# PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

**PMAC MEMBERS PER POLICY 8202:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Air Transport Provider Representative</td>
<td>Kent McCurdy</td>
<td>American Medical Response</td>
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<td>BLS Ambulance Service Representative</td>
<td>Kelly Martinez</td>
<td>Blythe Ambulance Service</td>
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<td>Tom McEntee</td>
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<td>Coronaa Regional Medical Center</td>
<td>Robbie Dunn, MD</td>
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<td>Ray Sweerman</td>
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<td>County Fire Chief’s Non-Transport ALS Provider</td>
<td>Art Durbin</td>
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<td>County Fire Chief’s Non-Transport BLS Provider</td>
<td>Phil Rawlings (Vice Chair)</td>
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<tr>
<td>Desert Regional Medical Center</td>
<td>Babak Khazaeni, MD</td>
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<td>Shane McMurphy</td>
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<td>Eisenhower Medical Center</td>
<td>Dan Olesnicky, MD</td>
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<td>Shellee Fetters</td>
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<tr>
<td>EMT / EMT-P Training Programs</td>
<td>Maggie Robles</td>
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<tr>
<td>EMT-at-Large</td>
<td>Mike Markert-Green</td>
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<td>EMT-P-at-Large</td>
<td>Paul Duenas</td>
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<td>Hemet Valley Medical Center</td>
<td>Robert Nakamura, MD</td>
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<td>Victoria Moor</td>
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<td>Idyllwild Fire Protection District</td>
<td>Mike Mulhall</td>
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<tr>
<td>Inland Valley Regional Medical Center</td>
<td>Reza Vaezazizi, MD (Chair)</td>
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<td>Daniel Sitar</td>
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<td>JFK Memorial Hospital</td>
<td>Troy Cashett, MD</td>
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<td>Katherine Heichel-Casas</td>
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## The Next Meeting of PMAC is on:

**Monday, January 28, 2013**  
**9:00 AM to 11:00 AM**  
**Riverside County Regional Medical Center**  
**26520 Cactus Avenue, Moreno Valley**

1. **CALL TO ORDER**  
   - Chair Reza Vaezazizi, MD

2. **PLEDGE OF ALLEGIANCE**  
   - Reza Vaezazizi, MD

3. **ROUNDTABLE INTRODUCTIONS**  
   - Reza Vaezazizi, MD

4. **APPROVAL OF MINUTES (5 Minutes)**  
   4.1 November 5, 2012 (Attachment A)

5. **COMMITTEE / TASK FORCE DISCUSSION (60 Minutes)**  
   This is the time / place in the agenda in which a brief committee report will be given. Unless indicated, PMAC members are expected to engage in discussion for about 10 to 15 minutes per topic for the purposes of providing improved understanding and / or recommendations to the EMS Agency and the EMS Agency Medical Director. PMAC will decide on an action at the end of each agenda item.

   5.1 2013 EMS Policy Manual—Scott Moffatt (Attachment B)

6. **UNFINISHED BUSINESS (20 Minutes)**  
   6.1 Prehosp. Rec. Centers (Policy 6101)—Scott Moffatt (Attachment C)
   6.2 Policy 3302 (Management of Controlled Substances)—Scott Moffatt (Attachment D)
   6.3 Printing Patient Care Reports—Reza Vaezazizi, MD

6.2 Elections-Reza Vaezazizi, MD EMT-at-Large  
   - Paramedic-at-Large  
   - Vice-chairperson (prehospital care provider)  
   - Chairperson (physician)

7. **NEW BUSINESS (15 Minutes)**  
   7.1 Authority for Medical Emergency Scene Management (Policy 3303)—Scott Moffatt (Attachment F)
   7.2 Cardiac Arrest (Policy 4406)—Scott Moffatt (Attachment G)
8. **OTHER REPORTS / GOOD OF THE ORDER / ANNOUNCEMENTS (10 Minutes)**
   
   This is the time/place in the agenda committee members and non-committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to 2 minutes unless extended by the PMAC Chairperson.

   **8.1 EMS System Evaluation Project**—Bruce Barton
   **8.2 EMCC Report**—Steven Patterson, MD / Jim Price

9. **NEXT MEETING / ADJOURNMENT (5 Minutes)**
   
   March 25, 2013
<table>
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<tr>
<th>TOPIC</th>
<th>DISCUSSION</th>
<th>ACTION</th>
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<tr>
<td>1. CALL TO ORDER</td>
<td>Vice Chair, Phil Rawlings called the meeting to order at 9:00 AM.</td>
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<td>2. PLEDGE OF ALLEGIANCE</td>
<td>Vice Chair, Phil Rawlings led the Pledge of Allegiance.</td>
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<td>3. ROUNDTABLES INTRODUCTIONS</td>
<td>Vice Chair, Phil Rawlings began roundtable introductions.</td>
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<td>4. APPROVAL OF MINUTES</td>
<td>Minutes from the last PMAC meeting on September 24, 2012 were approved without changes.</td>
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<td>5. COMMITTEE / TASK FORCE DISCUSSION</td>
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<td>5.1 2013 EMS Policy Manual Comments – Scott Moffatt</td>
<td>The 30-day comment period for the 2013 EMS Policy and Protocol Manual ended on October 24. REMSA reviewed the written comments with REMSA’s responses. (Attachment B to the agenda).</td>
<td>Policy 3302 (Management of Controlled Substances) will be addressed next year REMSA will hold a workshop with a representative from the Drug Enforcement Agency.</td>
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<td>Policy 3303, (Authority for Medical Emergency Scene Management) will be reviewed next year.</td>
<td>For Policy 4103 (Calculation Chart), it was decided to separate alternate medication concentrations into an alternate medication’s calculation chart.</td>
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<td>Concerns were expressed for regarding the printing of Patient Care Reports. REMSA’s policy has no influence on this and it was suggested that best practice ideas be brought back to PMAC.</td>
<td>Policy 4402 (Suspected Acute Coronary Syndrome), an additional line will be added to repeat information in the 12-Lead ECG Performance Standard regarding STEMI destination.</td>
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<td>5.2 EMCC Report – Steve Patterson, MD</td>
<td>At the last EMCC on October 3rd there was discussion on Ambulance Wait Times.</td>
<td>Information only.</td>
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<td>A Request for Proposal (RFP) for a vendor to evaluate the EMS system was announced.</td>
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<td>The annual report to the Board of Supervisors was approved for submission to the Board of Supervisors.</td>
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The EMS plan has completed the 30-day comment period and is ready for the submission to the State.

EMCC is recommending changes to the Board of Supervisors resolution regarding EMCC membership to include a representative from contracted Ground Ambulance providers and the Air Ambulance providers.

6. **UNFINISHED BUSINESS**

   **6.1 Refusal of Treatment (Policy (Policy 4202) – Scott Moffatt**

   Policy 4202 has been re-written for immediate implementation.

   The immediate implementation of Policy 4202 received unanimous approval from PMAC.

   **6.2 Prehospital Receiving Centers – Policy 6101 – Bruce Barton**

   Bruce Barton presented the changes in Policy 6101. The Policy applies to non-base hospitals only. Base hospitals are already covered under existing agreements.

   REMSA recommends approval of an addition 30-day comment period due to extensive changes made to Policy 6101.

   Concerns were expressed about the submission of on-going outcome data, and extending the reach of 1157 of the Evidence Code. It was also suggested to change the specific reference from the trauma centers to Specialty Care Centers. Other comments will be sent to REMSA during the 30-day comment period.

   Information only.

   REMSA will re-send Policy 6101 this week for an additional 30-day comment period.

7. **NEW BUSINESS**

   **7.1 Elections-Reza Vaezazizi, MD**

   - EMT-at-Large

   Elections have been differed to the next PMAC meeting in January 2013.
<table>
<thead>
<tr>
<th>7.2 PMAC Meeting Schedule For 2013 – Brian MacGavin</th>
<th>2013 PMAC schedule is listed on REMSA’s website.</th>
<th>Information only.</th>
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<tr>
<td>8. GOOD OF THE ORDER/ANNOUNCEMENTS</td>
<td>Kim Saurwatari announced the 2012 Statewide Exercise, the theme this year will be on an earthquake with loss of power. Britta Barton is the contact person. The Title 22, Paramedic scope of practice written comment period closes this week. Jeff Seirup announced that Lisa Higuchi is putting together a steering committee for the Improvement of Cardiac Care Program. This program will need stakeholder participation.</td>
<td>Information only.</td>
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<td>9. NEXT MEETING/ADJOURNMENT</td>
<td>January 28, 2013</td>
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FOR CONSIDERATION BY PMAC

DATE:        January 16, 2013
TO:            PMAC
FROM:      Scott Moffatt, EMS Specialist

In accord with REMSA Policy 8301, the 2013 Policy Manual was completed on December 19, 2012, and is available at:

http://www.remsa.us/policy/2013/

We ask that you familiarize yourself with the 2013 Policy Manual. Additionally, EMS organizations operating in Riverside County will need to ensure that their employees have been updated, operational adjustments made, and that they are able to comply when the new policies go into effect on April 1, 2013.

We anticipate that you will have questions and may find issues in the 2013 Policy Manual that need to be resolved. To guide you through the 2013 Policy Manual we have included a presentation that you may find useful: 9104 Changes for 2013. Note that the last 12 pages of 9104 include the presentation’s text in outline format. The presentation is not comprehensive and serves only as a guide to your review of the policies themselves. Also, 9103 Ready to Print has been provided for those that find it useful to view the manual as a single PDF file.

To assist your training staff we have scheduled two opportunities to discuss the changes found in the 2013 Policy Manual:

- Monday February 4, 2013, from 1330 - 1530, at Eisenhower in the Annenberg Center for Health Sciences (round building to the south of the ED Main Entrance), Classroom 2 (upstairs)
- Tuesday February 5, 2013, from 1000 - 1200, at RCRMC in conference room C

Please RSVP to Lucky Barton at 951-358-5029; and feel free to contact us with your questions and issues. We appreciate your participation in our annual policy review process and hope that the 2013 Policy Manual will serve you well.

ACTION:  Familiarize yourself with the 2013 Policy Manual, send your training staff to one of our presentations, ensure that your employees have been updated, ensure that operational adjustments have been made, and prepare for implementation on April 1, 2013.
FOR CONSIDERATION BY PMAC

DATE: January 16, 2013

TO: PMAC

FROM: Scott Moffatt, EMS Specialist

SUBJECT: Policy 6101 – Prehospital Receiving Centers

Following the last meeting of PMAC, written comments on the revised Policy 6101 were accepted and comments made. On December 18, 2012, Policy 6101 was finalized for the 2013 Policy Manual and both the policy and the “Further Comments on 6101” can be found at:

http://remsa.us/policy/2013/

ACTION: Familiarize yourself with the 2013 Policy Manual, ensure that your employees have been updated, ensure that operational adjustments have been made, and prepare for implementation on April 1, 2013.
FOR CONSIDERATION BY PMAC

DATE: January 16, 2013

TO: PMAC

FROM: Scott Moffatt, EMS Specialist

SUBJECT: 2014: Policy 3302 – Management of Controlled Substances

During 2013 the Policy Review Forum (PRF) will be revising Policy 3302. Revisions to Title 22, now in final draft, include requirements to address the following areas:

(A) Ensure that security mechanisms and procedures are established for controlled substances, including, but not limited to:
   1. controlled substance ordering and order tracking;
   2. controlled substance receipt and accountability;
   3. controlled substance master supply storage, security and documentation;
   4. controlled substance labeling and tracking;
   5. vehicle storage and security;
   6. usage procedures and documentation;
   7. reverse distribution;
   8. disposal;
   9. re-stocking procedures.

(B) Ensure that mechanisms for investigation and mitigation of suspected tampering or diversion are established, including, but not limited to:
   10. controlled substance testing;
   11. discrepancy reporting;
   12. tampering, theft and diversion prevention and detection;
   13. usage audits.

Title 22 will serve as an outline as we help each provider to move to a closed system and address these areas in policy. Official representatives from each agency, service, and hospital involved in the EMS management of controlled substances are needed to ensure that this process is effective.

ACTION: Have your agency, service, or hospital’s official representative join the Policy Review Forum online or contact me by email:

https://groups.google.com/forum/?hl=en&fromgroups#!forum/remsa-prf-2014
smoffatt@rivcocha.org
FOR CONSIDERATION BY PMAC

DATE: January 16, 2013

TO: PMAC

FROM: Scott Moffatt, EMS Specialist


Our current Policy 3303 – Authority for Emergency Medical Scene Management has not been revised these last two years and remains as it was, verbatim, when it was known as Policy 5100. During 2013 we will be reviewing this previously contentious policy and are bringing it to your attention now to allow your participation. A first draft is attached.

ACTION: Review the Draft Policy 3303 and participate in its revision through the Policy Review Forum:

https://groups.google.com/forum/?hl=en&fromgroups#!forum/remsa-prf-2014
PURPOSE
The purpose of this policy is to outline the responsibilities for scene management, including medical management and patient disposition, as shared between emergency medical service (EMS) first response agencies, transport services, and base hospitals.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services

First Response Agencies
First response agencies and their personnel are described in REMSA Policy 3101 - First Response Agencies.

The public safety agencies in Riverside County have cooperatively established policies to ensure that first response and transport personnel and equipment are dispatched when emergency medical services are needed within each jurisdiction. First response services are typically provided by fire suppression agencies. These first response agencies are responsible for providing non-transport first response services.

Transport Services
Transport services and their personnel are described in the REMSA Policy 3202 - Transport Services.

Transport services are typically provided by private ground ambulance services, fire suppression agencies, and private air ambulance services. These transport services are responsible for providing ambulance transport.

Base Hospitals
Base hospitals and their personnel are described in the REMSA Policy 6201 – Base Hospital Designation and Criteria.

Base hospitals provide medical direction through base hospital orders given to both first response and transport personnel; EMT, AEMT, and paramedic; during base hospital contact.

California Health and Safety Code
The California Health and Safety Code Section 1798.6 provides the authority for patient health care management at the scene of an emergency; it reads in part:

Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.

Notwithstanding subdivision (a) [as quoted above], authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons...
exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

Responsibility for Scene Management

“Authority for the management of the scene of an emergency” is “vested in the appropriate public safety agency having primary investigative authority”, typically law enforcement. Responsibility to mitigate environmental hazards lies with the appropriately trained and equipped public safety agency, typically fire suppression. EMS providers without these responsibilities will not knowingly enter a crime scene or an environmentally hazardous scene until the appropriate public safety agency has arrived, secured the scene, and deemed it reasonably ‘safe to enter’. The appropriate public safety agency is responsible for the non-medical aspects of scene management.

In the exceptional situation when transport service personnel have arrived first, there is no apparent hazard, and transport service personnel are managing the non-medical aspects of the scene; the responsibility for scene management will immediately pass to public safety personnel upon their arrival.

Responsibility for Medical Management

“Authority for patient health care management in an emergency” is “vested in . . . any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified”. Responsibility to make medical decisions and provide emergency medical services lies with the EMT, AEMT, or paramedic who arrives first and initiates medical management. This person will immediately handoff responsibility for medical management to any arriving EMS provider who is REMSA authorized at a higher level: EMT to AEMT or paramedic, and AEMT to paramedic.

Having taken responsibility for medical management, first response personnel authorized at the same level as the EMS transport personnel will handoff individual patients as soon as possible when medically appropriate. The responsibility for each patient passes upon completion of the handoff report, while the responsibility for medical management of the multi-patient scene is not typically passed to transport service personnel.

In the exceptional situation when transport service personnel have become responsible for medical management of the multi-patient scene, they will immediately pass this responsibility to any arriving first responder who is REMSA authorized at an equal or higher level.

Responsibility for Patient Disposition

First response agencies, transport services, and base hospitals all share in the responsibility for patient disposition which includes, among other things, both destination and mode of transport. Typically both destination and mode of transport are indicated by patient preference, clinical needs, and operational needs. However, destination is ultimately a medical decision. As such, both first response and transport personnel will comply with medical direction regarding destination, whether by protocol or base hospital order. In like manner, mode of transport is ultimately a decision made at the scene.
FOR CONSIDERATION BY PMAC

DATE: January 16, 2013
TO: PMAC
FROM: Scott Moffatt, EMS Specialist
SUBJECT: 2014: Policy 4406 – Cardiac Arrest

During 2013 we will be reviewing how we treat cardiac arrest in Riverside County and making a concerted effort to make our prehospital treatment more effective. In his editorial “Improving Cardiac Resuscitation: Evolution or Revolution”, Arthur L. Kellermann, MD, describes these areas for improvement:

1. Prevention
2. Accountability
3. Bystander CPR
4. Minimally Interrupted Cardiac Resuscitation (MICR)
5. The “Bundle” of interventions

We plan to fill in that outline as we review and revise Policy 4406 (and other associated policies) for our 2014 Policy Manual. Please join us.

ACTION: Review the handout(s) that will be received at PMAC, assess your agency, service, or hospital’s potential to contribute to making prehospital cardiac arrest treatment more effective in Riverside County, and participate through the Policy Review Forum:

https://groups.google.com/forum/?hl=en&fromgroups=&#!forum/remsa-prf-2014