

**Emergency Medical Care Committee (EMCC) – 2012 Meeting Minutes**

EMCC Minutes Thursday, January 26, 2012 – No meeting

EMCC Minutes Thursday, February 9, 2012 – Subcommittee

EMCC Minutes, Thursday, February 23, 2012

EMCC Minutes Thursday, March 8, 2012 – Subcommittee – No meeting

EMCC Minutes Thursday, March 22, 2012 – No meeting

EMCC Minutes Thursday, April 12, 2012 – Subcommittee – No meeting

EMCC Minutes Thursday, April 26, 2012

EMCC Minutes Thursday, May 10, 2012 – Subcommittee

EMCC Minutes Thursday, May 24, 2012 – No meeting

EMCC Minutes Thursday, June 14, 2012 – Subcommittee

EMCC Minutes Thursday, June 28, 2012 – No meeting

EMCC Minutes Thursday, July 12, 2012 – Subcommittee – No meeting

EMCC Minutes Thursday, July 26, 2012 – No meeting

EMCC Minutes – August no meetings

EMCC Minutes Thursday, September 13, 2012 – Subcommittee

EMCC Minutes Thursday, September 27, 2012

EMCC Minutes Thursday, October 11, 2012 – Subcommittee – No meeting

EMCC Minutes Wednesday, October 24, 2012

EMCC Minutes Thursday, November 8, 2012 – Subcommittee

EMCC Minutes Thursday, November 29, 2012

EMCC Minutes – December no meetings



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES  
HEALTH SERVICES COMPLEX

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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  
Melody Dotson, R.N., Chair/Jim Marugg, Vice-Chair  
c/o Emergency Medical Services  
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San Diego, CA 92120  
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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Minutes

Thursday, February 9, 2012 – 9:00 A.M.

### Members Present

Broyles, R.N., Linda – County Paramedic Agencies Committee  
Carlson, R.N., Sharon – Hospital Association of San Diego & Imperial Counties  
Dotson, R.N., Melody – Base Hospital Nurse Coordinators  
Marugg, Jim – S.D. Co. Paramedic Association  
Meadows-Pitt, R.N., Mary – Second District  
Ochs, Ginger – County Paramedic Agencies Committee (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Workman, R.N., Debi – Paramedic Training Agency

### Guests/Associations Present

Forman, R.N., Kelly – Mercy Air  
Hudnet, Carlen – Rural Metro Ambulance  
Rice, Mike – San Diego County Ambulance Association

### County Staff

Pate, Rebecca – County EMS  
Wolchko, Janet I. – Recorder, County EMS

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Melody Dotson, Chairperson called the meeting to order at 9:03 am. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

A motion was made by Kelly Forman, seconded by Jim Marugg to approve the September 8, 2011 minutes. Motion carried.

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

## IV. OFF-LOAD ISSUES

Ginger Ochs reported that monthly offload reports were sent to the base hospitals that requested them. The reports show how many patients each hospital had and how long the offload(s) took. Data includes under 20 minute and over 20 minute offload data. Reports were sent to UCSD and Scripps Chula Vista. Mike Rice said that AMR could also send offload delay reports to those facilities that request them. Mr. Rice will be doing a presentation on offload delays at the EMOC meeting in March.

## V. POLICIES FOR REVIEW

The following policies were reviewed by the Subcommittee:

S-601, Documentation and Transferral of Prehospital Patient Care Information – Minor updates that were made to the policy included change of the date and reference to EMS as a “division” instead of a “branch” of the County of San Diego.

The statement “The PPR shall be completed in accordance with instructions provided in the County’s Prehospital Patient Record Instruction Manual” (Page 2, B of the policy) is in reference to filling out documentation properly. It was suggested that the statement should refer to a County policy.

**Action Item: Rebecca Pate will consult with Marcy Metz, EMS Chief and Dr. Haynes, EMS Medical Director regarding the policy.**

A motion was made by Linda Rosenberg, seconded by Mary Meadows-Pitt to approve S-601 changes that are on the draft copy. Motion Carried.

S-307, Continuing Education for Prehospital Personnel – Changes were made to the date. Discussion ensued on the issues in the County policy, State policy and the CE Provider Handbook. The CE Provider Handbook will be reviewed soon. Changes in the Handbook will reflect the County and State policy, i.e. hazmat policy, to make sure issues in the policies and the handbook are the same.

A motion was made by Kelly Forman, seconded by Jim Marugg to approve S-307. Motion carried. S-601 and S-307 will be forwarded to the full EMCC meeting on February 23, 2012.

## VI. STAFF REPORT

The Golden Guardian 2012 exercise will take place on May 15-17, 2012. The scenario is an earthquake in Northern California along the San Andreas Fault.

- Day 1, San Diego County EMS MOC will be providing logistic support. The Joint Information Center (JIC) will be in play.
- Day 2, Full MOC activation. The hospitals and shelters will be in play.
- Day 3, County departments will be practicing COOP exercises.

There are reported versed shortages and potential morphine shortages. The versed shortage could be due to the FDA process. The morphine shortage is with the carpjects not the vials. Any questions can be directed to Susan Smith or Dr. Haynes. There was discussion on the use of cache supplies if there is a need for medications, and expiration dates.

iQCS is in the final testing stage. The security issues have been resolved. The systems should be up and running in a couple of months. Documentation requirements and standard mandatory fields on QCS were discussed.

The Ambulance Ordinance will be brought to the full EMCC for approval in February. It will be sent out with the EMCC minutes and agenda.

Agencies are asked to provide EMS with a list of new EMT employee names and those that have been employed less than two years so they have that employer information up to date. EMT's are required to inform EMS when they have changed jobs.

Sharon Carlson asked if the EMCC Disaster Subcommittee will be meeting. There are a few subjects that prehospital will be involved with, such as the trauma burn surge and pediatric burn surge plans that should be discussed. The Disaster Operations Subcommittee is called to meet at the request of the EMCC Chairperson.

Annex D is now referred to as the Multiple Casualty Incident (MCI)/Multiple Patient Incident (MPI).

Carlen Hudnet reported that when hospitals receive their LVAD certification, letters are sent to the specific hospitals for HIPAA reasons and the hospitals are entered into the CAD system for contact information. There have been discussions with the County to have an LVAD protocol that would be more specific as to where to go and who to contact in the case of an emergency, and what equipment to bring.

- If the issue is a non-cardiac, non-respiratory problem, the patient should also go to an LVAD facility because those facilities have the training and backup equipment.
- Mercy Air has a list of 27 LVAD patients in California that are outside of the inclusionary area (minute response time) and provides a list of what LVAD patients should do if they are outside of their area facility.

Linda Rosenberg announced that Mary Birch is under construction. The ambulance bay will be closed until March, and access will be through the main ED entrance.

**VII. SET NEXT MEETING**

The next meeting is scheduled for March 8, 2012.

The meeting was adjourned at 9:56 am.

Submitted by

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



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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, February 23, 2012

### Members Present

Adler, Fred – District Three  
Buono, M.D., Colleen – Hospital Association of  
San Diego /Imperial Counties (Alt)  
Bull, R.N., Pat – American Red Cross  
Carlson, R.N., Sharon – Hospital Association of  
San Diego/Imperial Counties  
Fisher, Chief Gary – S.D. Co. Fire Dist. Association  
Jacoby, M.D., Jake – District Four  
Marugg, Jim – S.D. Co. Paramedic Assoc.  
Meadows-Pitt, R.N., Mary – District Two  
Ochs, Ginger – Co. Paramedics Agency Comm. (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rosenberger, R.N., Wendy – BHNC

### Vacant Positions

Binational EMCC  
District Five  
League of California Cities  
Military Agencies  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

### Recorder

Wolchko, Janet I.

### Members Absent

Green, R.N., Katy –District One  
Johnson, Wayne – San Diego County  
Ambulance Association  
Pfohl, Chief Bob – S.D. Co. Fire Chiefs Assoc.  
Salazar, Sgt. Stanley – Law Enforcement  
Agency

### In attendance

DeBry, Westen – Loma Linda University  
Dotson, R.N., Melody – UCSD  
Forman, R.N., Kelly – Mercy Air Services  
Nevin, Jon – El Cajon Fire  
Nicolaison, John - NCTI  
Rice, Mike – S.D. Co. Ambulance Association  
Ross, Alyssa – City of San Diego  
Tuigman, Mike – AMR

### County Staff

Haynes M.D., Bruce – EMS Medical Director  
Buttron, Patrick  
Metz, R.N., Marcy – EMS Chief  
Pate, R.N., Rebecca

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

Jim Marugg, Chair called the meeting to order at 9:07 am.

**II. PUBLIC COMMENTS/PETITIONS**

There were no public speakers or petitions.

**III. APPROVAL OF MINUTES**

**A motion was made by Linda Rosenberg seconded by Ginger Ochs to approve the November 9, 2011 minutes as submitted. Motion carried.**

**IV. ELECTION OF OFFICERS**

Linda Rosenberg, R.N., Sharp Memorial Hospital was nominated for EMCC Chairperson. **A motion was made by Jim Marugg, seconded by Mary Meadows-Pitt to appoint Linda Rosenberg as EMCC Chairperson. Motion carried.**

Jim Marugg, San Diego County Paramedics' Association, was nominated for EMCC Vice Chairperson. **A motion was made by Mary Meadows-Pitt, seconded by Ginger Ochs to appoint Jim Marugg for EMCC Vice Chairperson. Motion carried.**

According to the EMCC bylaws "The Chairperson and Vice Chairperson may serve a maximum of two successive terms.

**V. STANDING COMMITTEE REPORTS**

**A. Prehospital/Hospital Subcommittee**

Policies S-307 and S-601 were approved by the subcommittee and forwarded for final approval to the full EMCC.

S-307, Continuing Education for Prehospital Personnel

Changes were made to the dates and to bring the policy in-line with the State Policy and the CE provider handbook.

S-601, Documentation and Transferral of Prehospital Patient Care Information

Changes were made to bring the policy in-line with the State requirements and with documentation on assessment and reassessment policy.

**A motion was made by Ginger Ochs, seconded by Gary Fisher to approve Policies S-307 and S-601. Motion carried.**

**B. Education and Research Subcommittee**

No report.

**C. Disaster Operations Subcommittee**

**1. Golden Guardian 2012**

Golden Guardian 2012 is scheduled for May 15-17, 2012. The scenario of the exercise is a catastrophic earthquake along the San Andreas Fault.

- Day 1 – EOC will be at Level III activation.
- Day 2 – full functional exercise with the hospital, agencies and jurisdictions that will be in play.
- Day 3 – tabletop COOP exercise with County OES.

**2. Annex D**

Annex D along with other annexes will be reviewed and rewritten under a new common format. Tactical operational pieces will be placed in an appendix or in a field operation guide. The timeline to review the annexes and have them approved by the County Board of Supervisors is June 2013.

**VI. AMBULANCE ORDINANCE**

The Ambulance Ordinance draft was presented to EMCC for review and discussion. Updates were made to definitions reflected in the Health and Safety Code and practices that will make permitting ambulance agencies more efficient. The ordinance has been reviewed by the Disaster/Operation Subcommittee and the ambulance associations. Revisions have been reviewed for the past year.

It was noted that at the EMCC Disaster/Operations Subcommittee meeting there was some concern with requirements for nationally recognized Emergency Medical Dispatch (EMD) protocols for dispatch centers. By using EMD there would be a definitive way that the call would be handled; however, there is added expense for the dispatch center.

There was a request from some of the larger jurisdictions that the ambulance ordinance pertains to the entire County not just the unincorporated area. The County has no jurisdiction in the incorporated areas.

The process of permitting ambulances has gone through some changes; for example, a waiting period once an agency has been denied an ambulance permit before the agency can reapply.

The Ambulance Ordinance draft will be presented by the agencies to their constituent groups for discussion.

**Action Item: Continue Ambulance Ordinance as an EMCC agenda item.**

## **VII. SIDEWALK CPR DAY**

San Diego has the opportunity to participate in a Southern California "*Sidewalk CPR Day*" scheduled for June 7, 2012. The date will correspond with National CPR week starting June 4, 2012. Local EMS agencies in collaboration with the American Heart Association (AHA) are to ask community agencies, i.e. fire agencies and hospitals, to participate in demonstrating chest compression CPR to the public. Letters will be sent out to the system participants to see if there is interest in registration for the event. After the CPR training and demonstrations are completed, agencies will report the number of individuals in their community that participated in the CPR training. EMS will send out information regarding the event.

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

### **A. S-422 Restraint Policy**

Base Station Physicians' Committee (BSPC) approved the S-422 restraint policy during their February 21, 2012 meeting. Updates will give flexibility to the field on how to restrain someone and move them to a safe position. Wording was added regarding when restraint is appropriate and guidance for using the spit sock.

### **B. Hospice**

There are reported lift assists dispatched for hospice patients and hospice patients transported to hospitals when it is not part of the patient's hospice plan. Issues with lift assists and transporting hospice patients have been addressed in the Pearls for PAC and Medical Director Update. EMS will continue discussing the issue with hospice and BSPC.

### **C. ROC**

The Resuscitation Outcome Consortium (ROC) BLAST study is underway. The BLAST study looks at lactate and shock related to trauma. Prehospital testing and subsequent testing on arrival at the hospital may show improved criteria for triage and trauma designation. The study involves two trauma centers, UCSD and Mercy.

The ALPS study will begin in March. The ALPS study is a blinded study on medications and cardiac arrest by randomly giving patients Amiodarone, Lidocaine or a placebo.

### **D. Influenza**

Until the last couple of weeks there have only been a few cases of the flu reported. Most of the cases reported are Influenza A.

### **E. Norovirus**

There have been outbreaks of the Norovirus at residential care and skill nursing facilities. Guidance for protective cautions has recently been sent out.

### **F. Drug Shortages**

Drug shortages include Midazolam and Versed medications. The shortage is being closely monitored with suppliers - local suppliers have been very cooperative.

There has also been a shortage in Morphine 10mg cartridges. Other concentrations of Morphine are available. It is suggested to use a lower concentration when using other medication.

Fred Adler added that the FDA has asked manufacturers of some generic medications to halt production due to quality control and manufacturer labels. Dr. Haynes added that this can become serious if, for example, chemotherapeutic agents become in short supply.

**G. EMS Regulations**

The County's first Advanced EMT (AEMT) class is underway at EMSTA. A draft of paramedic regulations were released by EMSA for input, and EMT and AEMT regulations are under revision to bring them into conformance with the National Instructional Guidelines and scope of practice. Development of regulations for EMS for Children, STEMI centers and stroke receiving centers have been discussed.

**H. Decontamination Procedures**

The Department of Environment Health with Nick Vent is conducting hospital training in decontamination procedures and hands on use of personal protective equipment.

**I. Training**

Pediatric surge training and burn surge training is currently being offered. The burn surge program is to prepare for a terrorist attack or if there is a fire where there are multiple burn patients. The program would help unload some of the volume of patients from UCSD by sending some patients to the trauma centers or to other 911 receiving hospitals depending on how bad the patient's burn injuries are.

There was an inquiry regarding electronic POLST and DNR forms. DNR guidelines currently state that a physician order can be honored, if it is written. Parts of the treatment guidelines will need to be updated due to electronic medical records that are now in place.

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

- A. Every three years San Diego County trauma centers undergo American College of Surgeons (ACS) verification visits. In February they will be visiting Rady Children's Hospital and Scripps La Jolla. There will be subsequent visits in March and May to two trauma centers during each month. EMS will also be conducting a review of the centers in conjunction with the ACS visits.

Candy Schoenheit who is the new EMS Trauma Program Specialist with EMS has been attending the site visits. Ms. Schoenheit is from Palomar Hospital, a former ED nurse and MICN.

- B. During the last Stroke Consortium meeting there was discussion to plan a "Strike Out Stroke Day" during the Padre's game on May 1, 2012 at 7 pm. This will be a onetime event

to educate the public on the signs and symptoms of stroke and calling 911. There will be more information to come.

- C. San Diego is one of 17 nationwide Beacon communities that received funding through the Beacon Community Cooperative Agreement Program to improve the quality of care delivered using Health Information Technology. A Beacon EMS Hub has been established and is capable of receiving electronic patient care reports and EKG's from prehospital agencies and securely transmitting them to hospital and healthcare providers in real time.

The County is working with the Beacon collaborative to establish a bidirectional connection between the EMS Hub and the County's QCS system. The connection will allow agencies that are currently direct users of the QCS to input information into the Beacon system. Starting in March EMS will have technical meetings every two weeks with the Beacon participants. Agencies are still required to provide their data through the QCS.

- D. There is a grant opportunity for public access defibrillators through State EMS Authority; closing date is March 19, 2012. The grant is targeted for unique settings and rural areas. Information has been sent out to the rural fire chiefs.
- E. The EMS Commission meets in March. Impact of the regulations on hospitals and local EMS agencies are being reviewed. Regulations on EMS for Children, STEMI and Stroke will also be out for review and comment.
- F. The County is conducting their budget build and analysis for the next couple of years. Included in the analysis will be the labor costs related to the implementation of EMT 2010.

#### **X. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is scheduled for March 22, 2012.

The meeting adjourned at 10:15 a.m.

Submitted by

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



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## EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

### Minutes

Thursday, April 26, 2012

### Members Present

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Bull, R.N., Pat – American Red Cross  
Carlson, R.N., Sharon – Hospital Association of  
San Diego/Imperial Counties  
Fisher, Chief Gary – S.D. Co. Fire Dist. Association  
Green, R.N., Katy – District One  
Meadows-Pitt, R.N., Mary – District Two  
Ochs, Ginger – Co. Paramedics Agency Comm. (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rosenberger, R.N., Wendy – BHNC  
Rudnick, R.N., Sharon - Emergency Nurses Association

### Vacant Positions

Binational EMCC  
District Five  
League of California Cities  
Military Agencies  
San Diego County Medical Society  
San Diego Emergency Physicians’ Society

### In attendance

Abbott, Stephen – North County Fire District  
Francis, Allen – CA Dept. of Corrections  
Forman, R.N., Kelly – Mercy Air Services  
Johnson, Wayne – S.D. Co. Ambulance Assoc.  
Leigh, Chief Bob – S.D. Co. Fire Chiefs Assoc.  
Rice, Mike – S.D. Co. Ambulance Association

### County Staff

Buttron, Patrick  
Haynes, M.D., Bruce – EMS Medical Director  
McDonald, M.D., Eric – HHSA/PHS  
Metz, R.N., Marcy – EMS Chief  
Pate, R.N., Rebecca

### Recorder

Wolchko, Janet I.

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

Linda Rosenberg, Chair called the meeting to order at 9:02 am.

**II. PUBLIC COMMENTS/PETITIONS**

There were no public speakers or petitions.

**III. APPROVAL OF MINUTES**

**A motion was made by Ginger Ochs, seconded by Mary Meadows-Pitt to approve the minutes from February 23, 2012 as submitted. Motion carried.**

**IV. "LIVE WELL, SAN DIEGO!"**

Dr. McDonald introduced himself as Deputy Public Health Officer for the County and gave a presentation on the County's "*Live Well, San Diego!*" initiative.

**Background**

The first component of "*Live Well, San Diego!*" is "Building Better Health" which was adopted by the Board of Supervisors in July 2010. The second component of "*Live Well, San Diego!*" is "Living Safely".

The County's vision is to have a safe, healthy and thriving community. Each of those key words has a 10 year strategy agenda plan to make the County safer, healthier and thriving for all residents. The County's goal is to have a community where all individuals and families are connected, protected and prepared.

- A. "Building Better Health" was adopted by the Board of Supervisors in 2010 based on building a better healthcare delivery system, encouraging healthy choices and pursuing policy and environmental change. The one year annual report for "Building Better Health" can be found on the County website.
- B. "Living Safely" started a year ago in HHSA and became a countywide program that the Public Safety group will take the lead on. The focus of "Living Safely" will be on prevention, protection, preparedness and response. Presentations are being given to the HHSA workforce to solicit ideas on what we can do as an agency to increase safety in the community. They are also asking the Advisory Board Committees for input and ideas for the safety agenda. Community stakeholders can complete a survey online to give ideas and input.
- C. What is our role?
  - 1. Prevention. Conferences, media and outreach to the community.

Comments:

The San Diego Food Bank feeds 350 thousand San Diegans a month. Supplemental meals are given to seniors, which may be associated with the fact that 44 percent of seniors in the County live alone.

Schools have reported that some children come to school hungry because they have had little to eat on the weekend. Backpacks filled with food are donated and given to children on Friday for the weekend.

2. Reducing Accidents. Partnering with organizations within the County to help reduce the number of deaths from accidents.

Comments:

Elderly drivers and transportation for the elderly was mentioned. Give information regarding safety issues to caregivers of seniors and those who transport the elderly to their appointments.

3. EMS involvement and opportunities for connections for prevention. Using resources that are already there and making connections with services and systems already in place.

Comments:

North County Community Health Services has a referral program modeled after Kent, Washington and Tuscon, Arizona. There are a number of umbrella agencies that provide senior care, access to food and help with fall prevention. With permission, an individual's information can be given for referral to one of the umbrella agencies who can help provide assistance.

Additional suggestions were to have referrals at hospital emergency departments, fire services and rental services such as apartment complexes. Rental agencies and/or real estate agencies could offer to give out disaster preparedness packets to their clients. Information could also be given out at schools.

4. Protection. Screening for domestic violence, child welfare and child protection services. Identify vulnerable individuals that may need protection.

Comments:

Access and the process in reporting an event or issue can be cumbersome. Make sure information gets to the correct agency and jurisdiction. Private medical offices could present a list of resources.

5. Preparedness and response. Increase resilience and community connections.

Comments:

The Access and Functional Needs workgroup works with the County, American Red Cross (ARC) and agencies to give support to the disabled population and foster agencies. At one of the workgroups it was asked about a plan to map and identify where dependent clients are so that the ARC and disaster operation groups can identify where group populations of people with disabilities are located.

During the previous blackout both Aging and Independence Services and SDG&E had a list of individuals who are dependent on power for medical equipment. Providers of medical equipment such as oxygen agencies should also be involved, identified and on a contact list.

It was suggested that “Neighborhood Watch” programs could provide a neighborhood plan during their meetings. Information could also be available at local pharmacies.

Vital records that complete and provide birth and death certificates are providing support and resources in the office.

The next step is to gather ideas, develop plans and coordinate with the Public Safety Group who has the lead on the Living Safely component of the “*Live Well, San Diego!*” initiative. The timeline is to have County Advisory Boards and employees input and comments by the end of April. They are hoping to have a plan to the Board of Supervisors by the end of the calendar year.

## **V. STANDING COMMITTEE REPORTS**

### **A. Prehospital/Hospital Subcommittee**

No report.

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

No report.

### **C. Disaster Operations Subcommittee**

**Sharon Carlson reported:**

1. Golden Guardian 2012 is scheduled for May 15-17, 2012. The scenario of the exercise is a catastrophic earthquake along the San Andreas Fault.
  - Day 1 – EOC will be at Level III activation. San Diego County will be a resource provider and hospital PIO’s will participate.
  - Day 2 – Full functional exercise with the hospital, agencies, clinics and jurisdictions in play.
  - Day 3 – Tabletop COOP exercise with County OES. Focus on recovery.
2. Statewide exercise is in November.

## **VI. AMBULANCE ORDINANCE**

Copies of the Ambulance Ordinance have been distributed. The ordinance is brought forward to EMCC for review and approval, and will then be forwarded to the Board of Supervisors.

In the Ambulance Ordinance draft it was noted on Page 16, Section 305e that there was a misplaced addition under the denial of an application. That information was appropriate for an application to get a permit and was misplaced in the denial section.

**Motion made by Ginger Ochs, seconded by Linda Rosenberg to approve the Ambulance Ordinance.**

Discussion:

The Ambulance Ordinance draft was sent out to CPAC and no comments were received.

Discussion ensued on if the Ambulance Ordinance addresses the levels of ambulance services permitted, Advance Life Support (ALS) services versus Basic Life Services (BLS) and Critical Care Transport (CCT) services. Medicare reimburses for all three of these levels. Often BLS providers also provide CCT services but are not ALS providers. Occasionally Medicare decreases the reimbursement of CCT services a BLS provider has billed for, at the ALS reimbursement level, when the BLS provider is not a permitted ALS agency. Discussion commenced on whether the CMS definitions of ALS, BLS and CCT matched up with those in the Ambulance Ordinance.

Marcy Metz responded that definitions of levels of service in the Ambulance Ordinance are taken from the State definitions. (BLS agencies can provide CCT's; County policies and procedures describe the staffing and necessary equipment requirements.) The definition of ALS services in the County is providing paramedic level of service. Dr. Haynes noted that on CCT's, ALS level of services are being provided by the nurses.

**Action Item: Discussion on the Ambulance Ordinance will be continued at the next EMCC meeting.**

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

Drug shortages

Midazolam and morphine supplies are available but not necessarily with the carpjects. There may be continued shortages with specific manufacturing lines.

Protocol changes

This is the off year for protocol changes. They are reviewing the behavioral protocol with Midazolam. There were a couple of changes to the LVAD policy, the DNR/POLST, and the restraint policy which added information on the spitting patient.

State Regulations

The state will issue EMS for Children (EMS-C) proposed regulations.

Paramedic regulations were out for comment recently. Paramedic Inter-facility Transfer (IFT) regulations may come out for comment again.

The Border Patrol Borstar team will soon be the first accredited provider for the Advanced EMT (AEMT) which is one of the four US Department of Transportation provider levels in EMS.

#### New

Khat is a stimulant drug that comes from East Africa and Saudi Arabia. It causes similar effects as methamphetamines. Law Enforcement sent out a notification regarding the increase use of Khat in the community.

Also mentioned were reports that kids were extracting alcohol from hand gel sanitizer and drinking it.

#### Stroke

The Joint Commission certifies primary stroke centers. There is one level of primary stroke centers in connection with administration of intravenous tPA. As the Joint Commission looks at comprehensive stroke centers and the categories that hospitals can apply for, the emphasis is on endovascular or invasive procedures.

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

- A. Trauma centers are undergoing verification visits by the American College of Surgeons (ACS). Four site visits have been completed; Scripps Mercy and Palomar Health will be visited next week.
- B. May 1<sup>st</sup> is "*Strike Out Stroke*" night at the San Diego Padre's baseball game. The Stroke Consortium planning committee reported that there were approximately 800 ticket/t-shirt bundles sold. The stroke hospitals will set up blood pressure check booths pregame, and there will be FAST magnets handed out to raise awareness of the signs and symptoms of stroke. The FAST acronym is a way to recognize a stroke by noticing symptoms through the Face, Arm and leg, Speech and Time, getting help in a timely fashion. At the next Board of Supervisors meeting they will be issuing a proclamation for San Diego County "*Strike Out Stroke Day*".
- C. On June 7<sup>th</sup> from 10 am to 2 pm is "*Sidewalk CPR Day*". Participating agencies and hospitals can register to demonstrate adult hands only compression CPR in their local areas. Certificates will not be issued. EMS will have stations set up at the County Administrative Center and the County Operations Center. The goal is to train "2012 in 2012".
- D. EMS is working with the Beacon collaborative in developing the EMS Hub. They have been meeting with Beacon twice a month on the bi-connection between Beacon and the QCS system. Beacon is contracting directly with DI.

- E. iQCS expected deployment is scheduled for the end of July. Testing is ongoing and there will be training scheduled for the base hospitals, satellites and agencies that use the QCS system. Ms. Metz thanked all the people who were involve with testing the system.
- F. EMS Commission meets in Sacramento in June.

**IX. NEXT MEETING/ADJOURNMENT**

The next EMCC meeting is scheduled for May 24, 2012.

The meeting adjourned at 10:10 a.m.

Submitted by

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



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES  
HEALTH SERVICES COMPLEX

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Emergency Medical Care Committee  
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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING

Minutes

Thursday, May 10, 2012 – 9:00 A.M.

### Members Present

Broyles, R.N., Linda – County Paramedic Agencies Committee  
Bull, R.N., Pat – American Red Cross  
Howard, R.N., LuAnn – Base Hospital Nurse Coordinators  
Meadows-Pitt, R.N., Mary – Second District  
Ochs, Ginger – County Paramedic Agencies Committee (Alt)  
Rosenberg, R.N., Linda – Emergency Nurses Association

### Attendees

Dotson, R.N., Melody – UCSD  
Forman, R.N., Kelly – Mercy Air  
Johnson, Wayne – San Diego County Ambulance Association  
Rice, Mike – San Diego County Ambulance Association

### County Staff

Pate, Rebecca – County EMS  
Wolchko, Janet I. – Recorder, County EMS

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

Linda Rosenberg, EMCC Chairperson called the meeting to order at 9:05 am. Attendees introduced themselves.

### **II. APPROVAL OF MINUTES**

**A motion was made by Linda Broyles, seconded by Mary Meadows-Pitt to approve the February 9, 2012 minutes. Motion carried.**

### III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

### IV. ELECTION OF CHAIRPERSON AND VICE CHAIRPERSON

**A motion was made by Mike Rice seconded by Linda Rosenberg to nominate Linda Broyles as Chair for the EMCC Prehospital/Hospital Subcommittee and Jim Marugg as Vice Chair. Motion carried.**

**A confirmation will be sent to Jim Marugg to verify the appointment of Vice Chairman.**

### V. OFF-LOAD ISSUES

Mike Rice, S.D. County Ambulance Association and Ginger Ochs, S.D. County Paramedic Agency will aggregate their data for a system wide report. Target time for Offload delays with agencies is 20 minutes; the County target time is 30 minutes. Anything over 30 minutes is a delay.

Mike Rice noted that they are also looking at Code 10 transports and removing decontamination delays.

There was discussion regarding the reports on delays such as turn over time, contacting the charge nurse, call volume and who is on bypass.

### VI. POLICIES FOR REVIEW

The following policies were reviewed by the Subcommittee:

S-001, Emergency Medical Service System Compliance with State Statues and Regulations –  
Date changes only.

**A motion was made by Linda Broyles, seconded by Mary Meadows-Pitt to approve Policy S-001. Motion carried.**

S-409, Reporting of Issues in Patient Care Management – This policy will be reviewed and approved at the Base Station Physicians' Committee. It is being presented at the EMCC Prehospital/Hospital Subcommittee for input and comments.

P-302, Guidelines for Placement of Paramedic Interns in San Diego County –

Comments were made regarding a policy for "J" or "K" intern identification numbers. "K" numbers are given to paramedics that are already in the County system and identify who is an intern for the Prehospital Patient Record (PPR). "J" numbers are given to out-of-county paramedic interns.

Suggestion was to structure the policy for A) In-county, and B) Out-of-County interns and clarify the "J" and "K" definition of in and out-of-county.

Discussion continued on the consistency within the agencies on intern identification numbers and who is already using the identification.

There was an inquiry regarding if the policy will address which agencies will participate in the intern process, and the requirements and responsibility of the agency to take interns.

Rebecca Pate requested that the Subcommittee submit input so a draft can be written and brought back for review.

## **VII. STAFF REPORT**

“*Sidewalk CPR Day*” is on June 7, 2012. County EMS will have an instruction area set up at the County Operations Center and the County Administration Center. The goal is to have 2,012 people trained, “2012 in 2012”. There is competition with the counties in the State on the number of individuals that are trained.

Golden Guardian 2012 is on May 15-17, 2012. Emergency Medical Services and the Emergency Operations Center will be in full activation on May 16.

EMS is doing the final sign-off testing in iQCS. They are hoping to have the iQCS system in place by the end of July.

Mike Marx, EMS Specialist has retired. There will be an open house given on behalf of his retirement after the Ambulance Association meeting. Notification will be sent out.

The EMS Administrative Secretary II position is filled.

### **Additional comments from EMCC Prehospital/Hospital Subcommittee:**

Palomar is on track for opening in August. There will be a sign up to tour the facility prior to the opening. The maiden voyage for the helipad will be in a few weeks.

Epinephrine 1/10,000 preload syringe is on national back order.

## **VIII. SET NEXT MEETING**

The next meeting is scheduled for June 14, 2012.

The meeting was adjourned at 9:45 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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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING Minutes Thursday, June 14, 2012

### Members Present

Broyles, R.N., Linda – County Paramedic Agencies Committee  
Fisher, Gary – S.D. County Fire Districts  
Workman, Debi – Palomar College Technical Representative

### Attendees

Forman, R.N., Kelly – Mercy Air  
Rice, Mike – AMR  
Russo, Joe – Rural Metro  
Salerno, Elizabeth – AMR

### County Staff

Pate, R.N., Rebecca

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, Chair called the meeting to order at 9:06 am. Attendees introduced themselves.

## **II. APPROVAL OF MINUTES – May 10, 2012**

A quorum was not present to approve the minutes of May 10, 2012. Approval of the May 10, 2012 minutes will take place at the next EMCC Prehospital/Hospital Subcommittee meeting.

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

There were no public comments or petitions received.

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

No report was given. There are ongoing off-load issues that are being addressed.

## **V. POLICIES FOR REVIEW**

Rebecca Pate presented policy P-302 for review and comments.

### P-302, Placement of Paramedic Interns in San Diego County.

- Discussion ensued on County approved intern programs and accreditation classes. It was suggested to reference the County website which lists the approved intern programs.
- Out-of-County interns will be identified by the letter J; in-County interns by the letter K.
- Paramedic students trained outside of San Diego County and seek internship with an agency in the County will submit an Application for Internship Placement form. (IV.B.) The form will include the applicants name and address, the training agency and the agency address, and proof of training completion from the outside agency.
- Change wording format under IV.B. “documentation” and add a statement that all EMT certificates must be maintained throughout the internship period.
- Update the list that provides the name of the agency/hospital in which the internship will be completed and include the name of the student, the preceptor(s) agency, name of agency/hospital which is providing the internship, and the training agency. (IV.C.2.) The document will remain with the interns training agency and a copy with the agency providing internship.
- Out-of-County Paramedic Training agencies shall supply to the provider agency/hospital the following: 1. A contract between the out-of-County training agency and the local agency providing the internship opportunity; 2. Names of the student, the preceptor(s) and the training agency, contract information. (Page 2, IV.C.)

Rebecca Pate will incorporate the suggested changes and send the P-302 draft to the entire prehospital group. There was a suggestion to also review the Paramedic Intern eligibility policy.

## **VI. STAFF REPORT**

During “Sidewalk CPR Day”, 3,022 bystanders were trained within the County on compressions only CPR.

Mike Marx, EMS Ambulance Coordinator has retired. There will be a job posting for his position. Clara Loginov was hired for the EMS Administrative Secretary II position.

There was a request to access the Policy and Procedures individually from the EMS website. Currently they are on one document and are not individually listed.

EMS investigation statistics show that there are more than 30 EMT's on probation. It was requested that agencies send the names of their new EMT hires to EMS so their information can be updated in QCS.

**VII. SET NEXT MEETING (July 12, 2012)/ADJOURNMENT**

The next meeting is scheduled for July 12, 2012 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:01 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, September 13, 2012

### Members Present

Ochs, Ginger – San Diego County Paramedic Agency (Alt)  
Rosenberger R.N., Wendy – Base Hospital Nurse Coordinators (Alt)  
Rudnick R.N., Sharon – Emergency Nurses Association (Alt)  
Workman, Debi – Palomar College Technical Representative

### Attendees

Forman R.N., Kelly – Mercy Air  
Hudnet BSN, Carlen – Rural Metro  
Rice, Mike – AMR

### County Staff

Pate R.N., Rebecca

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ginger Ochs, called the meeting to order at 9:03 am in the Chairpersons absence.  
Attendees introduced themselves.

## II. APPROVAL OF MINUTES

A quorum of members that attended the May 10, 2012 and June 14, 2012 meetings were not present to approve the minutes. Approval of the May 10, 2012 and June 14, 2012 minutes will take place at the next EMCC Prehospital/Hospital Subcommittee meeting.

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

## IV. OFF-LOAD ISSUES

Ginger Ochs presented information on offload delays from San Diego Fire and Rescue data.

- Yesterday there were 164 transports, 35 were more than 30 minutes at the facility.
- The majority of delays were during midday.
- Friday at 8:30 in the morning there were no units in the system, every unit was staffed. Later in the day, 2:00 -3:00 pm, they had the same issue.
- This week they are adding 2 ALS units during the day.

Carlen Hudnet added that by 5 pm on Friday, there were 250 calls and 200 transports; generally there are 200 in 24 hours.

### Discussion

Mike Rice attended the Emergency Medical Oversight Committee (EMOC) where it was mentioned that some hospitals with offload issues have been put on bypass by the provider because of delays. Mr. Rice mentioned that a \$25,000 fine can be issued if they do not have an ambulance available to respond to a call.

The EMOC group encourages providers to call the emergency room (ER) charge nurse when they are delayed at the hospital. Part of the First Watch prehospital panel is a feature to measure offload delay times. A suggestion was to have the hospitals time stamp the transfer of care by using the dashboard feature from First Watch.

Sharon Rudnick mentioned that Sharp Chula Vista's procedure is to have a designated staff person expedite getting the patient on and off the gurney and registering them into the system when medics arrive.

## V. POLICIES FOR REVIEW

Rebecca Pate presented Policy P-300, P-302, and the out-of-county "Application for Internship" for review and comments. The following are suggestions, comments and discussions made during the review.

### A. P-300, Paramedic Training Program Student Eligibility

- Reformat numbering where there are duplicates of II. and II.#4.

- Duplicate II. #2. “CPR card (**Add:** or equivalent to) (AHA/ARC). Rebecca Pate will check other policies that have similar wording.
- Duplicate II. #4. “Have the equivalent of at least six months (**Add:** full time) experience in the provision of emergency care. . .”
- III. #6.a. **Change:** “DOJ Criminal background check” to “Appropriate background check”.
- **Delete:** b. FBI background check.
- **Delete:** c. “DMV ambulance drivers’ license . . .”.

**B. P-302, Placement of Paramedic Interns in San Diego County**

- EMCC Prehospital/Hospital Subcommittee discussed the “J” numbers that are given to out-of-county paramedic interns. “J” is used as an identification number.
- III. B. “Any paramedic training agency (**Add:** regardless of physical location) that has been approved by a local EMS agency (LEMSA) . . . .”
- IV. B. “. . . San Diego County Paramedic Agency will submit to the agency (**Change:** “to the agency” to EMS) the completed application. . .”
- **Remove** IV. B. 1-6 and add them to the Application of Internship form.
- **Remove** first sentence in IV. C.
- **Remove** first sentence in IV.C.2. , **add** the second sentence to III.B.
- There was discussion on who is responsible for oversight in making sure that requirements are covered by out-of-county interns.  
**Action Item: Rebecca Pate will consult with Marcy Metz on the oversight.**

**C. Application for Internship in San Diego**

- **Add:** Out of County training agency name.
- **Add** check boxes from P-302, IV.B #s 1-6 to the out-of-county “Application for Internship.”
- **Add** contact training agency contact person, phone number and address of the training agency to the application.
- CPR Card (**Add:** “or the Equivalent”) Exp Date.
- ACLS Card (**Add:** “or the Equivalent”) Exp Date.
- The Subcommittee discussed what signatures should be on the application, if it should have an official stamp, or if the application should be on tamper proof paper to make certain that a training agency has completed the form and not the applicant.

There are only a few out-of-county applicants per year. Discussion ensued on internships and the procedures that are needed to “ride-a-long” on a provider call. “Ride-a-longs” are scheduled sometimes through the agencies and/or through the individual medic.

- D.** It was requested to put the definition of patient in Policy S-412 and S-415, so they are consistent.  
**Action Item: This will be discussed with Susan Smith as she takes those policies to BSPC.**

- E. Sugar, Temperature, Airway Blood Pressure, Lab work and Emotional Support (STABLE) is a new course that builds essential skills needed to effectively care for neonates and infants. It was noted that Palomar/Pomerado requires CCT transport providers to have the STABLE course/card to transfer child patients. STABLE replaces Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Provider (NRP); it is a combined program.

**VI. STAFF REPORT**

There was no staff report.

**VII. SET NEXT MEETING (January 10, 2013)/ADJOURNMENT**

The next meeting is scheduled for October 11, 2012 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:30 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, September 27, 2012

### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties  
Green, R.N., Katy – District One  
Howard, R.N., LuAnn – Base Hospital Nurse Coordinator  
Jacoby, M.D., Jake – District Four  
Meadows-Pitt, R.N., Mary – District Two  
Nevin, Jon – S.D. County Paramedic Association  
Rice, Mike – Ambulance Association of S.D. County  
Rothlein, Sgt. Jason – Law Enforcement  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Rosenberger, R.N., Wendy – Base Hospital Nurse Coordinator

### Vacant Positions

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

### In Attendance

Alvarez, John – Schaffer Ambulance  
Bruton, Heather – S.D. Sheriff Office  
Forman, R.N., Kelly – Mercy Air  
Francis, Allen – CA Dept of  
Corrections/CCHCS  
Jawad, Souheil – Xtreme Care Ambulance  
Leigh, Chief Bob – S.D. Co. Fire Chiefs  
Association  
Lorek, Kirstin – S.D. Sheriff Office  
Russo, Joe – Rural Metro  
Scaten, Brandon – Xtreme Care Ambulance

### County Staff

Haynes, M.D., Bruce – EMS Medical Director  
Metz, R.N., Marcy – EMS Chief  
Pate, R.N., Rebecca

### Recorder

Wolchko, Janet I.

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, Chair, brought the meeting to order at 9:00 am. Those in attendance 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 Sharon Carlson to approve the EMCC minutes from April 26, 2012. Motion carried.**

## IV. EMCC SUNSET REVIEW REPORT

Board of Supervisors' Policy A-74, "Citizen Participation in County Boards, Commissions and Committees," requires that each year, one fourth of all advisory committees conduct a "Sunset Review."

The "Sunset Review" report includes the advisory committee's level of involvement in County programs, actions accomplished or completed, and justification for continuance. After the "Sunset Review" report has been approved by the committee, it is signed by the EMCC Chairperson and forwarded to the Clerk of the Board.

**A motion was made by Katy Green, seconded by Mary Meadows-Pitt to approve the EMCC Sunset Review Report. Motion carried.**

## V. SUBCOMMITTEE REPORT

### A. Prehospital/Hospital

Mike Rice reported on the September 13, 2012 EMCC Prehospital/Hospital Subcommittee meeting.

Policy P-300, Paramedic Training Program Student Eligibility and P-302, Placement of Paramedic Interns in San Diego County were reviewed at the subcommittee meeting. Discussion was regarding out-of-county students that are doing internship with agencies in the County.

Up-to-date information and data on offload issues were presented.

## VI. AMBULANCE ORDINANCE (Rebecca Pate, R.N.)

The Ambulance Ordinance was discussed at EMCC approximately six (6) months ago. At that time it was not approved due to discussion on whether additional levels of permitting should be created to cover Centers of Medicare and Medicaid Services (CMS) reimbursement criteria. Basic Life Support (BLS) agencies providing Critical Care Transport (CCT) services have submitted a letter to CMS from Dr. Haynes explaining CCT transports by BLS agencies, and CMS has resumed providing reimbursement.

One addition has been made since the last meeting. County staff recommend adding language under inspections of each section that "If, at any time during an inspection, an agency representative, officer, director or agent thereof knowingly makes a false, misleading or fraudulent statement or engages in fraudulent behavior, the Permit Officer may order the suspension or revocation of the ambulance permit as provided for in Section 610.501."

**A motion was made by Mike Rice, seconded by Linda Broyles to approve the Ambulance Ordinance with suggested changes on the draft document.**

Discussion on the motion included operating in an Exclusive Operating Area (EOA) and prohibition or authorization that is needed for occasions when ALS providers operate in another EOA.

It was decided that language on Page 29 of the Ambulance Ordinance under SEC. 610.713 regarding "Operation in the County as CCT, BLS or ALS provider without proper authorization to do so." would cover the inquiry and issue discussed.

**By previous motion and second, EMCC members voted to approve the Ambulance Ordinance with the noted changes on the draft document. Motion carried.**

Based on today's action the Ambulance Ordinance will be forwarded to the Board of Supervisors for approval.

## **VII. EMT 2010 UPDATE (Rebecca Pate, R.N.)**

An update of the EMT 2010 process and EMT certification was presented to the EMCC. The information was also presented at the Fire Chiefs meeting.

### **A. Open Investigations**

1. New applicants for EMT certification: 16
  - 4 with public agencies such as fire departments
  - 12 listed as "none" (not listed with an agency)
2. Current EMTs under investigation: 47
  - 7 were from private agencies
  - 16 work for public agencies
  - 18 listed "none"
  - 6 listed "other" as being their employer (those who may work with hospitals, at special events, companies and casinos).
3. Agencies should notify EMS of new hires within the last two (2) years if it is within the period of their last certification.

### **B. Probation**

1. Currently 52 EMT's are on probation, most for DUI's
  - 4 from private agencies

- 21 from public agencies
- 21 were listed as “none”
- 6 listed as “other”

2. Probationary check-in is every quarter.

C. Revoked/Suspended

1. Since the EMT 2010 regulations were put into place, 24 certifications have been revoked or suspended
  - 4 from public agencies
  - 6 from private agencies
  - 14 listed as “none”

D. Denied

1. 9 applications have been denied since 2010
  - 3 from public agencies
  - 6 listed as “none”

E. New Cases: Since January 21, 2012 there are 80 new open cases, either new applicants with conviction backgrounds, or current EMT’s with subsequent arrests.

F. Hearing/Cases

This year there have been three Administrative Law Judge (ALJ) hearings and one that is in the process of being scheduled. Typically cases that have been open greater than 6 months are with DUI’s as they take time to be resolved in court and to fulfill requirements.

G. *Discussion:*

EMCC discussed DUI notification, open investigations and the State Model Disciplinary Orders (MDO) for EMTs. Sharon Carlson added that the Board of Registered Nursing has taken a strict stance on handling evaluation and suspension for DUI’s.

Most of the DUI’s are straight forward. The individual may not necessarily have an underlying substance abuse problem that can be a danger to patients. Evaluation includes statement of facts, an interview, and a substance abuse evaluation by an addiction physician to determine if it is a onetime event or an underlying problem.

Sgt. Rothlien added that guidelines are set by the court regarding suspension depending on the level of alcohol or intoxication, prior criminal history and whether it is related to an accident or standard DUI. A first time .08 to .10 DUI is probably going to be a 90 day suspension of their license on a first offense.

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

A. Congratulations to Dr. Jim Dunford from San Diego City Fire who received the CAL/ACEP EMS Achievement Award last June.

- B. The influenza vaccine is now available. The CDC recommends that everyone 6 months of age and older receive the vaccine. Vaccination helps prevent illness, life threatening complications of influenza and transmission to others. Some jurisdictions have moved to mandatory vaccinations.
- C. Palomar Hospital moved into its new facility on August 17, 2012. Some services at the downtown campus will remain: urgent care, labor and delivery, pediatrics and behavioral health services.
- D. The 2010 trauma report is available on the EMS website and includes information on trauma patients and cause of injury.
- E. This year EMS will be conducting protocol review. Committees are being reconvened to review the treatment guidelines and policies. It has been suggested to develop a policy for fire line medics.
- F. The Joint Commission certifies primary stroke centers and has started a new level called comprehensive stroke center which will offer endovascular and intra-arterial tPA as well as intravenous tPA for therapeutic measures.
- G. The State has released EMS for Children (EMS-C) regulations for comment. Comments are due October 2, 2012. EMS-C regulations will define four (4) levels of receiving hospitals, data collection requirements, personnel requirements and quality improvement standards.
- H. CAHAN is requiring users to update their password.
- I. The State has shown interest in the Community Paramedic Program. Community paramedicine would have different and expanded rules for paramedics, additional education, and work with homeless and repetitive users. In rural areas they may conduct medical evaluations, suture minor acute injuries, and do chronic illness training, for example with congestive heart failure and diabetes monitoring.
- J. *Comments and Questions:*
  - 1. Trauma

Dr. Jacoby asked if the trauma report online breaks down the number of patients transported under the trauma resource designated. Discussion ensued on trauma designation, number of patients, trauma resource, over and under triage and appropriate care. Linda Rosenberg added that Sharp Memorial had over 800 trauma resources in 2011 and is reviewing their data.

In February, trauma guidelines were sent to the hospitals for treatment of patients on anti-coagulants and falls. Information is provided in the guidelines on reversing anti-coagulants, and supports rapid transport to the trauma center if that hospital does not have neurosurgical capabilities. If an injury does not show on the initial CT scan, it is recommended that the patient be rescanned in 4 to 6 hours depending on

the judgment of the physician. Hospital emergency rooms have posted the guidelines.

2. Palomar

Kelly Forman shared that Caltrans has approved the Palomar helipad downtown, and it has been extended to be a designated pickup point.

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

- A. On June 7, 2012, "CPR Day" was held in collaboration with EMS, the American Heart Association (AHA), American Red Cross (ARC) and San Diego Project Heartbeat. San Diego Project Heartbeat offered 300 manikins for locations to use during the event. 30 agencies participated at 52 locations throughout the County. In San Diego County, 3,048 individuals were trained in adult hands only CPR, which surpassed the goal of training "2012 in 2012"; 12,397 were trained in Southern California. It is anticipated that "CPR Day" will become an annual event during National CPR week. Marcy Metz thanked everyone involved for their participation in the event.

An example was given where a "Sidewalk CPR" participant administered compression only CPR on a woman who was exercising on a treadmill and collapsed. The individual provided CPR until paramedics arrived.

Kelly Forman received special recognition for teaching adult compression CPR to a high school freshman class.

- B. September is National Preparedness month. September 8, 2012 was the 10<sup>th</sup> Anniversary of the Medical Reserve Corp (MRC). MRC volunteers were recognized at Petco Park and invited to attend the Padre game after the event. San Diego MRC has 1,000 volunteers that have helped during the H1N1 season and fire season.
- C. The Statewide Medical Health Drill is on November 15, 2012. The exercise will have an earthquake scenario. Hospitals will focus on neonatal ICU evaluations and include the 7 pm to 11 pm shift. Sharon Carlson said that they will also practice high rise rescue with the fire departments. There will be a Hospital Available Beds for Emergency Disasters (HAVBED) bed count and description of beds that is annually tested during the drill.
- D. The Health Services Capacity Taskforce will meet on Friday, October 5, 2012 from 10:30 am to 11:30 am at Sharp Memorial. The taskforce helps to prepare for and assess the flu season.
- E. The internet version of the Quality Collector System (QCS) that links hospitals, agencies, and the County went into production this month. The first three weeks of training included base hospitals, satellite hospitals and agencies. QCS CEMESIS will not be closed out until iQCS is functioning effectively. Linda Rosenberg made comments regarding the iQCS screen colors, printing in the radio room and the time to move between screens.

- F. EMS will be analyzing the fee structure in preparation for County Budget Build. Fees being reviewed include ambulance inspection, permitting fees and certification fees. During the next two EMCC meetings a financial analysis will be presented.
- G. Work is continuing on the Beacon EMS Hub. There are twice a month meetings with Beacon to work on the bidirectional connection between the QCS and the Beacon EMS Hub.
- H. Additional Items
  - 1. Dr. Haynes mentioned that two deputies were in the hospital with severe injuries after a shooting incident. Sgt. Rothlein gave an update on the deputy's injuries. Credit was given to the fire service transport that responded in a timely manner.
  - 2. Sharon Carlson added that Nick Vent will be giving a presentation on chemical suicides, exposure and response at Sharp Spectrum on October 23, 2012 from 8:00 am – 12:00 noon. Please register at [sharp.com/classes](http://sharp.com/classes) and events.
  - 3. September is Emergency Preparedness Month and October is the "Great Shakeout". Sharp Healthcare is having their first annual Disaster Expo this Saturday outside at Spectrum Center from 9:00 am to 1:00 pm. The expo will have a search and rescue unit, the "shaker trailer" and McGruff the crime dog. Emergency preparedness supplies will be available for purchase. Mike Rice offered the AMR state disaster medical support units for the event. The DA is having their Rx take back Day and electronics recycle drop-off on the other side of the parking lot.

**X. NEXT MEETING/ADJOURNMENT**

The EMCC October meeting conflicts with the Overcrowding Summit on October 25, 2012. The EMCC committee is required to meet once a quarter and an alternate date should be discussed as the November meeting falls on Thanksgiving weekend. A proposed date and time for the next EMCC meeting was Wednesday, October 24, 2012.

Meeting was adjourned at 10:10 am.

Submitted by,  
Janet I. Wolchko, Administrative Secretary III



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES  
HEALTH SERVICES COMPLEX

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Linda Rosenberg, Chair  
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Emergency & Disaster Medical Services  
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### MISSION STATEMENT

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### EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

#### Minutes

Wednesday, October 24, 2012

#### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties  
Green, R.N., Katy – District One  
Howard, R.N., LuAnn – Base Hospital Nurse Coordinator  
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 Paramedic Association (Alt)  
Rothlein, Sgt. Jason – Law Enforcement  
Rosenberg, R.N., Linda – Emergency Nurses Association

#### Vacant Positions

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

#### In Attendance

Forman, R.N., Kelly – Mercy Air  
Francis, Allen – CA Dept of  
Corrections/CCHCS  
Leigh, Chief Bob – S.D. Co. Fire Chiefs  
Association

#### County Staff

Beam, Jamie  
Haynes, M.D., Bruce  
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 9:03 am. Those in attendance introduced themselves.

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

There were no public comments or petitions submitted.

## **III. APPROVAL OF MINUTES**

**A motion was made by Stephen Abbott, seconded by Linda Broyles to approve the EMCC minutes from September 27, 2012. Motion carried.**

## **IV. STANDING SUBCOMMITTEE REPORTS**

### **A. Prehospital/Hospital**

Prehospital Subcommittee did not meet.

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

Education and Research Subcommittee did not meet.

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

Sharon Carlson reminded everyone that the Statewide Medical Healthcare Exercise is on November 15, 2012.

- The scenario for the 2012 Statewide Medical and Health Exercise is a loss of power due to an earthquake.
- At the County level, the emphasis will be on Neonatal Intensive Care Unit (NICU) evacuation.
- Grossmont and Kaiser Hospitals will practice on high rise rescue and evacuation with their local first responders.
- The exercise will take place from 7 pm to 11 pm.
- There will be a National Disaster Medical System (NDMS) bed count in the morning.

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

A. There has been no reported influenza in the community. Surveillance shows that there are only sporadic cases.

B. The protocol task force has met twice to look at revisions in the treatment guidelines.

C. State activity:

1. The comment period for paramedic regulations and practices regarding Inter-facility Transport (IFT) and Critical Care Transport (CCT) will have an additional 15 day comment period that will be sent out next week.
2. The STEMI regulations will be released in a day or two for general comment.

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

- A. The 7<sup>th</sup> Annual Emergency Care Summit is tomorrow at Scripps La Jolla.
- B. Health Safety Capacity Task Force and Capacity Plan
  - 1. Prehospital and Emergency Departments reported a 6% increase in volume.
  - 2. The Health Safety Capacity Task Force Subcommittee convened last week to discuss Level 1 surveillance and to recommend any changes in the triggers for advanced levels.
    - Additional reports such as 911 and monthly reports will be added to the surveillance in the pre-phase monitoring.
    - No changes were made to the triggers that signal a need to look at community needs and to take additional measures.
  - 3. A draft of the plan will be out by the end of the month
- C. A notice will be sent to the hospitals for employee jury duty waivers. Employees will be able to waive jury duty during high capacity and winter months which will help with staffing at the hospitals.
- D. Quality Assurance Network Collection System (QCS) and internet based QCS (iQCS)
  - 1. iQCS was taken off line today until technical and security issues are resolved.
  - 2. QCS will remain until iQCS issues are resolved. Use QCS California Emergency Medical Services Information System (CEMSIS) in the interim.
  - 3. The community will be notified when the issues are resolved.
- E. Marcy Metz introduced Brett Eldridge who is the new EMS ambulance ordinance contact for the County.
- F. EMS is recruiting for three nurse positions.
  - 1. A public health position for the disaster unit that will be back-up for the Strategic National Stockpile City Readiness Initiative (CRI) position.
  - 2. There will be recruitment for Ruth Duke's position which manages the Automated External Defibrillator (AED) program, Sexual Assault Response Team (SART), Continuing of Operations Plan (COOP) and narcotic program. Ruth is retiring in March 2013.
  - 3. There is an opening for a QCS specialist position for agency coordination.

Recruitment notices for the positions are posted on the website and are sent to organizations, the Nurses Association, and posted on the EMSAAC website.

**VII. FEE SCHEDULE**

Marcy Metz introduced Jamie Beam who is the EMS Administration Manager. Ms. Beam will review the proposed EMS fee schedule for FY 2013/14 and the current EMS personnel fees for EMT certification, paramedic accreditation and MICN.

A. Background

1. In February 2010, a proposed fee schedule for certification and accreditation in San Diego County was presented to EMCC. At the time, it was to be a phased implementation of the fee schedule; \$30 for FY 2010/11, \$40 for FY 2011/12 and \$50 for FY 2012/13. Since State EMT 2010 regulations and fees were to be implemented at the same time, County fees were postponed.
2. During the County Budget Build process fees are reviewed to ensure cost recovery. Program costs and fees associated with the programs are periodically reviewed to make sure they are sufficient to offset the operational costs.

B. San Diego EMS Personnel Fees

1. County fees have not increased since 1990. The current fee has a \$15 base fee plus a \$2 charge for the photo.
2. EMT 2010 requirements have increased the number of applications that are processed and additional steps and data entry.
3. Personnel fees include staffing required to process applications, front desk, computers and card printing. It is projected that in FY 2012/13 the cost of County personnel will be \$210,000. Prior to EMT 2010 the cost was \$150,000.

Personnel fee cost in other Counties

1. The current \$15 San Diego County fee is one of the lowest statewide.
2. When implemented, the \$50 fee will place San Diego closer to the average fee cost compared to other counties.
3. For paramedics and MICN's, the average cost in other counties is significantly higher than San Diego County. In San Diego, since processing an application takes the same amount of time for certification, accreditation and authorization; the fee is the same for each application type.
4. Other counties have additional fees; for example, fees for County ID cards and a lapse fee for paramedics and MICN's.

C. Ambulance Permitting Fees

1. San Diego County fee schedule for ambulance permit and inspection has not changed since 1995.
2. Program costs are approximately \$150,000.
3. The agency initial application fee in FY 2012/13 will be \$2,000, plus the \$500 increase in FY 2013/14. Renewal fee increases from \$1,000 in FY 2012/13 to \$2,000 in FY 2013/14.
4. There will be an increase of \$25 for inspections, increasing it from \$250 in FY 2012/13 to \$275 in FY 2013/14.

Ambulance permitting fees cost in other Counties

1. The average agency fee in other counties is \$3,300 for initial application and \$2,900 for renewal. San Joaquin has a fee of \$12,500 which is much higher than the rest and is not calculated in the average.
2. Each agency pays a flat rate for ambulance inspection.

3. The proposed fee of \$2,500 for San Diego is below the average. The analysis does not include the training provider fee or continuing education fees. Those fees will be reviewed at a later date.
- D. A summary was given of fee schedules and full cost recovery including personnel fees and agency fees.
- E. Discussion
1. The \$50 fee is an all inclusive cost recovery for processing.
  2. Analysis of EMT 2010 Investigation and Administrative Law Judge (ALJ) costs was completed for one fiscal year starting July 1, 2010 to 2011. ALJ costs, staff costs and County Counsel costs are an additional \$180,000. These costs are not included in personnel fees.
    - ALJ costs are reimbursable at the end of the fiscal year based on a pool of funds at EMSA.
    - In the first year there was full cost recovery for ALJ fees which does not include EMS cost. \$4,000 has been recovered for 4 hearings.
  3. Ambulance Association Enforcement costs, late fee charges and lapsed fees were mentioned. It was suggested to support fees for credential lapse.
  4. Budget Build is in late January and February 2013. The Public Health fee schedule will be brought forward to the Board of Supervisors during the Budget Build Process.
  5. Discussion on the County fee schedule will continue at the EMCC November meeting. The fee schedule change will take place July 1, 2013.

## **VIII. NEXT MEETING/ADJOURNMENT**

Sharon Carlson mentioned that Dr. Colleen Buono is stepping down as the EMCC alternate representative from the Hospital Association of San Diego and Imperial Counties. Information on nominating a new alternate to EMCC will be forwarded to the Hospital Association of San Diego and Imperial Counties.

EMCC next meeting will be on the fifth Thursday in November due to the Statewide Medical Health drill on November 15<sup>th</sup> and the Thanksgiving Holiday on November 22. It was decided to schedule the EMCC November meeting on Thursday, November 29, 9:00 am.

Meeting was adjourned at 9:40 am.

Submitted by,

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



# County of San Diego

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Emergency Medical Care Committee  
Prehospital/Hospital Subcommittee  
Linda Broyles R.N., Chair/Jim Marugg, Vice-Chair  
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## EMERGENCY MEDICAL CARE COMMITTEE PREHOSPITAL/HOSPITAL SUBCOMMITTEE MEETING Minutes Thursday, November 8, 2012

### Members Present

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)  
Workman, Debi – Palomar College Technical Representative

### Attendees

Forman R.N., Kelly – Mercy Air  
Hudnet R.N., Carlen – Rural Metro  
Johnson, Wayne – Rural Metro  
Uhde, Keith - AMR

### County Staff

Eldridge, Brett  
Pate R.N., Rebecca

### Recorder

Wolchko, Janet

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jim Marugg, Vice-Chair called the meeting to order at 9:04 am. Attendees introduced themselves.

## II. APPROVAL OF MINUTES

A quorum of members that attended the May 10, 2012 and June 14, 2012 meetings were not present to approve the minutes.

**A motion was made by Ginger Ochs, seconded by Debi Workman to approve the minutes of September 13, 2012. Motion carried.**

## III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

## IV. OFF-LOAD ISSUES

Keith Uhde, American Medical Response reported the following information:

“Transfer of Care” module:

- First Watch has been contacted by the hospitals to discuss the transportation module. First Watch gathers data within the systems in San Diego County and has the ability to track the time of the unit’s arrival at the emergency department (ED) until the time they are available.
- “Transfer of Care” is where the hospital nurse signs for transfer of care from the transporting agency.
- Hospital cost for the “Transfer of Care” module is approximately \$2,500 a year.

State regulations for “Transfer of Care” that are in place in Las Vegas, Nevada were discussed. The State of Nevada has a 20 minute transfer requirement. Debi Workman requested the Nevada regulations brought to the next EMCC Prehospital/Hospital Subcommittee meeting.

Offload issues were discussed at the last Overcrowding Summit. The Subcommittee discussed safety, how other areas are dealing with ED overcrowding/offload delays, and the percentage of patients transported that could be taken to an urgent care facility instead of the emergency department.

## V. POLICIES FOR REVIEW

### A. Application for Internship in San Diego County

- In addition to the “Didactic” completion date, “Clinical” completion date of training was added to the form.
- The application heading was changed to, “Application for Out-of-County Internship in San Diego County”.
- Emergency Medical Technician (EMT) Certificate wording was added on the bottom of the form with County Number and expiration date.
- The Application form will be Appendix A to Policy P-302.

B. P-302, Placement of Paramedic Interns in San Diego County

- “Application for Internship Placement” form will be added as Attachment A.
- “After assignment of County Identification number the form shall be forwarded by the paramedic intern to the training agency providing the internship” was added to the policy.
- “Proof of five medically supervised intubations during clinical training” was changed to “3 live” medically supervised intubations.
- Page 2, 1-6 will be prefaced with “The following shall be made available upon request of the training agency providing the internship.”

There was further discussion regarding information on the “Application for Out-of-County Internship in San Diego”, requirements, and where copies of the information and application should be available.

Members agreed to have the corrections made and forwarded to the subcommittee via email. Policy P-302 will then be forwarded to the full EMCC.

C. P-300, Paramedic Training Program Student Eligibility

- Added “Possess and maintain a current EMT or Advanced EMT (AEMT) certificate” in the policy requirements.

**A motion was made by Ginger Ochs, seconded by Debi Workman to approve the changes made to Policy P-302, Attachment A and Policy P-300. The policies with changes will be sent to the subcommittee via email and forwarded to the full EMCC for review and approval. Motion carried.**

Policy A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance and S-001, Emergency Medical System Compliance with State Statutes and Regulations that was previously reviewed and approved by EMCC Prehospital/Hospital Subcommittee will also move forward to EMCC.

## VI. STAFF REPORT

- A. The Statewide Medical Health Exercise is on November 15, 2012. The exercise scenario is an earthquake with the focus of the exercise on a power outage to incorporate communications improvement and testing satellite phone call rolls.

Exercise time will be from 7 pm to 11 pm and include high rise rescue and Neonatal Intensive Care Unit (NICU) evacuation.

EMCC Prehospital/Hospital Subcommittee discussed preparation required for a surge.

- B. The Protocol Taskforce has met and is reviewing the guidelines.

C. Monday, November 12, 2012 is a County Veterans Day Holiday, EMS will be closed.

D. EMS open staff positions:

- EMS is hiring a QA specialist.
- Brett Eldridge is performing ambulance inspection.

E. Paramedic Regulations and STEMI and Stroke regulations are being reviewed.

F. iQCS is off line due to security issues. Issues should be resolved after Thanksgiving.

**VII. SET NEXT MEETING (January 10, 2013)/ADJOURNMENT**

The next meeting is scheduled for January 10, 2013 at Emergency Medical Services, 6255 Mission Gorge Road, San Diego, CA 92120.

The meeting was adjourned at 10:16 am.

Submitted by

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



# County of San Diego

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### MISSION STATEMENT

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### EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Minutes

Thursday, November 29, 2012

#### Members Present

Abbott, Stephen – District Five  
Adler, Fred – District Three  
Bull, R.N., Pat – American Red Cross  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties  
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  
Rice, Mike – Ambulance Association of San Diego  
Rothlein, Sgt. Jason – Law Enforcement  
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

Bruton, Heather – Sheriff Emergency  
Planning  
Lorek, Tristan – Sheriff Emergency Planning  
Parra, Frank - S.D. Co. Fire Chiefs  
Association

#### County Staff

Beam, Jamie  
Haynes, M.D., Bruce  
Metz, Marcy  
Pate, R.N., Rebecca  
Ray, Leslie  
Smith, Ryan

#### Recorder

Wolchko, Janet I.

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

Linda Rosenberg, Chair, brought the meeting to order at 9:03 am. Those in attendance 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 Jim Marugg to approve the EMCC minutes from October 24, 2012. Motion carried.

## IV. STANDING SUBCOMMITTEE REPORTS

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

S-001, Emergency Medical Services System Compliance with State Statutes and Regulations. After review, there were no changes to the policy.

A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance. Policy A-876 was approved and reviewed at the Prehospital Subcommittee meeting several months ago, but due to meeting postponement, the policy is now being brought forward to the full EMCC committee for final approval. The air ambulance agency that currently provides service in the area was involved in the policy review.

If there is more than one air ambulance provider in the County, this policy allows for a central dispatching point of service designated by the County of San Diego. The County will make sure that the dispatch agency meets requirements. Negotiation regarding the financial responsibility will remain between the provider and dispatch agency.

Discussion ensued on dispatch services, direct calls and emergency dispatch coordination in the County.

P-300, Paramedic Training Program Student Eligibility. Representatives from the paramedic training agencies were involved in the policy review. Language was changed to reflect similar language in current policies. Under requirements, wording was changed from “possess a current EMT or AEMT certificate” to “possess and maintain a current EMT or AEMT certificate” due to occasions where an EMT would let their certificate lapse during the process of getting their license as a paramedic. Training agencies at the meeting recommended adding full time to the six months experience under requirements.

There was discussion on requirements for EMT’s and paramedics to get a flu vaccine. Dr. Haynes reported that there are an increasing number of hospitals in the country that are making vaccination mandatory for staff, in some cases you have to wear a mask if you don’t get the vaccination; the number of people in hospitals receiving flu vaccinations in California is 60% to 65%. If there was mandatory vaccination that percentage could go up.

A letter from Dr. Wooten, PHS Director, was distributed with the Healthcare Capacity plan yesterday regarding healthcare facilities having the flu vaccine available to the health community.

P-302, Placement of Paramedic Interns in San Diego County and Attachment A, Application for Out-of-County Internship in San Diego County. Discussion on Attachment A, Application for Out-of-County Internship in San Diego County for paramedic interns included requirements and identification for paramedic interns. The completed application will go to the training agency in San Diego County where the person will be doing their internship. The policy revision is to require all paramedic interns to have the identification number for documentation purposes. Definition of “In-County” and “Out-of County” paramedic training program was updated as well as policy for a County identification number.

EMCC discussed the number of required intubations listed in the policy.

**A motion was made by Mike Rice, seconded by Sharon Carlson to approve Policies A-876, S-001, P-300, P-302 and P-302 Attachment. Motion carried.**

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

Education and Research Subcommittee did not meet.

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

Sharon Carlson reported on the Statewide Medical Healthcare Exercise that took place on November 15, 2012. The exercise was held from 7 pm to 11 pm which allowed evening/night employees to participate. Neonatal Intensive Care Unit (NICU) evacuation was tested as part of the Hospital Preparedness Program (HPP). One of the partnership projects is to initiate a Concept of Operations Plan for NICU evacuation.

Dr. Haynes mentioned NICU involvement during hurricane Sandy and referred to the picture that was shown of the nurse carrying an intubated infant while being transferred.

TRAIN color code matching is used in assessing infants by attaching a color code to identify what care is needed. The neonatal triage is similar to “Triage Tags”.

**Action Item: Sharon Carlson will provide the PowerPoint on TRAIN color coding to be distributed to EMCC.**

EMCC discussed triage, color coding and communications. It was suggested that the subject should be brought to the Base Station Hospital Committee (BSPC) and Prehospital Audit Committee (PAC) to be added to the Pearls.

#### **V. FEE SCHEDULE (Jamie Beam)**

Jamie Beam presented information on the EMS fee schedule for FY 2012/13. Under Board Policy B-29, EMS has an obligation to review the program cost, and review the revenue being generated from the current fee structure to ensure the revenue is enough to offset the

permitting cost. Personnel fees have not changed since 1990 and agency fees have not changed since 1995.

- A. Personnel Fees include EMT certification, Paramedic accreditation and Mobile Intensive Care Nurse (MICN) authorization. At the previous EMCC meeting there was a proposal to move forward with a \$15 lapse fee if the certification is more than 30 days late. Lapse fee comparisons between counties range from \$10 to \$300.

Prior to EMT 2010, EMS received approximately 3,000 applicants annually at a cost of \$150,000. Both the costs and the number of applicants have gone up post EMT 2010. The proposed FY 2013/14 certification fee is \$50 for full cost recovery.

There is no data on the number of late applicants each year; therefore it is difficult to project the amount of revenue this would generate. Additionally, it is hopeful that the \$15 lapse fee will be a deterrent for letting certification lapse. There was further discussion on what other counties charge for lapse fees, state requirements on continuing education penalties for lapsed certification, and agency requirements on lapsed certification.

EMCC showed support for a \$15 fee after a 30 day lapse in certification and \$50 fee for certification, accreditation and authorization.

- B. Agency fees include permit and inspection fees, and continuing education and training provider fees. There will be no changes to the continuing education and training fees this year. EMS will analyze these fees next year and bring the results to EMCC.

There is a proposed FY 2013/14 increase for initial application and annual renewal fees, and an additional \$25 for ambulance inspection fee.

Currently there is a \$40,000 to \$50,000 deficit depending on how many providers and how many units are inspected. San Diego is significantly lower than the average other counties collect for agency permit and vehicle inspection fees.

There was discussion on attaching these fees to an outside indicator like the Consumer Price Index (CPI). Currently this methodology is not an option for certification and ambulance ordinance fees.

EMCC showed support for the ambulance permit application, reapplication and inspection fees.

## **VI. TRAUMA TRENDS (Leslie Ray)**

The latest trauma system numbers were presented. San Diego's catchment based trauma system began in 1984.

- A. In 2011, the majority of the trauma calls were run by City of San Diego, 21% by AMR, additional agencies have between 1% and 2% of the trauma calls. UCSD and Mercy receive half of the trauma patients, Sharp, Palomar and Scripps each receive around 15% and Children's Hospital receives all patients under the age of 15.

- B. A map was shown of trauma patients by incident zip codes for 2010 and 2011. During that time, the number of patients in the east area has almost doubled. Trauma admissions have been going up steadily, paralleled to the population increase. Rate of trauma admissions has remained stable. As the population increases and the number of trauma cases grow, the resource base needs to grow to accommodate those patients.
- C. In 2010, the leading mechanism of injury was from motor vehicle accidents, and data showed the beginning of an increase in falls with seniors and children. Due to the implementation of safety features such as airbags and booster seat laws there has been an improvement in motor vehicle related injuries for 2 to 5 year olds.

In 2011, the number of falls that were trauma related increased. Falls are the leading cause of trauma in children under 10 years old, as well as everyone over the age of 35. There was also a 27% increase in motorcycle trauma injuries. Males ages 25-34 have higher trauma patient admissions; ages 85 and older have a higher trauma rate and the higher risk.

There was discussion on alcohol and drug related assaults and the increase in the number of patients diagnosed as trauma patients.

- D. Length of stay (LOS) is less than 24 hours for trauma patients. The average LOS is 3 days, median LOS is 1 day. Mechanism of injury (MOI) on patient discharges was greater with fall related injuries; severity of injury was with self inflicted injuries. Median LOS was high among motorcycle injuries and is age related.
- E. Hospital deaths from falls were high as well as the mortality rate with self inflicted injuries. Changes with respect to MOI trauma deaths decreased with motor vehicle, pedestrian, sports and recreation. There was an increase in motorcycle, falls and self inflicted deaths.
- F. Major Trauma Outcome Study (MTOS) criteria is measured by frequency and percent, LOS, interfacility transfers, deaths and discharges.

**Conclusion:**

- Population trauma rate is steady
- Numbers (total burden) is increasing
- San Diego County trends show falls and motorcycle injuries are increasing faster than trauma admissions; there is a decreasing rate of penetrating injuries and a decreasing mortality rate, especially among those severely injured.

There was discussion on the impact of trauma related injuries from alcohol and traffic incidents, particularly around Casinos. Most are prehospital related injuries rather than trauma injuries.

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

- A. There has been very few flu cases reported. Vaccination helps prevent influenza in the EMS work force and transmission to vulnerable patients.
- B. The State has released several regulations. EMS for Children (EMS-C) regulations are now closed for comment. Regulations for STEMI and Stroke have also been out for comment. Regulations include how to set up the system, criteria and qualifications for setting up the system, staffing and data requirements.
- C. Hospira is one of the major manufacturers that provide morphine to many of the prehospital providers. They did not renew their DEA license for intramuscular use so it is technically for intravenous use only. Prehospital is transitioning from the use of carpulets to vials which can be used both intravenous and intramuscular.
- D. The EMS Oversight Commission has been looking at the number of increasing opioid overdose deaths due to prescription narcotics. An initiative is being looked at to decrease and avoid overdoses by cutting back on renewing prescriptions for those that are chronically on pain medication, want a refill or say they lost their prescription. Patients that have been injured and have acute pain, chronic illnesses such as cancer will not have their pain medication withheld.
- E. EMS is continuing to monitor offload issues.

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

- A. The Health Safety Capacity Plan was distributed to the community yesterday as well as the letter from Dr. Wooten regarding the flu vaccine. An additional letter was sent out regarding Jury Duty postponement for healthcare workers. That letter was sent to the office of the Jury Commissioner asking to for waivers for healthcare workers through March 30, 2013. The letter gives the hospital administration and supervisors more authority to keep their healthcare workers working through the flu season.
- B. EMS is continuing to test iQCS. During that time continue to use the QCS CEMSIS system.
- C. Due to the upcoming holidays, EMCC does not meet in December. There will be elections of officers, Chair and Co-Chair, at the January meeting.
- D. The EMS Commission meets next week in San Francisco on December 5, 2012. Information from that meeting will be shared at the next EMCC meeting.

**Additional Shared Information:**

- 1. The Border Patrol is the County's first Advanced EMT (AEMT) provider. AEMT is a new service level in the State and National curriculum that is between EMT and paramedic. AEMT's will be giving care as of December 1, 2012.

The State applied for grants to help encourage the AEMT program. A Homeland Security Grant will provide a number of people to receive AEMT training to include AED (not cardiac monitoring), limited drugs, intravenous fluids and tourniquet use. A contract with the National College of Technical Instruction (NCTI) training program will have room for 30 to 32 people to take AEMT classes starting in January. The program will consist of one (1) month of didactic training, one (1) week of in clinical/hospital training and one (1) week field training. California has three (3) AEMT training locations, Sacramento, Riverside and San Diego.

When training is completed for AEMT licensing, it is required to be part of an AEMT provider agency in order to practice.

**Action Item: The secretary will distribute the letters and the capacity plan mentioned in the EMS Staff Report to the EMCC.**

2. Disaster Medical Assistant Team (CA-4 DMAT) based in San Diego was deployed for 18 days to New York City after hurricane Sandy. Nine (9) paramedics and two (2) EMT's from the County were deployed and involved with a 120 bed shelter and a 100 bed special needs shelter. Over 6,000 patients were managed. The area has just started to recovery stage.

New York City operates all shelters for the first 96 hours. Special needs shelters were run by the National County Department of Health. DMAT was involved with 10 special needs shelters including one that was exclusively for psychiatric needs. The Red Cross also had shelters in place.

Red Cross is working with the County to prepare for when a catastrophic event hits San Diego. Del Mar was suggested for a designated area for special needs shelters run by the County with Red Cross support. The California Hospital Association is working with the State on hospital generator issues for those hospitals that have generators underground or on the bottom floor. There were also concerns with fuel for the generators.

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

The next EMCC meeting is January 24, 2013.  
Meeting was adjourned at 10:35 am.

Submitted by,

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