



## Meeting Minutes

**Subject:** Medical Services Committee  
**Date:** February 12, 2016 – final  
**Voting 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.

**Absent Members:** L. Moriarty, Dr. Restuccia 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 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.

Motion	Result
<b>Motion:</b> by Dr. Geller to approve the December minutes. Seconded by Dr. Dyer.	Approved – unanimous vote.

Motion	Result
<b>Motion:</b> 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.

Motion	Result
<b>Motion:</b> 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.

Motion	Result
<b>Motion:</b> by Dr. Tollefsen to recommend to the Department to add a line into the IFT Protocol Section B2 (4 <sup>th</sup> 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.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> 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.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> 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.	<b>Approved</b> – unanimous vote

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.	<b>Approved</b> – unanimous vote

Motion	Result
<b>Motion:</b> 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.	<b>Approved</b> – unanimous vote

#### 4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

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.
  - a. 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 (4<sup>th</sup> 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 (4<sup>th</sup> 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 (2<sup>nd</sup> 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