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| **oemslogo** | **Meeting Minutes** |
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|
| Subject: | Medical Services Committee |
| Date: | February 12, 2016 – final |
| Voting  Members:  Absent Members: | Dr. Burstein (chair), P. Brennan, Dr. Conway, Dr. Dyer, S. Gaughan, Dr. Geller, Dr. Old, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.    L. Moriarty, Dr. Restuccia and Dr. Wedel |

# Agenda

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# Call to Order

Dr. Jon Burstein called to order the February meeting of the Emergency Medical Care Advisory Board’s Medical Committee at 10:03 am on February 12, 2016, 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.

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| **Motion** | **Result** |
| **Motion:** by Dr. Geller to approve the December minutes. Seconded by Dr. Dyer. | Approved – unanimous vote. |

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| **Motion** | | **Result** | |
| **Motion:** by Dr. Walter to recommend to the Department to accept the USAR protocol for inclusion in the next protocol release. Seconded by Dr. Geller. | Approved-P. Brennan, Dr. Conway,  S. Gaughan, Dr. Geller, Dr. Old,  Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer.  Opposed-none. | |

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| **Motion** | **Result** |
| **Motion:** by Dr. Walter to recommend to the Department to add the SANE category to  the POE advisory-(8/1/08 updated 1/18/11) update and re-release. Seconded by Dr. Geller. | Approved-P. Brennan, Dr. Conway, Dr. Dyer, S. Gaughan, Dr. Tennyson, Dr. Tollefsen,  Dr. Walker and Dr. Walter.  Abstentions-Dr. Geller and Dr. Old.  Opposed-none. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Tollefsen to recommend to the Department to add a line into the IFT  Protocol Section B2 (4th bullet) that reads: Patients being transferred due to an issue with a ventricular assist device “that may require active monitoring or management”-for inclusion in the next protocol release. Seconded by Paul Brennan. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Old to recommend to the Department to move Magnesium  Sulfate from the Medical Control Option to the Paramedic Standing order section in the Cardiac Arrest Protocol 3.5 A. Seconded by Dr. Geller. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Old to recommend to the Department to move Tetracaine from the Medical Control Option to the Paramedic Standing order section in Protocol 4.3 Eye Emergencies-Adult & Pediatric. Seconded by Paul Brennan. | **Approved** – unanimous vote |

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| **Motion** | **Result** |
| Motion: by Dr. Geller to recommend to the Department to remove section in parenthesis from 4.9 Thoracic Injuries Paramedic Standing Orders-line will read Needle chest decompression if indicated. To remove (2nd intercostal space, midclavicular line with at least 3.25 inch, 14g angiocath). Seconded Dr. Dyer. | **Approved** – unanimous vote |

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| **Motion** | **Result** |
| **Motion:** by P. Brennan to recommend to the Department to move the Morgan lens from the Medical Control Option to the Paramedic Standing order section in Protocol 4.3 Eye Emergencies-Adult & Pediatric.  Seconded by S. Gaughan. | **Approved** – unanimous vote |

**4.0Action Items**

The following table lists the action items identified during the meeting

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| **Item** | | **Responsibility** |
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1. Acceptance of Minutes: December 11, 2015 meeting
2. Task Force chairs to distribute written reports as needed
3. Old Business

a. (System CQI report)

b. (MATRIS)

c. Proposed USAR protocol (Dr. Kue)-2 Committee members and 2 outside reviews.

No changes recommended.

**Motion:** by Dr. Walter to recommend to the Department to accept the USAR protocol

for inclusion in the next protocol release. Seconded by Dr. Geller.

Approved-P. Brennan, Dr. Conway, S. Gaughan, Dr. Geller, Dr. Old, Dr. Tennyson,

Dr. Tollefsen, Dr. Walker and Dr. Walter. Abstentions-Dr. Dyer. Opposed-none.

d. Filter needles for Epinephrine (epi)- (regarding the Advisory 15-01-01 issued 1/13/16

Alternative to Auto-injectors for Administration of Epinephrine 1:1000). Some

services are using ampules instead of vials with the rubber septum. Should a filter

needle be mandatory? No evidence of harm found in the literature. ARP will expect

vials as required in the Advisory.

4. New Business

Sexual Assault Nurse Examiner (SANE) Point Of Entry (POE)-Joan Sham.

SANE Services provided through DPH. SANE would like the category added to

OEMS POE advisory-8/1/08 updated 1/18/11 as a category under II A1b. If possible

patients should be transported to a designated SANE hospital for services. Currently

there are 130 SANE providers who travel to designated hospitals (29+Lowell

Hospital to be added by year’s end).

**Motion:** by Dr. Walter to recommend to the Department to add the SANE category to

the POE advisory-(8/1/08 updated 1/18/11)-update and re-release.

Seconded by Dr. Geller. Approved-P. Brennan, Dr. Conway, Dr. Dyer, S. Gaughan,

Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.

Abstentions-Dr. Geller and Dr. Old. Opposed-none.

* 1. Pain Management Protocol 2.13-Dr. Burstein

The protocol does not contain other strategies for pain management. To clarify will add a box noting pain management options beside medication. To read: Pain management can include positioning, ice packs and other non-pharmacological treatments.

c. Ketamine-Dr. Old

Should Ketamine be considered for addition to the pain protocol? Non-narcotic

Dosing would be at a sub-dissociative dose. Some emergency departments are

using it for pain. Recommendation to table this discussion so that regions can evaluate.

Will return on the June agenda.

d. Interfacility Transfers (IFT)-

In Section B2 (4th bullet) Adult Medical Patients-Ventricular Assist Device (VADs).

The intent of requiring CCT was to transport a patient via CCT if the patient was

having issues with a VAD. If the VAD is working properly transport the patient can go as a standard IFT.

**Motion:** by Dr. Tollefsen to recommend to the Department to add a line into the IFT

Protocol Section B2 (4th bullet) that reads: Patients being transferred due to an issue

with a ventricular assist device “that may require active monitoring or management”-

for inclusion in the next protocol release. Seconded by Paul Brennan.

Approved – unanimous vote.

Dr. Jason Cohen-Medical Officer-Boston Medflight-introduced.

Dr. Walker-left meeting at 11:10 am

e. CyanoKit chart (Dr. Old)-approved, will add to the next release of the protocols.

f. Magnesium Sulfate-in 3.5A Cardiac Arrest-Magnesium should be a standing order

**Motion:** by Dr. Old to recommend to the Department to move Magnesium

Sulfate from the Medical Control Option to the Paramedic Standing order section in

the Cardiac Arrest Protocol 3.5 A. Seconded by Dr. Geller. Approved – unanimous

vote.

g. Tetracaine-in Protocol 4.3 Eye Emergencies-Adult & Pediatric

**Motion:** by Dr. Old to recommend to the Department to move the Tetracaine

from the Medical Control Option to the Paramedic Standing order section in Protocol

4.3 Eye Emergencies-Adult & Pediatric. Seconded by Paul Brennan.

Approved – unanimous vote.

h. Needle Decompression (Dr. Dyer)-Thoracic trauma. The optimal place to do a needle

decompression depends on the patient size and injury.

**Motion:** by Dr. Geller to recommend to the Department to remove section in

parentheses from 4.9 Thoracic Injuries Paramedic Standing Orders-line will read

Needle chest decompression if indicated. To remove (2nd intercostal space,

midclavicular line with at least 3.25 inch, 14g angiocath). Seconded Dr. Dyer.

Approved – unanimous vote.

i. Is Norepinephrine and Dopamine missing from Distributive shock in Protocol

2.14A Shock?-Discussion-will replace.

j. Morgan lens- in Protocol 4.3 Eye Emergencies-Adult & Pediatric

**Motion:** by P. Brennan to recommend to the Department to move the Morgan lens

from the Medical Control Option to the Paramedic Standing order section in Protocol

4.3 Eye Emergencies-Adult & Pediatric. Seconded by S. Gaughan.

Approved – unanimous vote.

Adjourned 11:20 am

Next Meeting: April 8, 2016