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 28, 2013

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

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

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

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

Recorder
Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, brought the meeting to order at 9:00 am. Attendees introduced themselves.
II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

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

IV. STANDING SUBCOMMITTEE REPORTS

A. Prehospital/Hospital – Policy review and approval

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

B. Education and Research

No report.

C. Disaster/Operations

1. The County and healthcare facilities are planning a local HPP disaster drill for May 30, 2013. The exercise will have a mass casualty scenario. Participants will be exercising the County Mass Fatality Plan with its changes.

2. HPP lead hospitals, Sharp Healthcare, Palomar Pomerado, UCSD and Scripps Healthcare have partnership projects.

   a. Sharp Healthcare will be working with the County to write Neonatal Intensive Care Unit (NICU) evacuation con-ops. Two meetings have already taken place.

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

   b. UCSD is working on identifying patient tracking out of the casinos and small airports. They are currently working on an agreement with Lindberg Field for patient tracking and identifying folks if there was a plane crash at Lindberg field.

   c. Scripps is working to standardize hospital decontamination procedures. The goal would be to have healthcare and hospital facilities assist each other in the event of a contamination. Nick Vent, Department of Environmental Health (DEH) has been conducting two (2) day decontamination courses with hospitals.
V. HURRICANE SANDY DMAT RESPONSE (Dr. Jake Jacoby)

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

A. CA-4 DMAT Background

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

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

B. Hurricane Sandy

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

C. CA-4 DMAT Deployment

1. DMAT CA-4 was placed on alert October 29, 2012. A stage briefing was conducted on Oct 31, 2012. Twenty hours later the team was activated.

2. CA-4 team’s profile consisted of 46 team members: 8 command staff; 8 advanced practitioners, 5 physicians, 3 nurse practitioners, 9 RNs, pharmacists, 9 EMT paramedics and 2 EMTs.

3. The mission received on November 3rd was to respond to Nassau Community College where there was a shelter of 1,200 cots set up on two floors. The special needs shelter was located at another site. The American Red Cross (ARC) ran the general population shelter while the Nassau County Health Department ran the special needs shelter.

4. Site assessment
   - Homeland security police was set up for the area and to guard the cache.
   - Patients with unfilled prescriptions such as asthma inhalers and those with respiratory infections increased. ARC had runners that would go to the pharmacy a couple times a day as some medications were not part of the disaster cache.
   - Clinical providers worked 8 hour shifts, command staff worked 12 hour shifts, pharmacy and logistics were on call. There were three (3) pharmacists.
   - Major issues were: inability to cover medications, get medical prescription co-pay, and caregiver credentials.
   - Carbon monoxide (CO) poisoning is common after a disaster when the power
goes out. Generators were used inappropriately causing fumes to go into houses from basements as were fumes from heating by coal. There were eight (8) states that reported CO poisoning after hurricane Sandy, 263 exposures. There were four (4) exposures in Pennsylvania from using generators causing 4 fatalities from CO exposure.

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

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

A. The flu season seems to be disappearing. Personnel in the field and hospitals have been busy and have responded well.

B. Palomar Medical Center moved their emergency room when they moved their acute care to the new hospital in Escondido. The emergency room at the previous site is licensed as a standby emergency room and will have staffing 24/7 with nurses, a physician and equipment.

C. Protocol changes were presented at the Base Station Physician’s Committee (BSPC) meeting. Those take effect July 1, 2013.

D. There continues to be occasional drug shortages in the field. There have been shortages of atropine and dextrose. So far there haven’t been any patient care issues.

E. The Emergency Medicine Oversight Committee (MOC) has developed suggested protocols and advisement for patients that come into emergency rooms for pain medication.

F. Scripps Memorial at La Jolla has become the second hospital in San Diego recognized as a comprehensive stroke center. The differential point for a comprehensive stroke center is the addition of staff and equipment available, and interventions that come with endovascular work, stent graph and clots.

G. The paramedic regulations were just approved. Many of the changes were to move medications in the optional scope of practice to basic scope of practice.

H. A state committee is looking at community paramedicine where paramedic roles may include: alternate destinations, treat and release, the ability to handle chronic users of 911, conduct hospital follow-up and care for chronic conditions.

I. Every year there is an informal look at base hospitals to see if adding additional base hospitals would be appropriate. Base hospital load will be review to see the impact on the system and if the system needs to be changed.
There was discussion on rapid testing for influenza and the percentages of false negatives with influenza rapid testing.

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

A. Dr. Jacoby was thanked for the presentation he gave on Hurricane Sandy.

B. County Risk Management reviewed the Ambulance Ordinance insurance requirements and made some changes. A handout was presented showing the changes that were made. Insurance liability requirements included changes to ambulance providers, critical care transport providers, non-emergency transport providers, air ambulance and primary response air ambulance. The Ambulance Ordinance with changes will be placed as an agenda item at the next meeting.

C. The “Sidewalk CPR” event that was held last year to train the public on compressions only CPR will be held again this year. The goal is to exceed the number of people that were trained last year. Last year’s event trained 3,400 people in compressions only CPR. The “Sidewalk CPR” event will be held during CPR week in June.

D. Last year the Stroke Consortium conducted a “Strike out Stroke” day at the Padres. The community campaign is to educate people on the warning signs and symptoms of stroke. The “Strike out Stroke” event will be held on May 17, 2013, at Petco Park. Padres will be playing the Nationals.

E. The State EMS Authority (EMSA) has released a set of core measures for data collection. A grant was provided by the California Healthcare Foundation to EMSA for the development of the core measures. There are 28 core measures, the County currently collects 19. EMS agencies are asked to submit core information from 2010 and 2011 by May. Communication will be sent out to the agencies for the nine (9) additional data elements which will be aggregated by the County and sent to the State. Information on the core measures is available on the ENA website.

F. The EMS Commission meets next month in Los Angeles. Information will be shared at the next EMCC meeting.

VIII. NEXT MEETING/ADJOURNMENT

The next EMCC meeting is March 28, 2013.
Meeting was adjourned at 10:28 am.

Submitted by,

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