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|  |  **Meeting Minutes** |  |
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| Subject: | Medical Services Committee P. Brennan, Dr. Cohen, |
| Date: | December 14, 2018 – final |
| VotingMembers:Absent Members: |  Dr. Burstein (chair), Dr. Beltran, P. Brennan, Dr. Chung, Dr. Dyer,  D. Faunce, Dr. Nemeth and Dr. Restuccia, Dr. Old and Dr. Walter. P  Dr. Bivens, Dr. Cohen, S. Gaughan, Dr. Tennyson, Dr. Tollefsen  and Dr. Walker.    |

# 0 Agenda

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Review of email distributed articles.

# Call to Order

Dr. Jon Burstein called to order the December meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:09 am on December 14, 2018 in the Surge Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

# 3.0 Motions

The following table lists the motions made during the meeting.

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| **Motion** | **Result**  |
| **Motion:** by Dr. Restuccia to accept the October minutes. Seconded by Dr. Dyer.  | **Approved -** unanimous vote.  |

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| **Motion** | **Result**  |
| **Motion**: by D. Faunce to require EMTs to be approved to participate in the Albuterol Protocol as a Medical Director Option if the service wants to have the EMTs administer CPAP. Seconded by Dr. Dyer.  | **Approved** Dr. Beltran, Dr. Chung, Dr. Dyer, D. Faunce, Dr. Nemeth, Dr. Old and Dr. Walter. Opposed – P. Brennan.  Abstentions – none. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Walter to bring the WLS document with proposed edits to MSC February. Seconded by Dr. Old. | **Approved** Dr. Beltran, Dr. Nemeth, Dr. Old and Dr. Walter. Opposed – P. Brennan, D. Faunce and Dr. Dyer. Abstentions – Dr. Chung. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Beltran to increase the adult IN dose of midazolam in 2.15A Seizures -Adult Protocol. Seconded by Dr. Nemeth.  | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Old to add language to the Blood administration section of the IFT protocol to waive the 20 minute infusion wait time with medical control approval.  Seconded by P. Brennan.  | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Beltran to add sudden dizzinesslanguage to the Stroke Protocol.Seconded by Dr. Old.  | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Old to add language defining a Sexual Assault patient as a Protocol X Alert to the Statewide POE plan. Seconded by D. Faunce.  | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Restuccia to adjourn at 12.01 pm | **Approved** – unanimous vote. |

**4.0Action Items**

The following table lists the action items identified during the meeting

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| **Item** | **Responsibility** |
| Edit WLS document | DPH |

Agenda

1. Acceptance of Minutes: October 12, 2018 meeting

**Motion:** by Dr. Restuccia to accept the October minutes. Seconded by Dr. Dyer.

**Approved** – unanimous vote.

1. OEMS Update-Mark Miller

STP 2019 likely release by 2/1/19. Stroke POE is in the process of being updated with the Coverdell Program. Legislative involvement is ongoing.

AED Registry -- a system to monitor AED availability. Described. Further information via Elliot Fish or 911 Commission.

EMCAB is scheduled to meet on April 24, 2019 at 10 am at MEMA.

1. Old Business

 a. Membership of the committee. Informational.

 Dr. Restuccia is retiring and was recognized and thanked for his over 2 decades of

 service on the Medical Services Committee. A Commissioner’s citation was given

 to Dr. Restuccia.

b. Linkage of MCOs, CPAP for BLS and nebs for BLS. Discussion and vote.

CPAP by EMTs and AEMTs was passed for inclusion in the nest protocol release.

 Should EMTs be required to participate in the Medical Director Option Protocol 6.1 Albuterol Assisted Albuterol Adult and Pediatric to participate in the CPAP Protocol. Discussion.

 **Motion**: by D. Faunce to require EMTs to be approved to participate in the Albuterol Protocol as a Medical Director Option if the service wants to have the EMTs administer CPAP. Seconded by Dr. Dyer. **Approved** Dr. Beltran, Dr. Chung, Dr. Dyer,

 D. Faunce, Dr. Nemeth, Dr. Old and Dr. Walter. Opposed – P. Brennan.

 Abstentions – none.

1. New Business

 a. Articles – NASEMSO SOP, regional EBH care, AHA Update. Informational.

 AHA recommended putting lidocaine back into the VF arrest Protocol -- MA never

 removed lidocaine from the protocol.

b. Reporting of impaired drivers. Guest presentation by Dr. Mahoney. Discussion.

PPP-the 2010 Safe Driver Law has a component allowing a physician to report to the RMV impaired drivers that have been involved in an accident that impacts another person. The medical reporting form can be found on the RMV website. The reporting is not mandatory.

c. Draft AR for WLS (Dr. Tollefsen). Discussion and vote.

 Dr. Friedman presented the draft Warning Lights and Sirens document. There are no data showing an increase in survival using WLS. Maybe some benefit in rush hour/traffic. Discussion- The Department does not oversee dispatch-no regulatory power. This document is intended for EMS from the scene to the hospital. Recommendation to not regulate WLS but educate providers, a change in practice. There has not been enough study of Routine Driver Training/CVO. Could bring the issue to EMCAB, could send the document to EMCAB. Operation Committee will review this document. P. Brennan called the question. Dr. Burstein will incorporate suggestions and will bring the document for review to the February meeting

 **Motion:** by Dr. Walter to bring the WLS document with proposed edits to February MSC. Seconded by Dr. Old.

 **Approved** Dr. Beltran, Dr. Nemeth, Dr. Old and Dr. Walter.

Opposed – P. Brennan, D. Faunce and Dr. Dyer. Abstentions – Dr. Chung.

d. IN Midazolam dose change? Discussion and vote.

The max. dose for midazolam IN in the Pediatric seizure protocol is10 mg. The adult dose max. is 6 mg. The Adult dose should be increase to 10 mg IN.

**Motion:** by Dr. Beltran to increase the adult IN dose of midazolam in 2.15A Seizures -

 Adult Protocol. Seconded by Dr. Nemeth.  **Approved** – unanimous vote.

e. Blood product transfusion time exception IFT language (Dr. Walker). Discussion and

vote.

Waiving the 20 minute rule is noted in other protocols if approved by medical control.

 There is a request to add language to the IFT Protocol in the Blood Product section.

Part 4 Blood and / or Blood-ProductAdministration.

**Motion:** by Dr. Old to add language to the Blood administration section of the IFT

protocol to waiver the 20 minute infusion wait time with medical control approval.

 Seconded by P. Brennan.  **Approved** – unanimous s vote.

 f. TXA for pedi? Tabled.

 g. Glucagon route edit? Discussion and vote.

 In protocol 2.3A Altered Mental/Neurological Status/Diabetic Emergencies/Coma-

 Adult, in the AEMT section, in the 1st entry for glucagon there is a sc route listed. The

 second glucagon dose does not have sc as a route. Would like to remove sc from the first

 glucagon listed. Committee agrees to removing sc from the glucagon route.

 h. Pain scale removal (Drs. Old and Bivens). Tabled.

 i. Add “sudden dizziness” as a stroke symptom? (Dr. Beltran). Discussion and vote.

 Recommend adding sudden dizziness to the protocol.

**Motion:** by Dr. Beltran to add sudden dizziness language to the Stroke Protocol

 Seconded by Dr. Old.  **Approved** – unanimous vote.

j. SANE Alert language (Dr. Old). Discussion and vote.

Requesting uniform language for EMS to alert the ED of incoming Sexual assault patient.

Discussion-language can be added to the Statewide POE. The term is intended to offer privacy to the patient. The hospital can set up a private room, alert services needed and provide swift admission to the ED. Possible terms discussed. Hospitals need to be made aware of this change.

**Motion:** by Dr. Old to add language defining a Sexual Assault patient as a Protocol X

 Alert to the Statewide POE plan. Seconded by D. Faunce.  **Approved** – unanimous vote.

 **Motion:** by Dr. Restuccia to adjourn.

Adjourned:12:01 pm.

Documents utilized at meeting:

-2018 National EMS Scope of Practice Model

-Zeller, S, Calma, N. and Stone, A., Effects of a Dedicated Regional Psychiatric

 Emergency Service on Boarding of Psychiatric Patients in Area Emergency

 Departments. Western Journal of Emergency Medicine.2014 February volume XV, no1.

-AHA Focused update, 2018 American heart Association Focused Update on Advanced

 Cardiovascular Life Support Use of Antiarrhythmic Drugs During and Immediately

 After Cardiac Arrest. Circulation 2018.

-Draft protocol for the use of Lights and Warning Devices for EMS Vehicles

-2.15 A Seizures-Adult

-2.15 P Seizures-Pediatric

-Current IFT Blood Product Language

-6.5 Tranexamic Acid

-3.4A Cardiac Arrest (Adult): Asystole/Pulseless Electrical Activity

-Beno, S., Ackery, A., Callum, J. and Rizoli, S. Tranexamic acid in pediatric trauma: why

 not? Critical Care 2014, 18:313.

-Evidence Statement Major trauma and the use of tranexamic acid in children. Royal

 College of Paediatrics and Child Health November 2012.

-2.3 Altered Mental/Neurological Status/Diabetic Emergencies/Coma-Adult

-2018.2 STPs.

Next Meeting: February 8, 2019; MEMA in Framingham.