

**Emergency Medical Care Committee (EMCC) – 2013 Meeting Minutes**

EMCC Minutes Thursday, January 10, 2013 – Subcommittee

EMCC Minutes Thursday, January 24, 2013

EMCC Minutes Thursday, February 14, 2013 - Subcommittee

EMCC Minutes, Thursday, February 28, 2013

EMCC Minutes Thursday, March 28, 2013

EMCC Minutes Thursday, April 11, 2013 – Subcommittee

EMCC Minutes Thursday, April 25, 2013 – Meeting Cancelled

EMCC Minutes Thursday, May 23, 2013

EMCC Minutes Thursday, June 27, 2013 – Meeting Cancelled

EMCC Minutes Thursday, July 11, 2013- Subcommittee

EMCC Minutes Thursday, July 25, 2013

EMCC Minutes – August no meetings

EMCC Minutes Thursday, September 26, 2013 – Meeting Cancelled

EMCC Minutes Thursday, October 10, 2013 – Subcommittee

EMCC Minutes Thursday, October 24, 2013

EMCC Minutes Thursday, November 14, 2013 – Subcommittee

EMCC Minutes Thursday, December 5, 2013



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES  
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110  
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DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing  
Border Health  
TB Control & Refugee Health  
Vital Records

Emergency Medical Care Committee  
Prehospital/Hospital Subcommittee  
Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair  
c/o Emergency Medical Services  
6255 Mission Gorge Road  
San Diego, CA 92120  
(619) 285-6429 Fax: (619) 285-6531

## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Minutes

Thursday, January 10, 2013

### Members Present

Broyles, R.N., Linda – County Paramedic Agency  
Carlson, R.N., Sharon - Hospital Association of S.D. & Imperial Counties  
Marugg, Jim – Ambulance Association of S.D. County  
Ochs, Ginger – San Diego County Paramedic Agency (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Workman, Debi – Palomar College Technical Representative

### Attendees

Eging, David - Americare  
Forman R.N., Kelly – Mercy Air  
Uhde, Keith – AMR  
Wells, R.N., Christine – Scripps La Jolla

### County Staff

Eldridge, Brett  
Pate R.N., Rebecca

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, Chair called the meeting to order at 9:05 am. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

Minutes from the EMCC Prehospital/Hospital meetings on May 10, 2012 and June 14, 2012 were not previously approved due to a lack of quorum. A quorum from those meetings was present to approve the minutes.

May 10, 2012 minutes:

**A motion was made by Ginger Ochs, seconded by Linda Broyles to approve the minutes of May 10, 2012. Motion carried.**

June 14, 2012 minutes:

**A motion was made by Debi Workman, seconded by Linda Broyles to approve the minutes of June 14, 2012. Motion carried.**

November 8, 2012 minutes:

**A motion was made by Jim Marugg, seconded by Sharon Carlson to approve the minutes of November 8, 2012. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

## IV. OFF-LOAD ISSUES

Keith Uhde from AMR provided the following information about the Nevada regulations for "transfer of care".

- Nevada Senate Bill (SB) 458 requires hospitals to ensure that persons who are transported to a hospital are transferred to an appropriate place in the hospital to receive emergency services and care in a timely manner. The bill has been in effect since 2005.
- Hospitals have a time frame of 30 minutes or less for "transfer of care" from the time the unit arrives at the emergency department (ED). If the transfer of care is more than 30 minutes an advisory committee reviews the incident to determine why the patient wasn't admitted to the ED within that time.
- In Las Vegas, First Watch has a web based module where the crew logs in with the time of arrival at the ED, and both the medic/EMT and nurse sign the log after transfer of care. A report is generated on times of transfer that the provider and ED can review.

**Action Item: Keith Udhe will provide information on SB 458 to the secretary who will forward the information to members of the subcommittee.**

Discussion ensued on patient care, entering hospital transfer times into First Watch and surge capacity/bypass measures. The Emergency Medical Oversight Committee (EMOC) is also reviewing the Nevada "transfer of care" plan.

The subcommittee members discussed the number of patients that arrive at the hospital, admissions, the amount of recent flu cases reported, and prevention.

**V. POLICIES FOR REVIEW**

The Ambulance Ordinance will go before the Board of Supervisors for approval next month. Those changes are not yet reflected in the following policies for review.

**A. S-830, Ambulance Provider's Permit Application Process**

- Information reflected in the application was added to the policy.
- Policy reference to "this Division" (Page 3, E.4.) will be confirmed as EMS Branch.
- There is a separate policy for appealing a denial. The policy states that you have to wait 1 year after denial to reapply for a permit. That statement is in new Ambulance Ordinance and cannot be confirmed until the Board of Supervisors has approved the Ambulance Ordinance.

**B. B-833, Ground Ambulance Vehicle Requirements**

- Correction on the latest revision of Federal Specification KKK-A-1822-F.
- Under "Emergency Care Equipment and Supplies (Page 3.C.2.), equipment necessary to comply with California occupational Safety and Health Administration (CAL-OSHA) standards for exposure to blood borne pathogens, add "aerosol transmissible diseases".
- Suggestion to change the policy from B-833 to S-833. "B" refers to Basic Life Support (BLS) policy and "S" refers to system wide policy.

Policies S-830 and B-833 will be reviewed again after the County Board of Supervisors approve the Ambulance Ordinance.

**VI. STAFF REPORT**

A. iQCS is online and available for use. It was suggested to update passwords for access.

B. Flu information, updates, capacity plan and vaccination was discussed.

C. The Ambulance Ordinance will go before the Board of Supervisors in February.

D. The National College of Technical Instruction (NCTI) is waiting to be approved to begin the advanced tactical team program for Advanced Emergency Medical Technician (AEMT) training. The program is set to begin on Monday, January 14, 2013. The AEMT program is funded by a state grant.

**VII. SET NEXT MEETING/ADJOURNMENT**

The next meeting is scheduled for February 14, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

Debi Workman said that she would appreciate information on flu policies forwarded to the training agencies.

The meeting was adjourned at 9:47 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



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## MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

## EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Minutes

Thursday, January 24, 2013

### Members Present

Abbott, Stephen – District Five  
Broyles, R.N., Linda – Co. Paramedics Agency Committee  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties  
Green, R.N., Katy – District One  
Harvel, Lt. Christine – Law Enforcement  
Jacoby, M.D., Jake – District Four  
Marugg, Jim – S.D. County Paramedics Association  
Meadows-Pitt, R.N., Mary – District Two  
Ponce, Cruz – American Red Cross  
Rice, Mike – Ambulance Association of San Diego  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rosenberger, R.N., Wendy – Base Hospital Nurse Coordinators

### Vacant Positions

League of California Cities  
Military Agencies  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

### In Attendance

Foreman, Kelly – Mercy Air  
Lorek, Kirstin – Sheriff Emergency Planning  
Overcast, Mike - American Medical  
Emergency Xpedition (AMEX),  
Wells, R.N., Christine – Scripps Health  
Association

### County Staff

Flores, Carlos  
Metz, Marcy  
Pate, R.N., Rebecca

### Recorder

Wolchko, Janet I.

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, Chair, brought the meeting to order at 9:07 am. Attendees introduced themselves.

## II. PUBLIC COMMENTS/PETITIONS

There was one public comment request submitted. Mr. Mike Overcast, American Medical Emergency Xpedition (AMEX), spoke regarding transborder medical evacuations, injuries from desert off-road races held in Mexico and their impact on medical transports.

Corporate offices that are responsible for the races are now based in San Diego. The new owners name is Roger Norman. Mr. Overcast mentioned that transport billing issues with injuries from the Baja off-road races held in Mexico should be directed to Mr. Roger Norman.

## III. APPROVAL OF MINUTES

**A motion was made by Steve Abbott, seconded by Sharon Carlson to approve the EMCC minutes from November 29, 2012 as corrected. Motion carried.**

## IV. ELECTION OF OFFICERS

Nominations for the EMCC Chair and Vice-Chair positions were presented.

**Mary Meadows-Pitt made a motion to nominate Mike Rice for EMCC Chair, the motion was seconded by Linda Rosenberg. Motion carried.**

**Linda Rosenberg made a motion to nominate Linda Broyles for EMCC Vice-Chair, Katy Green seconded the motion. Motion carried.**

Mike Rice as EMCC Chair and/or Linda Broyles as EMCC Vice-Chair will preside over the 2013 EMCC meetings.

## V. STANDING SUBCOMMITTEE REPORTS

### A. Prehospital/Hospital – Policy review and approval

Linda Broyles, Prehospital/Hospital Chair, reported that the subcommittee reviewed the following policies:

- S-830, Ambulance provider's Permit Application Process
- B-833, Ground Ambulance Vehicle Requirements.

The two policies will return to the subcommittee after further review by the Ambulance Association and after the Ambulance Ordinance has gone before the Board of Supervisors for approval.

### B. Education and Research

Education and Research Subcommittee did not meet.

### C. Disaster/Operations

Sharon Carlson reported the following dates for upcoming events:

- A local HPP disaster exercise is scheduled for May 30, 2013. The exercise will have a mass casualty/mass fatality scenario. A few changes made to the County Mass Fatality Plan based on how the hospitals report their fatalities during a mass fatality event will be utilized during the drill. Planning for the exercise will begin next month.
- The Sharp Healthcare Annual Disaster Expo will be held on October 5, 2013. Last year's expo was so successful that this year it will be open to the community. The expo is a chance to teach the community how to prepare for a disaster.
- The Fourth Annual HPP Disaster Partnership Conference is scheduled for July.

Cruz Ponce asked if the Indian Health clinics are included in the local disaster drill. Sharon Carlson responded that they are welcome to participate. Contact information can be given to Sharon Carlson or Les Gardina to disseminate information regarding the drill.

## **VI. EMS MEDICAL DIRECTOR REPORT (Marcy Metz, Chief EMS)**

- A. The number of reported influenza cases is rising, but are at expected levels in San Diego County and the State for this time of year. There have been 14 influenza related deaths in the County; most of those patients had underlying chronic conditions.

There was discussion on reactions to the flu vaccine and how many of the fatalities had received the flu vaccine.

Cruz Ponce asked about planning, triggers and staffing shelters. The County Capacity Plan has ongoing surveillance. County data elements are reported to the region, and are sent to the state. The California Department of Public Health and Emergency Management Assistance (EMA) have requested local agencies to report a number of data elements including:

- ED volumes
- Hospital bed availability
- Hospital surge strategies for patient care
- Elective surgery cancellations during high capacity times
- Implementing alternative triage sights
- Hospital diversion
- Ventilators and critical equipment needed

Hospitals should use the Capacity Plan and their own protocols to manage high volumes.

Discussion ensued on what flu symptoms have been reported and the origin of testing, rapid testing and/or clinical representation.

Mike Rice mentioned a shortage of Tamiflu in pharmacies. This year's Tamiflu distribution level was the same as last year. Cached or strategic medical stockpile supplies cannot be used unless there is a declared disaster.

- B. The California EMS Award ceremony was held in San Francisco following the December 5, 2012 EMS Commission meeting. The following EMS personnel from San Diego County were recognized during the ceremony:
1. Border patrol agent, Travis Creteau, received an Inter-Service recognition award for meritorious efforts to rescue two children from a car submerged in a reservoir off Otay Lakes Road.
  2. Rick Rod, Rural Metro, received a meritorious service medal for his training and publications, and disaster experience.
  3. Gordon Anderson, AMR dispatcher, was honored for his community outreach programs including graffiti removal, oil changes for seniors, and CPR instruction.
  4. Reema Makani Boccia, Rural Metro, was honored for community outreach and creative initiatives.
  5. Clinical Excellence Awards recipients that were presented at the individuals' workplace were to: Andrew Kelly, Dustin Slikker, Garret Estevane, Jason Van Zile, Joe Taylor, Leanna Navarro, and Ryan Judson.
- C. Sporadic drug shortages continue. The most recent shortages were with prefill atropine. Agencies should continue to report any drug shortages to EMS.
- D. UCSD Hillcrest Medical Center was recognized as one of five (5) initial Comprehensive Stroke Centers by the Joint Commission. The Stoke Consortium is scheduled to meet this evening.
- E. EMSA has secured funding for three Advanced Emergency Medical Technical (AEMT) training programs in the state. One is located in San Diego. The focus is on law enforcement and tactical medicine. The training was funded with Homeland Security Grant funds.

## **VII. EMS STAFF REPORT (Marcy Metz, Chief EMS)**

- A. The California Trauma and Resuscitation Conference begins today at the Catamaran Resort Hotel in San Diego. The IV State Trauma Summit will be meeting this afternoon in conjunction with the resuscitation conference. Keynote speaker today is Dr. Backer, Director of EMS Authority, who will be presenting his vision for California EMS.
- B. The iQCS architecture team for the County and the HP contractor working with the CTO will be meeting to investigate network connectivity and latency in the performance of the iQCS system. Hospitals should continue to use QCS CEMISIS. Agencies that are not experiencing any problems can continue to use iQCS.
- C. The EMS Administrators Association of California (EMSAAC) Annual Conference is scheduled for May 29-30, 2013, at the Hilton San Diego Resort & Spa. Conference information is available on the EMSAAC website. The conference theme is "Riding the Waves of EMS."
- D. EMS Commission meets in March, in Los Angeles. EMS for Children (EMS-C), STEMI and Stroke regulations are being reviewed. Pre-public comments for EMS-C ended a few

months ago; STEMI and Stroke regulations are currently out for pre-public comments and will close tomorrow.

**VIII. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is February 28, 2013.

Meeting was adjourned at 9:40 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Minutes

Thursday, February 14, 2013

### Members Present

Broyles, R.N., Linda – County Paramedic Agencies Committee  
Carlson, R.N., Sharon - Hospital Association of S.D. & Imperial Counties  
Marugg, Jim – Ambulance Association of S.D. County  
Meadows-Pitt, R.N., Mary – District 2  
Ochs, Ginger – San Diego County Paramedic Agencies Committee (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association

### Attendees

Eging, David - Americare  
Forman R.N., Kelly – Mercy Air  
Graham, Dan – Care/SDCAA  
Hudnet, Carlen – Rural Metro  
Wells, R.N., Christine – Scripps La Jolla

### County Staff

Corte, Meredith  
Eldridge, Brett  
Pate R.N., Rebecca

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, Chair called the meeting to order at 9:10 am. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

**A motion was made by Jim Marugg, seconded by Linda Rosenberg to approve the minutes of January 10, 2013. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

## IV. OFF-LOAD ISSUES

There continues to be offload issues. There has been a large volume of calls. City of San Diego has added two ambulances for the flu season.

## V. POLICIES FOR REVIEW

A. Changes to Policies S-830, Ambulance Provider's permit Application Process and B-833, Ground Ambulance Vehicle Requirement suggested at the last EMCC Prehospital/Hospital Subcommittee meeting were made to the drafts presented today.

1. S-830, Ambulance Provider's Permit Application Process.
  - The list of Registered Nurses (CCT providers only), are updated each year.
2. S-833, Ground Ambulance Vehicle Requirements.
  - B-833 was changed to S-833. This changes the policy reference from a Basic Life Support (BLS) policy to a system wide policy. At the last meeting the correction on Federal Specification KKK-A-1822-C was changed to -F, but those changes have been delayed until 2015. Additional changes made during the last subcommittee meeting were incorporated.
3. N-840, Non-Emergency Medical Transport Wheelchair/Gurney Van Provider's Permit Application Process and N-841, Non-Emergency Medical Transport Wheelchair/Gurney Van Service Requirements.
  - There were a few changes to update the policies to reflect current practice and permitting.
  - The non emergency medical transport application has been updated with similar changes to the BLS/ALS private ambulance applications.
  - There are 24 non-emergency ambulance companies, including Gurney van and wheel chair.
  - The Ambulance Ordinance requires non-emergency ambulances to be permitted through the County as well as MTS. Policy N-840 reference to the application process, MTS permits, and direct application to the County was clarified. Non-emergency medical transports are required to have MTS to operate in the County of San Diego.

4. S-010, Guidelines for Hospitals Requesting Ambulance Diversion. – Dr. Haynes  
The policy is to reflect procedure that is already used in the system and what might be helpful in the future.
  - Language was added regarding delays in unloading and transferring care of patients.
  - Hospitals would notify the EMS Duty Officer if there is an internal disaster and if the hospital is on ED bypass/saturation in excess of 4 hours.
  - Clarify that hospitals should take patients who receive their care at that facility.
  - The person putting the hospital on ED saturation should have authorization by the hospital.
  - Hospitals are encouraged to off-load patients as quickly as possible. Off-loads taking greater than 30 minutes are considered delays.
  
5. Policy discussion:
  1. The committee discussed satellite hospitals requests for diversion, emergency department saturation, and hospitals taking patients who usually receive their care or their physician practices at that facility. The final destination decision is to be made by the Base Hospital MICN/BHMD after consideration of all pertinent factors.
  
  2. There was clarification on N-841 regarding required documentation on inspection or on applying as a non-emergency medical transport service. Additional grammar was corrected for maintaining liability insurance, visible identification of employee name, vehicle mirror equipment requirements and securing oxygen tanks and wheelchair requirements.

B. The Ambulance Ordinance approval has been moved to next month. The recommendation is to approve S-830 and S-833 and forward the policies to EMCC to be approved after the Ambulance Ordinance has gone before the Board of Supervisors.

**A motion was made by Jim Marugg to approve S-830, S-833, N-840 and N-841 with recommended changes, seconded by Linda Rosenberg. Motion carried.**

The policies will be forwarded to the full EMCC meeting after the Ambulance Ordinance is presented and approved by the Board of Supervisors.

## VI. STAFF REPORT

A. Rebecca Pate introduced Meredith Conte as a new EMS QA Specialist. Ms. Conte is from Arizona with ICU background. Ms. Conte will be the agency liaison. She will be riding along with first responders, ambulances, and will spend time observing the County radio rooms.

- B. During policy update there was discussion on aeromedical policy changes and updates. Policy A-200 that states the EMS Medical Director approves the aeromedical policies yearly will drop to a 400 level policy.

An inventory list, similar to S-103 will be developed for the aeromedical ambulances in addition to their permitting check list.

These revisions will go through the Base Station Physicians Committee (BSPC).

- C. EMS is developing a Fireline Medic policy based on the Los Angeles County and State template. Those policies will be 400 level policies and go through BSPC.
- D. There is a BLS agency meeting scheduled for March 27, 2013. An agenda and letter will be sent out.
- E. Paramedic regulations have just come out from the state and will be effective April 1, 2013. High points include carbon monoxide testing to the scope of practice, and adding CCT paramedics.
- F. Protocol taskforce continues. BSPC will have the new protocols presented for approval that will be released in May.
- G. Stroke regulations are out for 15 day comment. The state is reviewing EMS for Children (EMS-C) and STEMI regulations.
- H. iQCS is up and running. Agencies are using the iQCS system. Hospitals are having latency issues which are being addressed.

**VII. SET NEXT MEETING /ADJOURNMENT**

The next meeting is scheduled for March 14, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:05 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



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## MISSION STATEMENT

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## EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

### Minutes

Thursday, February 28, 2013

### Members Present

Abbott, Stephen – District Five  
Adler, Fred – Third District  
Broyles, R.N., Linda – Co. Paramedics Agency Committee  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties  
Green, R.N., Katy – District One  
Harvel, Lt. Christine – Law Enforcement  
Jacoby, M.D., Jake – District Four  
Leigh, Bob – S.D. Co. Fire Chief’s Association  
Marugg, Jim – S.D. County Paramedics Association  
Meadows-Pitt, R.N., Mary – District Two  
Rice, Mike – Ambulance Association of San Diego  
Rosenberger, R.N., Wendy – Base Hospital Nurse Coordinators

### Vacant Positions

League of California Cities  
Military Agencies  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

### In Attendance

Foreman, Kelly – Mercy Air  
Francis, Allen – CA Correctional Health  
Care Services  
Green, Royce – Xtreme Care Ambulance  
Seaton, Brendan – Xtreme Care Ambulance

### County Staff

Castellanos, Shana  
Conte, Meredith  
Gardina, Les  
Metz, Marcy

### Recorder

Wolchko, Janet I.

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, brought the meeting to order at 9:00 am. Attendees introduced themselves.

## **II. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions submitted.

## **III. APPROVAL OF MINUTES**

**A motion was made by Katy Green, seconded by Sharon Carlson to approve the EMCC minutes from January 24, 2013. Motion carried.**

## **IV. STANDING SUBCOMMITTEE REPORTS**

### **A. Prehospital/Hospital – Policy review and approval**

The Prehospital Subcommittee discussed the Ambulance Ordinance. Policy changes will wait until the revised Ordinance is approved by the Board of Supervisors.

### **B. Education and Research**

No report.

### **C. Disaster/Operations**

1. The County and healthcare facilities are planning a local HPP disaster drill for May 30, 2013. The exercise will have a mass casualty scenario. Participants will be exercising the County Mass Fatality Plan with its changes.
2. HPP lead hospitals, Sharp Healthcare, Palomar Pomerado, UCSD and Scripps Healthcare have partnership projects.
  - a. Sharp Healthcare will be working with the County to write Neonatal Intensive Care Unit (NICU) evacuation con-ops. Two meetings have already taken place.

Representatives from the NICU facilities and the Ambulance Association are working on a plan to evacuate NICUs during a disaster. The next meeting is March 15, 2013. A draft of the plan is due by June 1, 2013 for the grant.

- b. UCSD is working on identifying patient tracking out of the casinos and small air ports. They are currently working on an agreement with Lindberg Field for patient tracking and identifying folks if there was a plane crash at Lindberg field.
    - c. Scripps is working to standardize hospital decontamination procedures. The goal would be to have healthcare and hospital facilities assist each other in the event of a contamination. Nick Vent, Department of Environmental Health (DEH,) has been conducting two (2) day decontamination courses with hospitals.

**V. HURRICANE SANDY DMAT RESPONSE (Dr. Jake Jacoby)**

Dr. Jacoby is an ER Physician at UCSD and Commander of Disaster Medical Assistance Team (DMAT) CA-4 who was deployed during Hurricane Sandy.

**A. CA-4 DMAT Background**

DMAT CA-4 is a deployable Level 1 Disaster Medical Assistance Team affiliated with the Natural Disaster Medical System (NDMS). Level 1 teams agree to activate and be prepared for deployment within 6 to 8 hours of a request during a declared disaster.

San Diego was designated as a DMAT CA-4 when it signed a Memorandum of Understanding (MOU) with NDMS on July 19, 1991. NDMS provides personnel, supplies and equipment, assists with patient movement and provides medical care.

**B. Hurricane Sandy**

Hurricane Sandy is one of the few recent storms that have hit the northeast. It was measured over 900 miles wide. Sixty (60) million people were affected by Hurricane Sandy and 8.5 million were without power.

**C. CA-4 DMAT Deployment**

1. DMAT CA-4 was placed on alert October 29, 2012. A stage briefing was conducted on Oct 31, 2012. Twenty hours later the team was activated.
2. CA-4 team's profile consisted of 46 team members: 8 command staff; 8 advanced practitioners, 5 physicians, 3 nurse practitioners, 9 RNs, pharmacists, 9 EMT paramedics and 2 EMTs.
3. The mission received on November 3<sup>rd</sup> was to respond to Nassau Community College where there was a shelter of 1,200 cots set up on two floors. The special needs shelter was located at another site. The American Red Cross (ARC) ran the general population shelter while the Nassau County Health Department ran the special needs shelter.
4. Site assessment
  - Homeland security police was set up for the area and to guard the cache.
  - Patients with unfilled prescriptions such as asthma inhalers and those with respiratory infections increased. ARC had runners that would go to the pharmacy a couple times a day as some medications were not part of the disaster cache.
  - Clinical providers worked 8 hour shifts, command staff worked 12 hour shifts, pharmacy and logistics were on call. There were three (3) pharmacists.
  - Major issues were: inability to cover medications, get medical prescription co-pay, and caregiver credentials.
  - Carbon monoxide (CO) poisoning is common after a disaster when the power

goes out. Generators were used inappropriately causing fumes to go into houses from basements as were fumes from heating by coal. There were eight (8) states that reported CO poisoning after hurricane Sandy, 263 exposures. There were four (4) exposures in Pennsylvania from using generators causing 4 fatalities from CO exposure.

5. NDMS is deployed by a federal declaration and mission, deployment for training, and is protected by the Uniform Services of Employment and Reemployment Rights Act (USERRA). USERRA is a federal law that ensures persons are not disadvantaged or discriminated in their civilian careers and are promptly employed in their civilian jobs upon their return.

## **VI. EMS MEDICAL DIRECTOR REPORT (Bruce E. Haynes, M.D.)**

- A. The flu season seems to be disappearing. Personnel in the field and hospitals have been busy and have responded well.
- B. Palomar Medical Center moved their emergency room when they moved their acute care to the new hospital in Escondido. The emergency room at the previous site is licensed as a standby emergency room and will have staffing 24/7 with nurses, a physician and equipment.
- C. Protocol changes were presented at the Base Station Physician's Committee (BSPC) meeting. Those take effect July 1, 2013.
- D. There continues to be occasional drug shortages in the field. There have been shortages of atropine and dextrose. So far there haven't been any patient care issues.
- E. The Emergency Medicine Oversight Committee (MOC) has developed suggested protocols and advisement for patients that come into emergency rooms for pain medication.
- F. Scripps Memorial at La Jolla has become the second hospital in San Diego recognized as a comprehensive stroke center. The differential point for a comprehensive stroke center is the addition of staff and equipment available, and interventions that come with endovascular work, stent graph and clots.
- G. The paramedic regulations were just approved. Many of the changes were to move medications in the optional scope of practice to basic scope of practice.
- H. A state committee is looking at community paramedicine where paramedic roles may include: alternate destinations, treat and release, the ability to handle chronic users of 911, conduct hospital follow-up and care for chronic conditions.
- I. Every year there is an informal look at base hospitals to see if adding additional base hospitals would be appropriate. Base hospital load will be review to see the impact on the system and if the system needs to be changed.

There was discussion on rapid testing for influenza and the percentages of false negatives with influenza rapid testing.

**VII. EMS STAFF REPORT (Marcy Metz, Chief EMS)**

- A. Dr. Jacoby was thanked for the presentation he gave on Hurricane Sandy.
- B. County Risk Management reviewed the Ambulance Ordinance insurance requirements and made some changes. A handout was presented showing the changes that were made. Insurance liability requirements included changes to ambulance providers, critical care transport providers, non-emergency transport providers, air ambulance and primary response air ambulance. The Ambulance Ordinance with changes will be placed as an agenda item at the next meeting.
- C. The “Sidewalk CPR” event that was held last year to train the public on compressions only CPR will be held again this year. The goal is to exceed the number of people that were trained last year. Last year’s event trained 3,400 people in compressions only CPR. The “Sidewalk CPR” event will be held during CPR week in June.
- D. Last year the Stroke Consortium conducted a “Strike out Stroke” day at the Padres. The community campaign is to educate people on the warning signs and symptoms of stroke. The “Strike out Stroke” event will be held on May 17, 2013, at Petco Park. Padres will be playing the Nationals.
- E. The State EMS Authority (EMSA) has released a set of core measures for data collection. A grant was provided by the California Healthcare Foundation to EMSA for the development of the core measures. There are 28 core measures, the County currently collects 19. EMS agencies are asked to submit core information from 2010 and 2011 by May. Communication will be sent out to the agencies for the nine (9) additional data elements which will be aggregated by the County and sent to the State. Information on the core measures is available on the ENA website.
- F. The EMS Commission meets next month in Los Angeles. Information will be shared at the next EMCC meeting.

**VIII. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is March 28, 2013.

Meeting was adjourned at 10:28 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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HEALTH SERVICES COMPLEX

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Mike Rice, Chair  
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Epidemiology & Immunization Services  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing  
Border Health  
TB Control & Refugee Health  
Vital Records

### MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

### EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

#### Minutes

Thursday, March 28, 2013

#### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Green, R.N., Katy – District One  
Jacoby, M.D., Jake – District Four  
Marugg, Jim – S.D. County Paramedics Association  
Meadows-Pitt, R.N., Mary – District Two  
Nevin, Jon – S.D. County Paramedics Association  
Parra, Frank – S.D. County Fire Chief’s Association (Alt)  
Rice, Mike – Ambulance Association of San Diego  
Rothlein, Jason – Law Enforcement Agencies  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rosenberger, R.N., Wendy – Base Hospital Nurse  
Coordinators (Alt)  
Wells, R.N., Christine - Base Hospital Nurse Coordinators

#### Vacant Positions

League of California Cities  
Military Agencies  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

#### In Attendance

Bavario, Adam - GCTI  
Forman, Kelly – Mercy Air  
Innis, Steve – 1<sup>st</sup> Choice Ambulance  
Lorek, Kirstin – SD. County Sheriff’s Dept  
Saltzstein, Doug - NCTI

#### County Staff

Conte, Meredith  
Haynes, M.D., Bruce  
Metz, Marcy  
Pate, Rebecca

#### Recorder

Wolchko, Janet I.

### I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, brought the meeting to order at 9:02 am. Attendees introduced themselves.

## **II. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions submitted.

## **III. APPROVAL OF MINUTES**

**A motion was made by Jim Marugg, seconded by Katy Green to approve the EMCC minutes from February 28, 2013. Motion carried.**

## **IV. STANDING SUBCOMMITTEE REPORTS**

### **A. Prehospital/Hospital – Policy review and approval**

There was no report.

### **B. Education and Research**

There was no report.

### **C. Disaster/Operations –Linda Rosenberg, R.N.**

1. County EMS and healthcare facilities are planning a local Hospital Preparedness Program (HPP) disaster drill for May 30, 2013. The exercise will focus on fatality management. The County Medical Operations Center (MOC) will be open during the drill. Each hospital will be recruiting volunteer patients for the exercise. The exercise will continue to work on Neonatal Intensive Care Unit (NICU) evacuation plans and County resources for evacuation of NICU patients.
2. The 2013 Statewide Medical and Health Training Exercise is scheduled for November 21, 2013. The state would like to incorporate Continuity of Operation (COOP) planning into the exercise.

## **V. AMBULANCE ORDINANCE REVISIONS**

**A. EMCC had previously approved the Ambulance Ordinance. County Risk Management has since updated the insurance requirements for critical care, ground transport, non-emergency transport as well as air ambulance.**

1. Ambulance Provider's and/or Critical Care Transport Provider's and non-emergency transport Providers liability insurance, including, but not limited to comprehensive auto liability and professional liability, and general liability.
2. Air Ambulance Providers liability insurance, including, but not limited to comprehensive aircraft liability, professional liability and commercial general liability insurance or airport liability.

3. Worker's compensation insurance and employers' liability insurance shall comply with California Labor Code requirements.
- B. County Counsel may have some grammatical statement corrections, but there will be no substantial changes to the text in the ordinance.
- C. The Ambulance Ordinance has been placed on the EMCC agenda today to include an EMCC advisory statement in the Board letter. It will go into effect 30 days after it is approved by the Board of Supervisors. Agencies will have to show proof of insurance with their application or reapplication for ambulance permits.

**A motion was made by Fred Adler, seconded by Jim Marugg to accept and approve the changes made to the Ambulance Ordinance. Motion carried.**

## **VI. COMMUNITY PARAMEDICS (Bruce E. Haynes, M.D.)**

- A. The community paramedicine program has been useful where physicians, hospitals and clinics are hard to access, especially in rural areas. The program is currently being provided in the Midwestern states where population is low and resources may be limited.
  1. Roles and skills for community paramedics in rural areas can include:
    - minor trauma suturing
    - injury prevention programs, such as home visits for falls
    - disease management/monitoring for congestive heart failure, diabetes, COPD and asthma
    - drawing blood samples
    - wound care and dressings for those who have chronic wounds
    - medication compliance
  2. Categories mentioned in California:
    - transport to alternate destinations and ability to select an alternate transport destination, i.e. a clinic
    - assess treatment refer and release patients
    - address the needs of frequent 911 callers
    - post hospitalization follow-ups, care for chronic conditions
- B. The Office of Statewide Health Planning and Development (OSHPD) reviews submission for providers in a new role and would monitor the program for safety and efficacy.
- C. Dr. Howard Backer, Director for State EMS Authority (EMSA) reported on community paramedicine at the EMS Commission meeting last week. EMSA has contracted with UC Davis and the Healthcare Foundation to review community paramedicine in the State of California. EMSA and OSHPD are working together on pilot projects for community paramedicine.

- D. There will be a two month process to submit letters of intent to participate. According to the State, that will permit time to develop partnerships and agreements and to structure the training and specific projects such as transport to alternate locations, management of chronic disease or a category that a specific provider may be interested in.
- E. Local EMS Authority (LEMSA) administrators have discussed plan measures, a gap analysis and who may be interested in the community paramedicine program.
- F. Jim Marugg said that community paramedicine was brought up at the EMS Today Conference in Washington D.C. They discussed care for patients with post acute care readmission, long term chronic care, post ED care, frequent system users, home bound impaired mobility and health screening and vaccinations.
- G. EMCC discussed liability and if there is an agreement during the pilot program for supervision of medications and readmissions.
- H. State information will be forwarded to the EMCC.

**VII. EMS MEDICAL DIRECTOR REPORT (Bruce E. Haynes, M.D.)**

- A. There are 15-20 confirmed cases of meningococcal outbreak in Tijuana. The United States has had three (3) confirmed cases, and sporadic cases that are not related to each other.
  - 1. EMS should be aware of any symptoms such as high fever, headache, nausea, a stiff neck, or a rash that doesn't blanch. The patient will likely be very ill by the time 9-1-1 is called.
  - 2. Exposure for EMS workers would be through mouth to mouth ventilation, intubation or manipulation of an endotracheal tube without a surgical mask or an N95 mask, droplet precautions and suctioning of the airway with copious secretions without use of a mask.
  - 3. If a healthcare provider has been within three (3) feet of a patient without personal protective equipment (PPE) or near a patient with meningococcal symptoms, they should receive prophylaxis such as rifampin, ciprofloxacin or ceftriaxone within 24 hours.
  - 4. It is recommended that lab personnel and youth, especially those staying in college dorms should receive the vaccine.
- B. The Border Patrol continues to practice their Advanced EMT (AEMT) program.
- C. The State passed new regulations for paramedics, EMT's and AEMT's that will take effect on April 1<sup>st</sup>.

1. EMT scope of practice added pulse oximetry, bleeding control through hemostatic, dressing and over the counter medicine such as aspirin and glucose. Training for AEMT's was increased to 136 hours.
2. For paramedic state regulations, some of the optional scope of practice was moved to basic scope of practice. They have a limited scope of practice for Interfacility Transfer (IFT).
3. Both the EMT and paramedic documents are available at the EMS Authority website.

**VIII. EMS STAFF REPORT (Marcy Metz, Chief EMS)**

- A. "Sidewalk CPR" day is scheduled for June 4, 2013. Communication on the event and invitations to participate will be sent out. The goal is to train 5,000, and to exceed last year's goal. Participation forms have been sent out.
- B. "Strike Out Stroke" day at the Padres game is on May 17, 2013 at Petco Park.  
[Addendum: Date changed to June 22, 2013]
- C. The State EMS authority is asking EMS to submit addition core measure data from 2010/11. Some of the data will be collected by EMS, but additional data will be needed from the agencies. Communication will be sent out to the ALS agencies asking for the additional data by April 30, 2013 in order to comply with the State's request to submit data by the end of May.

**IX. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is April 25, 2013.  
Meeting was adjourned at 9:55 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair

### Minutes

Thursday, April 11, 2013

#### Members Present

Broyles, R.N., Linda – County Paramedic Agencies Committee  
Carlson, R.N., Sharon – Hospital Association of S.D. & Imperial Counties  
Marugg, Jim – Ambulance Association of S.D. County  
Meadows-Pitt, R.N., Mary – District 2  
Ochs, Ginger – San Diego County Paramedic Agencies Committee (Alt)  
Rice, Mike – San Diego County Ambulance Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators

#### Attendees

Forman R.N., Kelly – Mercy Air  
Hudnet, R.N., Carlen – Rural Metro  
Workman, Debi – Paramedic Training Agency

#### County Staff

Conte, R.N., Meredith  
Eldridge, Brett  
Pate R.N., Rebecca  
Smith, R.N., Susan

#### Recorder

Wolchko, Janet

Border Health  
California Children Services  
Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
MAA/TCM Program  
Maternal, Child and Family Health Services  
Public Health Laboratory  
Public Health Nursing  
Tuberculosis Control & Refugee Health  
Vital Records

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, Chair called the meeting to order at 9:07 am. Attendees introduced themselves.

Rebecca Pate announced that this was her last meeting. She is going to work at Palomar Hospital.

Carlen Hudnet announced that she is going to work at Sharp.

## **II. APPROVAL OF MINUTES**

**A motion was made by Jim Marugg, seconded by Mary Meadows-Pitt to approve the minutes of February 14, 2013. Motion carried.**

## **III. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions.

## **IV. OFF-LOAD ISSUES**

A. The Nevada State Bill regarding regulations on offloads was forwarded after the last subcommittee meeting. Christine Wells, Susan Smith and Meredith Conte requested that the document be sent to them.

B. Ginger Ochs reported that there were 2,060 Advanced Life Support (ALS) transports, 230 were over 30 minutes delay. The longest delay was one (1) hour and 13 Minutes, 30 percent of the transports were less than 30 minutes. Reports are sent monthly to Grossmont, Mercy, Sharp and Scripps La Jolla by request.

Discussion:

- Contacting the charge nurse.
- Notifying the Battalion Chief if there is a delay over 30 minutes.
- Hospitals going on bypass.

## **V. POLICIES FOR REVIEW**

A. Waiting for Ambulance Ordinance approval before forwarding Policies S-830, S-833, N-840 and N-841 to the full EMCC.

B. S-831, Permit Appeal Process. Ambulance permitting policy will be reviewed by the Ambulance Association before it is presented at the EMCC Prehospital/Hospital Subcommittee. The policy will include information regarding permits that are denied and the waiting period before they can resubmit for a permit.

C. The Fireline Medic policy will go to Base Station Physician's Committee (BSPC) next week.

D. Policy A-200, Air Medical Treatment Protocol-Introduction regarding the protocols for air ambulances will move to the 400 section as a medical control policy. The policy will have information regarding a potential second air ambulance provider. It will also be reviewed and approved by BSPC. Dr. Haynes currently reviews Mercy Air's treatment protocol every two years. Air Treatment Protocols A-204 to A-273 will be deleted.

E. New Policies:

1. S-834, BLS First Responder Inventory

- Suction catheter and sizes were changed to a minimum of two (2) sizes, 10 and 18, 1 each. Suction catheter, tonsil tip, minimum changed from three (3) to two (2).
- Thermometer minimum changed to one (1).

**A motion was made by Mary Meadows-Pitt, seconded by Debi Workman to accept the changes and forward policy S-834 to the full EMCC.**

Discussion:

- Adding Ribbon Kits to MCI triage tags.
- Removing infant from the list of minimum blood pressure manometer and cuff.
- Tourniquets and pediatric transport devices, and infant and neonate bag-valve mask/nebulizer.

**By previous motion and second, policy S-834, BLS First Responder Inventory, will be forwarded to the full EMCC for review and approval. Motion carried.**

2. A-878, Air Ambulance Inventory

- Policy: FAA requires a First Aid Kit
- Basic Life Support (BLS) equipment:
  - Added a list of protective equipment under personal protective equipment.
  - Add or equivalent to Emesis basin.
  - Removed bedpan and urinal.
  - Obstetrical kit change to one.
  - Remove cool packs and warming packs.
  - Moved Mark 1 kit or equivalent to optional.
- ALS equipment:
  - Discussion on ventilator, endotracheal tube sizes and feeding tubes.
  - Add adult and pediatric to laryngoscope.
  - Add or equivalent to oxygen cylinder w/wall outlet (H or M).
  - Remove some of the sizes of Suction Catheters, keep sizes 8, 12 and 18.
  - Approved Intraosseous (IO) devices and gauges, leave 15, 25 and 45 mm gauge, 2 each.
  - Identify defibrillator pads as pediatric and adult, one (1) each.

- Remove "Packs" from list.
- Changed Foley catheter to drainage bag or equivalent.
- Change pediatric drug chart to agency protocol reference book.
- Remove communication items, laminated protocols.
- Change Bougie and mesh hood from optional items to mandatory.
- Discussion on minimum replaceable medications included: morphine; glucose tabs (are not carried); list Hydralazine with Apresoline; Lidocaine; Amiodarone, 300 mg minimum; epinephrine minimum; add Ketamine. Remove Nitroprusside and Phenobabital, and Verapamil. Concentrations and minimum amounts and dosage were discussed.
- Add pediatric immobilization device and Heimlich Flutter Valve to other equipment.
- Airway adjuncts: add portable suction equipment adult and pediatric, adult capable; add advance alternate airway, i.e. scalpel and Shiley™ Tracheostomy tube.

**A motion was made by Debi Workman, seconded by Ginger Ochs to have the changes to A-878, Air Ambulance Inventory, sent to Kelly Foreman for review and send the documents to the EMCC subcommittee before the draft is forwarded to the full EMCC. Motion carried.**

## **VI. STAFF REPORT**

### **A. EMS Staffing Changes**

1. April 22, 2013, Sue Dickinson, from Palomar will be taking Ruth Duke's position duties including AED's and SART.
2. Meredith Conte will be the base hospital liaison.
3. Susan Smith will be covering the agencies.

**B.** There are continued drug shortages of D50. A letter on alternative options to using D50 has been sent out. Susan Smith will resend the letter to the committee.

**C.** Policy/protocol date of completion will be the end of May.

## **VII. SET NEXT MEETING /ADJOURNMENT**

The next meeting is scheduled for May 9, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:27 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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### MISSION STATEMENT

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## EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Broyles, R.N., Vice-Chair

### Minutes

Thursday, May 23, 2013

### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Carlson, R.N., Sharon – Hosp Assoc of S.D./Imperial Counties  
Green, R.N., Katy – District One  
Jacoby, M.D., Jake – District Four  
Leigh, Chief Bob – S.D. County Fire Chiefs Association  
Ochs, Ginger – Co. Paramedics Agency Committee (Alt)  
Ponce, Cruz – American Red Cross  
Rice, Mike – Ambulance Association of San Diego  
Rothlein, Lt. Jason – Law Enforcement Agencies  
Rudnick, R.N., Sharon – Emergency Nurses Association (Alt)  
Wells, R.N., Christine - Base Hospital Nurse Coordinators

### Vacant Positions

League of California Cities  
Military Agencies  
San Diego County Fire Districts Association  
San Diego County Medical Society  
San Diego Emergency Physicians' Society

### In Attendance

Forman, Kelly – Mercy Air  
Frick, Robert – Reach Air  
Green, Royce – Xtreme Care Ambulance  
Rand, Mike – S.D. County Sheriff's

### County Staff

Dickinson, Sue  
Metz, Marcy  
Smith, Susan

### Recorder

Wolchko, Janet I.

**I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Mike Rice, Chair, brought the meeting to order at 9:05 am. Attendees introduced themselves.

**II. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions submitted.

**III. APPROVAL OF MINUTES**

**A motion was made by Katy Green, seconded by Sharon Carlson to approve the EMCC minutes from March 28, 2013. Motion carried.**

**IV. STANDING SUBCOMMITTEE REPORTS**

**A. Prehospital/Hospital**

The following policies were reviewed by the EMCC Prehospital/Hospital meeting on April 11, 2013 and forwarded to the full EMCC for final review.

1. P-430, San Diego County Special Assignment – Fireline Paramedic.
  - ALS contacts will be reviewed through the agency's approved QA process
  - Minimum ALS inventory required is listed in Section VI.
  - Clarification will be made on Normal Saline 1000ml, two (2) sets of IV Administration, Diphenhydramine (IV. IM and po) 200mg and Epinephrine 1:1,000.
2. B-834, BLS First Responder Inventory
  - Changes to par level of Suction Catheter sizes.
  - Ribbon kits were added to MCI triage tags.
  - Oropharyngeal Airways minimum is 1 set (assorted adult and pediatrics)
  - Nasal Airways minimum is 1 set (assorted adult and pediatrics)
  - Glucose paste/tablets minimum 1-15g tube or 3 tabs (5gm)
3. A-878, Air Ambulance Inventory

Remove the largest size cuffed tube, #9, listed for Endotracheal Tube.

**A motion was made by Ginger Ochs, seconded by Christine Wells to approve the changes made to P-430 upon clarifications stated, B-834 and A-878. Motion carried.**

**B. Education and Research**

There was no report.

**C. Disaster/Operations – Sharon Carlson, R.N.**

1. There will be a Healthcare/County mass casualty exercises on May 30, 2013. The scenario is a stadium collapse. The goal is to practice hospital surge and mass fatality plans.

Deaths will be reported by paper copies and faxed due to information backup in the State Electronic Death Registration System (EDRS) during the previous exercise. Mass fatality shuttles will pick up the deceased to take them to refrigerator trucks or to the morgue depending on the capacity of the new Medical Examiner facility.

2. The Statewide drill is on November 21, 2013. The surge will focus on an outbreak of Shiga toxin producing E. coli where patients go into multi system failure, specifically kidney failure. Patient tracking by ambulance to the emergency department will be done during the exercise.

#### **V. SIDEWALK CPR DAY – Sue Dickinson**

- Tuesday, June 4, 2013, 10 am to 4 pm.
- CPR instruction will be given to the public by EMS personnel.
- Last year 3,048 bystanders were trained by 27 agencies at 41 sites in San Diego. Currently, this year 12 agencies have responded with 13 sites.
- San Diego Project Heartbeat will provide mannequins by request for the event.

#### **VI. STRIKE OUT STROKE DAY AT THE PADRES – June 22, 2013**

- Saturday, June 22, 2013, 4:15 pm game, Padres against the Dodgers.
- The event informs the community on signs and symptoms of stroke and calling 911.
- Ticket/t-shirt bundles are available for \$17 if ordered by tomorrow through Diane Royer. After tomorrow there will be a discount code posted on the internet for tickets only.
- Pregame activities include blood pressure checks by participating hospitals.
- Survivors of stroke will be introduced on the field before the game.

#### **VII. EMS MEDICAL DIRECTOR'S REPORT - Marcy Metz**

- A. Congratulations to Dr. Jim Dunford who was named one of the 2012 top 10 innovators by JEMS magazine. Dr. Dunford was cited for implementation of the Resource Access Program (RAP) and electronic Resource Access Program (eRAP). The program is an EMS based surveillance and case management system designed to help individuals who repeatedly access 911 find appropriate care.
- B. Protocol changes for EMTs and paramedics in the field are completed and will be out to the community by Friday. The protocols were reviewed by a taskforce and the Base Station Physicians Committee.
- C. State EMS core measure information is being reported to the state to help evaluate the performance of EMS operations. Agencies were asked to submit additional data points that are not collected by EMS. The data will be sent to the state by May 31, 2013.

### VIII. EMS STAFF REPORT - Marcy Metz

A. The Ambulance Ordinance has been reviewed by County Counsel. The first reading will be on June 18, 2013 during the Board of Supervisors meeting.

B. A Board Letter will be submitted for *Spare Tire Exemption* for ground ambulances. A Board Letter regarding the issue is submitted every two (2) years. A draft of the *Spare Tire Exemption* will be available to the committee before it is submitted to the Board of Supervisors.

Discussion ensued on if the *Spare Tire Exemption* addresses the ambulance strike teams deployed to other states, mechanical issues, off road repair and ground support.

C. The Public Health Services fee increase Board Letter will also include EMS fee increases. A date for the Board Letter to go before the Board of Supervisors for approval has not been set.

D. EMS Recruitment:

- EMS Coordinator
- Public Health Nurse
- Administrative Analyst

E. A 'tiger' team has been formed to review iQCS latency issues. They are currently working with the vendor on the Prehospital Patient Record (PPR) bypass, the duty status and hospital availability screens. QCS and CEMISIS are both available.

Announcements from committee members:

1. Sharon Carlson announced that Sharp Healthcare is hosting its 4<sup>th</sup> Annual Disaster Partnership Conference on July 10, 2013, 8:00 am to 12 noon at Spectrum Center. The Disaster Partnership Projects at UCSD, Sharp Healthcare, Palomar and Scripps will be highlighted.

Security will talk about *Ice Boxes* for *Active Shooter* education that has become a best practice among Law Enforcement and hospitals. The *Ice Box* started through the Law Enforcement Coordination Center (LECC) fusion center, with the concept that during an *Active Shooter* event there would be a lock box with master key sets and laminated instruction maps by each facility entry. Ray Stanley who worked with the fusion center on the project will present and share information.

2. Kelly Forman congratulated UCSD for their Trauma Center opening
3. It is National EMS week. Marcy Metz thanked all EMS participants in the system for services provided to the community and the public/private partnership.

4. Cruz Ponce gave American Red Cross (ARC) updated information on the Oklahoma tornado incident.
  - There are more than 300 ARC workers on ground
  - 16,000 meals have been served
  - They have given out 2,800 relief items
  - There have been 30 emergency response vehicles provided to distribute items
  - ARC health services teamed with the Oklahoma medical reserve team to provide medications and medical equipment
  - ARC has also activated their spiritual care teams to meet one-on-one with families

Dr. Jacoby reported that two (2) National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMAT) were pre-staged at Dallas Fort Worth. Due to Oklahoma City community response to the incident, DMAT was not utilized and was immobilized yesterday.

5. Cruz Ponce suggested standardizing symbols for points of distribution, reunification, disaster shelters and hospitals on Geographical Information System (GIS) maps utilized by agencies, organizations and the County.

Steve Abbott added that National Wildfire Coordinating Group (NWCG) is working on GIS map protocol at the national level.

#### **IX. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is June 27, 2013.  
Meeting was adjourned at 9:50 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES

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## EMERGENCY MEDICAL SERVICES

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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair

### Minutes

Thursday, July 11, 2013

#### Members Present

Carlson, R.N., Sharon – Hospital Association of S.D. & Imperial Counties  
Meadows-Pitt, R.N., Mary – District 2  
Rice, Mike – San Diego County Ambulance Association  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators

#### Attendees

Forman R.N., Kelly – Mercy Air  
Pierce, Jodie – San Diego Fire  
Rod, Rick – San Diego City EMS  
Russo, Joe – Rural Metro/CSA-17

#### County Staff

Conte, R.N., Meredith  
Haynes, M.D., Bruce  
Smith, R.N., Susan

#### Recorder

Wolchko, Janet

Border Health  
California Children Services  
Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
MAA/TCM Program  
Maternal, Child and Family Health Services  
Public Health Laboratory  
Public Health Nursing  
Tuberculosis Control & Refugee Health  
Vital Records

#### I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair of the EMCC full committee, called the meeting to order at 9:02 am in the absence of the EMCC Prehospital/Hospital Subcommittee Chair and Vice-Chair. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

**A motion was made by Christine Wells, seconded by Mary Meadows-Pitt to approve the minutes of April 11, 2013. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

## IV. OFF-LOAD ISSUES

Seven (7) months of data from San Diego Fire and medical records on reported patient offloads shows there are offload delays. Discussion included reporting accuracy with time on scene to back in service, reevaluating the time stamp turnover of care, arrival on scene to departure from hospital including help for transfer, verbal and signature turn over, and gurney transfer.

## V. POLICIES FOR REVIEW

### A. S-010, Guidelines for Hospitals Requesting Ambulance Diversion

Source of input regarding diversion and recording offloads is from the Emergency Medicine Oversight Committee (EMOC) and the current way of practice. Policy updates include:

1. Authority – California Health and Safety Code description was removed as it is in the California Highway Patrol (CHP) regulations.
2. Purpose - Ensuring that prehospital provider units are not unreasonably removed from their area of primary response when transporting patients to a hospital during delays in unloading and transferring care of patients.
3. Emergency Department (ED) Saturation – Add a caveat regarding ED resource commitment and availability for additional incoming ambulance patients before going on diversion. Discussion ensued on the notation regarding nurse to patient staffing ratios, number of patients in the ED waiting room, and lack of available Intensive Care Unit (ICU) beds in the hospital.
4. CT Scan Unavailability – Focus on CT scan ability, remove condition regarding availability of a neurosurgeon.
5. Internal Disaster – Hospitals notify the EMS Duty Officer if they cannot receive additional patients because of a physical plant breakdown (e.g. fire or power outage, etc.). There was continued discussion on notifying the duty officer of noncompliance off-load issues in a timely manner and providing a contact number.
6. Statement of patient request during ED saturation to take patients who usually receive their care or physician practices at that facility.
7. Hospital assessment regarding the appropriateness of continued ED saturation diversion by someone who is authorized by hospital administration.

8. After one hour of saturation, the hospital will come off of saturation and take at least one ALS ambulance patient prior to going back on. Reassess appropriateness of continued ED saturation hourly.
9. Turnover guidelines: Acute patient offload will occur upon arrival. Off-load delays greater than 30 minutes are considered delays.

Review of Policy S-010 draft and discussion will continue at the September meeting.

**B. P-806, Advanced Life Support (ALS) First Responder Inventory**

Changes were made to match S-103, BLS/ALS Ambulance Inventory.

1. Airway Adjuncts (A):
  - Aspiration based endotracheal tube placement verification devices moved to *Optional Equipment*.
  - Bag valve mask device - add description.
  - Intubation tubes - delete sizes 8.5 and 9.
  - O<sub>2</sub> masks and suction catheters sizes and description to match S-103.
  - End Tidal CO<sub>2</sub> detector moved to *Optional Equipment*.
2. Vascular Access/Monitoring Equipment (B):
  - IV administrations sets - add multi-drip.
  - Syringe size 5ml removed as in S-103.
  - Needles, IO – remove Jamshidi brand name.
3. Packs (D): Omit Drug Box and Trauma Box/Pack.
4. Other (E): Remove description/type of thermometer.
5. Communication items (F): Delete Communication Failure Protocol (laminated). Pediatric Drug Chart (laminated) and Standing Orders (laminated) are listed under *Other Equipment*.
6. Replaceable Medications (G):
  - Change minimum amounts of Albuterol and Atropine sulfate. Discussion on minimum dose of ASA.
  - Change Multi Dose Atropine and Dopamine to match S-103.
7. Optional Equipment (I):
  - Move Tourniquets to *Other Equipment*. No longer optional.
  - Remove Tympanic description/type of thermometer as it is listed under *Other*.
  - Add hemostatic gauze (optional) to match S-103.

**A motion was made by Christine Wells, to forward the edits to the full EMCC committee, seconded by Mary Meadows-Pitt. Motion carried.**

**C. S-836, Critical Care Transport Unit Inventory**

1. BLS requirements updated to match S-103:
  - Oropharyngeal airways - changed newborn to neonate.
  - Bag-valve-mask – added neonate mask.
  - Added Glucose Paste/Tablets, one 15g tube or 3 tabs.
  - Suction catheter - remove sizes 6, 10, 14.
  - Obstetrical Supplies – sterile added to gloves description.

2. Critical Care Transport requirements:
  - Move Aspiration based endotracheal tube placement verification devices to *Optional*.
  - Correct End Tidal CO<sub>2</sub> and add Detector Device and Capnography.
  - Add King Airway sizes to laryngeal/tracheal airway.
  - Ventilator (optional) available according to CCT permit requirement.
3. Vascular Access/Monitoring Equipment (B):
  - Remove arm board
  - IV administration sets - add or multi drip, change minimum to 1 each.
  - Needles: IV Cannula - change minimum to 1 each.
  - Syringes: change minimum to 2 each.
4. Monitoring (C): Change to match list in S-103.
5. Other Equipment (E):
  - Remove description/type of thermometer.
  - Optional items: Endotracheal tube sizes – delete 8.5 and 9.
6. Replaceable Medications (F):
  - Delete amiodarone, atropine sulfate multidose vials, bacteriostatic water, furosemide, glucagon, procainamide, sodium bicarbonate and normal saline 100 ml bag
  - Minimum dose changes: Dextrose, 50% to minimum of 1; Epinephrine 1:1,000 to minimum of 2; Naloxone HCL minimum 1 each and Verapamil HCL to minimum of 1.
  - Normal saline 1000 ml bag add or equivalent of 2-500 ml bags.
  - Change D5W to 100 ml bag, minimum of 1.
  - Add Nitro drip, 50 mg categorized as optional item.

**A motion was made by Christine Wells to forward S-836 to the full EMCC committee, seconded by Mary Meadows-Pitt. Motion carried.**

**D. P-303, Mobile Intensive Care Nurse (MICN) – Authorization/Reauthorization**

1. Reauthorization Process:

Discussion ensued regarding Continuing Education (CE) courses and online classes. It was decided that online CE courses are not eligible and do not qualify for MICN reauthorization credit.

**A motion was made by Christine Wells to forward P-303 to the full EMCC committee, seconded by Sharon Carlson. Motion carried.**

**VI. STAFF REPORT**

- A. Chula Vista Fire inspection was completed and the anticipated start date for their ALS First Responder is July 19, 2013.
- B. Temecula Valley Hospital will be opening in September.
  1. Location is off of the I-15 just across the County line.
  2. Radio communication capabilities are being worked out.

3. They will have a helicopter pad in March.
  4. Riverside County requires six months data before they are approved as a STEMI center.
- C. Flu season has started. Facilities should be ordering vaccines.
- D. Protocol sepsis standing orders are currently being reviewed.
- E. Some hospital bases are overloaded with volume and overtime. Units are asked to call their assigned base. The volume should be evenly distributed between the bases.
- F. The State has two subcommittees reviewing Community Paramedics and Off-load Solutions.
- G. In response to the San Francisco air crash on July 13, 2013, the County EMS burn surge plan and capability was reviewed. The most critical will go to the burn centers, Children's Hospital will accept the pediatric burn patients, trauma centers will take the less critical burns, satellites and non trauma facilities will take patients with less than 30% body surface burns.
- H. Back orders are coming in on previous drug shortages.
- I. Base Station Physicians Committee (BSPC) recommended that if you have an acute status patient, call the receiving base as you would call a trauma facility receiving base.

**Additional information:**

Sharon Carlson is leading a workgroup that is writing a Neonatal Intensive Care Unit (NICU) evacuation plan for San Diego County. The plan will include provisions for hospital staff such as a bedside NICU nurse, pulmonary technician and/or an intensivist to attend the infant and continue care when transporting during a disaster. The subcommittee discussed what the legal guidelines would be for transporting units with hospital based personnel accompanying the NICU patient.

**VII. SET NEXT MEETING /ADJOURNMENT**

EMCC Prehospital/Hospital Subcommittee does not meet in August. The next meeting is scheduled for September 12, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 11:07 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

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### MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

### EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Broyles, R.N., Vice-Chair

### Minutes

Thursday, July 25, 2013

#### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hosp Assoc of S.D./Imperial Counties  
Green, R.N., Katy – District One  
Jacoby, M.D., Jake – District Four  
Leigh, Chief Bob – S.D. County Fire Chiefs Association  
Meadows-Pitt, R.N., Mary – District two  
Rice, Mike – Ambulance Association of San Diego  
Rothlein, Lt. Jason – Law Enforcement Agencies

#### Vacant Positions

League of California Cities  
San Diego County Fire Districts Association  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

#### In Attendance

Forman, Kelly – Mercy Air  
Rod, Rick – S.D. City EMS  
Russo, R.N., Joe – Rural Metro  
Saltzstein, Doug - NCTI  
Workman, R.N., Debra – Palomar  
Community College

#### County Staff

Conte, Meredith  
Haynes, M.D., Bruce  
Metz, Marcy  
Smith, Susan

#### Recorder

Wolchko, Janet I.

Border Health  
California Children Services  
Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
MAA/TCM Program  
Maternal, Child and Family Health Services  
Public Health Laboratory  
Public Health Nursing  
Tuberculosis Control & Refugee Health  
Vital Records

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, brought the meeting to order at 9:08 am. Attendees introduced themselves.

## II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

## III. APPROVAL OF MINUTES

**A motion was made by Dr. Jacoby, seconded by Fred Adler to approve the EMCC minutes from May 23, 2013. Motion carried.**

## IV. STANDING SUBCOMMITTEE REPORTS

### A. Prehospital/Hospital

The following policies were reviewed by the EMCC Prehospital/Hospital meeting on July 11, 2013 and forwarded to the full EMCC for final review.

1. P-303, Mobile Intensive Care Nurse – Authorization/Reauthorization
  - Reauthorization process: Add statement: online continuing education classes do not qualify for MICN reauthorization credit.
  - Change Division of Emergency Medical Services to Emergency Medical Services Branch.
2. P-806, ALS First Responder Inventory

Updated changes to reflect BLS inventory list in policy S-103.
3. S-836, Critical Care Transport Unit Inventory
  - Policy was sent out to CCT programs for feedback.
  - Par levels were changed
  - Moved EtCO<sub>2</sub> detection device to *Optional*
  - Delete some of the suction catheter sizes to match S-103
  - Correct spelling of Defibrillator

**A motion was made by Mary Meadows-Pitt, seconded by Sharon Carlson to approve the changes made to P-303, P-806 and S-836. Motion carried.**

### B. Education and Research

There was no report.

### C. Disaster/Operations – Sharon Carlson, R.N.

1. September is Emergency Preparedness month.
2. October 5, 2013, from 10:00 am to 2:00 pm is the Sharp Healthcare Second Annual Disaster Expo. There will be community education on how to be prepared at home for a disaster. Hazmat, San Diego Fire, AMR and Search and Rescue will be participating. There is also an opportunity to purchase disaster supplies at a discount. A flier will be distributed to EMCC.

**V. BOARD OF SUPERVISORS LETTERS – Marcy Metz**

**A. Ambulance Spare Tire Exemption**

A Board letter for spare wheel requirement exemption is prepared every two years and submitted to the Board of Supervisors for approval. The Board Letter is reviewed by EMCC for approval and then submitted to the Board of Supervisors. Once the Ambulance Spare Tire Exemption has been approved by the Board of Supervisors it will go into effect the beginning of next year.

**Motion made by Linda Broyles to approve the Ambulance Spare Wheel Requirement.  
Motion carried.**

**B. Ambulance Ordinance**

The Ambulance Ordinance first reading went before the Board of Supervisors meeting on July 16, 2013. The second reading will be on July 30, 2013. The Ordinance will become effective 30 days after the second reading approval which should be in September.

**VI. COMMUNITY PARAMEDICINE – Dr. Bruce Haynes**

**A.** Community Paramedicine provides healthcare to underserved areas with limited resources in the community, and may expand the roles of paramedics. A need for additional resources may be driven by population growth and aging, rising prevalence of chronic diseases and increased health care coverage consequent to the Affordable Health Care Act.

**B.** The State EMS Authority report on areas of Community Paramedicine services include:

1. Prehospital

- Transport of patients with specified conditions not needing immediate emergency care to alternate, non-emergency locations.
- Determining whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transporting them to a hospital emergency department.
- Address needs of frequent 911 callers or frequent visitors to emergency department by helping them access primary care and social services. San Diego has had success with their EMS Resource Action Program (RAP) that seeks to reduce dependence on EMS and acute care services by linking the individual with appropriate resources for their underlying medical, mental health, and social needs

2. Post-Hospital or Community Health Services

- Provide follow up with patients recently discharge from the hospital at an increased risk of readmission.
- Provide support for persons with diabetes, asthma, congestive heart failure or multiple chronic conditions. Home visits and monitoring of those conditions.

- C. The State released information on letters of intent for those who would like to submit an application for a demonstration project.
1. Training for the medics would involve 150 to 200 extra hours of training.
  2. Entry requirements for the training would include four (4) years experience for medics and a preference for people with an AA degree or higher academic degree.
  3. There will be a State and local committee for evaluation of safety and efficacy.
  4. Deadline for submission of letters of intent is September 30, 2013.
  5. A local Project Steering Committee will be established for each pilot site to monitor programs and data collection at the local level. Funding would be local responsibility.
- D. Discussion:
- County's position is that the program would be beneficial, effective and safe
  - Stakeholders interest
  - Cooperation and operating under one program
  - County staff oversight – to be discussed further
  - Challenges with re-triage in emergency hospital settings, senior centers and assisted living
  - Training and education for urgent care and hospital continuation of care
  - Psychiatric patients, destination for psychiatric patients, and psychiatric limited resources. Benefit to emergency departments to have guidelines regarding who can be taken to psychiatric hospital emergency rooms, and medical clearance.

**VII. EMS MEDICAL DIRECTOR'S REPORT – Bruce Haynes, M.D.**

- A. Chula Vista Fire is the newest County ALS First Response Agency.
- B. EMOC's 8<sup>th</sup> Annual Emergency Care Summit is Thursday, November 7, 2013.
- C. Influenza:
- Use of quadrivalent vaccines instead of trivalent vaccines used in the past
  - Determining the best vaccine coverage for this year
  - Departments should have vaccines for employees and a vaccination policy for prevention of employees transmitting flu to patients and preventing employees from being off work during the height of the flu season.
- D. 2013 protocols are in place. If there are issues for correction, let EMS know.
- E. Temecula Valley Hospital facility is opening in September.
- F. Application for an additional aeromedical service in San Diego County has been submitted. It is required that dispatch services are available when there is more than one aeromedical service. The new aeromedical service headquarters will be in North County.

- G. After the San Francisco air crash on July 13, 2013, San Diego burn surge program and disaster services were reviewed. San Francisco inquired on San Diego's response program and bed capacity in such an emergency.
- H. A retirement party was given for Ginger Ochs who has participated in the EMS system through education and her work through San Diego Fire.

#### **VIII. EMS STAFF REPORT - Marcy Metz**

- A. Susan Smith was promoted to EMS Coordinator
- B. EMS open recruitments: Public Health Nurse, QA Specialist/Prehospital, and Administrative Services Analyst for County Service Area.
- C. *Sidewalk CPR* took place on June 4, 2013. Throughout the County there were 22 participating agencies at 36 locations giving instruction to the public on adult compression only CPR; 2,589 individuals were trained. Southern California counties that participated in the event reported a collective total of 14,465 individuals trained. This will be an annual event in June during CPR week.
- D. The *Strike out Stroke Day at the Padres* event to promote stroke awareness was held on June 22, 2013. Hospitals set up kiosks throughout Petco Park to conduct community education, screenings and to educate people on the five symptoms of stroke: Face, Arm, Speech, Time (FAST), and to call 911. 1500 t-shirt/ticket bundles to the game were sold.
- E. Beacon EMS Hub: The County and vendors, Digital Innovations and InfoTech, meet twice a week to set a schedule and time line, and identify clinical fields. Estimated time of completion is in November.
- F. First Greyhound Ambulance's County ambulance permit has been suspended. An appeal hearing was conducted last week. The decision to suspend was upheld. First Greyhound Ambulance has an option to go to second level of appeal. The suspension was for: use of unlicensed personnel in their ambulances; improper stocking of the ambulance and improper maintenance; and uncooperative during an investigation.

#### **IX. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is September 26, 2013. EMCC does not meet in August.  
Meeting was adjourned at 10:00 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair

### Minutes

Thursday, October 10, 2013

#### Members Present

Rice, Mike – San Diego County Ambulance Association  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators  
Workman, R.N., Debbie – Paramedic Training Agency

#### Attendees

Forman R.N., Kelly – Mercy Air  
Innis, Steve – First Choice Ambulance  
Pierce, Jodie – San Diego Fire  
Rod, Rick – San Diego City EMS

#### County Staff

Amang, Diane  
Conte, R.N., Meredith  
Smith, R.N., Susan

#### Recorder

Wolchko, Janet

#### I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair of the EMCC full committee, called the meeting to order at 9:07 am in the absence of the EMCC Prehospital/Hospital Subcommittee Chair and Vice-Chair. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

**A motion was made by Christine Wells, seconded by Linda Rosenberg to approve the minutes of July 11, 2013. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

## IV. OFF-LOAD ISSUES

There was an improvement with off-load delays. Hospitals and prehospital agencies are working together and tracking delays to improve off-load issues.

## V. POLICIES FOR REVIEW

### A. S-836, Critical Care Transport Unit Inventory

Quantitative End Tidal CO2 was added under *Airway Adjuncts*.

**A motion was made by Christine Wells, seconded by Linda Rosenberg to approve S-836 changes and forward to the full Emergency Medical Care Committee (EMCC). Motion carried.**

### B. P-303, Mobile Intensive Care Nurse - Authorization/Reauthorization

1. Clarification of the authorization period as an MICN.
2. The Subcommittee discussed out-of-county MICN applicants, taking classes and instruction on the San Diego County Policies, Procedures and Protocols. Out-of-county MICN applicants will go through field operation skills and be affiliated with a base.

Wording clarification will be made regarding instruction related to out-of-county MICN's role and training courses. P-303 will be brought back to the subcommittee to review before forwarding the policy to the full EMCC.

### C. S-402, Prehospital Determination of Death

1. Procedure:
  - When a patient is determined to be 'obviously dead', "no basic or advanced life support shall be initiated or continued"
  - EMT description of victim's condition on the Prehospital Patient Record is to clearly state the reason life support measures were not initiated or continued.
2. Added Aeromedical Considerations Critical Care Transport requirements from Policy A-406, Determination of Death.

Wording will be changed and confirmed by the subcommittee before forwarding to the full EMCC.

## **VI. STAFF REPORT**

- A.** Carlsbad Fire and City of San Diego have submitted letters of intent to participate in the Community Paramedicine pilot projects.
- B.** Flu shots are recommended. Hospital personnel and those entering hospital patient care areas should have a flu shot or wear a mask.
- C.** Reach Air is now the County's second Air Ambulance provider. Calls will go through the designated air ambulance dispatch center, American Medical Response (AMR).
- D.** The Imperial County prehospital employee union strike is over. Replacement workers have been hired.
- E.** EMCC Prehospital/Hospital Subcommittee discussed the article in the Wall Street Journal regarding Left Ventricular Assisted Device (LVAD) and placing an LVAD device in a patient in anticipation of a transplant. Discussion ensued on information regarding CPR instruction and performing CPR on an LVAD patient.
- F.** Diane Ameng was introduced as the new QA Specialist with County EMS Prehospital.
- G.** Debbie Workman posed a simulation question regarding a patient with flu symptoms and bronchial problems. Subcommittee members discussed patient history and method of treatment.

## **VII. SET NEXT MEETING /ADJOURNMENT**

The next meeting is scheduled for November 14, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:15 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
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### MISSION STATEMENT

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### EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Broyles, R.N., Vice-Chair

### Minutes

Thursday, October 24, 2013

#### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Bull, R.N., Pat – American Red Cross (Alt)  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties  
Leigh, Chief Bob – S.D. County Fire Chiefs Association  
Meadows-Pitt, R.N., Mary – District two  
Ponce, Cruz – American Red Cross  
Rice, Mike – Ambulance Association of San Diego  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rothlein, Lt. Jason – Law Enforcement Agencies

#### Vacant Positions

League of California Cities  
San Diego County Fire Districts Association  
San Diego County Medical Society  
San Diego Emergency Physicians' Society

#### In Attendance

Boyd, Mike – Mercy Air  
Forman, Kelly – Mercy Air  
Francis, Allen – CA Correctional  
Healthcare Services  
Innis, Steve – First Choice  
Ambulance  
Rand, Sgt. Mike – San Diego  
Sheriff  
Russo, R.N., Joe – Rural Metro  
Wethey, Jack – CAL FIRE/SDCFA

#### County Staff

Cavanaugh, Adria  
Conte, Meredith  
Haynes, M.D., Bruce  
Smith, Susan

#### Recorder

Wolchko, Janet I.

**I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Mike Rice, Chair, brought the meeting to order at 9:00 am. Attendees introduced themselves.

**II. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions submitted.

**III. APPROVAL OF MINUTES**

**A motion was made by Linda Broyles, seconded by Fred Adler to approve the EMCC minutes from July 25, 2013. Motion carried.**

**IV. STANDING COMMITTEE REPORTS**

**A. Prehospital/Hospital Subcommittee**

The following policy was reviewed and approved at the EMCC Prehospital/Hospital Subcommittee meeting on October 10, 2013 and forwarded to the full EMCC for final review and approval.

1. S-836, Critical Care Transport Unit Inventory  
Quantitative End Tidal CO<sub>2</sub> was added under *Airway Adjuncts*.

**A motion was made by Mary Meadows-Pitt, seconded by Linda Rosenberg to approve S-836. Motion carried.**

**B. Education and Research Subcommittee**

There was no report.

**C. Disaster/Operations Subcommittee**

1. The California Statewide Medical Healthcare Disaster Exercise is November 21, 2013. The exercise has a food borne illness scenario and will cover medical surge, dialysis surge, ICU surge and infection control practices.
2. HPP12 grant year has started.
3. A trolley drill will take place at the San Diego State University (SDSU) trolley station on November 6, 2013 at 12 midnight. Scenario is a trolley derailment in the tunnel at SDSU. Patient activation is at 12:30, the drill is expected to be over at 2 am, November 7.

**V. EMS MEDICAL DIRECTOR/STAFF REPORT (Dr. Haynes)**

- A. As of October 1, 2013, the County has two aeromedical transport agency providers, Mercy Air (since 1999) and Reach Air. The County will be monitoring volume and dispatch services.
- B. Flu season:
  - 1. The Capacity Task Force meets each year to review the high capacity document which is used as a guideline for response during the flu season.
  - 2. There have been a number of Pertussis cases.
  - 3. Visits from patients experiencing respiratory problems and respiratory problems with fever are up.
- C. Letters of intent to participate in Community Paramedicine pilot projects have been submitted to the state. There should be a decision by November 1<sup>st</sup> regarding which agencies have been chosen for the pilot projects.
- D. Ambulance bids are open for Request for Proposals (RFP's) in the Julian/Cuyamaca and Borrego Springs/Ocotillo Wells area.
- E. The 30<sup>th</sup> Anniversary of the trauma system in San Diego is next year. Planning for the recognition event has started.
- F. The Ambulance Association has mentioned concerns regarding ambulance patients detained for psychiatric evaluations under the 5150 law. County Behavior Health (BH) has an interest in clarifying the law and how it affects their operation as well.
- G. The new Temecula Valley Hospital is located just outside the County of San Diego area in Riverside County. Temecula Valley Hospital has a basic emergency room permit. Patients that are transported by San Diego EMS in that area should be taken to a San Diego receiving hospital, unless the patient requests to be taken to Temecula Valley Hospital.
- H. The San Onofre Nuclear Generating Station (SONGS) exercise was yesterday. The Nuclear Regulatory Commission (NRC) requires an exercise to take place even though the SONGS facility is closed.
- I. State regulation drafts may be out in December for STEMI and Stroke.
- J. Review of the legislative season that affects the EMS system:
  - 1. SB191, Emergency medical services will continue funding of pediatric trauma.

2. AB633, Emergency medical services civil liability allows a person to perform CPR even if their employer says they can't. Conditions are specified. AB633 may be intended for residential care facilities where staff is not allowed to perform CPR because they are not a health facility.
3. SB669, Emergency medical care: epinephrine auto-injectors clarify regulations regarding an individual, such a layperson, from purchasing and using a prescription epinephrine pen that delivers auto injection.
4. AB588, School athletics: concussions expanded the law regarding patients with concussions. Athletes in public schools may return to play after evaluation by a licensed practitioner. The same provision applies to Charter and private schools.

**K.** The Emergency Medicine Oversight Commission (EMOC) has an interest in the practice of safe prescribing narcotic pain medicine in emergency departments. Over use of prescription narcotics and sedatives has become a high cause of death in the United States.

1. A plan was announced to change the practice with relieving pain due to a new injury, but not to contribute to the potential for abuse, diversion and deaths. The Controlled Substance Utilization Review and Evaluation System (CURES) is a state data base that can be used to confirm prescriptions and reduce prescription drug deaths.
2. The Drug Enforcement Agency (DEA) coordinates prescription take back days where you can surrender unused prescriptions. They ask that you do not give liquids and needles. The next event is on October 26, 2013 from 10 – 2 pm. Sheriff stations and hospitals participate in the event.

**L.** Medical device regulation related to Automatic External Defibrillators (AED's) (Fred Adler)

- There are 27 categories of medical devices that can be found at FDA.gov.
- Since 1976, the Food and Drug Administration (FDA) has regulated medical devices and in vitro diagnostics such as blood tests. Medical devices include AED's.
- Last year the FDA came out with new guidelines where many devices need premarket approval (PMA). Medical devices before 1976 were given blanket approval.

**M.** Upcoming dates:

- November 1, 2013 – Scripps Trauma Services, The 2013 San Diego Day of Trauma, Trauma Myth Busters.
- November 7, 2013 – Emergency Medicine Oversight Commission, San Diego 8<sup>th</sup> Annual Emergency Care Summit.

**VI. BOARD LETTER – ZONE 2 (Adria Cavanaugh)**

The current contract with American Medical Response (AMR) for Zone 2 is expiring on June 30, 2014. As an official advisory committee, there is a request for EMCC to support the submission of a Board Letter to the Board of Supervisors requesting to continue the RFP for the Zone 2 area. The initial contract term would be four (4) years, with a four (4) one year options and one 6 month extension, if needed.

It was a suggestion to incorporate in the subject line of the Board Letter that they are ALS ambulance and paramedic services.

**A motion was made by Mike Rice, seconded by Stephen Abbott to approve the Board Letter for submission to the Board of Supervisors. Motion carried.**

**VII. EMS FEES (Adria Cavanaugh)**

Previously EMS fee increases were reviewed and approved at EMCC and were forwarded with Public Health fees to the HHSA Administrative Office for review and analysis to include full cost recovery. The HHSA Executive Office is looking at an incremental fee increase starting with \$40. in 2014 and increasing by \$10 each year through 2016.

**VIII. TRAUMA PRESENTATION (Joshua Smith, Ph.D.)**

**A. 2012 Trauma Review:**

1. The trauma rate has increased over the last three years and is expected to continue to increase.
2. There is a large jump in the total trauma patients from 2011.
3. San Diego Trends
  - Geographic pockets of increasing trauma injuries
  - Falls, self-inflicted, pedal cycle and motorcycle injuries are increasing.
4. The average length of stay increased by 4 hours from 2011.
5. Falls represent about 36% of the total burden to the Trauma System and this number is expected to increase to 40% by 2030.
6. We can expect a 47% increase in falls-related trauma cases by 2030.
7. Mortality rates continue to decline, especially among those severely injured. (ISS 15+)

8. There are 1,567 additional survivors as a result of the decline in mortality rate since 2000.

**B. Discussion included:**

1. Statistics on trauma resource patients upgraded to trauma.
2. Breakdown on the falls statistics.

**IX. STROKE PRESENTATION (Amelia Kenner-Brininger)**

- A.** Data was presented on mode of arrival, age group, discharge destination and stroke diversion impact.

**B. Discussion included:**

1. Neurologic intervention
2. Ultrasound theory in Stroke

**X. NEXT MEETING/ADJOURNMENT**

**The meeting adjourned at 10:25 am. Due to the next EMCC meeting falling on November 28, Thanksgiving Holiday and the November Statewide Exercise scheduled for November 21, it was suggested to have the next EMCC meeting on December 5, 2013.**



# County of San Diego

**NICK MACCHIONE, FACHE**  
DIRECTOR

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PUBLIC HEALTH OFFICER

## MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair

### Minutes

Thursday, November 14, 2013

### Members Present

Broyles, R. N., Linda – County Paramedic Agency  
Marugg, James – San Diego County Paramedic Association  
Meadows-Pitt, R.N., Mary – District 2  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators

### Attendees

Forman R.N., Kelly – Mercy Air  
Pierce, R.N., Jodie – San Diego Fire  
Russo, R.N., Joe – AMR

### County Staff

Ameng, R.N., Diane  
Conte, R.N., Meredith  
Haynes, M.D., Bruce  
Royer, R.N., Diane  
Smith, R.N., Susan

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, called the meeting to order at 9:05. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

**A motion was made by Christine Wells, seconded by Linda Rosenberg to approve the minutes of October 10, 2013. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

## IV. OFF-LOAD ISSUES

Christine Wells will bring offload data to the January meeting.

## V. POLICIES FOR REVIEW

### A. S-029, Stroke Advisory Committee (SAC)

#### 1. Overview: (Diane Royer)

- a. In 2007 the County convened a task force to develop criteria for Stroke Centers in San Diego County. As of 2009, San Diego has 16 Stroke centers.
- b. The policy is based on the Cardiovascular Advisory Committee (CAC) model. Confidentiality is covered under Section 1157.7 of the Evidence Code of the State of California. SAC membership is similar to CAC having a medical director, program manager, program coordinator from EMS, neurology interventionists and pediatric neurologists. San Diego will have a representative from each Stroke Center. Currently the committee has vacant positions for CPAC and BSPC.
- c. Meetings will be held quarterly, 6:00-8:00 pm generally on a Thursday.

#### 2. Changes to the policy:

- a. III.A., Page 1, The Scope: 'may include but not limited to'.
- b. Remove quotations from *advisory* on page 3 and *simple* on page 4.

**A motion was made by Linda Rosenberg, seconded by Christine Wells to approve S-029 changes and forward to the full Emergency Medical Care Committee (EMCC). Motion carried.**

### B. P-303, Mobile Intensive Care Nurse - Authorization/Reauthorization

Meredith met with the Base Hospital Coordinators:

1. Section regarding Authorization periods as an MICN was reworded.
2. Section B was added regarding Certification by Challenge.

**A motion was made by Mary Meadows-Pitt, seconded by Jim Marugg to approve P-303 changes and forward to the full EMCC.**

There was discussion on who can observe Base Hospital paramedic communication calls in the radio room.

**By previous motion, P-303 will be forwarded to the full EMCC. Motion carried.**

**C. S-402, Prehospital Determination of Death**

Wording was added regarding Aeromedical Considerations from Policy S-406.

The policy was brought forward to EMCC Prehospital/Hospital Subcommittee for comments only. The following changes were discussed:

1. Change EMT to *prehospital personnel*.
2. Remove quotes from *obviously dead* throughout the policy.
3. *Do not Resuscitate*, add Physician's Order for Life Sustaining Treatment (POLST) as well.
4. Change Disposition of patients pronounced in an ambulance, note *while in route*.
5. Move Special Considerations up from under Aeromedical Considerations to include Prehospital.

**VI. STAFF REPORT**

- A. CSA-17 contract for ambulance services was awarded to American Medical Response (AMR) and will begin January 1, 2014.
- B. Reach Air, the second air ambulance provide in the county went live as of October 1, 2013. Diane Ameng is reviewing county-wide aeromedical utilization.
- C. November 21, 2013, is the Statewide Medical Healthcare Exercise centered on a food borne pathogen.
- D. Community Paramedicine will include Local EMS Authority (LEMSA) oversight. It was suggested to convene the EMCC Education/Research Subcommittee to review Community Paramedicine.
- E. Next year's Sidewalk Cardiopulmonary Resuscitation (CPR) event is tentatively scheduled for June 5, 2014.

**VII. SET NEXT MEETING /ADJOURNMENT**

The next meeting is scheduled for January 9, 2014 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:00 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III  
County of San Diego, Emergency Medical Services



**County of San Diego**  
HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
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Border Health  
California Children Services  
Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
MAA/TCM Program  
Maternal, Child and Family Health Services  
Public Health Laboratory  
Public Health Nursing  
Tuberculosis Control & Refugee Health  
Vital Records

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**EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING**

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

**Minutes**

**Thursday, December 5, 2013**

**Members Present**

Adler, Fred – District Three  
Bull, R.N., Pat – American Red Cross (Alt)  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties  
Demers, CDR Gerard – Military Agencies  
Meadows-Pitt, R.N., Mary – District two  
Rand, Mike – Law Enforcement Agencies (Alt)  
Rice, Mike – Ambulance Association of San Diego  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rothlein, Lt. Jason – Law Enforcement Agencies

**Vacant Positions**

League of California Cities  
San Diego County Fire Districts Association  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

**In Attendance**

Forman, Kelly – Mercy Air  
Hoang, Matt – American Medical  
Response  
Innis, Steve – First Choice  
Ambulance  
Nichols, Mardi – Base Hospital Nurse  
Coordinators  
Pierce, Jodie – San Diego Fire  
Department

**County Staff**

Ameng, Diane  
Conte, Meredith  
Haynes, M.D., Bruce  
Metz, Marcy  
Smith, Susan

**Recorder**

Wolchko, Janet I.

**I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Mike Rice, Chair, called the meeting to order at 9:03 am. Attendees introduced themselves.

There was a moment of silence for Sandy Parsons, Prehospital Secretary at Grossmont Hospital, who had passed away.

**II. PUBLIC COMMENTS/PETITIONS**

There were no public comments or petitions submitted.

**III. APPROVAL OF MINUTES**

**A motion was made by Linda Broyles, seconded by Linda Rosenberg to approve the EMCC minutes from October 24, 2013. Motion carried.**

**IV. STANDING COMMITTEE REPORTS**

**A. Prehospital/Hospital Subcommittee – Meredith Conte**

The following policies were reviewed by the EMCC Prehospital/Hospital Subcommittee meeting on November 14, 2013 and forwarded to the full EMCC for review and approval.

**1. S-029, Stroke Advisory Committee (SAC)**

The SAC policy is based on the Cardiovascular Advisory Committee (CAC) and provides consultation and medical direction.

Suggested changes to S-029 were: description of *The Scope* adding *may include but not limited to*, and removing quotation marks from *advisory nature* and *simple majority*.

**A motion was made by Linda Rosenberg, seconded by Christine Wells to approve S-029. Motion carried.**

**2. P-303, Mobile Intensive Care Nurse - Authorization/Reauthorization**

Changes were to the authorization period and Certification by Challenge.

**A motion was made by Christine Wells, seconded by Linda Rosenberg to approve S-303. Motion carried.**

**B. Education and Research Subcommittee**

There was no report.

C. Disaster/Operations Subcommittee – Sharon Carlson

1. The November 21, 2013, California Statewide Medical Healthcare Disaster Exercise drill centered on a food borne illness scenario. Communication and HPP partnership project/satellite phone testing was practiced. The EMS Department Operations Center known locally as the Medical Operations Center (MOC) was activated.

Comments on the exercise:

- Knowledge of WebEOC and participants that use it only during practice.
- Sheriff's involvement with the illness scenario affected the correctional facilities, both employees and staffing. It showed the importance of working with the medical staff and becoming familiar with medical terms used.

V. **COMMUNITY PARAMEDICINE – Marcy Metz**

Two pilot projects were submitted from San Diego County:

1. Carlsbad Fire Department pilot project – alternate care destination with Kaiser patients.
2. City of San Diego pilot project - enhancement of their Resource Access Program (E-RAP) frequent 9-1-1 users.

The City of Carlsbad and City of San Diego projects were provisionally approved by the State EMS Authority and will be included in the application by the Office of Statewide Health Planning (OSHPPD).

There is a requirement to set up a local prehospital steering committee for each pilot program. It was suggested to reconvene the EMCC Education/Research Subcommittee to serve as the Community Paramedicine Advisory Committee. The committee will have community involvement and partnership with hospitals, clinics and agency providers. EMCC organizations representatives that are currently members of the EMCC Education/Research Subcommittee are:

- San Diego County Ambulance Association
- District 1 Representative
- District 5 Representative
- Fire Chiefs Association
- Base Hospital Nurse Coordinator

The benefit of having the advisory committee part of EMCC is that the agenda is posted so members of the community can attend, and the full EMCC would receive the subcommittee reports.

Linda Rosenberg added that the Emergency Nurses Association (ENA) supports the concept and would like to attend the EMCC Education/Research Subcommittee meeting.

Steve Innis, First Choice Ambulance, has attended seminars regarding the Community Paramedicine program and has had discussion with other private providers in the country who currently have the program. Mr. Innis would also like to attend the subcommittee meetings.

EMCC Education/Research Subcommittee meeting will be scheduled after the first of the year.

## **VI. EMS MEDICAL DIRECTOR/STAFF REPORT (Dr. Haynes)**

### **A. PulsePoint communication.**

This is an application for Smart Phones that can help someone who is having a sudden cardiac arrest. Users that have had CPR training register through the app on their Smart phone. The app will then notify the user if someone nearby is having cardiac arrest. It gives directions to the app user as well as giving information regarding nearby defibrillators.

Los Angeles Fire, San Diego Fire and North County Fire are interested in the application. County Board of Supervisors indicated support during the last Board of Supervisor's meeting on December 3, 2013. Information on the application can be found at [pulsepoint.org](http://pulsepoint.org).

### **B. In some areas, law enforcement personnel have been taught to use naloxone for reversal for narcotic over doses. There is some interest in having a small trial in the East County through EMS.**

### **C. The Stroke, STEMI and Emergency Medicine for Children (EMS-C) regulations are at the state and may be out in January.**

### **D. First aid standards for CPR that govern public safety personnel who are not EMT's are reviewed every three (3) years by the EMS Authority. There may be some additions to the CPR standards.**

### **E. Not many cases of the flu have been reported. If you have not received your flu vaccination, it is recommended. The Healthcare Capacity Plan has been reviewed for this year and should be out in the next two weeks.**

## **VII. EMS STAFF REPORT - Marcy Metz**

### **A. EMS new staff introductions:**

1. Diane Ameng, EMS Quality Assurance Specialist working with EMS Prehospital.

2. Gerardo Galano, Public Health Nurse, who will be working with the EMS Disaster Division.
- B. The third annual *Sidewalk CPR Day* is scheduled for Thursday, June 5, 2014.
- C. Request for Proposals (RFP's)
1. The CSA-17 contract was awarded to AMR and will start service in County Service Area-17 starting January 1, 2014.
  2. At the Board of Supervisor meeting on Tuesday, December 2, 2013, procurement for Zone 2 was approved.
  3. Contract awards for the Julian/Cuyamaca and Ocotillo Wells are in process.
- D. EMS Commission follow-up:
1. The Health Information Exchange (HIE) Summit met in Los Angeles with healthcare partners to identify best practices.
  2. EMS Authority received a grant for Core Measures. The Healthcare Foundation Grant is for three (3) years. Communication was sent out to prehospital agencies requiring 2013 data element collection that EMS does not collect. The data will be needed four (4) weeks prior to the due date for EMS to aggregate the information and send it to the State. EMSA expects to receive the data by March 31, 2014.
  3. Offload Delays  
Offload Delays are a standard agenda item for the EMCC Prehospital/Hospital Subcommittee. The offload delay workgroup is now officially called the Ambulance Patient Offload Delay Workgroup. There are three subcommittees of the workgroup to establish definitions Statewide: Metrics, Legislation and Regulations.  
  
One-third (1/3) of Local EMS Agencies (LEMSA's) throughout the State have issues with wall time. Ms. Metz thanked the agencies and hospitals in San Diego County for their collaboration in keeping offload delays to a minimum.
- E. The EMSAAC Conference for 2014 will be May 28, and 29, 2014 at Loews Coronado Bay Resort in San Diego. The theme of the conference is *EMS Adapting to Sea-Change*.

## **VIII. ELECTION OF EMCC CHAIR AND VICE-CHAIR**

### Nominations:

1. Linda Broyles nominated Mike Rice for Chairperson, seconded by Linda Rosenberg.

2. Mike Rice nominated Linda Rosenberg for Vice-Chair, seconded by Christine Wells.

**Nomination and motion was made for Mike Rice as 2014 EMCC Chair and for Linda Rosenberg as EMCC Vice-Chair. Motion carried.**

**Mike Rice is confirmed as EMCC Chair and Linda Rosenberg is confirmed as EMCC Vice-Chair for 2014.**

#### **IX. NEXT MEETING/ADJOURNMENT**

Next EMCC meeting is scheduled for January 23, 2014.

The meeting adjourned at 9:39 am.

Submitted by

Janet I. Wolchko, Administrative Secretary III

County of San Diego Emergency Medical Services