



# FIRE QA/POLICY REVIEW COMMITTEE

## Meeting Minutes

*January 24, 2018*

**Present:** Sherry Bensema, Ed Grambusch, Jay Hannon, Michael Kahrmann, Dan Mullen, Mark Shelton,

METCOM: Louise Funk, Wendy Patterson, Sarah Smith, John Thompson, Jordan VanDyke, Doctor Mark Zeitzer

**Next meeting:** Wednesday, March 21, 2018 @ 0900 hours – Location To Be Announced  
Wednesday, May 23, 2018 @ 0900 hours  
Wednesday, September 12, 2018 @ 0900 hours  
Wednesday, November 7, 2018 @ 0900 hours

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Meeting called to order at 0903.

### **I. Agenda Items**

#### Emotional Body Armor Training:

METCOM will be hosting a training class for employee titled Emotional Body Armor. This is a 2 hours course designed to provide first responders with tools to help individuals deal with trauma they may be exposed to in the course of their duties. The course will be held at Woodburn Fire Department Main Station. Louise will send out the course information as well as the date and times available for participants. Please consider sending your employees to this course. You may contact Louise for further information or for enrollment once the dates and times are released.

#### Cardiac Call Stats:

METCOM is working on obtaining information on Cardiac Calls. This information is based on if CPR was started in the field, did the patient leave the hospital as a survivor or were they deceased. Louise will email a spreadsheet with this information once complete.

#### Review of PAI Cards:

METCOM would like to review the "Diabetic," "Seizure" and "Over Dose" pre-arrival cards to see if additional questions need to be added to determine if CPR should be started.

- Review of CPR PAI Card: The CPR card will be updated to reflect infant CPR is performed for ages 9-11 months. Child CPR is performed on ages 1 year to 8 years old.
- Review of Seizure PAI Card: Is the question "Is the patient breathing?" a pertinent question on the Seizure PAI Card? After discussion it was determined that this is a valid question. A person in seizure should still be breathing normally. Agencies are arriving on calls where CPR instructions have been relayed, with CPR in progress, where it was not necessary. Additional discussion occurred regarding if we need to update the PAI cards to ask more appropriate questions to determine if a patient is breathing (i.e. is the chest rising?). Fire/EMS units should

identify calls where CPR was in progress, but not needed. Doctor Zeitzer will research and bring back information regarding this issue.

- **CPR "Timer":** A CPR timer will be added to all cardiac call types at tap out. This will initiate the notification to responding units that CPR is in progress and will continue timer notifications every 5 minutes until units advise METCOM to stop the timer. The call disposition should be updated from CARDIAC to the correct call type (i.e. Seizure) if initially incorrectly identified. The update of the call type disposition will assist with correct reporting of CPR performed on cardiac patients in the field.
- **Nose Bleeds Trauma vs. Bleed:** If an uncontrollable nose bleed is caused by a trauma, it should be coded as a trauma. If the nose bleed is not caused by a trauma or accident, it should be coded as a BLEED.
- **Odor Call for service:** If METCOM received a call reporting an odor, the call taker should ask caller if there are any patients. The dispatcher should advise the responding fire units if there are identified patients involved (and how many). Responding fire/Hazmat units will make the determination if a medic unit should be added to the call. At that time the dispatcher will manually dispatch a medic if requested.

#### System Down Procedure:

A user agency advised there were some issues where there was a system outage. The agency was not notified of the system issues and inability to receive call notifications (could only get tones, no pages). John Thompson confirmed that METCOM can use the in-house active 911 or Everbridge systems for notifications. The system down procedure will be reviewed with staff during the mandatory staff training. This should include the training on the use of the in-house active 911 and Everbridge system. Louise will work with Fire/EMS agencies to update their Everbridge users and provide training.

## **II. Calls Reviewed**

The following calls were reviewed by the committee.

**CFS: 9057**

Call Type: TRAU

Agency: SBF

See attached QA review form.

Discussion:

- Call taker – did a great job. No issues.
- Dispatch – No issues

**CFS: 6431**

Call Type: CARD

Agency: TRF

See attached QA review form.

Discussion:

- Call taker – Did a good job. Took control of the call.
- Dispatcher – Did not provide cross street information.

**CFS: 6673**

Call Type: GSW

Agency: SVF

See attached QA review form.

Discussion:

- The call taker – Did a great job getting information from the caller in a difficult situation.
- Dispatch - No comments on the dispatch of the call.

**CFS: 3056**

Call Type: GSW

Agency: SYF

Discussion:

- Call taker – was very calm.
- Dispatch – No issues
- General discussion – should this have been a death in the field or CARD and not a GSW? Should the call taker have provided CPR instructions? It was determined that due to the circumstances in this case, the call was coded properly and CPR instructions did not need to be given.

**CFS: 8751** (MVA Injury) was not reviewed

### **III. General Discussion**

- Dispatcher is not parroting back information or providing times to units when units are giving information to dispatch from the field. Dispatcher need to provide this information to “time stamp” unit and patient information when provided from the field.
- Doctor Zeitzer reviewed the Overdose/Ingestion PAI card. Currently the PAI card does not have a question asking if the overdose or ingestion was intentional. Doctor Zeitzer advised to add a question “Did they do this to hurt themselves?”
- Currently Poison Control information is locate at the bottom of the card by the supplemental information (on the Overdose / Ingested PAI card). METCOM to review the Poison Control verbiage and present at the next meeting for review.

Meeting adjured at 1054.