

SIERRA-
SACRAMENTO
VALLEY

EMERGENCY
MEDICAL
SERVICES AGENCY

5995 PACIFIC STREET
ROCKLIN, CA 95677

PHONE
(916)
625-1701

FAX
(916)
625-1730

NEVADA CO.
PLACER CO.
SUTTER CO.
YOLO CO.
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Sierra-Sacramento Valley EMS Agency Medical Control Committee

Tuesday, April 19, 2011 – 9:30 a.m. – 11:00 a.m.
Sierra-Sacramento Valley EMS Agency
City of Rocklin Sunset Center – Room 106
2650 Sunset Boulevard, Rocklin, CA 95677

MEETING MINUTES

I. CALL TO ORDER/ INTRODUCTIONS

Committee member Joe Morris called the meeting to order at 9:34 a.m. Chairman Russ Mann and Vice Chairman Bob Royer were absent. Everyone physically present at the meeting introduced themselves. Geoff Peabody introduced the online participants.

II. APPROVAL OF MINUTES DATED *March 15, 2011*

Eric Walder motioned to approve the minutes of March 15, 2011 as written. Clayton Thomas seconded. Motion passed.

III. APPROVAL OF AGENDA

Dave Duncan motioned to approve the Agenda as written. Eric Walder seconded. Motion passed.

IV. PUBLIC COMMENT

None

V. OLD BUSINESS

A. *Atropine minimum quantity and concentration discussion* – Out of 63,171 total records, Atropine was used 364 times. Usage should decrease because it is no longer being used for Asystole

and PEA. Based on research conducted by S-SV EMS staff and some providers, the cost of 1mg/1ml vials is significantly less costly. It was suggested to change the inventory for Atropine to 1mg/1ml vials and keep it at 6 for ALS, 6 for non-transport, 4 for bikes, and additional Atropine is optional.

VI. NEW BUSINESS

- A. Request for MCC public and private paramedic member nominations (Colusa, Nevada, Placer, Sutter, Yolo and Yuba Counties representatives only) – One public and one private paramedic representative will be selected by the Medical Control Committee during the June 2011 meeting for a one-year appointment beginning July 2011. The nomination form is included in this meeting's packet.

VII. S-SV DRAFT POLICIES/PROTOCOLS

A. FOR FINAL REVIEW/APPROVAL

1. ***415 – 9-1-1 Ambulance Response Time Criteria*** – Additional recommended language for low call volume areas were incorporated since the last meeting. There was no further discussion. Clayton Thomas motioned to approve. Dilbag Singh seconded. Motion passed.
2. ***825 – Crime Scene Management*** – There were no recommended changes at the last meeting. Change made since the last meeting is on page 2 of 3 – lines 32 and 33 were deleted – ‘EKG assessment should be accomplished with the use of quick lock paddles. The use of monitor leads should be avoided.’ Jim Hendrix motioned to approve. Dilbag Singh seconded. Motion passed.
3. ***M-2 – Shock/Non-Traumatic Hypovolemia*** – There were no recommended changes at the last meeting. It was suggested to change ABC's under BLS to C-A-B. S-SV EMS will look at updating this information in the appropriate protocols. Eric Walder motioned to approve. Clayton Thomas seconded. Motion passed.
4. ***E-1 – Heat Stress Emergencies: Hyperthermia*** – There were no recommended changes at the last meeting. Eric Walder motioned to approve. Jim Hendrix seconded. Motion passed.
5. ***E-3 - Frostbite*** – There were no recommended changes at the last meeting. Eric Walder motioned to approve. Clayton Thomas seconded. Motion passed.
6. ***440 – 12 Lead Program*** – Suggested changes at the last meeting were incorporated. ‘Hospital Letter’ requirement was removed since this is no longer necessary. Additional suggested change is on page 2 of 2, line 9 – change ‘(yes/no)’ to a question mark. Dave Duncan motioned to approve. Clayton Thomas seconded. Motion passed.

B. FOR INITIAL REVIEW

1. **862 – EMS Aircraft Utilization and Quality Improvement** – This is a new policy that was developed by the S-SV EMS Aircraft Committee. This committee was working on two (2) policies – utilization and quality improvement – which they combined to one policy. They incorporated into this policy items from Title 22 and the EMS Aircraft Guidelines. Following are the concerns and/or recommended change(s) of the Committee.
 - a) Page 2 of 4, line 30, item H – Recommended to replace this to read ‘*Operational control of the EMS aircraft rests with agency/company providing the EMS aircraft. Pilots of EMS aircraft shall have final authority and decisions regarding continuation or cancelling of response. The pilot in command has the authority to dictate the need to deviate from destination policy based upon operational concerns to include safety considerations.*’ The committee instead agreed to change this item to ‘*The pilot shall have the final authority in decisions to continue or cancel the response. The pilot in command may dictate the need to deviate from destination policy.*’
 - b) Page 2 of 4, line 13 – Replace ‘Critical medical patients’ with ‘Time critical patients’
 - c) Page 2 of 4, line 10 – Add ‘or amputations’ after ‘...trauma triage criteria’
 - d) A member suggested that the Aircraft Committee minutes and any other QI committee minutes be presented at RCQI meetings

This will return to the next meeting for further discussion and approval.

2. **474 – EMT/Public Safety AED Program: Service Provider Requirements and Responsibilities** – Most of the changes made were on updating the language. The Committee discussed page 3 of 6, items 1 and 2 under Ongoing Training Requirements – frequency of training. It was suggested to reduce ‘Date of Skill Check’ columns to two (2) instead of four (4) of Addendum 474-D. This will return next month for further discussion.
3. **475 – EMT/Public Safety Program: Application and Approval Process** – Most of the changes made were on updating the language to include EMRs and the term ALS/LALS, added a reference to policy #620 (S-SV’s CQI policy), and reduced the review process to a maximum of 30 days instead of 60 days. The requirement for having a Medical Director should be incorporated in this policy.

VIII. MEDICAL DIRECTOR’S REPORT

- A. Statewide regulations on pediatric, stroke and STEMI patients are in progress to ensure consistency across the State. This may eventually require S-SV EMS to have more pediatric specific protocols.
- B. EMS Authority is updating the statewide paramedic scope of practice. Some of the national scope of practice model is being incorporated into the State level.

- C. Carbon monoxide monitoring of patients – S-SV EMS is currently the only LEMSA approved by the State for carbon monoxide monitoring of patients. This will most likely be included in the basic scope for the entire State.

IX. INFORMATION UPDATE

The EMS Appreciation Day is on May 17, 2011 at the Yuba Sutter Fairgrounds. Everyone is invited. There is no Medical Control Committee meeting for May 2011.

X. FUTURE AGENDA ITEMS

No suggestions.

XI. NEXT MEETING DATE

The next meeting is June 21, 2011, 9:30am-11:00am, at the City of Rocklin Sunset Center, Room 106, Rocklin, CA 95677.

XII. ADJOURNMENT

The meeting adjourned at 11:04 a.m.