



AGENDA

ICEMA MEDICAL ADVISORY COMMITTEE Hybrid

February 27, 2024

1300

Purpose: Information Sharing

Meeting Facilitator: Stephen Patterson

Timekeeper: Michelle Hatfield

Record Keeper: Michelle Hatfield

AGENDA ITEM		PERSON(S)	DISCUSSION/ACTION
I.	Welcome/Introductions	Stephen Patterson	
II.	Approval of Minutes	All	Discussion
III.	Discussion/Action Items		
	A. Standing EMS System Updates		
	1. Pediatric Advisory Committee	1. Gigi Rodriguez	Discussion
	B. MBA CCP program	Craig Bell	Discussion
	C. Mono/Inyo County Updates	Lisa Davis/Jessica Wagner	Discussion
	D. Prehospital Ultrasound	Jeff Copeland	Discussion
	E. EMSBUP	Jeff Copeland	Discussion
	F. Blood Products	Reza Vaezazizi	Discussion
	G. MAC Hybrid Meetings	Reza Vaezazizi	Discussion
	H. AED Project	Demis Cano	Discussion
	I. Protocol Review N/A	Michelle Hatfield	Discussion/Action
IV.	Public Comment Period	All	Discussion
V.	Future Agenda Items	All	Discussion
VI.	Next Meeting Date: April 24, 2025		Discussion
VII.	Adjournment		Action

VIII.	Closed Session Case Review -N/A	MAC Committee	Discussion/Action
	A. Loop Closure Cases		
	B. Case Reviews		



MINUTES

ICEMA MEDICAL ADVISORY COMMITTEE

December 12, 2024

1300

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	Welcome/Introductions	Meeting was called to order at 1303	Stephen Patterson
II.	Approval of Minutes	<p>The minutes were approved after one change to attendance.</p> <p>Motion to approve. MSC: Ken Fox APPROVED AYES: Leslie Parham, Susie Moss, Amanda Ward, Craig Bell, Lisa Davis, Steven Patterson, Tonya Henkes, Shawn Reynolds, Debbie Bervel, Kevin Parkes, Seth Dukes, Jessica Wagner, Sharon Brown, Brian Savino, Michael Neeki</p>	
III.	Discussion/Action Items		
	A. Standing EMS System Updates		
	1. Pediatric AC	The subcommittee is working on education for pediatric stroke and ICEMA policies involving pediatrics are being reviewed	Gigi Rodriguez
	B. Prehospital Ultrasound	Group meetings monthly, there are 6 agencies interested in participating	Jeff Copeland
	C. EMSBUP	No updates, EMSAAC wants to expand project statewide	Jeff Copeland
	D. Inyo/ Mono County Updates	No updates, going into busy season	Lisa Davis
	E. MBA CCP Program	61 transport to date, project is going well	Craig Bell
	F. California Resuscitation Outcomes Consortium (CAL-ROC)	NIH is not funding project, looking for funding sources	Reza Vaezazizi
	G. Blood Products	Presentation by Corona Fire Dept	Kelley Long

MINUTES - MEDICAL ADVISORY COMMITTEE

December 12, 2024

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	H. MAC 2025 Dates	2025 MAC dates were reviewed and approved	Michelle Hatfield
	I. Protocol Review N/A	No policies to review	Michelle Hatfield
	J. Public Comment Period	Hybrid meetings paused due to equipment. Request to move meeting to different hosting sites.	All
	K. Future Agenda Items	None submitted	All
IV	Next Meeting Date February 27, 2025		All
V	Adjournment	Meeting was adjourned at 1451	All
VI.	Closed Session A. Case Reviews B. Loop Closure Cases	N/A	

Attendees:

NAME	MAC POSITION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> P. Brian Savino - LLUMC <input type="checkbox"/> Brandon Woodward - ARMC	Trauma Hospital Physicians (2)	<input checked="" type="checkbox"/> Reza Vaezazizi, MD	Medical Director
<input type="checkbox"/> Melanie Randall - LLUMC	Pediatric Critical Care Physician	<input type="checkbox"/> Demis Cano	EMS Specialist
<input type="checkbox"/> Phong Nguyen - RDCH <input type="checkbox"/> VACANT	Non-Trauma Base Physicians (2)	<input checked="" type="checkbox"/>	Specialty Care Coordinator
<input type="checkbox"/> VACANT	Non-Base Hospital Physician	<input type="checkbox"/> Jeff Copeland	Sr. EMS Specialist
<input checked="" type="checkbox"/> Michael Neeki - Rialto FD	Public Transport Medical Director	<input checked="" type="checkbox"/> Michelle Hatfield	Sr. EMS Specialist
		<input checked="" type="checkbox"/> Paul Lopez	EMS Specialist
<input checked="" type="checkbox"/> Seth Dukes - AMR	Private Transport Medical Director		

<input checked="" type="checkbox"/> Kevin Parkes - Ontario FD	Fire Department Medical Director
<input checked="" type="checkbox"/> Shawn Reynolds	EMS Nurses Representative
<input checked="" type="checkbox"/> Leslie Parham - Chino Valley FD	EMS Officers Representative
<input type="checkbox"/> Kevin Dearden - Rialto FD	Public Transport Medical Representative (Paramedic/RN)
<input checked="" type="checkbox"/> Susie Moss - AMR	Private Transport Medical Representative (Paramedic/RN)
<input type="checkbox"/> Lance Brown - LLUMC	Specialty Center Medical Director
<input checked="" type="checkbox"/> Sharon Brown - ARMC	Specialty Center Coordinator
<input checked="" type="checkbox"/> Troy Pennington - Mercy Air	Private Air Transport Medical Director
<input checked="" type="checkbox"/> Stephen Patterson - Sheriff's Air Rescue	Public Air Transport Medical Director
<input checked="" type="checkbox"/> Debbie Bervel	PSAP Medical Director
<input type="checkbox"/> Lisa Davis - Sierra Lifeflight	Inyo County Representative
<input checked="" type="checkbox"/> Jessica Wagner	Mono County Representative
<input checked="" type="checkbox"/> Tonya Henkes	Trauma Program Manager Representative
<input checked="" type="checkbox"/> Amanda Ward - Crafton Hills	EMT-P Training Program Representative
<input checked="" type="checkbox"/> Kenneth Fox	Public Safety Field Paramedic
<input checked="" type="checkbox"/> Craig Bell	Private Transport Field Paramedic
<input type="checkbox"/> VACANT	ICEMA Medical Director Appointee



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 6070
Effective Date: 05/01/24
Supersedes: 04/01/23
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CARE OF MINORS IN THE FIELD

I. PURPOSE

To provide guidelines for EMS field personnel for treatment and/or transport of minors in the field.

II. PROCEDURE

Treatment and/or Transport of Minors

- In the absence of a parent or legal representative, minors with an emergency condition shall be treated and transported to the medical facility most appropriate to the needs of the patient.
- In the absence of a parent or legal representative, minors with a non-emergency condition require EMS field personnel to make reasonable effort to contact a parent or legal representative before initiating treatment and/or transport. If a parent or legal representative cannot be reached and minor is transported, EMS field personnel shall make every effort to inform the parent or legal representative of where the minor has been transported, and request that law enforcement accompany the minor patient to the hospital.

Minors Not Requiring Immediate Treatment and/or Transport

- A minor evaluated by EMS field personnel and determined not to be injured, to have sustained only minor injuries, or to have an illness or injury not requiring immediate treatment and/or transportation, may be released to:
 - Parent or legal representative.
 - Designated care giver over 18 years of age.
 - Law enforcement.
 - EMS field personnel shall document on the patient care report to whom the minor was released.

Minor Attempting to Refuse Indicated Care

- Attempt to contact parent or legal representative for permission to treat and/or transport.
- If parent or legal representative cannot be contacted, contact law enforcement and request minor to be taken into temporary custody for treatment and/or transport.

Base Hospital Contact

- Base hospital contact is required, prior to EMS field personnel leaving the scene, for the following situations:
 - Minors under the age of nine (9) whose parents or guardians are refusing care.

~~Minors who in the opinion of EMS field personnel, do not require treatment or transport.~~

- See ICEMA Reference - #9030 - Destination.

III. **REFERENCE**

<u>Number</u>	<u>Name</u>
9030	Destination



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 8130
Effective Date: 05/01/24
Supersedes: 04/01/23
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ASSESS AND REFER RESPONSE PLAN (San Bernardino County Only)

I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable, and does not require emergency department services EMS field personnel will assess patient and provide an appropriate alternative recommendation.

II. POLICY

- If the patient's condition is stable and meets assess and refer criteria EMS field personnel will provide the patient the following recommendation:
 - "It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider, urgent care or clinic. If symptoms worsen seek medical help or re-contact 9-1-1."

III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest most appropriate hospital.
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Provide instructions that if symptoms worsen, patient should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- If the patient or guardian refuses the referral, the patient will be transported to the closest most appropriate hospital.

IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Does the patient, parent, or guardian have Decision Making Capacity?
- Is EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?

V. ASSESS AND REFER CRITERIA

- The patient must meet all of the following criteria:
 - _____ Parent or guardian is on scene if the patient is under 18 years of age (unless legally emancipated).
 - Patient is not under two (2) years of age
 - Has a Glasgow Coma Scale (GSC) of 15 or GCS is at patient's baseline.
 - Exhibits no clinical evidence of:

- Altered level of consciousness
 - Alcohol or drug ingestion that impairs decision making capacity
 - Abnormal or labored breathing or shortness of breath
 - Chest pain/discomfort of any kind
 - Hypoxia as indicated by low oxygen saturation
 - Significant tachycardia
 - Serious hemorrhage
- Exhibits evidence of Decision-Making Capacity sufficient to understand the nature of the medical condition as well as the risks and potential consequences of not seeking additional medical care from the provided recommendation.
 - The patient would benefit from the provided recommendation.
 - The patient is likely to successfully navigate the provided recommendation.
- If there is clinical evidence of a viral illness, the patient must meet all the following criteria:
 - Be stable.
 - Not under two (2) years of age, or over 65 years of age.
 - Does not have an underlying medical history.
 - For the COVID positive patient or PUI, assess for a referral to stay home, self-isolate, and seek follow-up treatment with a physician.

VI. DOCUMENTATION REQUIREMENTS

- Physical exam.
- Treatment provided.
- Patient, parent, or guardian is alert, oriented, and acting appropriately for their age.
- Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
- Any other observations that indicate that the patient, parent, or guardian has impaired Decision-Making Capacity.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
 - That a recommendation/referral was offered.
 - What the recommendation/referral was that EMS field personnel provided.
 - The patient's understanding of the recommendation/referral.
 - The patient's plan based on the recommendation/referral of the EMS field personnel.
- The person(s), if any, who remained to look after the patient (the patient's "support system").

- The name of the interpreter utilized, if applicable.
- EMS field personnel will leave a referral card containing relevant community referral information with the patient.