



County of San Diego

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BASE STATION PHYSICIANS' COMMITTEE MEETING Christopher Wiesner, M.D., Chairperson

Sharp Spectrum Auditorium
8695 Spectrum Center Court, Kearny Mesa
San Diego, CA 92123

Tuesday, April 17, 2018 – Minutes

Present Members

Kahn, M.D., Chris – EMS Medical Director
Klingensmith, Todd – SD Co. Paramedics Assn.
Koenig, M.D., Kristi – County EMS Med. Dir.
Levine, M.D., Saul – Sharp Memorial BHMD
Marsan, M.D., Robert – Scripps Mercy BHMD
Marzec, M.D., Karl – Palomar BHMD
Schwartz, M.D., Brad – AMR/RCCP Director
Scott, M.D., Christopher – Kaiser Permanente
Smith, D.O., Ryan – Tri-City BHMD
Smith, R.N., Susan – Prehospital Coordinator
Vilke, M.D., Gary – Carlsbad Fire/Interim BHMD
Wiesner, M.D., Christopher – Scripps La Jolla

County Staff

Kirkpatrick, Jim
Koenig, M.D., Kristi
Mahoney, R.N., Meredith
Schoenheit, R.N., Candy
Smith, R.N., Susan
Stepanski, Barbara
Vassiliou, Elaine/recorder

In Attendance

Ayers, R.N., Kathi -- Sharp
Bingham, Jim – Viejas Fire
Cardell, M.D., Taylor – Scripps La Jolla
Conover, William – Camp Pendleton Fire
Cote, R.N., Chara – Tri-City Medical Center

In Attendance (cont'd)

Covell, Brian – Scripps Mercy
deKlerk, R.N., Maude -- RCCP
Dotson, R.N., Melody – UCSD BHNC
Duffy, R.N., Jenny – San Marcos Fire
Enloe, R.N., Robin – Sharp Memorial
Farah, M.D., Jennifer – UCSD
Froelich, Dan – San Diego Fire
Garrow, Jennifer – American Heart Association
Graydon, R.N., Cheryl – Palomar Medical Ctr BHNC
Green, Elisabeth – Scripps La Jolla/USD student
Healy, R.N., Marla – Sharp Memorial
Ideman-Gervais, R.N., Dianne – Sharp Grossmont
Johnson, Sandra – Sharp Memorial
Lord, Scott – Mercy Air
McFarland, Jeanne -- Escondido
Meadows-Pitt, R.N., Mary – Sharp Grossmont
BHNC
Murphy, R.N., Mary – Carlsbad Fire Department
Pearson, R.N., Danielle – Vista Fire
Peltier, R.N., Patricia – AMR
Philips, Julie – Sharp Grossmont
Rosenberg, R.N., Linda – Sharp Memorial
Russo, R.N., Joe -- SDFD
Sloane, M.D., Christian – Mercy Air
Smith, Zechariah – CSA-17
Sullivan, Don -- AMR
Wells, R.N., Christine – Scripps La Jolla BHNC
Wintz, M.D., Diane – Sharp Memorial

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Dr. Wiesner, M.D. called the meeting to order at 11:00 am.

II. APPROVAL OF MINUTES

A motion was made and seconded to approve the minutes from February 20, 2018. Motion carried.

*The BSPC meeting was not held in March 2018.

III. COUNTY REPORT (Kristi Koenig, M.D.)

1. Surveillance:

a. Hepatitis A:

- The County of San Diego has administered >137,979 vaccinations.
- The outbreak is ongoing, although the number of cases has decreased recently.
- Total of 587 cases reported.
- The outbreak is spreading to other states.

b. Influenza

- The outbreak started early and is going later into the season.
- The order to wear masks (if a healthcare worker is unvaccinated) was extended to April 30, 2018.
- As of April 7, 2018: 20,404 cases, 298 ICU, 334 deaths and 117 outbreaks. The strain is predominantly H3N2.

c. Botulism

- Health alert went out concerning the outbreak of wound botulism, associated with black tar heroin use.
- Statistics: 5 cases, 2 cases of infant botulism, 1 death and 1 case with no skin lesions involved.
- Present with CN palsies (ptosis, diplopia, dysarthria) and progress distally.
- Urgently need antitoxin to avoid intubation.

2. Policies and Protocols

a. Pediatric Intubation

- No pediatric intubation as of July 1, 2018. Focus will be on BVM ventilation.

b. Memo on Feb. 5, 2018 re: morphine shortage

- Fentanyl-protocol approved as of April 1, 2018.
- IV Acetaminophen-State approved for use for adults; pediatric use still pending.
- Ketamine-will go to Commission in June.

3. Initiatives

a. Drug shortages-NAEMSP Committee, also working with ASPR.

b. Improve cross-border EMS transfers

- Meeting with medical officer from Mexican Embassy took place last week.
- Meeting scheduled with CBP and MPDS at the end of April.
- Panel at State Trauma Summit in San Diego on May 8-9 to look at issue of cross-border transfers.

IV. SAN DIEGO HEALTH CONNECT

No report.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Chris Wells, R.N.)

The next disaster drill will take place on April 20, 2018.

VI. CARDIAC ARREST TASK FORCE (Brad Schwartz, M.D.)

The task force will be discontinued in 3 months. BSPC members will be receiving a letter in the near future requesting data on CPR training. Community service programs will be expanded.

Several agencies took part in a demonstration of the perfect CPR scenario. The visitors from Seattle were impressed with the quality of CPR demonstrated here. Seattle also has a very high rate of bystander CPR.

VII. PROTOCOL & POLICY REVIEW (Susan Smith, R.N., Candy Schoenheit, R.N. & Meredith Mahoney, R.N.)

The following protocols were reviewed:

S-144 – Add to BLS: Monitor blood glucose pm

S-136 – Respiratory Distress

If severe respiratory distress/failure or inadequate response to albuterol/atrovent consider: **Epinephrine IM time will be changed to q 5 mins.** Emphasize use of CPAP.

S-173 – Pediatric Treatment Protocol-Pain Management

General discussion.

S-103 – BLS/ALS Ambulance Inventory

--Add under optional items: **glucometer; epinephrine auto-injector adult (0.3 mg)-required July 1, 2019; epinephrine auto-injector pediatric (0.15mg)-required July 1, 2019; naloxone intranasal; automated external defibrillator-required July 1, 2019.**

--Delete under Airway Adjuncts: **sizes 2.5, 3.0, 3.5, 4.0, 4.5**

Under Replaceable Medications:

--Add acetaminophen IV (1 gram must be a vial and used with vented tubing)

Minimum requirements: **2 grams**

--Add: fentanyl citrate 200 mcg total or

--Delete under morphine sulfate (injectable): **10 mg/1ml**

--Add: morphine sulfate (injectable) **20 mg total**

--Delete under optional items: **morphine sulfate (Oral Immediate Release) 10 mg/5ml**

S-415 – Base hospital contact/patient transportation and report-emergency patients

--Add under policy A 2. EMT shall **contact a base hospital:**

b. Have administered IN naloxone and/or epinephrine by auto-injector

c. Obtained an abnormal blood glucose.

--Add under policy B 2: Any emergency patient treatment involving **medications and/or...**

--Delete under B 2: ...Advanced Life Support (ALS) **medications or...**

--Add: **G. MICNs shall relay patient information received from the patient report to the appropriate receiving facility personnel.**

--Add under I 5: Dispatched as a BLS call where ALS treatment or intervention **has not been initiated nor** anticipated nor **indicated.**

T-460 – Identification of the Trauma Center Patient

Various changes were discussed.

T-460 – Attachment: Assess Vital Signs/Level of Consciousness

Various changes were discussed.

VIII. EVIDENCE BASED PRESENTATION: Newly Hatching Concepts from the Eagles (Dr. Chris Kahn, MD, MPH, FAEMS, San Diego City EMS)

Dr. Kahn shared some of the topics of discussion from the Eagles meeting. The Eagles are a group of large metropolitan area medical directors.

Mass Casualty Incidents - moving of large numbers of critical patients. San Francisco Fire Department has a transportation bus that has been converted into a mass casualty transportation unit. This can be used to provide mass gathering medical care.

Resuscitation - double-sequential defibrillation is not yet proven to be more effective than standard defibrillation. Serial ECGs may improve detection of STEMI. Termination of resuscitation depends on several factors.

The use of ECMO is growing. There are several alternate strategies for refractory ventricular fibrillation.

Discussion of the importance of bystander CPR, EMD-assisted CPR.

IV nitroglycerin has been used for CHF treatment.

Heads-up CPR was discussed, and can be combined with ITD use.

Trauma - the group discussed prehospital use of whole blood, FFP and TXA. Reminder of need to use tourniquets and hemostatic gauze early. Patients with post-traumatic cardiac arrest show improved survival with early (within 10 minutes) use of TXA, blood and finger thoracostomy.

Medications – ketamine for pain, ketamine vs midazolam for severe agitation and morphine vs fentanyl were all discussed at the meeting. The group also discussed drug shortages of several medications.

Illicit Drug Use – marijuana and random drug testing were discussed at the meeting. Addiction stabilization centers and sobering centers are being used as an alternate transportation option in some areas. The use of naloxone is expanding, but the focus should be on ventilation rather than naloxone administration.

Social and Behavioral Challenges – rapid assessment and re-direction for patients with social needs. There is also a need for data integration between EMS, hospitals, HUD and the criminal justice system. Intensive case management is valuable.

Other discussion topics - texting to 9-1-1 I has some issues, including problems with accuracy, speed and loss of auditory clues. Prehospital steroids may decrease length of stay and admissions in pediatric asthma. Possible EMS rotations for medical students.

More information may be found at <http://gatheringofeagles.us>

IX. ITEMS FOR FUTURE DISCUSSION/ADJOURNMENT

The meeting was adjourned at 1:23pm.

*The next Base Station Physicians' Committee meeting will be held on May 15, 2018.