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# Sierra-Sacramento Valley EMS Agency Medical Control Committee

## Meeting Minutes – January 17, 2012

City of Rocklin Sunset Center, Room 106  
2650 Sunset Boulevard, Rocklin, CA 95677

### 1. CALL TO ORDER AND INTRODUCTIONS

Vice Chairperson Bob Royer called the meeting to order at 9:30 a.m. Everyone introduced themselves.

### 2. APPROVAL OF MINUTES DATED *November 15, 2011*

Rob Martin motioned to approve the minutes as written. Clayton Thomas seconded. Motion passed.

### 3. APPROVAL OF AGENDA

The Agenda was approved as written.

### 4. PUBLIC COMMENT

Roseville Fire's federal grant was approved and they will be purchasing 13 new LP-15 cardiac monitors.

### 5. OLD BUSINESS

None

### 6. NEW BUSINESS

None

### 7. S-SV DRAFT POLICIES AND PROTOCOLS

#### a. FOR FINAL REVIEW AND APPROVAL

(1) *P-12 – Respiratory Failure/Arrest* – The following additional changes were made since the last meeting. The title changed from “Respiratory Arrest” to “Respiratory Failure/Arrest”. Blood glucose check was added. Direction following naloxone administration box was added. Rob Martin motioned to approve. Dave Duncan seconded. Motion passed.

(2) *P-20 – Shock* – There was a request to remove “(if altered LOC)” after the blood glucose check as these are very sick pediatric patients and should always have a



blood glucose check especially if an IV/IO is being established. Rob Martin motioned to approve with the change. Dilbag Singh seconded. Motion passed.

- (3) P-22 – Overdose/Poisoning – The algorithm flow on page 1 was updated to be consistent with the treatment order in P-12 Respiratory Failure / Arrest. Dave Duncan motioned to approve. Rob Martin seconded. Motion passed.
- (4) P-24 – Altered Level of Consciousness – The following changes were made since the last meeting: Cleaned up algorithm flow, removed diamond stating ‘adequate response?’, and box stating ‘consider additional doses of naloxone’ following naloxone treatment box. Rob Martin motioned to approve. Clayton Thomas seconded. Motion passed.
- (5) M-5 – Ingestions and Overdoses - The following changes were made since the last meeting: Activated Charcoal was changed to “Base/Modified Base Physician Order Only”; additional direction was added following blood glucose check on page 1; updated naloxone language to be consistent with other protocols; and added signs and symptoms of hypocalcemia under Hydrofluoric Acid. Additional suggested changes were made to the following: under Beta Blockers, add ‘contact base’ before epinephrine because patients tend to be cardiac fragile to begin with; under Calcium Channel Blockers, add ‘contact base’ for subsequent doses. Rob Martin motioned to approve without the additional suggested changes regarding base contact prior to epinephrine or subsequent Calcium Chloride administration. Joe Morris seconded. Motion passed.
- (6) 706-Equipment and Supply Shortages - No changes from the previous meeting were made. The Committee discussed allowing ambulances to continue to operate although they do not meet the minimum required inventory due to a shortage(s). Jack Wood suggested that the S-SV EMS Agency provide a letter to any prehospital provider agency requesting a variance that specifically allows them to continue to operate without the minimum required inventory as necessary and appropriate. The Agency already provides this type of communication and will continue to do so. Rob Martin motioned to approve. Joe Morris seconded. Motion passed.

b. FOR INITIAL REVIEW

- (1) 844 – ALS/LALS Transfer of Patient Care – Recommended change was to update the language regarding transfer of patient care to an EMT partner. On page 3 of 5, numbering for Item D should be corrected. This will return next month.
- (2) C-5 – Return of Spontaneous Circulation (ROSC) – Recommended change was to update Fluid Bolus from 200cc to 1-2 L NS to be consistent with 2010 AHA ECC Guidelines. Additional recommended changes from the Committee were as follows: add ‘initiate’ to Fluid Bolus under Pulse  $\geq$  60/min; change dosage of Dopamine from 2-20 to 5-10; and in the Atropine box, change dose to 3mg instead of 3.0mg. This will return next month.
- (3) R-2 – Respiratory Arrest – Recommended changes were to add ‘Assess V/S including Pulse Oximetry (if available) at appropriate time during treatment’ to the box right under BLS, add ‘Assess for and treat underlying causes’ on the box to the



left of Spontaneous Respirations?', update the naloxone language to be consistent with other protocols, and add direction regarding blood glucose check following administration of naloxone. This will return next month.

- (4) *N-1 – Altered Level of Consciousness* – Recommended change was to update the naloxone language to be consistent with other protocols. Additional recommended change was to delete '(not sleepiness)' from the naloxone box. This will return next month.
- (5) *P-14 – Respiratory Distress – Wheezing* – Recommended change was for title clarification – 'lower airway asthma' was deleted. Pulse Oximetry (if available) was moved to under the BLS box. It was also suggested to add to the top box 'consider possible allergic reactions'. This will return next month.
- (6) *P-18 – Allergic Reaction /Anaphylaxis* – There was no recommended change. This will return next month.

#### 8. MEDICAL DIRECTOR'S REPORT

Troy Falck reported that the 2011 Trauma Triage Guidelines from CDC are now available on their website. The changes are relatively minor from the 2009 guidelines but S-SV EMS Agency staff will review to determine if any changes need to be made to the S-SV EMS Trauma Triage policy.

The CIRC™ trial study examining the use of Zoll® AutoPulse® versus high quality manual CPR has ended and an abstract of the study results were presented at the recent National Association of EMS Medical Directors conference in Arizona. Results show that there is no significant difference in patient outcome between the two methods and that both methods have similar effectiveness. The study also identified that minimal interruption of chest compressions utilizing either mechanical or manual CPR significantly increases patient outcome and should be the goal and training method of all EMS providers. Mechanical CPR devices may have an advantage in specific situations such as when there are limited personnel available or when the patient needs to be moved or transported in an ambulance while CPR is in progress. However, prehospital personnel should attempt resuscitation and ROSC on scene prior to transport whenever possible.

The S-SV EMS Agency will continue to collect data and monitor the use of the limited number of mechanical CPR devices that are currently in use in our region and the providers that are currently utilizing them may continue to do so. However, our local data in addition to the results of the CIRC™ trial study does not support the widespread use of this device in our region at this time. Because of this, there is no intention of approving any additional mechanical CPR devices for use by prehospital providers in the S-SV EMS Region.

#### 9. S-SV EMS AGENCY INFORMATION UPDATE

None



10. **FUTURE AGENDA ITEMS**

No suggestions were made

11. **NEXT MEETING DATE**

February 21, 2012 – 9:30 a.m.-11:00 a.m.  
City of Rocklin Sunset Center, Room 106, Rocklin, CA 95677

12. **ADJOURNMENT**

The meeting adjourned at 10:46 a.m.