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Sierra-Sacramento Valley EMS Agency
Medical Control Committee

Tuesday, February 15, 2011 – 9:30 a.m. – 11:00 a.m.
Sierra-Sacramento Valley EMS Agency
City of Rocklin Sunset Center – Sunset Room
2650 Sunset Boulevard, Rocklin, CA 95677

MEETING MINUTES

I. CALL TO ORDER/ INTRODUCTIONS

Chairman Russ Mann called the meeting to order at 9:33 a.m. Everyone physically present at the meeting introduced themselves. John Poland introduced the online participants.

II. APPROVAL OF MINUTES DATED *January 18, 2011*

A correction was made to page 4 of 5 under item VIII. 'National EMS Authority' should be 'NAEMSP'. Rob Martin motioned to approve the minutes with the correction. Bob Royer seconded. Motion passed.

III. APPROVAL OF AGENDA

The Agenda was approved as written.

IV. PUBLIC COMMENT

None

V. OLD BUSINESS

None

VI. NEW BUSINESS

A. ***Paramedic IFT Optional Skills Instructor Qualifications (Reference No. 441 & 442)*** – Currently, the primary instructor to teach this class requires a nurse or physician. There is a request from some providers to allow approved qualified paramedics as primary instructors to teach this class. This request was added to the policy and will be included in the next publication of the updates. The update to this policy requires requesting providers to seek the approval of the Agency and its Medical Director. A letter requesting approval should contain the following: (1) reason why they are utilizing a paramedic instead of a nurse or physician; (2) the qualifications of the instructor (education and background experience); and (3) assure the Agency that the curriculum will be followed. No discussion followed.

B. ***Discussion/clarification on the following treatment protocols***

1. C-1 – Clarification on Monophasic vs. Biphasic manual defibrillation detail

   There is a recommendation to update the language for manual defibrillation to read 'Biphasic: 200 joules' and 'Monophasic: 360 joules' to address some confusion among prehospital personnel. A member commented that a letter they received from Physio Control recommends 200, 300, 360 for their devices. There was discussion on whether to adhere to the manufacturer's recommendation instead of ACLS's recommendation of 200 with no escalation. The committee recommended updating the language to read 'Biphasic: 200 joules or current manufacturer's recommendation' and 'Monphasic: 360 joules'.

   Another recommended change to this protocol is based on AHA's 2010 guideline, under the ethics section, 'termination of resuscitative effort'. It states that 'as long as the arrest was not witnessed by EMS provider, there is no return of spontaneous circulation after three full rounds of CPR and AED analysis and no AED shocks were delivered, then BLS providers can consider terminating resuscitative efforts'. Base contact is still required.

   This protocol will return to the next meeting for further discussion.

2. C-5 – Discussion on the use of Amiodarone for ROSC patients

   A member presented the following concern to the committee: A patient is resuscitated from v-tach or v-fib, should there be parameters for a pulse rate or what the rhythm is prior to amiodarone administration. Some discussion followed. The committee suggested requiring base hospital contact prior to administration of amiodarone to a patient with ROSC. This will return to the next meeting for further discussion.

3. C-6 – Clarification on treatment for A-Fib/A-Flutter or Sinus Tach patients. Clarification on synchronized cardioversion energy doses.

   A member presented the following concern to the committee: The way the protocol is written, narrow complex tachycardia patients always end up with the administration of adenosine that she believes is not the intent of the protocol. Some discussion followed. ACLS's recommendation is to administer Adenosine for all stable SVT patients that do not convert after a vagal maneuver. This protocol includes draft updates to ensure that the patient is in SVT (not A-Fib / A-Flutter / Sinus Tach) prior to attempting a vagal maneuver or administering adenosine. In addition, language regarding cardioversion energy dosing was updated to make it less confusing. A member also proposed adding "consider" to the adenosine box. This will return to the next meeting for further

discussion.

4. C-7 – Discussion regarding definition of an unstable patient

   It was suggested to change the second bulleted item on the top to 'symptomatic bradycardia' and quantify to less than 60 bpm and blood pressure under 90. Another member's concern is giving dopamine without any fluids for hypotension. Some additional discussion followed regarding this protocol. S-SV EMS staff will add some additional clarification language and this protocol will return to the next meeting for further discussion.

5. P-4 – Clarification on the use of an AED on infants

   The new 2010 ACLS, AHA, ECC guideline states that it is now acceptable to use an AED on children less than a year old. The suggested new language was added to this protocol – 'Infants less than one year, a manual defibrillator is preferred. If not available, an AED with a dose attenuator may be used. If an AED without a dose attenuator is unavailable than the AED should still be used'. A member commented that the guideline basically states to use what is available. No further discussion followed.

VII. S-SV DRAFT POLICIES/PROTOCOLS

A. FOR FINAL REVIEW/APPROVAL

1. ***410 – Service Provider: Application Process and Procedure for Approval/Renewal, Denial, Suspension, Revocation and Appeals Process*** – The following changes were made based on the last meeting.

   (a) Page 1 of 7 – top box – Who this policy specifically applies to was added – 'ALS/ Limited ALS/BLS transport providers, ALS/Limited ALS non-transport providers, EMS aircraft providers that do not have an EOA with the Agency.

   (b) Page 2 of 7, line 6 – EMT was changed to BLS and included EMR personnel.

   (c) Page 3 of 7, line 11, and page 5 of 7, line 15 – EMR was added to the roster.

   Rob Martin motioned to approve with the changes. Clayton Thomas seconded. Motion passed.

2. ***R-1 – Airway Obstruction*** – No changes were made or recommended from the last meeting. Bob Royer motioned to approve. Rob Martin seconded. Motion passed.

3. ***P-10 – Foreign Body Airway Obstruction (Pediatric)*** – Rob Martin motioned to approve as written. Bob Royer and Dave Duncan seconded. Motion passed.

B. FOR INITIAL REVIEW

1. ***860 – Trauma Triage Criteria*** – S-SV's Medical Director, Troy Falck, reminded the committee to keep in mind the Agency's specific situation, geography, available Level I, II, III, and IV Trauma Centers. This policy started out mirroring the guidelines and

changes were made since then. A member 'applauds the changes S-SV made to this draft, and agrees with what has been done and appreciates it'.

a) The additions and changes made from the last meeting are as follows:

i) Page 2 of 6, line 39 – Patient Destination

- Item A was moved to the front
- Item B is new language (the anatomic, physiological, and mechanism of injury were split like it is in the current policy) – changed number 3 – 'all trauma patients transported by EMS aircraft should be transported…'
- Item C is also new language – if patient meets mechanism of injury trauma criteria, then prehospital personnel should contact time closest designated trauma center for destination decision – this is a change in current policy where it states they should contact closest base or modified base hospital for mechanism of injury. Although it is still appropriate to transport the patient to the closest hospital even if it is not a trauma center, the Agency feels the trauma center would have more expertise in directing to the appropriate destination
- Item E – page 3 of 6, line 21 – changed 'transport' to 'arrival time' to incorporate the total inclusive time of dispatching the air ambulance, landing, getting the patient loaded, transporting, and getting them into the ED

ii) Page 5 of 6 – removed 'vehicle telemetry data'

iii) Page 5 of 6, line 9 – 'motorcycle' was replaced with 'non-automotive' and a definition was included

b) Comments sent to S-SV from Level II and III trauma centers were read by Karen Crain-Riddle to the committee.

c) Discussions and comments from committee members followed regarding the following issues.

i) Patients who have mechanism of injury criteria only and calling base versus the closest trauma center. It was suggested to maintain the decision-making as it has been for the last 10 years and has been proven to be adequate. This issue will return to the next meeting for further discussion.

ii) Anatomic and physiologic patients calling a Level IV – The intent of the policy is to have these types of patients go directly to a Level III. Page 3 of 6, lines 1 and 20 – Contacting a Level III trauma center from some area of the region is difficult. Patients from these areas are ordinarily transported to a trauma center by air because of transport time. It was suggested to add some language that would allow for when drive time exceeds arrival time, then using air transport is acceptable for anatomic and physiologic patients.

iii) Page 2 of 6, lines 13 and 17 imply that patients will be transferred. It was suggested that line 14 should be changed to 'injured patients are stabilized before transfer **if indicated** to a…', and line 19 changed to 'transferred**, if indicated**'

iv) Pages 3 of 6, line 7 imply that the trauma centers have helipads.

v) Page 5 of 6, line 19 – Re-word "Special Considerations" because it may imply to a paramedic that this is exclusive destination criteria. It was suggested to read as "Additional Factors to Consider".

DUE TO TIME CONSTRAINTS, THE FOLLOWING POLICIES AND PROTOCOLS WILL BE DISCUSSED AT THE NEXT MEETING.

2. ***P-1 – General Pediatric Protocol***
3. ***415 – 9-1-1 Ambulance Response Time Criteria***
4. ***825 – Crime Scene Management***
5. ***M-2 – Shock/Non-Traumatic Hypovolemia***
6. ***E-1 – Heat Stress Emergencies: Hyperthermia***
7. ***E-3 – Frostbite***

VIII. MEDICAL DIRECTOR'S REPORT

None

IX. INFORMATION UPDATE

None

X. FUTURE AGENDA ITEMS

No suggestions.

XI. NEXT MEETING DATE

The next meeting is March 15, 2011, 9:30am-11:00am, at the City of Rocklin Sunset Center, 2650 Sunset Blvd., Rocklin, CA 95677.

XII. ADJOURNMENT

The meeting adjourned at 11:08 a.m.