



## Meeting Minutes

**Subject:** Medical Services Committee  
**Date:** December 11, 2015 – final  
**Voting Members:** Dr. Burstein (chair), P. Brennan, Dr. Conway, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollesfen, Dr. Walker and Dr. Walter  
**Absent Members:** S. Gaughan and Dr. Wedel

### 1.0 Agenda

1.0 Agenda .....	1
2.0 Call to Order .....	1
3.0 Motions .....	1-2
4.0 Action Items.....	3
Old Business.....	3
New Business.....	3-5
Next Meeting .....	5

### 2.0 Call to Order

Dr. Jon Burstein called to order the December meeting of the Emergency Medical Care Advisory Board’s Medical Committee at 10:02 am on December 11, 2015, in the Operations Room at the Massachusetts Emergency Management Agency in Framingham, MA.

### 3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
<b>Motion:</b> by Dr. Walker to approve the October minutes. Seconded by Dr. Conway.	<b>Approved</b> – unanimous vote

Motion	Result
<b>Motion:</b> by L. Moriarty to recommend to the Department to accept the USAR protocol with the removal of Kayexalate from the Hyperkalemia protocol. Seconded by Dr. Walter.	<b>Approved</b> P. Brennan, Dr. Conway, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollesfen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer Opposed-none.

Motion	Result
<b>Motion:</b> by L. Moriarty to recommend to the Department that a task force committee be convened and review the USAR protocols for inclusion in the next release of the protocols. Seconded by Dr. Geller.	<b>Approved</b> P. Brennan, Dr. Conway, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollesfen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer Opposed-none.

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by Dr. Geller to recommend to the Department that ALS personnel be allowed to administer Epinephrine (1:1000) using an appropriate Epi administration kit. Seconded by Dr. Conway.	Approved-unanimous vote.

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by Dr. Geller to recommend to the Department that required field infusion pumps: be FDA approved-not excluded for transport, contain a drug library for adult, pediatric and neonatal dosing, contain minimum 1 channel, be latex and needle free and have battery and electric power capabilities. IFT pumps should also meet these criteria. Seconded by L. Moriarty.	<b>Approved</b> – unanimous vote

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by Dr. Geller to recommend to the Department that the Dextrose dose be changed to “Dextrose 12.5grams as needed up to 25grams” and add that D10 is preferred. Seconded by Dr. Tennyson.	Approved-unanimous vote.

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by L. Moriarty to recommend to the Department that neonatal masks be added to the equipment list. Seconded Dr. Dyer.	Approved-unanimous vote.

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by Dr. Geller to remove chilled saline from the Induced Hypothermia Protocol. Seconded by Dr. Tennyson.	Approved-unanimous vote.

<b>Motion</b>	<b>Result</b>
<b>Motion:</b> by Dr. Walter to recommend to the Department that the language in the IFT protocol (Routine, scheduled transport section) be changed to read that IVs must be disconnected and a saline lock must be in place during ambulance transport. Seconded Dr. Tollefsen.	Approved-unanimous vote.

#### 4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

1. Acceptance of Minutes: October 9, 2015 meeting

2. Task Force chairs to distribute written reports as needed

3. Old Business

a. (System CQI report)

b. (MATRIS)

4. New Business

a. Proposed Urban Search and rescue (USAR) protocol - Dr. Kue

The intent is to add a section to the protocols. The protocol would be a medical control option similar to the Interfacility (IFT) protocol, allowing services capable (and trained to FEMA standards) to use the protocol.

**Motion:** by L. Moriarty to recommend to the Department to accept the USAR protocol with the removal of Kayexalate from the Hyperkalemia protocol. Seconded by Dr. Walter. Approved by P. Brennan, Dr. Conway, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollesfen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer Opposed-none.

Discussion continued: An AHMD must be board certified and approved to work in an emergency department (ED) and meet the FEMA standard. An emergency first responder (EFR) agency must be written into a service zone plan to respond or the agency might have a license for a class V ambulance.

**Motion:** by L. Moriarty to recommend to the Department that a task force committee be convened and review the USAR protocols for inclusion in the next release of the protocols. Seconded by Dr. Geller. Approved P. Brennan, Dr. Conway, Dr. Geller, L. Moriarty, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollesfen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer Opposed-none.

Dr. Kue to email the most current version to Dr. Burstein, those interested should contact Dr. Kue and/or contact Dr. Burstein with additional revisions

b. Epinephrine (Epi) Check and Inject

The special project waiver (spw) is being reviewed at the Commissioner's office. The Department may issue an Advisory allowing ALS services to use an appropriate Epi kit to administer Epi in place of the auto-injector if the committee thinks this would be appropriate. Discussion: If this is approved the outstanding spw from Professional Ambulance (PRO) would be considered for Basic (EMTs) at PRO. The approved kits would have to meet the safety requirements: a fixed needle, needleless IV tubing and labels stating not to be given IV.

**Motion:** by Dr. Geller to recommend to the Department that ALS personnel be allowed to administer Epinephrine (1:1000) using a appropriate Epi administration kit.

Seconded by Dr. Conway. Approved-unanimous vote.

c. Pump characteristics

Pumps are required for administration of Norepinephrine now and will be required by 2017.

Some criteria to consider: FDA approved-some pumps are labeled not approved for transport use. Should there be 2-3 channels? Discussion-would recommend having a pediatric library. Noted most pumps now contain adult pediatric and neonatal libraries. The pump characteristics should also be required for IFTs.

Committee of the whole discussion.

**Motion:** by Dr. Geller to recommend to the Department that the infusion pumps: be FDA approved-not excluded for transport, contain a drug library for adult, pediatric and neonatal dosing, contains 1 channel, be latex and needle free and have battery and electric power capabilities. IFT pumps should also meet these criteria.

Seconded by L. Moriarty. Approved-unanimous vote.

d. Neonate transport - Mr. Sanders-deferred

e. D5 – required for mixes esp Amiodarone (amio)?

The FDA notes that Amiodarone mixed in normal saline is not stable after 24 hours. D5 was removed from the medication list as a safety measure-is it reasonable to add back so it is available for Amiodarone? Discussion-transport times would not last this long.

Generally a hospital will hang new infusions. Amiodarone is now a medical control option. No action needed.

f. D10 vice D50? -Dr. Geller

The protocol (2.3A-Altered Mental/Neurological Status/Diabetic Emergencies/Coma-Adult) permit D50 which provides 25 grams of glucose. D10 provides 10 grams of glucose. Normally the bloodstream contains 5 grams glucose. D50 is providing 5 times the normal glucose level. We should discourage the use of D50. If the blood sugar is extremely low and the EEG is flattened may need to up the dose to 25 grams (D50). D50 is hypertonic; if the solution leaks into the tissue it can cause skin necrosis and/or sclerose the vein.

**Motion:** by Dr. Geller to recommend to the Department that the Dextrose dose be changed to Dextrose 12.5 grams as needed up to 25grams, and that D10 is preferred. Seconded by Dr. Tennyson. Approved-unanimous vote.

g. Pain management - Dr. Geller

Current protocols do not describe a threshold for pain. Should we establish a level at which pain medication is administered? Discussion: pain scales are inaccurate, recommendation to rely on the assessment. Recommendations discussed to add Toradol or Ketamine to the protocols. Ketamine is a schedule III drug will need to discuss with the Drug Control Program. No motion.

h. ILCOR changes – cold saline, vasopressin out?

International Liaison Committee on Resuscitation (ILCOR) 2 changes recommended-removal of Vasopressin and the removal of Cold Saline. Induced Hypothermia protocol 3.7 was reviewed. Protocol 3.7 is referenced in protocol 3.8 - Post Resuscitative Care /ROSC.

Discussion: core temperature range has been changed to 32-36 degrees C (from 32-34 degrees). Some states have stopped hypothermia. Ice packs in the field encourage hypothermia in the hospitals. The information is still new, would wait for more data before removing hypothermia altogether.

**Motion:** by Dr. Geller to remove chilled saline from the Induced Hypothermia Protocol. Seconded by Dr. Tennyson. Approved-unanimous vote.

Discussion: do we need to make this an emergency change?-No-emergency change not needed.

i. NH model CPR-

The New Hampshire Protocols for Cardiac Arrest (CA) and Team Focused CPR were circulated for review. The format for CPR is different-but provides the same information in the current CA protocol. The Team Focused CPR protocol provides detailed job duties for EMS personnel. Discussion: the team focused CPR protocol is too prescriptive. No changes needed.

j. Neonatal masks - required?

Should neonatal masks be added to the equipment list? Discussion: Neonatal masks cost around \$2.99. Manometers should be used when providing ventilations.

**Motion:** by L. Moriarty to recommend to the Department that neonatal masks be added to the equipment list. Seconded Dr. Dyer. Approved-unanimous vote.

Sexual Assault Nurse Examiner (SANE) Program – Point Of Entry (POE) request  
– Dr. Burstein

SANE contracts with hospitals to provide appropriate services. A request was made by SANE to add language to the POE document to add SANE patients into the Department's Statewide POE Plan document (updated 1/18/11). Discussion: Most sexual assault patients go directly to an ED, EMS transport numbers are small. Emergency Department (ED) nurses and physicians are trained in assessment and sample collection. Should this be managed at the regional level?

Recommendation to ask SANE Program member to speak at the February MSC meeting

Interfacility Transfers(IFT)-In the IFT protocol it reads: A patient may have a device in place but device must be locked and clamped. There is a concern that an IV should be disconnected rather than clamped or turned off to prevent "run away" medications or IV fluid.

**Motion:** by Dr. Walter to recommend to the Department that the language in the IFT Protocol (Routine, scheduled transport section) be changed to read that IVs must be disconnected and a saline lock must be in place during ambulance transport.

Seconded Dr. ollefsen.

Approved-unanimous vote.

Adjourned 11:58 am

Next Meeting: February 12, 2016