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Sierra-Sacramento Valley EMS Agency Medical Control Committee

Tuesday, January 18, 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 9:32 a.m. Everyone physically present at the meeting introduced themselves. John Poland introduced the online participants and reminded them to click on the 'raise hand' feature that's on their screen should they want to comment.

II. APPROVAL OF MINUTES DATED *November 16, 2010*

Rob Martin motioned to approve the minutes as written. Bob Royer seconded. Motion passed.

III. APPROVAL OF AGENDA

CHP Air Ops requested to add under New Business of today's agenda a discussion of their new equipment. The Agenda was approved with this addition.

IV. PUBLIC COMMENT

None

V. OLD BUSINESS

None

VI. NEW BUSINESS

- A. ***Appropriate minimum quantity of atropine required*** – At the last committee meeting, the required minimum quantity of atropine was questioned given that the 2010 ACLS guideline does not recommend the routine use of atropine for asystole and PEA. The required minimum quantity of atropine is currently at 6 mg for both ALS transport and ALS non-transport. No discussion followed and no changes will be made to the minimum required quantity at this time.
- B. ***Esophageal Tracheal Airway Device sizing (Correction of sizing information inconsistencies in policy 877, 1104 and 1110-D)*** – For purposes of consistency, the sizing of combitubes on all three policies were changed to ‘37 french combitubes for patients between 4 and 5 feet tall, and 41 french combitubes for patients over 5 feet tall’. This change will be released at the next update in June 2011. No discussion followed.
- C. ***CHP Air Ops’ new equipment*** – They have changed their ‘weak link’ portion of their rescue hoist and Marty Martain of CHP offered to show this new attachment to the field providers. The providers are welcome to call CHP Air Ops to arrange for training. This change currently applies to Auburn only. No discussion followed.

VII. S-SV DRAFT POLICIES/PROTOCOLS

A. FOR FINAL REVIEW/APPROVAL

1. ***405 – Emergency Medical Dispatch Program Approval*** – On page 3 of 3, lines 1 and 2, a change was made to read “A currently licensed ~~or certified~~ physician, registered nurse, physician assistant, paramedic, **currently certified** Advanced EMT...” No other discussion followed. Rob Martin motioned to approve with the change. Clayton Thomas seconded. Motion passed.
2. ***410-A – BLS Service Provider Policy/Application for Special Events/Standbys*** – Changes are listed below:
 - a) Page 1 of 3, line 24 – the following sentence was added – ‘If EMS transportation is necessary, the BLS provider shall immediately utilize the 9-1-1 system.’
 - b) Page 2 of 3, lines 21 and 43 – the following sentence was added – ‘If an ambulance will not be utilized, agree to have appropriate equipment and supplies to be able to provide BLS patient assessment and treatment.’
 - c) Page 3 of 3 – change EMT-1 to EMTDave Duncan motioned to approve with the changes. Bob Royer seconded. Motion passed.
3. ***620 – Continuous Quality Improvement Program (CQIP)*** – Bob Royer motioned to approve as written. Rob Martin seconded. Motion passed.
4. ***818 – Ventricular Assist Device (VAD)*** – Changes are listed below:
 - a) Page 1 of 2, line 35 – typographical error – “Cardioverter-Defibrillator”

- b) Page 2 of 2, line 3 – “companion ~~will~~ **should** accompany”
- c) Page 2 of 2, line 12 – “power source **battery**”
- d) Page 2 of 2, line 15 – “transported to the nearest **appropriate** VAD center”

Dave Duncan motioned to approve with the changes. Clayton Thomas seconded. Motion passed.

- 5. **883 – Prohibition on Carrying Weapons by EMS Personnel** – There was no discussion. Rob Martin motioned to approve as written. Vicki Wolf seconded. Motion passed.
- 6. **C-1 – Pulseless Arrest (Adult)** – Change made since the last meeting was the addition of ‘ROSC – Return Of Spontaneous Circulation’ under DEFINITIONS.

A committee member pointed out that Epinephrine ratio should be 1:**1,000** instead of 1:10,000. John Poland will verify prior to making this change. In addition, Hypoglycemia and Trauma should be added under REVERSIBLE CAUSES. Rob Martin motioned to approve with the changes. Vicki Wolf seconded. Motion passed.

- 7. **P-4 – Pulseless Arrest (Pediatric)** – A committee member pointed out that Hypoglycemia and Trauma should be added under REVERSIBLE CAUSES. Rob Martin motioned to approve with the change. Clayton Thomas seconded. Motion passed.
- 8. **R-2 – Respiratory Arrest** – Change made since the last meeting was the addition of “Do not give naloxone if an advanced airway is in place and the patient is being adequately ventilated” inside the naloxone box. Rob Martin motioned to approve as written. Joe Morris seconded. Motion passed.
- 9. **904 – Emergency Medical Responder (EMR) Certification/Recertification** – The committee was informed that the issue regarding EMR’s being allowed to be certified by another certifying entity (i.e. Cal-Fire) without a background check is still outstanding. This issue was addressed at the last JPA Governing Board of Directors’ meeting and remains unresolved. Meanwhile, some EMRs are soon due for recertification in addition to some programs that will begin teaching the EMRs. S-SV would like to move forward and have this policy approved to be able to certify those EMRs who want to certify with S-SV. Should the JPA Board of Directors decide to allow EMRs to be certified by other certifying entities, this policy will not apply to those EMRs. Dave Duncan motioned to approve as written. Rob Martin seconded. Motion passed.
- 10. **904-A – Emergency Medical Responder (EMR) Skills Competency Verification Form** – There was a question from Dave Duncan inquiring if all of the skills listed on the form are in the EMR Scope of practice. John Poland advised that he believed that all of the skills listed on the form were included in the EMR scope of practice but he will double check and verify this before finalizing the form. Rob Martin motioned to

approve as written after verification of the scope of practice question. Dave Duncan seconded. Motion passed.

B. FOR INITIAL REVIEW

1. **410 – Service Provider: Application Process and Procedure for Approval/Renewal, Denial, Suspension, Revocation and Appeals Process** – This policy specifically applies to BLS/ALS/LALS transport providers, ALS/LALS non-transport providers, and EMS aircraft providers who do not operate under an exclusive operating agreement. See suggested change(s) below.

a) Add definition of “service provider” as listed above.

2. **860 – Trauma Triage Criteria** – The current suggested changes were mostly from CDC’s 2009 guidelines and recommendations regarding field trauma triage. Comments regarding this policy were solicited from the trauma centers in S-SV. One of the comments was for patients that meet the anatomic, physiologic criteria should go to a level 1 or level 2 trauma centers, while patients that meet mechanism of injury can go to any trauma center. Further discussion followed. It was suggested to include total time on page 3 of 6, section C.

Committee members from trauma centers were asked to review this policy and send their comments to Karen Crain-Riddle at S-SV. An additional suggested change is on page 4 of 6, line 45 – “~~Motorcycle~~ **Vehicle** crash...” This policy will remain as an “Initial Review” item at the next meeting for further discussion. Any comments may be forwarded via e-mail to Karen Crain-Riddle.

3. **P-1 – General Pediatric Protocol** – Suggested change was to move all crossed-out sections into one trauma policy. This policy will return to the next meeting for further discussion and will be included in the review of policy 860.
4. **R-1 – Airway Obstruction** – This policy is for routine review. No suggested change from S-SV.
5. **P-10 – Foreign Body Airway Obstruction (Pediatric)** – This policy is for routine review. No suggested change from S-SV.

VIII. MEDICAL DIRECTOR’S REPORT

S-SV’s Medical Director, Troy Falck, informed the committee of the next National EMS Physicians (NAEMSP) Conference.

IX. INFORMATION UPDATE

The issue on EMR background checks will be presented at the next JPA Governing Board of Directors’ meeting on February 18, 2011. Everyone who may have any strong feelings about this issue is invited to attend the Board meeting or they may send comments for inclusion in the Board’s meeting packet, to Vickie Pinette via e-mail. At the last JPA Board of Directors’

meeting, the Board approved the contract between S-SV and Fitch and Associates, and at the next Board meeting a request will be presented to the Board for authorization to issue an RFP process for Butte County. Again, comments and concerns should be sent to Vickie via e-mail to be included in the Board's meeting packet, or attend the Board meeting on February 18th.

X. FUTURE AGENDA ITEMS

No suggestions.

XI. NEXT MEETING DATE

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

XII. ADJOURNMENT

The meeting adjourned at 10:53 a.m.