



County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY
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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

Daryn Drum, Chair/ Christine Wells, R.N., Vice-Chair

Minutes

Thursday, June 22, 2017

Members Present

Adler, Fred – District 3
Carlson, Sharon – Hospital Assoc. SD/Imp Counties
Drum, Daryn – County Paramedic Agencies Committee
Green, R.N., Katy – District 1
Maxwell, Paul – SD County Paramedic Association
Meadow-Pitt, R.N., Mary – District 2
Rosenberg, R.N., Linda – Emergency Nurses’ Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators’

In Attendance

Kay, R.N., Karen – CSA 17 EMS Coordinator
Scott, M.D., Christopher – Kaiser
Staats, Kathy – UCSD
Yates, Judith – HASDIC
Murphy, Mary – CPAC (Alt.)

Unrepresented

District 4
District 5
American Red Cross
Bi-national Emergency Medical Care Committee*
Law Enforcement Agencies
League of California Cities*
Military Agencies
San Diego County Ambulance Association
San Diego County Emergency Physicians Society*
San Diego County Medical Society*
San Diego Fire Chiefs’ Association
San Diego Fire Districts’ Association

County Staff

Kirkpatrick, Jim
Parr, Andy
Smith, Susan

*Representative positions vacant

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

EMCC Chair Daryn Drum called the meeting to order at 9:01am. Attendees introduced themselves. A quorum was not present and therefore all items will be presented for informational purposes only.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments.

III. APPROVAL OF MINUTES

Due to a change in EMS staff, minutes of the May 25, 2017 were not available but will be presented at the next regularly scheduled committee meeting.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee

1. Policies for Review and Approval
 - S-014, Guidelines for Verification of Organ Donor Status
 - All policies are currently being re-formatted onto a new template. During this process it was discovered that the Code Section for this subject had been re-numbered. The only proposal is to change the authority portion item #1 to reflect the new numbers in the CA Health and Safety code. S-308, Public Safety First Aid Training Programs Effective April 1, 2017; local EMS agencies were required by the State to begin approving public safety first aid programs within jurisdiction of their LEMSA. There is a section that allows for optional skills if approved at the local level. First aid programs that were previously approved at the State level were pushed to local level so that they could choose to incorporate or not incorporate the optional skills that are listed in the regulations. EMS Staff proposes this policy that will allow us to approve public safety first aid training programs.
 - S-308A, Public Safety First Aid Training Programs Application/Checklist This is the attachment – the application for those folks to apply for the basic training and/or the optional skills training.
 - S-837, Public Safety First Aid Optional Skills Provider Designation EMS Staff proposes this policy that allows us to authorize agencies that employ public safety personnel to perform the optional skills. This policy is essentially modeled after the EMT optional skills policy.

The consensus of those in attendance was that all the proposed policies and policy changes were acceptable.

2. Next meeting scheduled for August 10th.

B. Education/Research Subcommittee – Linda Rosenberg

1. No committee meeting to report. Previous issues involved San Diego City's Paramedic training program. No new issues.
2. Next meeting scheduled for September 18th.

C. Disaster/Operations Subcommittee – Sharon Carlson

1. No committee meetings to report.
2. The drill was held; it wasn't good, but that's okay.

Had a debrief, waiting to see the report. Would like to get County OES involved.

From the hospital perspective, most of the hospitals did their own thing and that worked, but because they didn't line up their communications well, that also caused confusion.

Issue: How do we support a hospital that doesn't have resources readily available?

V. EMS MEDICAL DIRECTOR – Dr. Kristi Koenig (Presented by Andy Parr)

A. Sidewalk CPR

Was held on May 18th. It was a success. We taught 2,124 people at 24 locations. Thank you to all the providers both EMS and hospital based who helped make it a success.

B. Protocol Update

We only received a few emails here and there requesting clarification. We might send out a letter, but otherwise going smoothly.

VI. EMS STAFF REPORT – Andy Parr

A. TOC Update

There is no update, due to the data being delayed in getting to us. Next month we will have two (2) months of blinded TOC data to provide and discuss.

B. LEMSIS Update

It has been a busy month for our LEMSIS product. We've rolled out the advanced life support piece, PCR on June 6th. We rolled out the BLS piece on June 20th. The base hospital and satellite hospital training went on the last couple of days for administrators, key individuals and our emergency departments. The resource bridge system goes online completely on June 28th. The system that we all know, QCS, retires on June 30th. We will have a goodbye celebration.

C. Hepatitis A Update

- a. Public Health, EMS and a number of other agencies continue to look after this. There continues to be growth in the number of patients. The death is still at four (4), but the same social economic group – primarily homeless. However, it is moving throughout the County quickly including El Cajon and Escondido and going throughout the Southwest. There are cases with the same strain as ours in Arizona, Santa Cruz County CA, and one (1) case in Utah.
- b. We continue to monitor an ongoing drug shortage issue. We have little to say or impact on this but we know it's there. We get almost daily updates on the levels of pharmacy items, particularly those in short supply from our resources. We've authorized the dilution, if necessary, of epinephrine, the use of D10 or D25 in case

of D50, but that continues to be problematic for our system. They are actively working towards extending the expiration date for those three (3) medications.

D. EMT Scope of Practice

Effective July 1st, there will be a new basic scope practice for EMTs in the State of California. There is a state scope of practice, county scope of practice, and protocols. The state will also be expanding the state scope practice for EMTs and will include some additional skills, including naloxone and epinephrine administration, epi auto injector and the ability to do blood glucose testing by finger stick. In addition, if approved by the local medical director, EMTs will also be able to deliver aspirin locally. The state scope then needs to be translated into a local scope practice for local use. That has been done in conjunction with the medical director. A revised policy B450 was brought before BSPC and approved.

The skills were introduced but with a couple restrictions. The state allows intranasal or intramuscular administration of naloxone. However, the medical director is not yet comfortable with the IM. administration, so our local scope of practice for EMTs will only allow for intranasal administration. The epi auto injectors are in the new County scope of practice, the blood glucose testing is allowed in the local scope practice, however the medical director elected to not include the aspirin administration, until she reviews it. However, these regulations were approved by the Office of Administrative Law recently, but not in enough time for us to adjust local protocols for EMTs, therefore none of these will appear in the protocols that take effect July 1st. If there are any agencies that wish to get involved in those expanded scope items, they may contact this office, Daryn Drum, or Andy Parr. We are working on a standard response on how to approach that.

E. Board of Supervisors

- a. In April BOS approved the feasibility study to be completed reviewing the four (4) large County owned EOAs, which includes six (6) undesignated areas. Our recommendation goes back to the board in October.
- b. The BOS also approved and EMS fee modification. Fees had not been previously raised since 1990's, but County certification fees are going from \$17 to \$40 effective July 1st. \$40 this year, \$66 next year, \$82 the following year.

F. CSA 17 & 69

A very small change in the benefit fee. Those are going before the Board, along with a number of other fees for other taxing districts.

VII. OLD BUSINESS - None

VIII. NEXT MEETING/ADJOURNMENT

The meeting adjourned at 10:22am.
The next EMCC meeting is scheduled for July 27, 2017.