County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120-3599
(619) 285-6429 • FAX (619) 285-6531

NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

BASE STATION PHYSICIANS' COMMITTEE MEETING

Christopher Wiesner, M.D., Chairperson

Sharp Spectrum Auditorium
8695 Spectrum Center Court, Kearny Mesa
San Diego, CA 92123

Tuesday, November 21, 2017 – Minutes

Present Members
Donofrio, M.D., Joelle – Rady/Children's
Dunford, M.D., Jim – City of SD Med. Director
Kahn, M.D., Chris – UCSD BHMD
Klingensmith, Todd – SD Co. Paramedics Assn.
Koenig, M.D., Kristi – County EMS Med. Dir.
Levine, M.D., Saul – Sharp Memorial BHMD
Marsan, M.D., Robert – Scripps Mercy BHMD
Marzec, M.D., Karl – Palomar BHMD
Schwartz, M.D., Brad – AMR/RCCP Director
Scott, M.D., Christopher – Kaiser Permanente
Serra, M.D., John – Chula Vista Med. Director
Smith, D.O., Ryan – Tri-City BHMD
Vilke, M.D., Gary – Carlsbad Fire
Weinstein, M.D., Steven – Sharp Grossmont

County Staff
Kirkpatrick, Jim
Koenig, M.D., Kristi
Mahoney, R.N., Meredith
Vassiliou, Elaine/recorder

In Attendance
Bourdon, R.N., Darlene – Scripps Mercy BHNC
Calhoun, Jeff – Escondido Fire
Chavez, Dan – Health Connect
Cochran, Jennifer – REACH
Cote, R.N., Chara – Tri-City Medical Center
Covell, Brian – Scripps Mercy

In Attendance (cont'd)
deKlerk, R.N., Maude -- RCCP
Dotson, R.N., Melody – UCSD BHNC
Elliott, Laura – Mercy Air
Enloe, R.N., Robin – Sharp Memorial
Farah, M.D., Jennifer – UCSD
Garron, Jennifer -- AHA
Graydon, R.N., Cheryl – Palomar Medical Ctr BHNC
Gurney, Michael – NCFPD
Healy, R.N., Marla – Sharp Memorial
Hinton, William – Mercy Air
Ideman-Gervais. R.N., Dianne – Sharp Grossmont
Jacoby, M.D., Jake – UCSD & DMAT CA 4
Lopez, Brent – Reach Air
Lord, Scott – Mercy Air
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Murphy, Mary – Carlsbad Fire Department
Neill, Mark – Reach Air
Pearson, R.N., Danielle – Vista Fire
Pierce, Jodi -- SDFD
Rosenberg, R.N., Linda – Sharp Memorial
Russo, R.N., Joe -- SDFD
Seabloom, R.N., Lynne – Oceanside Fire
Staats, M.D., Kathy – UCSD
Thompson, Trevor – Mercy Air
Sullivan, Don – AMR
Wells, R.N., Christine – Scripps La Jolla BHNC

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Chris Kahn, M.D. called the meeting to order at 11:03 am.

II. APPROVAL OF MINUTES

A motion was made and seconded to approve the minutes from October 17, 2017. Motion carried.

III. COUNTY REPORT (Kristi Koenig, M.D.)

1. Surveillance:
   a. Hepatitis A Outbreak - Vaccination, Sanitation, Education. To date, there have been more than 100,000 vaccines given during this outbreak.
      - As of November 16, 2017, there have been 553 cases with 68% hospitalizations and 20 deaths.
      - A total of 7 healthcare workers have been affected (no prehospital).
      - A local health emergency was declared on 9/01/17 and is ratified by the Board of Supervisors every 2 weeks.
   b. Influenza season officially begins on November 1, 2017. Everyone is encouraged to get a flu shot.
      - There is an elevated level of new cases of influenza.
      - For the week ending November 11, 2017: 445 cases, 5 ICU, 3 deaths, 57% Influenza A (predominantly H3N2 strain).
      - On Nov. 1, 2017 the County of San Diego Public Health Officer issued a "Health Officer Order for Influenza Vaccination Program or Masking of Healthcare Personnel during the Annual Influenza Season (Revised)"
        *This order remains in effect indefinitely unless rescinded
        *Requires EMS agencies to implement a program requiring personnel to be vaccinated or wear a mask for the duration of the influenza season (Nov 1-Mar 31)
        *Defines EMS personnel to include paramedics, EMTs, and advanced EMTs and clarifies "first responder" language.
   c. Viral meningitis
      - As of November 8, 2017: 10 viral meningitis cases seen in SDSU students
      - Not elevated for the year, but the current outbreak is ongoing
   d. Drug Shortages
      - Continue close monitoring of national shortage
      - Working closely with state and national organizations to assess strategies
      - Also reached out directly to FDA and manufacturers on morphine shortage
      - Exploring other options for prehospital analgesia

2. Policies and Protocols
   a. Protocol Review 2017-2018
      - We value input from throughout our EMS system, including our prehospital providers on the front lines
      - Piloting a 45-day public comment period beginning Nov. 13 (rather than a protocol committee) to give everyone an opportunity for input
      - Goal is to collate comments prior to January BSPC meeting
      - We will be incorporating the new EMT regulations. EMTs that have received documented training for the new regulations are allowed to use the new skills now
      - Focus on protocols that need to be updated based on most recent evidence. Please include evidence-based references with your comments.

b. LOSOP for Hep A Immunizations to assist Public Health
    - Authorization to waive the on-site RN requirement under strict conditions
c. Prehospital pediatric airway management update
    - EMSA distributed a letter on Sept. 19, 2017 mandating a statewide phase out of pediatric endotracheal intubation from the local optional scope of practice. San Diego will implement this directive with our regular protocol cycle effective July 1, 2018.
    - Regarding data, analyzing it in one region or county is challenging since there are so few cases. Because of that, we analyze the broader literature.
    - Other counties have removed this skill without negative outcome.
    - Our QA process has revealed a high percentage of complications in pediatric intubation cases, including right main stem, dislodgement, and failure to follow policy (i.e., moving immediately to intubation when the policy states intubation only if unable to ventilate via BVM).
    - As the EMSA letter notes, EMDAC members are developing a model SGA request for LOSOP. The EMDAC process is being closely monitored, including the evaluation of the evidence base for SGAs in this setting. EMDAC is meeting in early December, 2017.
    - There will be a new EMSA letter on Nov. 15, 2017.
    - What will we do in San Diego County when there is no more pediatric intubation?
      *Upcoming education and training will emphasize appropriate ventilation, including good BVM technique and avoidance of over or under ventilation.
      *Paramedics may continue the direct laryngoscopy to visualize the airway and remove a foreign body with Magill forceps, which is part of the paramedic basic scope of practice.

3. Initiatives
    a. Community Paramedicine Pilot
        - On Sept. 22, 2017, OSHPD approved a request to extend the Community Paramedicine Project through November 18, 2018.
        - Due to low enrollment, the Alternative Destination pilots have been discontinued.
    b. Continued meetings of task forces of binational workgroup to improve cross-border transfers and education.
    c. Site visits - central jail; SD air rescue operations
    d. Dr. Kobi Peleg from Israel gave a presentation on Terror MCIs on Nov. 15, 2017.
    e. Hot topics in EMS presentation at Emergency Care by The Bay Conference on Nov. 16, 2017.
    f. EMD standardization – presentation later in the meeting
    g. H.R. 304 signed into law on Nov. 17, 2017 – Protecting Patient Access to Emergency Medications Act of 2017.
        - HR 304 amends the Controlled Substances Act to ensure that paramedics and other EMS professionals are able to continue to administer controlled substances, such as pain narcotics and anti-seizure medications, pursuant to standing or verbal orders when authorized by State law.
          Further, the bill specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location, so long as certain requirements are met relating to the transportation and storage of controlled substances are met.

- This means that what we are doing across the U.S. by administering pain meds and anti-seizure meds in the prehospital setting will now be legally permitted (without a physician physically present at the time that the paramedic gives the drug).

IV. SAN DIEGO HEALTH CONNECT

The POLST Registry pilot will begin Dec. 1, 2017. The goal of the project will be to collect all POLST forms in San Diego County. The information will be available to EMS beginning March 1, 2018.
On Jan. 24, 2018, the Houston Health Information Exchange will visit San Diego and give a presentation on response during Hurricane Harvey.

V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Chris Wells, R.N.)

The Statewide Medical and Health Disaster Drill took place on November 16, 2017. This drill also included the night shift staff at the facilities.

VI. CARDIAC ARREST TASK FORCE (Brad Schwartz, M.D.)

The group continues to look at dispatch and QA methods. The goal is to standardize methods and recognize cardiac arrest symptoms more effectively. Cardiac arrest is often difficult to determine.
The best practices survey will be going out to BSPC members in the near future.
The task force is also working on a short educational PowerPoint.
On April 9-12, 2018, the Western States Symposium/Cardiovascular Summit will be held in San Diego. More information will be available soon.

VII. PRESENTATION: Update on EMD Standardization (Jim Kirkpatrick, County EMS)

The Medical Priority Dispatch System (MPDS) is a unified system used to dispatch appropriate aid to medical emergencies.
It is used by all 5 EMS Dispatch Centers: Monte Vista, Metro, Heartland, NorthCom and Escondido.
There are 37 individual protocols based on caller reported problems. The “Determinant Codes” are used to select response resources and response mode.

E-Echo is the code for the most serious calls, while A-Alpha is the code for the least serious calls.
The Medical Director sign-off form has a total of 12 protocols/settings, and room for more than 80 inputs.

There is currently consensus on many of the protocols, while others are still in progress. All 5 dispatch centers will ultimately use the same protocols, with the same medical control selections.

Protocol #9-Cardiac or Respiratory Arrest/Death-with several options
Protocol #14-Drowning/Near Drowning/Diving/Scuba-based on submersion time equal to or greater than 6 hours
Protocol #18-Headache-based on less than or greater than 6 hours
Protocol #24-Pregnancy/Childbirth/Miscarriage-with several options

Protocol #28-Stroke (CVA)/Transient Ischemic Attack (TIA)-based on less than or greater than 6 hours
Protocol #33-Transfer/Interfacility/Palliative Care-not utilized
Omega referral-Allows referral to another service-not utilized
Setting-Cardiac Arrest CPR Compressions Pathways-allows for compressions only
Setting-Aspirin Diagnostic and Instruction Tool-not utilized

General discussion of MPDS by the group

*Dr. Kahn congratulated the 3 new Board Certified EMS physicians:
Dr. Joelle Donofrio, Dr. Kathy Staats, and Dr. Yuko Nakajima.

VIII. ITEMS FOR FUTURE DISCUSSION/ADJOURNMENT

The next BSPC meeting will take place on January 16, 2018.

* Presentation - Jodi Pierce/SDFD

1. Sept. 21, 2017 - MCI incident at Zamorano Elementary School in San Diego.
   This incident began as a medical aid call, and was upgraded to a MCI with HAZMAT involvement. Mercy was the base hospital involved in this incident.
   There were 36 students who fell ill from toxic fumes at a nearby construction site. All students were medically evaluated by paramedics. One student was transported to the hospital.
2. Nov. 11, 2017 - MCI/technical rescue incident in San Diego. This incident was originally dispatched as a building collapse. Subsequently, it was found to be a structural collapse within the building. Mercy was the base hospital involved in this incident. There were 23 patients transported to hospitals.

Discussion radio reports for these types of cases.

IX. LUNCHTIME EVIDENCE-BASED PRESENTATION: A REVIEW OF PREHOSPITAL PAIN MANAGEMENT

(Jenny Farah, M.D., EMS & Disaster Fellow, University of California San Diego)

*****Non-medicinal methods such as ice-packs can be effective for pain control.
*Pain control nonsteroidal anti-inflammatory drugs (NSAIDS) such as aspirin, Ibuprofen, Naproxen, Celecoxib. These drugs are not ideal for the prehospital setting, but can be helpful for general pain management.
*Acetaminophen (Tylenol) should be administered as a 15 minute infusion. In Massachusetts, paramedics are replacing fentanyl with ice or IV Tylenol to prevent opioid addiction.

Morphine – opioid with a quick onset and longer duration. Good in the prehospital setting.
Fentanyl – opioid with a quick onset and short duration. Advantages of Fentanyl-it is more potent than morphine, preserves cardiac stability, less nausea. Disadvantage-may cause muscle/chest wall rigidity.

Both Morphine and Fentanyl produced similar response in patients. Similar degrees of out-of-hospital analgesia, and both medications had low rates of adverse events.

Ketamine – NMDA-receptor antagonist, dissociative anesthetic.
Adverse effects of Ketamine: laryngeal spasm, excessive salivation, vomiting. Avoid use in Schizophrenia patients.
Benefits of Ketamine: quick onset, effective analgesia. Minimal cardiovascular effects, rapid onset, short duration.

Ketamine is the most widely used anesthetic in the world, and it is used extensively in EMS systems in other countries. Many states have Ketamine as an option for RSI, an increasing number of states are using it for analgesia.
The addition of Ketamine may improve management of patients with acute traumatic pain in the prehospital setting.

There is currently an EMS Ketamine trial underway in California.
Conclusion: More research is needed in the use of Ketamine for pre-hospital analgesia. Ketamine seems to be an effective analgesic with no increase in adverse outcomes compared to pre-existing pain medications.

*The next Base Station Physicians' Committee meeting will be held on January 16, 2018.
It will be held in the Sharp Spectrum Auditorium. The meeting was adjourned at 1:56pm.