

- **Anaheim Fire Department Community Care Response Unit:** This pilot program was developed by Anaheim Fire Department in collaboration with Kaiser Permanente Anaheim. This unit responds to low level acuity medical aid calls. Orange County EMS is monitoring patient data to ensure there are no risks to patient health and safety. At this time, there are no plans to expand this project in Orange County.
- **Alternate Destination Community Paramedicine Pilot Program:** This community paramedicine pilot project is being conducted by Fountain Valley, Huntington Beach, and Newport Beach Fire Departments in which low level acuity patients meeting specified criteria are transported to alternate destinations (such as urgent care centers). The purpose of this pilot program is to offload low level acuity patients to one of five urgent care centers and away from hospital emergency rooms. Dr. Stratton reported on cases that have been entered into the program.
- **Use of Naloxone (Narcan) by Law Enforcement Personnel:** Dr. Stratton reported that this pilot began in October to allow Orange County Sheriffs' deputies to administer intranasal naloxone (Narcan) by law enforcement personnel in suspected overdoses. This pilot has been implemented in Stanton and in the Aliso Viejo and Laguna Niguel area. The Sheriff's Department has now asked OCEMS for all deputies to be trained in the administration of naloxone in suspected overdoses. Other law enforcement agencies have expressed interest for their personnel to receive training. Protocol requires that EMS personnel are en-route before Narcan may be administered.
- **Zofran Complications Discussion:** Dr. Stratton reported that the Medical Advisory Committee has discussed complications for the administration of Zofran to pregnant patients. The Medical Advisory Committee has decided that no changes in policy should be made.

VI. **NEW BUSINESS**

- **OCEMS Policy/Procedure #310.10, Determination of Transport to an Appropriate Facility**

Mike Delaby reported that changes to this policy were made and it was released for 50-day public comment which ended on January 8, 2016. Orange County EMS will re-release this policy for an additional 15-day public comment period to allow hospital administrators to review and comment on this policy.

- **Pediatric Ready / OB Emergency Departments**

Dr. Stratton reported that a number of hospital emergency departments have requested that pediatric patients be diverted from their facility due to a lack of pediatric coverage. In addition, requests have been made to divert OB patients. Orange County EMS intends to survey hospital to determine which facilities have the capability to care for pediatric and complex obstetrical patients. This survey will be sent to the hospital CEOs, emergency room physician and nursing directors. Dr. Stratton reported on the status of Children's Hospital of Orange County's status as a trauma center. Overall an increase in trauma patients has been noted.

- **Chest Compression for LVAD Arrest Patients**

Dr. Stratton reported that changes will be made to the guidelines for the treatment of LVAD arrest patients. After speaking to manufacturers, it was encouraged that chest compressions be performed in LVAD patients who are apneic, and unresponsive with a nonfunctioning device. Patients would then be transported to the nearest cardiovascular receiving center.

VII. **OTHER BUSINESS**

- **Trauma Triage Criteria**

Dr. Stratton reported on the status of Children's Hospital of Orange County's status as a pediatric trauma center. CHOC has developed a rapid repatriation program to ensure that a child is reunited with a family member as quickly as possible. Overall an increase in trauma patients has been noted. This increase can be attributed to the change in trauma triage criteria. Jim Cass suggested that Orange County EMS share outcome data of how changes in the policies have affected the system.

- **Orange County EMS Treatment Guideline Updates** – *Dr. Stratton reported*

Orange County EMS physicians, Drs. Stratton, Miller, and Froman will be revising the EMS treatment guidelines to reflect any necessary changes to national standards.

VIII. **ADVISORY COMMITTEE REPORTS:**

- A. **Medical Advisory Committee** – *Dr. Kozak reported:*

Committee members discussed the standing orders being developed on the treatment of suspected sepsis patients. Committee members discussed the treatment and identification of sepsis in the field.

- B. **Base Hospital Coordinators** – *Sheryl Gradney reported:*

The Base Hospital Coordinators will be conducting two new MICN classes this year. Sheryl Gradney thanked those representatives from Anaheim, Fullerton, and Orange County Fire who are present at the meeting.

- C. **Orange County Fire Chiefs EMS:** – *No report given.*

- D. **Orange County Nursing Leadership** – *No report given.*

- E. **Facilities Advisory Committee** – *Dr. Stratton reported:*

The Facilities Advisory Committee discussed the development of a hospital evacuation plan for surge capacity in the event of a disaster (internal or countywide). This plan would allow hospitals to transfer patients to affiliated facilities (i.e., “sister hospitals”) to allow for a smooth transfer of medical records.

- F. **Drug and Equipment Advisory Group** – *Dr. Stratton reported:*

Committee members discussed the testing of video laryngoscopes at two OCFA fire stations; the feasibility of LMAs, the potential study for the administration of ketamine for excited delirium.

- G. **Education & Training Advisory Committee** – *Vicki Sweet reported:*

Committee members discussed the formation of a task force to look at the standardization of BLS/EMT Preceptor training.

- H. **Transportation Advisory Committee** – *Mike Delaby reported:*

Committee members heard report on the policies that were released for 50-day public comment which ended on January 8, 2016; and the 2016 ambulance service provider licensure process conducted in the last quarter of 2015.

VIII. **NEXT MEETING**

This committee will next meet on March 9, 2016 at 1:00 p.m.

IX. **ADJOURNMENT**

With no further business, the meeting was adjourned.