

# EL DORADO COUNTY

## ~PARAMEDIC ADVISORY COMMITTEE~

### MEETING MINUTES

DATE: Wednesday, December 17th, 2008  
TIME: 14:30 - 16:30  
LOCATION: El Dorado County EMS Agency Conference Room

#### I. Members Present

Ryan Basque, GTFD  
Monique Gillespie, MHER  
Michele Williams, MHER  
Dusty Martin, Cal Fire  
Erik Fiedler, Cal Fire  
Becky Rowe, Life Assist  
Heather Bushey, Care Flight  
Lorenzo Gigliotti, SLTFD  
Bryan Pond, Cal Tahoe JPA  
David Brazzel, EMSA  
John Schureman, EDHFD  
Brian Bresnahan, EMSA

#### II. Mission Statement

Improving patient care through diligent research and a thoughtful approach to the needs of our patients.

#### III. Related Committee Updates:

- **Continuous Quality Improvement Committee:**  
Update on CQI meeting was not given because majority of members were present at the CQI meeting.
- **Medical Advisory Committee:**  
Update on MAC meeting was not given because majority of members were present at the MAC meeting.

IV. New Business:

- a. **New look for protocols** - The committee was presented with a new protocol format that combined the BLS and ALS protocols into one set. The committee agreed that this was a good change and it will be presented to MAC.

V. Old Business:

- **Protocol/Formulary Review 2008/2009:**
  - a. The protocols were found to have some discrepancies and errors. The following is a list of issues that are being corrected/changed:
    - IM morphine discrepancy between formulary, pain management policy, and protocols is now fixed.
    - Change Narcan IN dose to 0.5 mg and change IN limit to 1 mL per nostril. (All protocols with Narcan)
    - Change wording for Narcan in poisoning/overdose protocol to state "for respiratory depression" only.
    - Change wording in bradycardia for TCP/Atropine and took away 10 minute wait for versed administration.
    - Gastric Tube added to cardiac arrest protocols as consideration.
    - Discussed twenty minute time frame for cardiac arrest calls. LA County study recommends 20 minutes of ACLS on-scene before transport or field pronouncement. Further discussion needed.
    - Dopamine dose changed in protocols to 10 mcg/kg/min (20 mcg/kg/min for neurogenic shock unchanged).
    - Duoneb/Albuterol added to allergic reaction severe protocol.
    - Standardization of ET medication doses.
  - b. ALTE new protocol approved by group for presentation to MAC.
  - c. 12 lead EKGs (deferred to future meeting)
  - d. Crush protocol was discussed by the group. Handout sent with group to review for next meeting.

- e. Induced hypothermia for post arrest patients is still being researched. More discussion next meeting.
  
- **Policy/Procedure Review 2008/2009:**
  - Areas of focus:**
    - a. Trauma Triage Criteria, Patient Destination, and MCI policies - Subcommittee was formed (Michele Williams, Ryan Basque, Dusty Martin, and Dr. Brazzel). They will meet and come up with some ideas for changes to present at the next meeting.
    - b. Refusal of care policy - Deferred to next meeting.
    - c. On-scene photography policy - Deferred to next meeting.
    - d. Routine Medical Care (adult and pedi) - Added base contact recommendation for patients who, in the paramedic's discretion, don't fit as pediatrics or adults despite the Broselow tape (e.g., small adult or obese child). Some wording changes regarding time considerations for base contact on critical trauma patients and standard precautions.
    - e. DNR - Added POLST and removed base contact requirement for DNR patients who are 1144.
    - f. Determination of Death - Major re-write making the policy much easier to follow and understand. Group to take home and review.
    - g. BLS Medication Administration - made some wording changes in regards to NTG administration and the "patient's" physician. Changed NTG/erectile dysfunction meds time frame to 48 hours.
    - h. Spinal Immobilization - Changed requirement to include accidents with "evidence of high energy impact" and mechanisms of injury that are "consistent with possible spinal injury" such as airbag deployment, intrusion, or rollovers.
    - i. Verification of Advance Airway Placement - Changed wording to state "advanced airway" in place of ET Tube. Documentation before and after any movement or transfer of care added. Added end-tidal capnography and questioned bulb style devices for confirmation of placement. They are included on the ALS minimum inventory lists. Do we keep them?
    - j. Exposure Determination - Changed wording to state if an exposure occurs the department's designated officer must be notified and eliminated the 2 hour time frame for post exposure prophylaxis as per CDC guidelines. An exposure determination kit inventory list was recommended for the min. equip. inventory lists.

- k. Medical clearance for law enforcement was discussed and will be referred to MAC.
  - l. Controlled Substance laws regarding wasting need to be looked into. Michele Williams volunteered to take a look for us.
  - m. ICD - The draft implanted cardiac defibrillator policy was discussed and it was agreed that the policy should allow medics to only remove ICD magnets, not apply them under any circumstances. Dusty to follow up with the draft.
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- **Equipment Review 2008/2009:**
    - a. ResQPOD - Deferred to next meeting.
    - b. King Airway - Deferred to next meeting.
    - c. Disposable laryngoscope blades - Deferred to next meeting.
    - d. Latex allergy kits - Deferred to next meeting.

Special thanks to John Schureman for the snacks!

**NEXT MEETING: January 14<sup>th</sup>, 2009 08:30 - 10:00 (before CQIC) at EMSA Conference Room**



**NEW TIME**