



# Emergency Medical Service Agency

333 Valencia St, Suite 210  
San Francisco, CA 94103

## Meeting Minutes Meeting Title: EMSAC Date/Time: 07.30.2024 Location: MS Teams

**ATTENDEES: See Roster/Quorum Sheet**

Item	Discussions/Notes	Action /Follow up Items
Introductions- Roll Call	Cassie Medeiros/Ron Pike-  Quorum has been met	
Review and approve minutes	Cassie Medeiros-  Minutes approved	
EMSA Announcements	Medical director position posted. 2533 is also be posted tbd. EMS plan submitted in July. All plans found on EMS website. Agitated patient policy SP43 will likely be coming mid august. Language is still being worked on.	
Policy 5000-Destination	Andrew Holcomb- Gramatical changes  Molloy- concerned around how realistic requiring additional documentation. Disagree with it and feel that it will be handled in a different way.  Holcomb- Nepsis field will not meet the requirements. Only required if destination decision is not followed.  Dr. Yeh-motion to approve  Theresa Farina- Second	Motion passes
Protocol 2.04-Cardiac Arrest	Lauren Friend-	



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	<p>Lacocque, Jeremy- Suggested e strike the language after hyperkalemia and just go to treatment. Adding albuterol. Striking the word “consider” and put “give”.</p> <p>Summary of changes- additional edits including removing the language of suspected hypercalcemia****, adding albuterol****, change of removing consider</p> <p>Gino- all other “open for discussions” will go back to STAR for discussions. And be readdressed in October.</p> <p>Requested to be readdressed for October</p>	
<p>Protocol 2.17- Hyperkalemia</p>	<p>Lauren Friend- Several comments regarding language. Added pediatric doses. Crushed protocol is not up for review so will need to be addressed later.</p> <p>Lacocque, Jeremy- reco14.mmend making the max peds dose is the max adult dose (in case the kid is 70kg, for instance). Change max peds dose to 4g to be in line with adults. ****Adding “especially”.</p> <p>Summary: increase max dose of peds, change verbiage “especially with these ecg findings”</p> <p>Lacocque, Jeremy motioned to approve</p> <p>ProtJesus- second</p>	<p>Motion passed</p>
<p>Protocol 14.1- Sodium Bicarbonate</p>	<p>Lauren Friend- language to align with Hyperkalemia protocol. Request for specific CCs in language. Recommendation to rewrite the Crush protocol in future.</p> <p>Lacocque, Jeremy- motion to add “Crush syndrome: 1mEq/kg (max 50mEq) push immediatPediely prior to extrication”. Add “if &lt;2 years, dilute bicarb 1:1 with sterile water”.</p> <p>Summary: add crush syndrome and crush syndrome dosing</p> <p>Lacocque, Jeremy motion to approve</p> <p>Dr. Yeh- Second</p>	<p>Motion passed</p>



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<p>Protocol 14.1 Calcium Chloride</p>	<p>Lauren Friend- Align with Hyperkalemia changes. Add language for IO. Clarification for language.</p> <p>Lacocque, Jeremy- motion to change max peds dose from 2 to 4 to match our previous discussion. Also request strike bold text in adult dose with indication. Motion to strike hypocalcemia and hypermagnesemia, since there's no protocol for those.</p> <p>Summary: change max pediatric dose ***, strike bold text, strike hypocalcemia from indication section.</p> <p>Lacocque, Jeremy- motion to approve Molloy-second</p>	<p>STAR will discuss hypermagnesemia in the cardiac arrest protocol.</p> <p>Motion passed</p>
<p>Protocol 2.08- Tachycardia</p>	<p>Gino Cifoletti- No public comments.</p> <p>Lacocque, Jeremy- motion to approve Molloy-Second</p>	<p>Motion passed</p>
<p>Protocol 8.12-Pediatric Pain Control</p>	<p>Elaina Gunn- revisions include fentanyl max dose, added splinting language.</p> <p>Lacocque, Jeremy- Motion to add IO next to IV for ketamine dose.</p> <p>Guerrero, Jesus- motion to approve</p> <p>Theresa Farina- Second</p>	<p>Motion passed</p>
<p>Protocol-11.04-Field Amputation</p>	<p>Bryan Fregoso/Gino Cifoletti- Comments pertaining the algorithm. Removed and will discuss later. Added clarifying language on scope of practice. Comments around pager system. Discussion around providing vehicle for dispatch.</p> <p>Lacocque, Jeremy- motion to add for pain: may administer fentanyl or ketamine. (or just refer to pain protocol), Anesthesia: preferred medication IS ketamine, and strike: medical director for approval. Suggests 1000mg for ketamine dose.</p> <p>Guerrero, Jesus- motion to approve</p> <p>Lacocque, Jeremy- second</p>	<p>Motion passed</p>



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<p>Protocol 7.06- Thoracostomy</p>	<p>Elaina Gunn- remove hymlic from procedure sections. Changes anterior line. Struck connective tubing language.</p> <p>Guerrero, Jesus- motion to approve</p> <p>Yeh, Clement- Second</p>	<p>Motion passed</p>
<p>Protocol 2.18-Opioid Overdose</p>	<p>Elaina Gunn- reflective of state updates. Updated removing pregnancy and min. Age to 16.</p> <p>Silverman, Eric- motion to approve</p> <p>Guerrero, Jesus- second</p>	<p>Motion passed</p>
<p>Protocol-14.1 Buprenorphine and Naloxone</p>	<p>Elaina Gunn- reflective of state updates. Changed ***</p> <p>Lacocque, Jeremy- Removal of language from state med. sheet code. Add "under age 16" to the pediatric section.</p> <p>Lacocque, Jeremy- motion to approve</p> <p>Theresa Farina- Second</p>	<p>Motion passed</p>
<p>Protocol 8.05-Neonatal Resuscitation</p>	<p>Gino Cifoletti- reduced blood glucose levels. Protocol will be reworked.</p> <p>Lacocque, Jeremy- motion to approve</p> <p>Silverman- Second</p> <p>Requested to be readdressed by Molloy regarding taking glucose levels back to 60 and consistency. And remove all changes.</p> <p>Lacocque, Jeremy- motion to approve</p> <p>Molloy- second</p>	<p>Motion to remove changes passed</p>
<p>Protocol-8.10-Pediatric Seizure</p>	<p>Gino Cifoletti- Align with 8.05.</p> <p>Lacocque, Jeremy- Motion 1: Strike content around &lt;45 and Motion 2: Midazolam administration beyond max dose or after Diastat administration for patient with continued seizures.</p> <p>Guerrero, Jesus- Motion to Approve</p>	<p>Motion passed</p>



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	Yeh, Clement- seconded	
Protocol-7.14-Report Abuse and Assault	<p>Gino Cifoelli- proposed change title to include human trafficking. Language change.</p> <p>Lacocque, Jeremy- motion to have consistent language across protocols. "DOMESTIC VIOLENCE: • Notify local law enforcement and/or Receiving Hospital staff and document. CHILD ABUSE: • Must Every effort should be made to transport pediatric patients who are potential child abuse victims. •Notify local law enforcement and/or receiving hospital and CPS. • San Francisco Human Services Agency - Child Abuse Hotline (800) 856-5553 (available 24-hrs) ELDER ABUSE (age 65 or older): If the any combination of the following circumstances are present, contact local law enforcement, contact APS and/or hospital staff."</p> <p>Guerrero, Jesus- Motion to Approve</p> <p>Theresa Farina- Second</p>	Motion passed
Protocol 2.03-Altered Mental Status	<p>Gino Cifoelli-</p> <p>Lacocque, Jeremy- Place links back into protocol. 1) change MAD to "IN" 2) strike "glucose paste" and just keep "oral glucose: (lower case, as a generic term) 3) for causes of AMS, add hyperlinks to protocols when possible.</p> <p>Guerrero, Jesus- Motion to Approve</p> <p>Silverman- Second</p>	Motion passed
Roundtable/Open Forum	Chair and Co-Chair will be up for nominations. ALS and BLS representatives are open as well.	
Adjourn	<p><u>Molloy motioned to adjoin</u></p> <p>Guerrero, Jesus- second</p> <p>Next Meeting Tuesday, October 22<sup>nd</sup> 2024 10am-12pm</p>	