



Meeting Minutes

Subject: Medical Services Committee (MSC)

Date: December 12, 2014 – final

Voting Members: Dr. Burstein (chair), Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter.

Absent Members: Dr. Wedel.

Agenda

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1. Agenda

2. Call to Order

Dr. Jon Burstein called to order the December meeting of the EMCAB Medical Committee at 10:00 am on December 12, 2014, 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
Motion: by Dr. Restuccia to approve the October minutes. Seconded by Dr. Walker	Approved – Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, Dr. Patterson, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. Abstentions-none, opposed-none.

Motion	Result
Motion: by Dr. Tennyson to change the dose in the ACS protocol to 324-325 mg. Seconded by Dr. Walker.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. Abstentions-none, opposed-none
Motion	Result
Motion: Motion by Dr. Dinneen to remove Thiamine from the protocols. Seconded Dr. Walter.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. Abstentions-none, opposed-none.

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility
Compliance report on vents and CPAP	

1. Minutes

Motion: by Dr. Restuccia to approve the October minutes. Seconded by Dr. Walter
Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, Dr. Patterson, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter.
Abstentions-none, opposed-none.

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

3. Old Business

- System CQI report- no report
- MATRIS-no report

4. New Business

a. **Welcome new member Stephen Gaughan**

Stephen was welcomed as a Medical Services Committee Voting Member. Stephen has been a Paramedic for 14 years. Works at Amherst Fire, and a non-profit EMS group, and teaches part time at Greenfield Community College.

b. **August 2015**

The August MSC meeting will be held in Northampton on August 21, 2015.

c. Vent use in field response

When a patient has an ET tube or a LMA, should a ventilator be used to avoid hyperventilation? About a dozen states have protocols.

Option 1- no ventilator. Option 2 –use any transport ventilator, approved by the affiliate hospital medical director (AHMD), consistent with an A/R. The AHMD would approve any Paramedic for ventilator use in writing. Option 3 – allow use of transport ventilators meeting the following criteria: time cycled, constant-volume, adjustable controls for rate and volume, alarms for all relevant parameters. Discussion: training and oversight are essential. Listing criteria is limiting.

Motion: by Dr. Pozner to take option 2 and add the criteria from option 3. Seconded by L. Moriarty. Discussion. Note by Ms. Atherton: there are half a dozen IFT cases involving vent use where assessment of the patient was lacking. A recommendation was made that the use of vents in 911 by Paramedics should be done as a special project waiver-data could be gathered and evaluated. Dr. Pozner withdrew the motion. Recommendation that BEMS do a special project for vent use in 911 – BEMS has great training and oversight in place– if the project is successful may add vents to the protocols.

d. ASA for ACS

Recommendation for ASA in ACS is 162-325 mg to 350 mg of ASA. In practice dose given is 324-325 mg-allowing for the use of baby ASA.

Motion: by Dr. Tennyson to change the dose in the ACS protocol to 324-325 mg. Seconded by Dr. Walker. Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. - Abstentions-none, opposed-none.

e. CPAP below Paramedic level

Should AEMTs be allowed to use CPAP? Discussion: There are good data for safety of CPAP use by BLS. Multiple states allow BLS to use CPAP. There are not good data about the effectiveness of BLS using CPAP. Request for a quarterly de-identified report from compliance.

Motion by Dr. Dinneen to move the discussion to the February meeting. Seconded by Dr. Geller. Retrospective report will be presented at the February meeting. Department offered to compile a 2014 compliance report for the February MSC meeting.

f. Emergency central line access

An A/R allows Paramedics to access a PICC line in an emergency if trained. Should Paramedics be allowed to access central lines? An AEMT A/R is being created should AEMT and Is be allowed to access central lines? Discussion: now the Paramedic must have been trained and Medical Control approval to access a PICC line-2003 Advisory. Training and oversight is needed. Concern the Pediatric Patient would be at risk-now that the IO is available why risk accessing the line? Should a central line be accessed as a last resort in an arrest situation? How often does this situation occur? One example given. The committee decided to stay with the current PICC line advisory.

g. Thiamine

A literature review indicates there is no significant benefit for thiamine use in EMS care. The vials are similar to diphenhydramine, increasing the risk for a med error, and it is expensive.

Motion: by Dr. Dinneen to remove Thiamine from the protocols. Seconded Dr. Walter. Approved Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. - Abstentions-none, opposed-none.

Discussed the AHMD being notified of compliance cases. Current practice is that the service notifies the AHMD.

Motion by P. Brennan to adjourn the meeting. Approved by assent.
Meeting Adjourned at 11:05 am.

Next Meeting: Friday February 13, 2014-10 a.m. - 12 Noon at MEMA