



County of San Diego

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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)
Prehospital/Hospital Subcommittee Meeting
Christine Well, R.N., Chair/ Mary Meadows-Pitt, R.N., Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, June 15, 2017**

Minutes

IN ATTENDANCE

Members

Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties
Cote, R.N., Chara – Base Hospital Nurse Coordinators (Alt)
Drum, Daryn – County Paramedic Agencies Committee
Kahn, Chris – District 4/UCSD
Meadows-Pitt, R.N., Mary – District 2
Murphy, Mary – County Paramedic Agencies Committee (Alt)
Rosenberg, R.N., Linda – Emergency Nurses' Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators
Lyons, Laura – Red Cross

County Staff

Kirkpatrick, Jim
Parr, Andy

Agency Representatives

Peltier, Patricia - AMR

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

Christine Wells, EMCC Prehospital/Hospital Subcommittee Chairperson called the meeting to order at approximately 9:00AM. Attendees introduced themselves.

2. **APPROVAL OF MINUTES** – minutes currently unavailable

3. **PUBLIC COMMENTS/PETITIONS** – no public comments

4. **OFF LOAD DISCUSSION** – Linda Rosenberg asked Diane about the TOC data. Andy Parr will remind Diane about posting April & May's data.

5. **STAFF REPORT**

- A. POLST - Please remind the crews to bring this in with the patient. There are issues with electronic DNRs and expiration dates and times on the POLST. Trauma doctors would like to know if you have a patient that is in a trauma situation that has a pulse.
- B. Hep A – The outbreak continues to grow. Folks from CDC are here working everyday trying to figure out what to do next; what the next move is. It's not just homeless, a few others are popping up. The particular strain is seen in Arizona, New Mexico and the Los Angeles area. We should be concerned.
- C. Drug Shortage – Continue to monitor the drug shortages of epinephrine. A memo was sent out regarding the shortage 1 to 10,000, permitted to dilute epi 1 to 1,000 but don't use on more than one (1) patient after it's diluted. For D50 shortages, can substitute D10 or D25 and sodium bicarb, calcium chloride. Other medications continue to have shortages as well.
- D. Sidewalk CPR – Was held across the County on May 18, 2017. It resulted in 2,124 folks being trained in hands-only CPR at 24 locations.
- E. CoSD LEMSIS
1. Reminder – The COSD LEMSIS update is posted weekly on the website. Check that frequently.
 2. Billing processors can now extract billing data. They've done that successfully from the LEMSIS system. All providers should have claimed their accounts by now, but there are still over 2,000 individuals who have not. Please remind your folks.
 3. QCS & bubble forms will be discontinued on June 30. Any unused bubble forms should be returned to San Diego County EMS, used and unused.
 4. Go Live date on ALS side is July 6, 2017. Sounds like things are going fairly smoothly.
- F. 17 18 BLS ALS Protocol Update – The Power Point was distributed.

Effective July 1, 2017

- The new and updated protocols will be posted on the County's EMS website, so please check that.
- County EMS is relocating the Air Ambulance designated dispatch center from AMR, who has done a terrific job. They will be transitioning to the CAL FIRE/County Fire Authority Fire Dispatch Center, the Monte Vista Emergency Command Center, so they'll be taking over. CAL FIRE/County Fire

representatives will be distributing updated contact info through the normal channels in the upcoming weeks.

- The certification fees will increase from \$17 to \$40.

6. POLICY REVIEW

- S-014 – Authority was shifted. Health and safety codes have changed from 7152.56 to 7150.55. 1797 code allows local EMS agencies to affect policy. There has been a change in code only, not in policy. Vote: Move to approve by Mary Meadows-Pitt, second by Linda Rosenberg.
- S-308 & 308A – The California Health and Safety code requires that public safety personnel in the state of California be given training in first aid and CPR. Public safety personnel is defined as fire fighters, law enforcement officers and lifeguards – specifically publically employed lifeguards. The proposed policy talks about program having to meet the requirements of Title 22, Division 9, Chapter 1.5, which are specific to Public Safety First Aid Training Program. It goes through the process of how that gets done. It mirrors our EMT Training Program approval process. Item J – in discussion with Dr. Koenig and with credit to some other LEMSIS who provided input to what they are currently doing. It was agreed that in order for some of these skills to be approved, we would require two (2) additional hours of training in each skill and subsequent to that, each level of optional skill, the qualifications for the instructor would increase slightly. The instructors for the optional skills would be required to be trained in adult teaching methods and be proficient in what they are teaching. To teach these Public Safety First Aid Responders training in the use of oxygen, oral or nasal airways, they would be required to be an EMT and to instruct them in the use of narcan, 2PAM and epi-auto injectors. The instructor must be at least a paramedic so that they actually have some experience in what they are teaching. Vote: move to approve by Mary Meadows-Pitt, second by Linda Rosenberg. Passed unanimously.
- S-837 – Optional skills that were approved in the regulation were epinephrine auto injector, administration of oxygen, admin of 2PAM, admin of narcan and the use of OP and NP airway with the approval of the local medical director. In the regulations it required, effective April 2017, that each LEMSA was to approve every first aid program within their local jurisdiction that would allow the local Medical Director to decide what skills they want to incorporate, so we are now playing catch up. Jim Kirkpatrick was assigned to put together a policy to allow the County to approve those programs. The regulations are essentially built on the template of approving of EMT programs, so he built the County policy to reflect our current policy regarding the approval of EMT programs as well. Vote: move to approve by Sharon Carlson, second by Daryn Drum. Passed unanimously.

7. EMT SCOPE OF PRACTICE

- Effective July 1, 2017, the state has approved a new set of EMT regulations in Chapter 2 of Title 22. We are taking this to the BSPC because it is a medical control issue and they have the authority to approve those policies.
- Highlights: These regulations were approved by the Office of Administrative Law fairly recently, and therefore we have not had time to incorporate those BLS changes into protocol. So you will not see protocol changes this year for the new scope of practice that was part of these regulations, but we will be addressing that as we prepare for next year's protocol updates.
- We are correcting an oversight – we are going to include the administration of oxygen

in the basic scope practice. In the state scope of practice, they've changed the wording on mobilization to now being more motion restrictive, so we will be changing the EMT scope to reflect that. We are also providing more of a breakdown of what initial prehospital emergency care to trauma patients includes. The new regulations specifically indicate/define what a trauma patient is.

- The ability to apply mechanical restraint is a new item that is mentioned. The description of that has changed and is now referred to as Mechanical Patient Restraint.
- Automated external defibrillation is now part of the basic scope. What this means for us? – All the old policies about public safety agency defibrillator authorization, etc will be eventually eliminated because now it's essentially in the basic scope of practice for every EMT.
- Also effective July 1, 2017, the state scope of practice allows the administration of naloxone for other opioid antagonists by intranasal or intramuscular route. However the medical director has decided to restrict that in our local scope to be just the intranasal route with the understanding that during the next year, there will be much discussion within the medical community as to whether or not we wish to allow EMTs to give intramuscular medication.
- The state scope also allows the administration of epinephrine by auto injector for suspected anaphylaxis and or severe asthma. That is being proposed as part of the local scope. Reminder – that will not be reflected in the updated protocols because it is not approved by OAL in time to incorporate in the protocol cycle. They also have the ability to perform finger stick blood glucose testing. It is in the state scope and will be adopted in the local scope.
- An additional item in the state scope for EMTs is the administration of aspirin if it's approved by the local medical director. In local scope, the medical director has decided to wait on that because she feels that the state scope doesn't adequately restrict aspirin delivery to just cardiac emergencies. So it's not really well defined in the state scope. It does leave the local medical director the ability to decide whether to include that. She is in favor of aspirin for cardiac cases but we need to figure out how to define it to that specifically.
- The new state scope opens up additional optional skills for EMTs. One of them is the perilyngeal airways that we currently have so there will be no change there.
- Additional optional skill authorized by the state, but **not yet authorized in San Diego County**, pending the decision of the local medical director are as follows: the delivery of epi for the anaphylaxis for severe asthma by pre-filled syringe or by drawings into the syringe. There is a lot of concern about the drawing of that and locally Dr. Koenig's concern about the IM medication delivery by EMTs. This is an optional skill in the state scope only and will be discussed locally for decision by the next protocol cycle.
- The training programs will have till July 1st of next year to begin teaching the narcan, epi pen, blood glucose curriculum and then each EMT who renews after July 1st of 2019 will have to show proof of having received the additional training that is by the state regulations.

8. ADJOURNMENT/NEXT MEETING

Meeting adjourned at approximately 10:45 AM.

Next EMCC Prehospital/Hospital Subcommittee meeting is on September 14, 2017.