



EMERGENCY MEDICAL CARE COMMITTEE CONTRA COSTA COUNTY

MEETING MINUTES

June 13, 2007

MEMBERS PRESENT REPRESENTING

Chair: Ellen Leng *Emergency Department Physicians*

1st Vice Chair: Allen Tobias *District II*

2nd Vice Chair: Kacey Hansen *Trauma Center*

**Executive Committee: Paul Freitas *Alameda-Contra
Costa Medical Association***

Joseph Barger *Contra Costa County Health Services*

Julia Buss *American Heart Association*

Deborah Campbell* *District II*

Ross Fay *Air Medical Transportation Provider*

Dave Gaynor* *District III*

Donald Gracey *District III*

Madeline Ibrahim *District I*

Marcy Kalogiannis *Emergency Nurses Association – East
Bay Chapter*

Art Lathrop *EMS Director*

Darrell Lee *Public Provider Field Paramedic*

Odessa McGahee *District V*

Mark Mulgrew *California Highway Patrol*

Tony Semenza *Community Awareness & Emergency
Response (CAER)*

MEMBERS ABSENT REPRESENTING

Lori Altabet* *Base Hospital Coordinator*

Paula Andrews *American Red Cross*

Charles Gibson *Contra Costa Police Chiefs' Assoc*

Scott Hanin *Public Managers' Assoc*

Kacey Hansen *Trauma Center – CC Contract*

Lisa Hoffmann *Contra Costa Sheriff-Coroner*

Debbie Meier *Contra Costa Fire Chiefs' Assoc*

Leslie Mueller *Ambulance Providers - CC Contract*

OTHERS PRESENT

Re Anne Arcangel *American Heart Association*

James Matyas *2-1-1 Contra Costa*

Linda Mulgrew *AMR*

Sharon Schutier

Lt. Tom Sharp *Colleges of Contra Costa*

Donald Waters *Alameda-Contra Costa Medical Assoc*

STAFF PRESENT

Barbara Center *Region II RDMHS*

Pat Frost *QI Coordinator*

Sheba Gorospe *Senior Clerk*

Lauren Kovaleff *EMS Assistant Director*

Meeting was called to order by **Chair Leng** at 4:05 p.m.

I. Introduction of Members and Guests

Attendees made self-introductions.

II. Approval of Minutes

M/S/C (Tobias/Freitas) to approve minutes of the March 2007 meeting.

III. Comments from the Public

Member Gaynor requested an update on Doctors San Pablo. **Staff Lathrop** indicated that he would address the subject during the EMS Director's Report.

IV. Chair's Report

Chair Leng shared the sad news that **Member Tim Hennessey** passed away the previous month. She spoke of the significant contribution he made to the Multi-Casualty Incident (MCI) Plan and announced that the Plan will be dedicated to **Tim's** memory.

Chair Leng welcomed new **Member Don Gracey**, District III, and **Sheba Gorospe**, EMS Senior Clerk. She noted that applications for two seats (Public Provider Field Paramedic – Alternate, and Private Provider Field Paramedic) have been received and are in process for appointment.

V. *Members' Reports*

There were no reports.

Chair Leng requested that Item VII be heard first.

VI. 2-1-1

Jim Matyas, 2-1-1 Director, gave an overview of the 2-1-1 system which has recently been added to the services offered by the Contra Costa Crisis Center. The Contra Costa Crisis Center has been operating since 1968 offering telephone crisis intervention and offers services such as after-hours Adult Protective Services and Child Protective Services, and staffs the 1-800-Suicide lines. The California State Public Utilities Commission assigned the 2-1-1 three-digit code to the Crisis Center last year. The actual launch of the program is scheduled for December. The 2-1-1 system is currently operating in a test mode, meaning that 2-1-1 can be accessed through land lines only at this time. They are in operation 24/7 and receiving between 800 and 900 calls per month.

Mr. Matyas then made a PowerPoint presentation covering 2-1-1's role in Hurricane's Katrina and Rita in 2005. The 2-1-1 Disaster Response Team provided invaluable assistance to emergency personnel and the affected populations concerning things such as road conditions and evacuation routes, information on families which had been separated, rescue of persons with special needs, availability of food and shelter, and coordination of volunteers and donations – all things which freed up the emergency responders to do their main jobs. In addition, 2-1-1 specialists provided assurance and comfort to people in psychological crisis. In all, 2-1-1 handled 302,083 calls from August 28th through September 26th. 2-1-1 is a national movement and currently in operation in 41 states. The 2-1-1 system works closely Homeland Security and FEMA, and has a staff person assigned to the Office of Emergency Management in Houston.

Mr. Matyas indicated that 2-1-1 is still involved in the long-term recovery phase of the hurricanes.

Mr. Matyas noted that the following were identified as some of the areas needing improvement:

- More real-time information was needed, and there was conflicting direction as to what information regarding resources could be disseminated to the public;
- There was a lack of debriefing when shifts changed; and
- Clarification as to the definition of special needs individuals was needed, and these individuals should have been assigned case numbers, which would have assisted in follow up.

Mr. Matyas stated that he is working to establish relationships with the County Sheriff's Office of Emergency Services and the local Red Cross. Five or six counties are currently operating 2-1-1 systems (some still in test phase) and a plan is in place to have statewide coverage by 2010. He indicated that the Contra Costa 2-1-1 system is currently operating 24/7 and receiving between 800 to 900 calls per month. The system is not being advertised at present as the amount of calls will easily double once advertising begins, and due to funding issues the system is not sufficiently staffed at present to handle such a call load.

VII. *CHEMPACK*

Barbara Center first shared that the CHEMPACK project is an addition to the Center for Disease Control's (CDC) Strategic National Stockpile (SNS). The project is a forward placement of sustainable cache of nerve agent antidote. The caches are kept in large sealed containers, monitored for security and temperature, which extends shelf life. There are two types of caches: one for EMS and one for hospitals. There are about 50 caches in our response region (Region II), which account for approximately one-third of the caches statewide. The caches can be pre-positioned for special events. Each county that has agreed to accept a cache had to also agree to develop protocols for unlocking and moving the caches. She commented that **Tim Hennessey** was instrumental in developing the protocol for Contra Costa County. There are a number of individuals within the county who can request these caches, including a field incident commander, an emergency room physician, or the County Health Officer. The caches can also be divided and moved in portions.

Ms. Center said that though the CHEMPACKs are located in our county, we don't own them. Other counties, although they chose not to store CHEMPACKs, can request them from our county. (The requesting county is responsible for supplying transport, though we can assist if necessary.) Contra Costa County is currently working on a transport protocol from county to county. This must be a smooth, fast process, as nerve agent antidotes must be applied immediately. Hospitals are required to use their own supplies first.

Member Lathrop thanked **Barbara Center**, **Tim Hennessey**, and **Dan Guerra** for their work on the deployment plans.

VIII. *Psychiatric Holds in the Hospital*

Staff Kovaleff said that this item is being reviewed by County Counsel. **Member Freitas** reported that **Dr. Walker** has been advised that the new implementation date for Contra Costa County's training concerning 5150s is July 31, 2007. He shared that California Welfare and Institutions Code 5150 was designed to allow county-designated personnel to place patients, who as a result of mental disorder may be of danger to himself or herself or others, in a county-designated psychiatric facility for 72-hour treatment and evaluation. **Member Lathrop** added that any law enforcement officer may place a 5150 hold on an individual, but that county mental health directors may also designate others who can place the holds. A local committee including Contra Costa County Mental Health, the Alameda-Contra Costa Medical Association, Dr. Freitas, and others has been working to set up a process to add emergency department physicians to those who can place the holds.

IX. *EMS Director's Report*

Member Lathrop reported the following:

- The Multi Casualty Incident (MCI) plan will become effective on July 31, 2007 and trainings have begun. One of the key differences is that it will be implemented at a much lower level so it will be put into practice more frequently, giving everyone an opportunity to become familiar with it. He thanked all those involved in its design.
- **Member Lathrop** acknowledged the AT&T Pioneer Council for its donation of teddy bears. The teddy bears will be given to pediatric patients to comfort them. We have received 70 to start and recipients will be AMR, San Ramon Valley Fire, and Moraga/Orinda Fire. The teddy bears will be replenished as needed.

- CDMOM (California Disaster Medical Operations Manual) is being developed jointly by the State EMS Administrators Association and the State EMS Authority. The manual will focus on the mechanics of the medical mutual aid system, from the operation level up to the state. The target date for a draft is August 2007.
- **Member Lathrop** referred to a newspaper article (handout) concerning EMT and paramedic oversight and discipline. The article cited issues such as problems with alcohol and drugs, and theft of items from patients. Paramedic oversight is handled by the state, while EMTs are under county jurisdiction. There is currently a bill in the legislature that would have the state take over EMT certification. Our EMS office supports this legislation.
- Alternate Care Sites – due to a lack of time, Member Lathrop will address this the next meeting. He did comment that the County does have an alternate care site plan as part of the pandemic flu plan. The state is also working on an alternate care site plan, which will be released soon.
- Doctors San Pablo – **Member Lathrop** commented that Doctors San Pablo is struggling. **Member Campbell** noted that the hospital is still experiencing cash flow issues and that a public forum is scheduled for next week. There was some general discussion concerning a potential closure of the hospital and how that would impact the community. **Chair Leng** noted that formulating a plan to handle such a possibility is beyond the scope of this committee, however, she will discuss the matter with Dr. Walker.

X. *EMS Medical Director's Report*

Member Barger shared the following:

- The 12-lead program is in place. The ability for paramedics to perform pre-hospital EKGs on all indicated patients, to identify ST elevation myocardial infarctions, is available. We are still working with hospitals, and have received a lot of enthusiastic support to develop a system of STEMI centers. These centers are able to rapidly treat patients with heart attacks of this type. Policies, protocols, data agreements, etc. are currently being developed and **Member Barger** expects the program to be operational by the end of this year.
- Effective July 1, 2007 all health clubs in the state will be required to have AEDs. EMS, as a courtesy, notified all identifiable health clubs in Contra Costa County of this new law. **Member Barger** said that there have been at least three cardiac arrests in health clubs in the last three months, and all three were successfully resuscitated by the efforts of the health club employees. EMS continues to work on distributing AEDs throughout the county. Though the units are not inexpensive, they are very cost effective.

XI. *Agenda Items for Next Meeting – September 12, 2007*

- Psychiatric Holds in the Hospital (5150)
- Doctors San Pablo
- Alternate Care Sites
- DMAT
- Cell Phones and the 911 System

XII. *Adjournment*

The meeting adjourned at 5:50 PM.

Respectfully submitted,
EMCC Secretary