



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)
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, October 12, 2017

Minutes

IN ATTENDANCE

Members

Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp
Cote, R.N., Chara – Base Hospital Nurse Coordinator (Alt)
Meadows-Pitt, R.N., Mary – District 2
Mednick, Cheryl – American Red Cross
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurses Association

County Staff

Smith, R.N., Susan
Vassiliou, Elaine (recorder)

Agency Representatives

Cochran, Jennifer – Reach Air
deKlerk, Maude - AMR

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

Christine Wells, EMCC Prehospital/Hospital Subcommittee Chairperson called the meeting to order at 9:04 AM.

2. **APPROVAL OF MINUTES**

A motion was made to approve the June 15, 2017 EMCC Prehospital/Hospital minutes. Motion Carried.

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

4. **OFF LOAD TIME DISCUSSION** -- Discussion of patients being transported to an alternate destination facility. Compliance numbers for TOC have improved. The charge nurse has been assisting with the TOC button in some instances. Christine will email First Watch and cc: Diane Royer with TOC information. Many facilities have very high TOC compliance rates.

5. **CAPACITY PLAN** – The capacity plan has been updated and the draft version has been distributed.

6. **STAFF REPORT**

A. Hep A -- The Hepatitis A outbreak continues. As of September 26, 2017, there have been 461 cases with 68% hospitalization rates and 17 deaths. There have been 5 healthcare workers infected.

The local public health emergency was declared September 1, 2017, and was ratified by the Board of Supervisors.

The Hepatitis A vaccination is recommended to individuals who have frequent, ongoing close contact with homeless individuals and illicit drug users. Vaccination is also recommended for all food handlers and sanitation workers in San Diego. Please go to your Occupational Health provider or primary care physician for the vaccine.

An application to extend scope of practice for a time-limited period (6 months) has been approved. This will allow the paramedics to provide Hepatitis A vaccinations. This will be done in teams, in collaboration with Public Health. The Hep A vaccine can be given by a paramedic intern, under supervision of a trained paramedic.

Updates are provided frequently via CAHAN alerts, as well as the HHSA Epidemiology webpage:

http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html

B. Pediatric Intubation -- The international and national research data was presented at the September BSPC meeting regarding pediatric intubation. Results of the research data:

- Mortality with field intubation of pediatric trauma patients is higher regardless of the Injury Severity Score, head injury and survival to discharge home is lower.
- Advance airways not associated with survival; BVM associated with higher survival to hospital discharge compared to ETI and SGA.
- Throughout the literature, numerous cases that ended up not requiring ETI in the ED were extubated on arrival, and/or were discharged home from the ED.

California EMS for Children Technical Advisory Committee had unanimous agreement to discontinue prehospital pediatric ETI.

EMSA sent out a letter on September 12th with the intent to phase out pediatric endotracheal intubation for local optional scope of practice.

San Diego County will implement this directive with our regular protocol cycle effective July 1, 2018.

Upcoming education training will emphasize appropriate ventilation. This will include effective BVM technique and avoidance of over or under ventilation.

As the EMSA letter notes, EMDAC members are developing a model SGA request for LOSOP.

We are closely monitoring the EMDAC process, including the evaluation of the evidence base for SGAs in this setting.

Paramedics may continue the procedure to visualize the airway with a laryngoscope and remove a foreign body with Magill forceps, which is part of the paramedic basic scope of practice.

- C. EMT Regulations -- New EMT regulations took effect July 1, 2017. The following skills are now in the basic scope: administer epinephrine by auto-injector; administer intranasal naloxone; and perform finger stick blood glucose testing. These regulations were not released in time to incorporate into the BLS treatment protocols. An EMT may perform the skills once they have been trained. (Please note, IM naloxone has not been included in EMT basic scope in San Diego County).
- As of July 1, 2019 - EMTs renewing or reinstating for the first time after this date will be required to submit documentation of successful completion of training in the use of naloxone, epinephrine and a glucometer.
 - Training programs are required to add training on these subjects (including IM injection skill and 4 hours of Tactical Causality Care {TCC}) by July 1, 2018.
- D. Drug Shortages -- COSD EMS continues to closely monitor conditions to proactively identify any potential drug shortages before supplies reach critically low levels.
- The FDA has extended some medication beyond the labeled expiration date. Please check the FDA website for a list of the specific lot numbers, or contact us and we will send you the link.
 - Memo sent to field re: shortages/potential shortages of:
 - Epinephrine 1:10,000 (Dilute Epinephrine 1:1,000; do NOT use on >1 patient)
 - D50 (substitute D10 or D25)
 - Sodium Bicarbonate, Calcium Chloride, Atropine (contact Base Hospital)
 - Statewide and national advocacy initiatives
- E. COSD LEMSIS -- Thank you to those agencies who submitted their interest in joining LEMSIS/Elite ePCR. Submit an "Agency Information Form" on the Licensing Management System Portal. Expected Go-Live for these agencies is November 7, 2017. The next opportunity to migrate to LEMSIS Elite is May 2018.

7. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:34 AM.

The next EMCC Prehospital/Hospital Subcommittee meeting is on November 9, 2017.