



## Meeting Minutes

**Subject:** Medical Services Committee  
**Date:** April 10, 2015 – final  
**Voting Members:** Dr. Burstein (chair), Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker.  
**Absent Members:** Dr. Patterson, Dr. Walter and Dr. Wedel.

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### 1.0 Agenda

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### 2.0 Call to Order

Dr. Jon Burstein called to order the April meeting of the EMCAB Medical Services Committee at 10:02 am on April 10, 2015, in the Operations Room at the Massachusetts Emergency Management Agency in Framingham, MA.

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### 3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
<b>Motion:</b> by Dr. Walker to approve the December minutes. Seconded by Dr. Pozner	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
<b>Motion:</b> Motion by Dr. Pozner to hold the August meeting in Region 1. Seconded by Dr. Restuccia.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-Dr. Old and P. Brennan

Motion	Result
<b>Motion:</b> by Dr. Walker to change Morphine dose to weight based dose 0.1 mg/kg - keep maximum dose of 10 mg. Seconded by Dr. Geller.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
<b>Motion:</b> by Dr. Pozner to allow ventilators to be used in cardiac arrest patients. Seconded by L. Moriarty. Friendly amendment L. Moriarty – the use of a ventilator for a cardiac arrest will be a medical director (AHMD) option.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions- Dr. Pozner, opposed-none.

Motion	Result
<b>Motion:</b> by Dr. Tennyson to change Midazolam dosing to 2 mg and 6 mg. Seconded by Dr. Dinneen.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
<b>Motion:</b> by Dr. Pozner to approve the updated MAI spw to include Ketamine. Seconded Dr. Tennyson.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
<b>Motion:</b> by Dr. Tennyson to remove longboards as a immobilization device in protocol 4.8. Add language Discussed-see below-from protocol 6.4 – Selective Spine Assessment into Protocol 4.8- Spinal Column/Cord Injuries Adult & Pediatric. Seconded by Dr. Geller.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
<b>Motion:</b> by Dr. Geller to adjourn the meeting. Seconded Dr. Old.	Approved by assent

#### 4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility
Alert DCP to incoming schedule 3 requests	
Memo to ATIs regard removal of the long board for spinal	

1. **Minutes**

**Motion:** by Dr. Walker to approve the December minutes. Seconded by Dr. Pozner  
Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

2. **Task Force** – chairs to distribute written reports as needed-no reports

3. **Old Business**

- a. System CQI report- no report
- b. MATRIS-no report

4. **New Business**

a. **Meeting locations for April and August-J. Burstein**

Concerns raised about moving meeting venue. Discussion-moving to other locations enable folks that don't normally attend to attend-a good result. Concern about the geographical choice. Calling into the meeting is an option under the open meeting law; however voting members calling in do not count toward the quorum and cannot vote.

**Motion** by Dr. Pozner to hold the August meeting in Region 1. Seconded by Dr. Restuccia.  
Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-Dr. Old and P. Brennan.

b. **Vent use in field response – Dr. Burstein**

Two issues need to be addressed. #1. There are little data about the EMS use of ventilators in cardiac arrests. #2 The Committee will need to discuss and decide on approving ventilators in cardiac arrests as a standard of care. Discussion- at least 3 states use vents in cardiac arrest.

**Motion** by Dr. Pozner to allow ventilators to be used in cardiac arrest patients. Seconded by L. Moriarty. Friendly amendment L. Moriarty – the use of a ventilator for a cardiac arrest will be an affiliated hospital medical director (AHMD) option.

Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Walker.

Abstentions- Dr. Pozner, opposed- none.

**b2 Patriot Ambulance SPW for vents in arrest**-approved by assent. This project will be recommended to the Department as a demonstration project/spw-based on the above vote to approve ventilators in cardiac arrest patients. Vents will be used on intubated patients after 8 minutes of Cardio-Cerebral Resuscitation (CCR).

c. **Morphine dosing 0.1 mg/kg or 5 mg vs. 2 mg-Dr. Pozner, Dr. Restuccia**

Currently the protocols have 2 mg as an initial dose; should it be increased to 5 mg or should Morphine be a weight based medication?

**Motion** by Dr. Walker to change Morphine dose to weight based dose 0.1 mg/kg - keep maximum dose of 10 mg. Seconded by Dr. Geller. Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none. Will update in the upcoming STPs 2015.01

**d. Midazolam 2/4/6 mg vice 2.5/5 mg-Dr. Burstein**

Current protocol doses are 2.5 and 5 mg. Providers reporting packaging is changing to 2mg or 5mg vials. Par will remain at 10 mg #2 5 mg vials or #5 2mg vials. IN dosing is recommended to be double the dose. Will discuss IN dosing adjustment at a future meeting. This change in dosing to 2mg and 6 mg will be entered into the upcoming protocol version 2015.01.

**Motion** by Dr. Tennyson to change Midazolam dosing to 2 mg and 6 mg. Seconded by Dr. Dinneen. Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

**e. Ketamine dosing in MAI SPW-Dr. Burstein**

In the June meeting Dr. Harrington noted that Ketamine had been proposed for Medication Assisted Intubations (MAI). Submitted an updated spw including Ketamine as a sedative agent-adult dose to read 1-2 mg/kg (update to be submitted). Recommendation that participating services contact the Drug Control Program (DCP) to amend to include schedule 3 drugs. Clarification that Ketamine is no longer contraindicated in the head injured pediatric patient.

**Motion** by Dr. Pozner to approve the updated MAI spw to include Ketamine. Seconded Dr. Tennyson. Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

**f. Remove backboards-Dr. Tennyson**

In Selective Spine Assessment (Protocol 6.4)- long board are not used for immobilization (can utilize for transport/extrication). Services with a service Medical Director have the option to secure patients on a cot and restrict movement. Services without a Medical Director do not have this option. Discussion that the longboard as an immobilizing tool needs to be removed from the protocols. The recommendation is to add the following language into Protocol 4.8 Spinal Column/Cord Injuries Adult & Pediatric:

( Long backboards are NOT considered standard of care in most cases of potential spinal injury. Instead, use spinal motion restriction with a cervical collar and cot in most cases. Not that there are exceptions, such as a patient with a potential spinal injury who cannot be logrolled while being transported and may be at risk of a compromised airway.

and

**SPINAL IMMOBILIZATION PROCESS**

**Spinal Immobilization Procedure**

1. Establish manual c-spine stabilization in the position that the patient is found.
2. Assess for correct size and properly apply a cervical collar.
3. Move patient from the position found to the location of the ambulance stretcher utilizing a device such as a scoop stretcher, long spine board, or if necessary, by having the patient stand and pivot to the stretcher.

- DO NOT permit the patient to struggle to their feet from a supine position.
4. Position patient on the ambulance stretcher.
  5. Remove scoop or logroll patient off long spine board or other device (if such device was utilized).
  6. A blanket roll or blocks and tape attached to the stretcher may be used to minimize lateral movement of head during transport.
  7. Once on the ambulance stretcher, instruct patient to lie still.
  8. The head of the stretcher may be elevated 20-30 degrees in a position of comfort.
  9. Secure cross stretcher straps and over-the-shoulder belts firmly.
  10. Utilize a SLIDE BOARD at the destination to move the patient smoothly to the hospital stretcher.
  11. Ensure appropriate documentation of procedure in patient care report )

(All services will have to have a full affiliation agreement with a hospital by 7/1/16). Services will need to train EMTs in this skill. Accredited Training Institutions (ATIs) are teaching spinal immobilization. Need to be made aware of this change in practice-suggestion that a memo go out to ATIs. Teaching should include restricting patient movement using a cervical collar and cot.

**Motion** by Dr. Tennyson to remove longboards as a immobilization device. Add language discussed from protocol 6.4 –Selective Spine Assessment into Protocol 4.8- Spinal Column/Cord Injuries Adult & Pediatric. Seconded by Dr. Geller. Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

**g. Remove FSBS from pediatric Seizure?-Dr. Geller**

A family of a pediatric patient experiencing a seizure did not want the child to have a finger stick done to check the blood sugar. Discussion-No change in practice.

**h. Neonate transport Issues-Dr. Bailey**

Would like to postpone the discussion. Two aspect of transport for a field delivery #1-skin to skin benefits -warmth, better breastfeeding outcomes, and immune system; but the article circulated describes sudden unexpected postnatal collapse (SUPC). Advisories note that skin contact should be a supervised event. Not currently recommending this practice in the field, any time lost in transport can be recovered.

#2-what type of car restraint is best for the newly born? Current car seats are not safe for babies less than 10 pounds. Further research is needed and will be presented at the June meeting. Discussion tabled for June.

**i. Oxygen “flag” in protocols?-Dr. Old**

The language in the protocols is less clear in protocol 3.1 Acute Coronary Syndrome (ACS), 2.17 Stroke and 3.8 Post Resuscitative Care - Return of Spontaneous Circulation (ROSC). Discussion: add the language in routine patient care that reads: Avoid hyperoxygenation, oxygen administration should be titrated to patient condition, and withheld unless evidence of

hypoxemia, dyspnea, or an SpO<sub>2</sub> <94%, especially in the presence of a suspected CVA/TIA or ACS. To be added to upcoming Protocol version 2015. 01. Approved by assent.

**j. Naloxone RMA issues-Dr. Old**

Narcan and transport –patients are refusing transport following Narcan administration and reversal, at times police are involved. Capacity issue -- can't be regulated. Family and friends now carry and administer Narcan, by the time EMS arrives the patients can be alert. The concern is if the patient is not monitored and has a less responsive 2<sup>nd</sup> episode will it be recognized. If a patient is not sectionable the patient can't be forced to be transported. Services need policies/guidelines on how to handle these situations. If issues arise in as a complaint the Department would look to ensure protocols and policies are followed.

**k. Steroids out of anaphylaxis? – PEGASUS-Dr. Burstein**

Pediatric Evidence Based Guideline Assessment of EMS System Utilization in States (PEGASUS)-a national prehospital care group for Pediatrics is recommending that steroids be removed from Pediatric Anaphylaxis. Decision to wait for the published report before changing the protocol.

**l. Bronchiolitis protocol?-PEGASUS-Dr. Burstein**

if under 2 years of age patients should not receive nebulizers or steroids. 2.6 P Bronchospasm/Respiratory Distress. Dr. Burstein will rewrite the protocol for discussion at the June meeting.

**m. Compliance Report - R. Atherton**

**Presented report on Department analysis of OEMS validated** compliance case issues, from July 1, 2011 through February 28, 2015, a period of 3 years and 8 months. NOTE: Information corrected in minutes from presentation at meeting. .

The top 11 issues

1. Assessment deficiencies - 57 cases total, including, in order of frequency validated, failure to complete an adequate assessment (18 cases); failure to bring in equipment to begin timely assessment at the side of the patient (14 cases); failure of Paramedics to assess at the ALS/Paramedic level and allowing assessment and care to proceed at the BLS level, including, but not limited to, inappropriate downtriage to BLS (13 cases); failure to begin assessment at the patient's side, even when equipment has been brought in (12 cases) .
2. Stretcher/Stair Chair Tips - 37 cases-
3. Documentation deficiencies, ranging from falsification to inadequate/incomplete documentation - 35 cases
4. Various failures to treat in accordance with the STPs, aside from separately noted issues, such as medication errors - 33cases
5. Criminal Matters and failure to report criminal matters - 28 cases
6. Medication errors - 22 cases
7. Failure to transport and patient refusal deficiencies -15 cases
8. Allowing a sick or injured patient to walk to and/or climb into the ambulance -10 cases
9. Narcotics diversion - 9 cases
10. Failure to interpret an EKG appropriately and administer appropriate care - 5 cases

11. (Tied) Ventilator issues in IFT calls and  
Inappropriate cancellation of responding ALS by BLS OR Failure of BLS to request  
ALS when indicated - 5 cases

**n. CPAP below Paramedic level-Dr. Burstein**

Should Basic and Advanced EMTs be able to administer CPAP? There are published data that Basic EMTs can provide it if properly trained. CPAP assist is in the ALS/BLS assist program. CPAP not in the National EMS Education Standards for EMTs or AEMTs-no motion.

**Motion** by Dr. Geller to adjourn the meeting. Seconded Dr. Old. Approved by assent.

Meeting Adjourned at 11:55 am

Next Meeting: Friday June 12, 2015 10 a.m. - 12 Noon at MEMA