



COUNTY OF IMPERIAL

PUBLIC HEALTH DEPARTMENT

EMERGENCY MEDICAL SERVICES AGENCY

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EMS Medical Director

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EMS Manager

Emergency Medical Care Committee

Thursday, September 12, 2013

Public Health Training Center

935 Broadway, El Centro

09:00 AM

Agenda

- 1) Call to Order & Introduction of Committee Members and Guests
- 2) Review and Approve Minutes of June 13, 2013 Meeting
- 3) Old Business
 - i. Air Ambulance Rotation
 - ii. Controlled Medication Resupply, Exchange, and Storage
 - iii. EMCC Membership Vacancies
 - iv. EMS Protocol Update Committee
- 4) New Business
 - a. EMS Update
 - i. Gold Cross Ambulance Strike Update
 - ii. 2013 Statewide Medical Health Training Exercise
 - iii. EMS Authority Approved Hemostatic Dressings
 - iv. EMS Authority New Website
 - v. Paramedic Licensure Renewal & Accreditation
- 5) Member Roundtable Reports
- 6) Announcements & Public Comment
- 7) Agenda Items for Next Meeting
- 8) Adjournment

Please Note: The next EMCC meeting is scheduled for Thursday, December 12, 2013.

Imperial County Emergency Medical Care Committee Meeting Minutes September 12, 2013

Members Present:

Bruce Haynes, Medical Director
Cedric Ceseña, EMS Manager
Brandon Walls
Danielle Walls
Rick Goldsberry

Imperial County EMS Agency
Imperial County Public Health Department
REACH Air Ambulance
El Centro Regional Medical Center
Imperial Valley College

Guests Present:

Chris Herring
John Goodall
Joshua Priest
Andrea Scott
Brian Puckett

Pioneers Memorial Hospital District
Gold Cross
United States Border Patrol
United States Border Patrol
Bureau of Land Management

Dr. Bruce Haynes called the meeting to order. Introduction of members and guests took place. Motion was made to approve the Minutes of the June 13, 2013 meeting without changes.

Mercy Air Request for Rotational Model

Cedric explained that in the March 13, 2013 meeting, Larry Hall had requested for EMCC to look at the policy that addressed the rotation to see how Mercy could be integrated into the current EMS System and proposed a fair rotation model that would work well for the Imperial County. Cedric stated that the current policy allows for a rotational model. The June 13, 2013 EMCC meeting recommendations were for EMCC members to participate in the workgroup to include hospitals, first responders, prison systems, EMS ground providers, and EMS Agency personnel. The workgroup made up of Fire Department, REACH Air, Mercy Air, Border Patrol, Bureau of Land Management, Pioneer Memorial Hospital and El Centro Regional Medical Center met and identified the need for rotations. Potential rotations could be EMS system, Odd/Even days, or "tow truck" models that could work in Imperial County.

At the workgroup meeting, homework was sent back from EMS agency and Sheriff's office to bring back call volume numbers and the basic division of work in that time frame. Both regions of Mercy Air and REACH were requested to prepare a presentation on their business model and what their basic MO of operation was for Imperial County. A solution was to obtain a dispatcher to come on board. Mercy Air agreed to bring back a proposal of cost associated with the EMS system, a computer based positioning system that was being utilized. Although, Mercy Air had confirmed their attendance to the upcoming September meeting, Mercy Air representatives did not show up. After 30 minutes of wait, the workgroup decided to go ahead and end the meeting for the day and reported to EMCC that there was no resolution as the requester did not show up to the meeting. Subsequently, Mercy sent a letter letting EMS manager notifying know that they were pulling out from Imperial County and that their operation was not successful.

Dr. Haynes with ICPHD opened the floor to members of EMCC to provide information regarding the current processes, concerns and questions from individual agencies for the use air medical resources in county. No further comments were made.

Controlled Medication Resupply, Exchange, and Storage

Cedric shared with the group that there have been some recent changes to the methods in which ambulances resupply controlled medications out of PMHD. Changes have been instituted by pharmacy staff to better align internal policies with contemporary DEA regulations. A change to the current policy controlled medication policy for EMS will be instituted in the near future. PMHD, had requested to no longer be part of the resupply process for medics in field. Cedric explained that he went ahead and started talking to ALS providers to set up some sites or licenses to get their medical supplies. As an example, Gold Cross transitioned to their medical

director and has been successful in resupplying their own units. Yet, due to Gold Cross having staff on strike, there have been delays.

Dr. Haynes stated that if narcotics are going to be shipped to different locations, there will be the need to have DEA licenses for narcotics, such as morphine, at each separate location. The DEA license does not apply to other non-narcotic drugs that are needed to be purchased. If non-narcotic drugs are needed to be purchased, Dr. Haynes mentioned to buy these directly from supplier under his license. In terms of narcotics, once the DEA license is established, these can be ordered with the DEA 2-2-2 forms from the DEA. Once the form is filled out, Dr. Haynes would have to sign and send to the supplier so that the supplier can ship directly to the provider site. What is needed from the agencies is for the providers to come up with the address where the drug could be shipped, and to assign a person who would be made responsible to have control of logging in and checking of the drug on a daily basis.

Dr. Haynes added that in the event that there is a documentation or major drug discrepancy, the incident needs to be reported to the DEA. And if the discrepancy is related to some suspicion of the staff using the drug, this would need to be reported to the state due to the provider's license. Furthermore, EMCC members were directed to notify EMS manager if any suspicion of diversion occurred for prompt notification and investigation.

2013 Statewide Medical Health Training and Exercise

Cedric shared that this year's training and exercise program will be taking place on November 21, 2013 and will be based on a food borne outbreak. The exercise will focus on Medical Surge, Epidemiological Surveillance and Investigations, Emergency Risk Communications and Information Sharing, Communications, and Emergency Operations Center Management.

Cedric requested that if EMCC members were part of CAHAN and are not getting information, to notify him. Other forms of communication exercised will be Reddinet, MHZ Radios, satellite phones, as well as, emails and text messaging. In addition, the Department of Epidemiology will be testing their ability to take care of the surge and will be able to have emergency risk communication and emergency sharing. He explained that as more information becomes available it will be shared with EMS partner agencies.

EMS Authority Approved Hemostatic Dressings

Dr. Haynes stated the Hemostatic Dressings are costly, at a price of \$30- 40 dollars. These are used during dramatic bleeding injuries to provide assistance in stopping the bleeding. These could be used mostly for bleeding high in the inguinal areas or base of the arm where the bandage and/or tourniquet would not be accessible.

EMCC members stated that there are units with hemostatic dressing QuickClot in Imperial county. An update of the policy and where the local arsenal will be revised. The concerns were that it is not always clear how effective the Hemostatic Dressings are.

2013 EMS Protocol Update Committee

Cedric mentioned that the Protocol Update Committee met and that they started working in a couple of policies. It was found that the QA policy doesn't have a template. Another meeting will be scheduled for October 7, 2013 at 8:30 a.m. The strategy on the policies is to start at the top of the list and work the way down for any other policies.

Regarding hazmat policies, Cedric stated that as part of the incidents with new personnel there was one notable hazmat incident. The incident involved 2 patients, in which Brawley Fire Department and Gold Cross responded. From initial assessments, patients had vomiting, diarrhea, lacrimation, and small pupils. It was stated that unit personnel didn't realize the patients had been exposed to organophosphates/pesticide. Once response arrived to the scene, they transported the patients and EMS provider units were contaminated. The cross contamination could have been prevented if a policy was in place.

Dr. Haynes commented that hazmat policies that identifies these situations was sent these out to both hospitals. One hospital wanted to see specific information on the chemicals, as well as, early activation and notification on equipment and personnel. Once the policy is in place it will provide with protocols to refresh providers and administrators. Cedric added that once the policy is approved by both hospitals, it will be forwarded to Dr. Haynes, for approval and back to EMCC.

Gold Cross Ambulance Strike Update

Cedric briefly stated that on July 28, at 1201 hours, the gold cross contingency plan went into effect. The plan was made up of 7 key members including the AMR, Mercy Ambulance, Rural Metro, as well as, staff from Gold Cross paramedic unit. Gold Cross has been rehiring for the positions that were vacated and EMS Agency monitors the performance of the new people. New personnel at Gold Cross have demonstrated to be professional, have kept up with good standards including personal appearance, provided quality customer service, and great teamwork. The EMS agency has continued to monitor aggressively the performance of system and personnel. Gold cross' 24-hour performance has been measured daily and has successfully met their 95% response and requirements. In aggregate during their 30 day period Gold Cross has met 99% of the standards of their performance compliance.

EMS Agency has also worked with their dispatch center and looked at changing how units in field are identified. For better service, the first response community will be notified if they will be having a BLS responding versus ALS. Cedric mentions that the change is likely to occur soon. The standardizing of the dispatch will provide the knowledge whether the unit is Basic Life Support (BLS) or Advanced Life Support (ALS) in the unit and will assist dispatchers know if you have a paramedic working in the unit. Other suggestions from EMCC team included dropping the first 2 numbers when requesting a "2653" unit, as having the initial "26" requires more radio air time. In the near future, it would be beneficial to provide standards across the state. The state has certain numbering system basically ambulances to bring us in line with rest of the state too.

Furthermore, plans towards the contingency plan is that there needs to be coverage in the different zones of our county by including AMR, Metro, El Centro Fire, and region 6 for disaster mutual aid. Mutual aid continues to be provided by Mercy Air and AMR, and Riverside County. New changes at Gold Cross included the standardization of location of equipment at the units to make it easier for access for care providers. EMS

EMCC Vacancies

Cedric explained that there are some vacancies in ALS, BLS, First Responder, Consumer Representative, BOS, LE, and 911 Coordinator. Cedric will be looking for interested individuals in filling the spots with volunteers. Cedric invited EMS providers to be part of the EMCC. He mentioned that the EMS agency has a roster of membership and it is in the bylaws.

Roundtable Reports

None stated.