



# County of San Diego

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## **BASE STATION PHYSICIANS' COMMITTEE MEETING** Christopher Wiesner, M.D., Chairperson

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

Tuesday, February 20, 2018 – Minutes

### **Present Members**

Kahn, M.D., Chris – EMS Medical Director  
Klingensmith, Todd – SD Co. Paramedics Assn.  
Koenig, M.D., Kristi – County EMS Med. Dir.  
Levine, M.D., Saul – Sharp Memorial BHMD  
Marzec, M.D., Karl – Palomar BHMD  
Schwartz, M.D., Brad – AMR/RCCP Director  
Scott, M.D., Christopher – Kaiser Permanente  
Smith, D.O., Ryan – Tri-City BHMD  
Smith, R.N., Susan – Prehospital Coordinator  
Vilke, M.D., Gary – Carlsbad Fire/Interim BHMD  
Weinstein, M.D., Steven – Sharp Grossmont

### **County Staff**

Kirkpatrick, Jim  
Koenig, M.D., Kristi  
Mahoney, R.N., Meredith  
Smith, R.N., Susan  
Stepanski, Barbara  
Vassiliou, Elaine/recorder

### **In Attendance**

Ayers, R.N., Kathi -- Sharp  
Bingham, Jim – Viejas Fire  
Boni, Ben -- UCSD  
Branning, Mark – San Diego Health Connect

### **In Attendance (cont'd)**

Cochran, Jennifer – REACH Air  
Cote, R.N., Chara – Tri-City Medical Center  
Covell, Brian – Scripps Mercy  
deKlerk, R.N., Maude -- RCCP  
Dotson, R.N., Melody – UCSD BHNC  
Drew, D.O., Brendon – Naval Center San Diego  
Duffy, R.N., Jenny – San Marcos Fire  
Farah, M.D., Jennifer – UCSD  
Graydon, R.N., Cheryl – Palomar Medical Ctr BHNC  
Green, Elisabeth – Scripps La Jolla/USD student  
Healy, R.N., Marla – Sharp Memorial  
Holcomb, Art – Escondido Fire  
McFarland, Jeanne -- Escondido  
Meadows-Pitt, R.N., Mary – Sharp Grossmont  
BHNC  
Meoli, Mike -- SDFD  
Murphy, R.N., Mary – Carlsbad Fire Department  
Pearson, R.N., Danielle – Vista Fire  
Peltier, R.N., Patricia – AMR  
Pierce, Jodi -- SDFD  
Rosenberg, R.N., Linda – Sharp Memorial  
Scott, R.N., Chris – Chula Vista Fire  
Sloane, M.D., Christian – Mercy Air  
Wells, R.N., Christine – Scripps La Jolla BHNC

## **I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Dr. Levine, M.D. called the meeting to order at 12:00 pm.

## II. APPROVAL OF MINUTES

**A motion was made and seconded to approve the minutes from January 16, 2018. Motion carried.**

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

### 1. Surveillance:

#### a. Hepatitis A:

- As of February 7, 2018: 580 cases, 20 deaths, 398 hospitalizations and almost 124,000 vaccinations have been given.
- On January 23, 2018, the Board of Supervisors ended the local health emergency.
- Paramedics are no longer authorized to assist with Hepatitis A vaccinations.
- On February 15th, new cases were reported in north San Diego County.
- Seven healthcare workers have contracted Hepatitis during the outbreak.

#### b. Influenza

- There are elevated levels of new cases of influenza.
- As of February 10, 2018: 16,078 cases, 243 ICU, 251 deaths and 111 outbreaks. The strain is predominantly H3N2. The flu outbreak has peaked early this year.
- There is an increased risk of MI after influenza.
- China reported the first human case of H7N4 influenza on February 14, 2018.
- Vaccine effectiveness: 36% overall, H1N1-67%, B-42%, H3N2-25%.
- It's not too late to get vaccinated.

#### c. Pertussis

- Health alert issued on February 16, 2018.
- San Diego County 2017 rates were 4x higher than elsewhere in California.
- Next pertussis epidemic in California is expected in 2018 or 2019.
- Young infants can rapidly develop respiratory distress or seizures.
- There is post-exposure prophylaxis available.
- All healthcare workers should be vaccinated.

### 2. Policies and Protocols

#### a. Drug Shortages

- Per the memo sent out on Feb. 5, 2018, we will be transitioning from morphine to fentanyl as the opioid analgesic of choice. As soon as the fentanyl protocol has been finalized and approved and training takes place, the drug can be used.
- Non-opioid alternatives are being considered for use. Today there will be presentations on acetaminophen (IV) and ketamine. Local optional scope of practice will be requested from the State for these two drugs. The FDA updates indicate there is currently a ketamine shortage.

#### b. The Capacity Plan

- The Capacity Plan has been moved from Level 2 down to Level 1. Surveillance monitoring is being done Monday-Friday. This monitoring includes: ED bypass hours, influenza-like illness provider impressions and TOC surveillance. Reporting of ventilator availability status and ED holds is not required at this time.

c. Transfer of Care

- The TOC data are now posted on the County EMS website. The data will be reported to the state beginning next quarter.

3. Initiatives

a. Love Your Heart

- Thank you to everyone who participated in the “Love Your Heart” event on February 14, 2018. Over 5,000 people had their blood pressure checked that day. The number of participants will increase as additional locations add their numbers. This event took place on both sides of the border.

**IV. SAN DIEGO HEALTH CONNECT**

The POLST forms are being electronically entered into the POLST registry. The information will also be entered into the community database.

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

The next disaster drill will take place on April 20, 2018.

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

Work is continuing on the quality and standardization of dispatch at the centers. Procedures are being determined for the aggregation of CARES data. The National Conference on April 9-11, 2018, will focus on stroke and cardiac arrest care.

**VII. DISCUSSION TOPIC: Charcoal (Jenny Farah, MD, EMS & Disaster Fellow, UCSD)**

Dr. Farah reviewed Protocol S-134: Treatment Protocol-Poisoning/Overdose.

**VIII. EVIDENCE BASED PRESENTATION: Pain Control Alternatives from Military Practice (Dr. Brendon Drew, DO, FAAEM, FAWM, FACEP, CDR, MC, USN, Chairman, Emergency Medicine Department, Naval Medical Center San Diego)**

Dr. Drew spoke about the use of ketamine for pain control in the military arena.

**IX. PROTOCOL REVIEW (Meredith Mahoney, R.N.)**

The following protocols were reviewed:

P-112 - ALS Pediatric Standing Orders

--Delete: Intubate (ET/Stomal/ETAD) When unable to adequately ventilate via BVM the unconscious apneic patient, or patient with ineffective respirations. Newborn delivery when HR remains < 60bpm after 30 seconds of ventilation with 100% O2.

--Add under medications: Fentanyl: For treatment of pain as needed with systolic BP > [70 + (2x age in years)]

S-133 - Obstetrical Emergencies

--Move down: Place identification bands on mother and infant.

--Add under BLS: Clamp and cut cord between clamps following delivery) wait 60 seconds after delivery prior to clamping and cutting cord).

### S-141 - Pain Management (Adult)

Various changes were discussed.

### S-161 - Altered Neurologic Function

--Delete under ALS: Note: Versed not required for simple febrile seizures.

### S-162 - Allergic Reaction/Anaphylaxis

--Add under BLS: May assist patient to self-medicate own prescribed epinephrine auto injector...

--Change under BLS: ...EpiPen to epinephrine auto injector

--Delete under ALS: Anaphylaxis/facial angioedema:

--Add under ALS Angioedema: lip/tongue/face swelling/difficulty swallowing, throat tightness, hoarse voice.

--Move under ALS Anaphylaxis: to bottom as reference: criteria (may include any): Unknown exposure: Skin and respiratory and/or cardiovascular. Likely allergen exposure (bee sting, peanut, e.g.: 2/4 systems involved (skin, GI, respiratory, cardiovascular). Known allergen exposure: Only need hypotension to suspect.

Delete: Only need hypotension to suspect.

--Change under ALS Anaphylaxis: Fluid bolus IV/IO per drug chart SO to maintain adequate perfusion. MR to maintain systolic BP > [70 + (2x age)] SO./adequate perfusion.

### S-163 - Pediatric Dysrhythmias

--Add under ALS: adequate perfusion.

--Delete under ALS: systolic BP > [70 + (2x age)]

--Add under ALS (page 2): After 1<sup>st</sup> shock is still refractory, Amiodarone 50mg/kg MR Q3-5 minutes x2 or Lidocaine 1mg/kg MRQ3-5 minutes x2

--Under ALS (page 3): Change 10 second to 5 second rhythm check...

### S-165 - Poisoning/Overdose

General discussion by the group.

### S-166 - Newborn Deliveries

--Delete under BLS: Meconium delivery: Suction if baby is not vigorous after delivery. If mechanical suction is used, keep pressure between 80 and 100cm H2O. Otherwise, use bulb syringe.

--Remove under ALS: intubate SO

### S-167 - Respiratory Distress

General discussion by the group.

### S-168 – Shock

--Add under ALS: adequate perfusion.

--Delete under ALS: systolic BP > [70 = (2x age)].

### S-169 – Trauma

--Add under ALS: adequate perfusion

--Delete under ALS: systolic BP > [70 + (2x age)]

S-170 – Burns

General discussion by the group.

S-172 – ALTE

--Add to top of page: ALTE.../BRUE (BRIEF RESOLVED UNEXPLAINED EVENT)

--Add under definition: /BRUE (Brief Resolved Unexplained Event)

S-173 - Pain Management (Peds)

Various changes were discussed.

S-174 - GI/GU (non-traumatic)

--Add under ALS: Refer to Shock Protocol (S-168) if needed.

General discussion by the group.

**X. ITEMS FOR FUTURE DISCUSSION/ADJOURNMENT**

The meeting was adjourned at 2:53pm.

\*The next Base Station Physicians' Committee meeting will be held on April 17, 2018.

There will be no BSPC/PAC meeting in March 2018.