconded. Motion passed unanimously.

- **M-8 & P-34 Adult & Pediatric Pain Management**

- The following revisions were made to these protocols since the previous meeting:
 - Page 1, last bullet point in the top box, added 'and reason for administration'.
 - Page 2, top box regarding acetaminophen and ketorolac, added 'May administer one or both of the following'. Second box, changed the ketamine dosing to weight-based: 0.3 mg/kg slow IV/IO (max 30 mg) or 0.5 mg IM/IN (max 50 mg). In the same box, the 4th information bullet, added 'if administering fentanyl and morphine to the same pt., maximum cumulative dose = 100 mcg fentanyl and 10 mg morphine'. In the last box, added '(including hip and shoulder injuries)' to the top line. Under ketamine contraindications, removed 'hypertension' and added 'ALOC'.



- Dr. Falck advised that the paramedics need to be trained/educated that they must do a slow push when administering ketamine (will be addressed in training materials).
 - Dr. Falck also indicated that there were some concerns about our proposed ketamine dosing, and as a requirement for local optional scope of practice approval we needed to change it to a weight based dosing which was done.
 - S-SV EMS is the first LEMSA to request ketamine for pediatric patients which is anticipated to be approved by the EMS Authority.
 - S-SV EMS was required to submit a revised local optional scope of practice request to the EMS Authority with minor modifications, which was done last week. EMS Authority approval is expected within the next week. Further direction and training materials for these new medications will be provided to appropriate prehospital provider agencies once S-SV EMS receives formal EMS Authority approval.
 - There was some discussion regarding ketorolac and contraindications before surgery. It was suggested to review some additional data regarding this. Additional protocol changes can be made at a later date if needed.
 - Dr. Martin motioned to approve both protocols with the recommended revisions. Dr. Bower seconded. Motion passed unanimously.
- **Policy actions for initial review:**
 - **506 STEMI Receiving Centers And Interfacility Transport Of STEMI Patients**
 - The California STEMI Regulations were approved last week by the California EMS Commission, and are expected to become effective 4/1/2019. The revisions to this policy are being recommended for compliance with these new regulations.
 - This revised policy was discussed at the S-SV EMS Regional STEMI QI Committee meeting last week with no immediate questions, concerns or issues.
 - All of the patient treatment information was removed and placed into the Chest Pain/Suspected Symptoms Of Cardiac Origin treatment protocol.
 - The purpose of this policy is to address the designation/monitoring of STEMI Receiving Centers and to provide guidelines for the interfacility transfer of STEMI patients from STEMI Referral Facilities to a STEMI Receiving Centers.
 - **C-8 Chest Pain/Suspected Symptoms Of Cardiac Origin**
 - This revised protocol was discussed at the S-SV EMS Regional STEMI QI Committee meeting last week with no immediate questions, concerns or issues.
 - Page 1, top box, added information regarding using prepackaged electrodes, patient's gender needs to be entered into the cardiac monitor because it changes the algorithm the machine uses to interpret the 12 Lead. Also added "Paramedic interpretation consistent with STEMI" as an additional EMS STEMI Alert criteria. Next bullet point down, added '(within 10 minutes of first STEMI positive 12-lead when possible)'. The very last bullet point is new language as well.
 - Under the ALS box, 3rd bullet point, the language regarding vascular access and fluid administration has been revised at the request of the S-SV EMS STEMI QI Committee interventional cardiologists.



- Under the Nitroglycerin box, 4th bullet point, the S-SV EMS STEMI QI Committee interventional cardiologists are in agreement with this language to not withhold nitroglycerin for suspected inferior MI patients, but to administer it with caution.
- On page 2, under morphine and fentanyl box, added language about administering fentanyl and morphine to the same patient.
- The patient destination algorithm/language was cleaned up.
- There was some discussion about continuing to administer nitroglycerin to patients in addition to narcotics as there have been several occasions where the paramedic stopped administering nitroglycerin once they started administering narcotics.

- **C-5 Return of Spontaneous Circulation (ROSC)**
 - Since dopamine has been on continual back order for the past 12 months, many prehospital provider agencies are using expired quantities or none at all.
 - Norepinephrine is not currently in the paramedic scope of practice so that is not an option at this point.
 - Several California LEMSAs have recently replaced dopamine with push-dose epinephrine. LA County has been using this for about 6-9 months with good success and no reported patient care issues.
 - The process for preparing and administering push-dose epinephrine is relatively simple and has been added to the protocol.
 - Dr. Falck advised that providers currently using expired dopamine should ensure that their paramedics are trained on the procedure for administering push-dose epinephrine as soon as possible and cease using expired dopamine. Push-dose epinephrine can be substituted immediately for dopamine in any S-SV EMS protocol where it is indicated. The revised protocols will be included in the December 1, 2018 S-SV EMS Policy Manual Update.
 - Providers may continue to use non-expired quantities of dopamine until it is expired or used in the provision of patient care, at which point it should be replaced with push-dose epinephrine.
 - The use of push-dose epinephrine will be followed closely for QI purposes.

- **C-7 Bradycardia**
 - As discussed in relation to protocol C-5, dopamine is being replaced with the push-dose epinephrine in this protocol as well.
 - John Poland advised that there will be a case review involving EMS treatment of a recent bradycardia patient during the RCQI meeting immediately following this meeting. As a result, there may be additional recommended protocol revisions at the next meeting.
 - There was some concern about the first bullet point in the 'Transcutaneous Pacing Information' box being confusing. Is there better wording for 'symptomatic'? Is this more of a training/education issue? If there is any recommended language please let John Poland know. Adding '2nd or 3rd degree heart block' might be helpful.

- **M-1 Allergic Reaction/Anaphylaxis**
 - As discussed in relation to protocols C-5 and C-7, dopamine is being replaced with the push-dose epinephrine in this protocol as well.



- **E-1 Hyperthermia**
 - This protocol is due for routine review. S-SV EMS is not suggesting any significant revisions, but the protocol algorithm format was cleaned up.

 - **E-2 Hypothermia And Avalanche Resuscitation**
 - This protocol is due for routine review. There was a request from Ski Patrol providers to add information regarding avalanche resuscitation.
 - The hypothermic arrest language on the bottom of page 2 was added to provide further direction to EMS personnel on treatment of these patients.

 - **E-3 Frostbite**
 - This protocol is due for routine review. S-SV EMS is not suggesting any significant revisions.

 - **E-4 Bites/Envenomations**
 - This protocol is due for routine review. S-SV EMS is not suggesting any significant revisions, but the protocol algorithm format was cleaned up.
- 7. S-SV EMS Agency Information Update**
- 2019 Meeting Calendar – it's proposed that this committee maintain the every-other-month meeting schedule, on the 3rd Tuesday of the month. The committee was in agreement.
 - There has been some recent discussion with Sierra Donor Services. They will start sending more consistent/timely information on donor patients treated by EMS personnel.
 - There is an EMS Simulation Cup in San Francisco in December. Patrick has flyers available.
- 8. Medical Director's Report**
- The EMS for Children conference is in Fairfield on November 9th, from 8am – 4pm. It's well worth your time to attend. This year John Lord will be speaking on the Rancho Tehama school shootings. The flyer will be on the table after this meeting.
- 9. Future Agenda Items**
- Suggestions should be sent to John Poland.
- 10. Next Meeting Date**
- Scheduled for November 20, 2018, (Thanksgiving week), propose rescheduling to November 13, 2018 (9:00 am – 10:30 am). Committee was in agreement to re-schedule the next meeting to November 13, 2018 (9:00 am – 10:30 am).
- 11. Adjournment**
- Meeting adjourned at 10:15 am.