



# County of San Diego

**NICK MACCHIONE, FACHE**  
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES  
6255 MISSION GORGE ROAD, MAIL STOP S-555  
SAN DIEGO, CA 92120  
(619) 285-6429 • FAX (619) 285-6531

**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, September 25, 2014

#### Members Present

Adler, Fred – County Supervisor District 3  
Broyles, R.N., Linda – County Paramedics Agencies Committee  
Bull, R.N., Patricia – American Red Cross  
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties  
Green, Katy – County Supervisor District 1  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rice, Mike – Ambulance Association of San Diego County  
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

Fickas, Lance – Express Ambulance  
Forman, R.N., Kelly – Mercy Air  
Osborn, Steve – Rural Metro

#### County Staff

Ameng, R.N., Diane  
Haynes, M.D., Bruce  
Leverson, Jim  
Metz, R.N., Marcy  
Wolchko, Janet I. (Recorder)

---

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

---

Mike Rice, EMCC Chair, called the meeting to order at 9:11 am. Attendees introduced themselves.

---

## II. PUBLIC COMMENTS/PETITIONS

---

There were no public comments or petitions submitted.

---

### **III. APPROVAL OF MINUTES**

---

A. EMCC July 24, 2014 minutes:

A quorum was not present to vote on approval of the July 24, 2014 EMCC minutes.

B. EMCC Disaster/Operations Subcommittee July 17, 2014 minutes:

A quorum of members from the Disaster/Operations Subcommittee was present.

**A motion was made by Sharon Carlson, seconded by Patricia Bull to approve the July 17, 2014 EMCC Disaster/Operations Subcommittee minutes. Motion carried.**

---

### **IV. STANDING COMMITTEE REPORTS**

---

**A. Prehospital/Hospital Subcommittee**

Policies scheduled for review will be on the next EMCC meeting.

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

No report. The Disaster/Operations Subcommittee will meet as needed at the call of the Subcommittee Chairperson or the full EMCC Chairperson. Suggestion was to meet following the November Statewide Medical Healthcare Exercise.

**C. Education and Research Subcommittee**

No report.

---

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

---

A. Naloxone trial study with the Sheriff Department had six (6) reported cases with Deputies administering naloxone to people with apparent opiate overdoses before arrival of fire EMS. Primary Impression with the six (6) cases was appropriate and was responded to clinically with the naloxone. There will be a follow-up meeting next week with the Sheriff Department.

B. Fallbrook Hospital has notified EMS that they may close their emergency department. EMS is required by law to conduct the following:

1. Impact of closure on the community: volumes, admissions, transfers and surrounding resources.
2. Conduct a public hearing in two (2) to three (3) weeks
3. Review ALS transports with the fire departments and surrounding hospitals.

Bids for services are out regarding another party's interest in operating the facility, e.g. urgent care.

Timeline is November 17, 2014.

- C. 2014 is the year to review all protocol guidelines. The committee reviewing the adult protocols has met, as well as the committee to review the pediatric field guidelines.
- D. Ebola
1. Currently there are no naturally occurring cases in the United States.
  2. Management of patients and protective equipment notice has been sent out.
  3. 6,200 cases have been reported in Africa and there have been 2,917 deaths. Countries that are most impacted and number of cases reported are:
    - Liberia 3,300
    - Sierra Leon 2,000
    - Guinea, 1,000
  4. The New England Journal of Medicine website has more information on Ebola.
  5. Current death rate is 70%, down from the 90% rate from the past. It was noted that basic supportive care can reduce the percentage death rate.
  6. The World Health Organization's report on Ebola states that the majority of patients are 15 to 44 years of age, death rate is 71%, 20,000 people have been impacted by the virus.
  7. California Department of Public Health (CDPH) is having a conference call regarding Ebola today at 1:30 – 3:30 pm. Topics for discussion will be epidemiology, guidelines for management, feedback from hospitals, hospital update from clinical colleagues and tools for evaluation hospital preparedness.
  8. Discussion ensued on development of vaccine and distribution.
- E. Enterovirus
1. Enterovirus causes respiratory distress and fever. It is an infectious organism virus.
  2. There have been four (4) cases in California, three (3) cases at Rady's and one in Ventura County.
  3. EMS personnel should use a surgical mask for standard precautions. The virus is resistant to high dose of alcohol (hand sanitizers), so it is recommended to wash hands as well.

---

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

---

- A. Public comment periods for regulations:
1. The State EMS Authority has released the California State Trauma Plan. The original draft went out for a five (5) day public comment. The revised State Trauma Plan was released yesterday. Comments are open until 5 pm October 9, 2014.
- B. Community Paramedicine (CP) update:
1. EMS Commission is expecting a decision by the OSHPD Director on or before November 12, 2014.

2. Draft curriculum guidelines for the pilot projects have been released.
- C. November 20, 2014 is the Statewide Medical Healthcare Exercise; scenario is an infectious disease. The Hospital Preparedness Program (HPP) will be participating; EMS MOC/DOC will be fully activated.
- D. State EMS Authority (EMSA) review of County EMS Plans and request for proposals for ambulance services. During the competitive process for ambulance transport providers, request for proposals (RFP's) are reviewed by EMS and are then forwarded to the state for the EMS Authority review. In December, the State added another review to their process, State EMS Authority attorney review of the RFP's.
  1. City of San Diego RFP Update  
Ms. Metz presented the timeline for submission of the City of San Diego RFP. After EMSA review, it was determined that County EMS cannot delegate authority to run RFP's to the City, to the Fire Protection District or Zones that are competitively procured.

The County has filed a notice of appeal with the State EMSA and EMS Commission regarding their final decision. The EMS Commission met on September 17<sup>th</sup> and discussed rules for the appeal process. Options include using the Office of Administrative Law or the Commission can enter into the rule making process. The Commission voted to establish a subcommittee to make a recommendation. EMSA will contact the Attorney General and have independent counsel assigned to the subcommittee to review the appeal process options and make a recommendation to the EMS Commission in December.

The State agreed that EMS can maintain Status Quo for continuation of services until a decision has been decided.

---

## **VII. LIVE WELL SAN DIEGO PRESENTATION – Leslie Ray**

---

Leslie Ray provided *Live Well San Diego* handouts. The *Live Well San Diego* strategy was adopted by the County Board of Supervisors in 2010 and became San Diego County's long-term initiative to achieve the vision of *healthy, safe and thriving* communities.

- A. Building Better Health – adopted July 13, 2010
  1. Building a better service delivery system.
  2. Improving the health of residents and supporting healthy choices.
  3. 3-4-50: Three diseases that cause four (4) illnesses that result in 50% of deaths within the County.
  4. Strategy is to improve the quality and efficiency of County government and its partners in the delivery of services to residents, contribution to better outcomes for clients and results for communities.
- B. Living Safely –adopted October 9, 2012
  1. Supporting positive choices.

2. Ensuring residents are protected from crime and abuse, neighborhoods are safe and communities are resilient to disasters and emergencies.
  3. Provide information and resources to inspire county residents to take action and responsibility for their health, safety and well-being.
  4. Respond, prepare and prevent.
- C. Thriving – due to roll out in 2014
1. Pursuing policy and environmental changes.
  2. Promoting a region in which residents can enjoy the highest quality of life, self-sufficiency and a sustainable life.
  3. Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities. (e.g. school lunches)
- D. Improving the culture within  
Increase understanding among County employees and providers about what it means to *Live Well* and the role that all employees play in helping county residents *Live Well*.
- E. Progress through partnerships  
Regional Leadership Teams: North County, North Central, East, Central, South.
- F. Measuring Results
1. Health: Life expectancy, quality of life
  2. Knowledge: Education
  3. Standard of Living: Unemployment, income
  4. Community: Security, physical environment, built environment
  5. Social: Vulnerable communities, community involvement

---

## **VIII. OLD BUSINESS – Marcy Metz**

- 
- A. EMS fees were submitted to the HHSA Directors office collectively with the PHS fee submissions. After the HHSA Director’s review and approval, the proposals and implementation plans will be forward to the Board of Supervisors for approval.

---

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

---

Next EMCC meeting is scheduled for October 23, 2014.  
The meeting adjourned at 10:05 am.

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