



# County of San Diego

**NICK MACCHIONE, FACHE**  
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES  
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**WILMA J. WOOTEN, M.D., M.P.H.**  
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 (EMCC) MEETING

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

### Minutes

Thursday, October 23, 2014

#### Members Present

Adler, Fred – County Supervisor District 3  
Abbott, Steven – County Supervisor District 5  
Bull, R.N., Patricia – American Red Cross  
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties  
Drum, Daryn – County Paramedic Agency Committee  
Green, Katy – County Supervisor District 1  
Kahn, M.D., Christopher – County Supervisor District 4  
Meadows-Pitt, R.N., Mary – County Supervisor District 2  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators

#### 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, R.N., Kelly – Mercy Air  
Osborn, Steve – Rural Metro  
Parr, Andy – Lakeside Fire  
Wethey, Jack – Cal Fire

#### County Staff

Ameng, R.N., Diane  
Kenner-Brininger, Amelia  
Haynes, M.D., Bruce  
Mahoney, R.N., Meredith  
Metz, R.N., Marcy  
Smith, R.N., Susan  
Wolchko, Janet I. (Recorder)

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## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

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Linda Rosenberg, EMCC Vice-Chair, called the meeting to order at 9:06 am.  
Attendees introduced themselves.

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## II. PUBLIC COMMENTS/PETITIONS

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There were no public comments or petitions submitted.

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### III. APPROVAL OF MINUTES

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A. EMCC July 24, 2014 minutes:

**A motion was made by Chris Wells, R.N., seconded by Chris Kahn, M.D. to approve the minutes from July 24, 2014. Motion carried.**

B. EMCC September 25, 2014 minutes:

**A motion was made by Mary Meadows-Pitt, R.N., seconded by Chris Wells, R.N., to approve the minutes from September 25, 2014. Motion carried.**

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### IV. STANDING COMMITTEE REPORTS

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**A. Prehospital/Hospital Subcommittee**

Many policies in the 800 series are related to ambulance inspections and approvals; therefore, wording was updated to reflect information in the approved Ambulance Ordinance.

1. S-022, Infant Safe Surrender

Policy S-022 was reviewed for any updates or changes. No changes were made. There was discussion on standardized kits and wrist band for mothers.

**A motion was made by Katy Green, seconded by Mary Meadows-Pitt to approve Policy S-022. Motion carried.**

2. S-830, Ambulance Provider's Permit Applicant Process

The policy was updated to include information in the approved Ambulance Ordinance.

**A motion was made by Chris Wells, seconded by Sharon Carlson to accept the changes and approve Policy S-830. Motion carried.**

3. S-831, Permit Appeal Process

Policy updates include:

- Re-application waiting period after denial minimum is stated as 12 months.
- Add ambulance to the title of the policy.

**A motion was made by Christine Wells, seconded by Steven Abbott to accept the changes and approve Policy S-831. Motion carried.**

4. S-833, Ground Ambulance Vehicle Requirements

Discussion on updates in the policy included:

- The most recent Federal GSA specification KKK. Changes will be made to the policy when the change has been through the full approval process.
- Vehicle ratings regarding crush tolerances and liabilities regarding patient safety.

**A motion was made by Sharon Carlson, seconded by Mary Meadows-Pitt to accept the changes and approve Policy S-833. Motion carried.**

5. N-840, Non-Emergency Medical Transport Wheelchair/Gurney Van Provider's Permit Application Process
  - Ambulance Ordinance language initially removed was replaced.
  - Ambulance Ordinance number was updated.
  - MTDB changed and updated to MTS.

**A motion was made by Chris Wells, seconded by Sharon Carlson to accept the changes and approve Policy N-840. Motion carried.**

6. N-841, Non-Emergency Medical Transport Wheelchair/Gurney Van Service Requirements
  - Insurance liability amount was updated. Insurance liability is in the Ambulance Ordinance and is set by the County risk management.
  - MTDB was updated to MTS.

**A motion was made by Katy Green, seconded by Chris Wells to accept the changes and approve Policy N-841. Motion carried.**

7. B-850, Basic Life Support Ambulance Service Provider Requirements  
Public or private was removed under Item III in description of policy.

**A motion was made by Dr. Kahn, seconded by Chris Wells to accept the changes and approve Policy B-850. Motion carried.**

#### **B. Disaster/Operations Subcommittee – Sharon Carlson**

1. Information on Ebola is constant. Incidents of the flu may decrease as people are being more cautious about protecting themselves by using masks, gloves and washing their hands more often.
2. Hospitals participated in an Airport drill with San Diego Airport during their AirX annual exercise.
  - A mock hospital was set up for the exercise. There were a total of 108 patients transported by 18 ambulances. A receiving center was set up 500 feet from the incident.
  - An issue regarding 45 to 50 minutes to receive the first patient was identified in the hotwash as an improvement for future exercises.
  - UCSD, Scripps, Sharp and Palomar Hospitals participated in the drill.
  - Triage tags were used.
3. The November Statewide Healthcare Exercise was initially going to have an emphasis on pediatric surge with a MERS-CoV outbreak. The November drill scenario was changed to Ebola with practice of Donning and Doffing (D&D). Personal Protection Equipment (PPE) practice is beneficial to infectious diseases including MERS-CoV. The MERS-CoV scenario may be used during the Spring drill.

### **C. Education and Research Subcommittee**

No report.

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### **V. 2013 STROKE SYSTEM REPORT (Amelia Kenner-Brininger)**

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Amelia Kenner-Brininger presented four (4) years, 2010 to 2013, of Stroke Surveillance data. Sixteen (16) Stroke Receiving Centers report data quarterly.

Information included:

- Mode of arrival by EMS transport and walk-ins.
- Demographics and age of patients.
- Cases by diagnosis, time receiving image scan and ischemic stroke cases that receive Tissue Plasminogen Activator (tPA).
- Discharge disposition.

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### **VI. EBOLA UPDATE - Bruce E. Haynes M.D.**

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A. EMS and County partners are tracking suspected Ebola cases via Public Health (PH) Epidemiology (EPI). A check list is being drafted for the field to use for identification and tracking of suspected individuals. Two examples were presented to the committee for review.

B. Public Health Epidemiology conducts evaluations of potential cases. If a suspected Ebola patient is identified, EPI should be contacted. EPI has a check list and additional resources to decide if the individual needs a work-up.

C. Symptoms that are similar to Ebola but are different include Malaria and Typhoid.

D. Field Issues:

- Identification of the potential patient and notification of suspected cases to epidemiology.
- Proper protective equipment to wear.
- Transport issues and hand off at the hospitals.

E. Personal Protective Equipment (PPE) has not changed from what was recommended in August. The Center for Disease Control (CDC) has taken an extensive look at PPE and has added monitoring the changing of PPE for hospitals.

F. There is discussion regarding special ambulances and special teams that would accompany ambulances on a call of a suspected Ebola case. Ambulances are considering training volunteers for transports if they are called to pick-up or transfer a suspected Ebola patient.

G. Dispatch should not be used to pre-identify Ebola patients.

H. Patient care and PPE:

Currently there are no antibiotics and no vaccine for Ebola. A proposal is to have a Federal Department of Defense (DOD) team sent to hospital for a confirmed Ebola patient and to concentrate patients in a few hospitals receiving the patients. There are four (4) hospitals set up to receive Ebola patients in Montana, UC Nebraska, NIH

in Bethesda and Emory. Those hospitals will have the capability to diagnosis and take care of the patient for an unknown period of time.

- I. Disposal of equipment is something that the State and County is reviewing and to find alternatives other than regular waste management collection to dispose of the highly effected waste.
- J. Discussion topics included:
  1. Recommended transport of patient to closest facility and the phone number for EPI for assistance and screening. Steve Abbott stated that AMR National has a general guidance for preparing ambulances and the process to transport the person. The CDC and CDPH websites have information updates on preparing ambulances with recommendations and best practices.
  2. Agencies were invited to participate in the November 20, Statewide Medical Healthcare drill scheduled from 9:00 am to 12:00. Ambulances can practice arriving at the hospital with a potential Ebola patient, notifying the hospital, point of entry to the ED and waste disposal.
  3. PPE issue with suspected Ebola patient and CDC guidelines. For highly suspicious patients Hazmat may be contacted for Donning and Doffing (D&D) issues. Even with low risk patients, precautions should be taken with PPE. CSTI Hazmat First Responder Operations (FRO) has certified decontamination training.

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## **VII. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.**

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- A. The study with Sheriff Deputy's using Naloxone in East County has had nine (9) uses. Clinical response to heroin and narcotic overdoses was good.
- B. With mosquitos out during morning dawn and dusk there is caution regarding West Nile fever. Individuals should drain and/or dispose of any standing water.
- C. EMS has conducted an impact report on the Fallbrook Hospital emergency department closure as of November 19. They are reviewing options such as a 24 hour urgent care clinic and working with Palomar and Tri-City Hospitals.

Steve Abbott added that they will be holding a job fair for employees with hospital networks from the surrounding area. A notice went out on October 20 regarding a possibility of an extension to December due to transfer of licenses and ER to urgent care.

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

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- A. Approval of the County Paramedicine (CP) projects is currently with the OSPD Director and should be decided on or before November 12. Recommendations to the OSHPD Director were to approve the CP projects with provisions centered on patient safety, consent forms, training, evaluation and data. Comments on the approval of the CP can be made on the OSHPD website.

B. November 20<sup>th</sup> is the State Emergency Medical Preparedness exercise. The November EMCC meeting will be cancelled due to the Thanksgiving Holiday and the November drill.

C. Update on the contract procurements:

1. City of San Diego RFP is pending due to the EMS Commission meeting in December.
2. Zone 2 is currently in the Source Selection Committee (SSC) process.

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**IX. OLD BUSINESS – Marcy Metz**

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A. EMS fees are currently under review through the County Departments.

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**X. NEXT MEETING/ADJOURNMENT**

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Next EMCC meeting is scheduled for January 15, 2015.  
The meeting adjourned at 10:34 am.

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