



Meeting Minutes

Subject: Medical Services Committee
Date: February 14, 2014 – final
Voting Dr. Burstein (chair), P. Brennan, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old,
Members: Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walter and Dr. Wedel
Absent Dr. Bailey, Dr. Dinneen, M. Pulit and Dr. Walker
Members:

1.0 Agenda

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2.0 Call to Order

Dr. Jon Burstein called to order the February meeting of the EMCAB Medical Committee at 11:00 am on February 14, 2014 in the Operations Room of the Massachusetts Emergency Management Agency, Framingham, MA.

3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
Motion: by Dr. Dyer to approve the December minutes. Seconded by Dr. Walter.	Approved - P. Brennan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, and Dr. Wedel Abstentions-none, opposed-none.

Motion	Result
Motion by Dr. Wedel to accept the new Fire Rehab protocol flow sheet with the stipulation that the Department will work with the Fire organizations to address ongoing concerns e.g. the need for a medical record/PCRs and to address the confidentiality issue. Seconded by Dr. Geller.	Approved – P. Brennan, Dr. Dyer, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson and Dr. Walter. Abstentions-Dr. Pozner, opposed-none.

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility
1. Rehab protocol –medical record/PCR requirements and confidentiality issues	OEMS

1. Minutes-
Motion to approve the December minutes.
2. Task Force – chairs to distribute written reports as needed-no reports
3. Old Business
 - a. CQI- deferred
 - b. Behavioral POE-deferred
 - c. MATRIS-deferred
 - d. CCR update-Dr. Geller-deferred
4. New Business
 - a. Membership Update-Dr. Burstein distributed MSC Membership structure page to all voting members. The positions with an asterisk may currently name another person to the position permanently. Discussion– a member does not attend routinely. Regional Medical substitution options will be discussed further and will be on the agenda for the next MSC meeting.
 - b. Fire Rehab Protocol-flow chart review-J. Pianka-the flow chart (handout) was developed through efforts of the Department of Fire Services, The Professional Firefighters of Massachusetts, the Fire Chiefs Association and the Massachusetts Call Volunteers Firefighters Association. The goal of the protocol is to get firefighters and other personnel working at a site the rehab needed. Discussion: A patient care report (PCR) is not required unless the responder is moved to the treatment area. Concerns raised about a responder who might experience a medical problem following the incident and not have a PCR. M. Aries spoke noting that a responder would have a ticket with a number identifying the responder. If the responder does not go to the treatment area the section of the ticket with the responder's identification would be torn off and would be given to the responder. The remaining ticket would remain with Rehab personnel this section of the ticket would contain a unique number that could be used to identify the responder if needed. This section of the ticket would contain data-vital signs, pulse oximetry, CO levels and temperature, intended for quality improvement purposes. The amount of time the data would be kept would depend on a service's policy. Some members were concerned about not having the responder's identifying data available. There was discussion and a motion. **Motion** by Dr. Wedel to accept the new Fire Rehab protocol flow sheet with the stipulation that the Department will work with the Fire organizations listed above to address ongoing

concerns of the need for a medical record/PCR and to address the confidentiality issue. Seconded by Dr. Geller. Approved: P. Brennan, Dr. Dyer, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson and Dr. Walter-Abstentions-Dr. Pozner, opposed-none.

c. Hard-Stopped Protocols

1. 2.6 A-Bronchospasm/Respiratory Distress-Adult- Recommendations to a. make Magnesium 2 gm over 10 minutes and change the word 'give' to 'consider' Hydrocortisone in Paramedic Standing orders. Add to the 2nd flag at the bottom, line to read: Epinephrine for bronchospasm must be administered by Auto-Injector ONLY except by a medical control order.
-Committee voted to approve, no abstentions, no one opposed.
2. 2.10-Obstetrical Emergencies- Recommendation to delete the line-transport immediately to closest appropriate hospital, add Midazolam dosing for Eclamptic Seizures, add IN route of administration to Lorazepam and add the IN route to Lorazepam throughout the protocols, take out IM as a route of administration for Diazepam and change the infusion rate of Magnesium Sulfate to 10 minutes.
-Committee voted to approve, no abstentions, no one opposed.
3. 2.12-Resuscitation of the Newly Born- Under E/I/A orders delete the words 'with 40% oxygen'.
-Committee voted to approve, no abstentions, no one opposed.
4. 3.1-Acute Coronary Syndrome-Adult-Discussion of the protocol. Reword the first text box to read- 'Not all patients should be treated with aspirin, nitrates and oxygen'.
-Committee voted to approve, no abstentions, no one opposed.
5. 4.1-Burns/Inhalation/Lightning/Electrocution Injuries- The fluid resuscitation rates were reviewed. In I/A section remove the entire bullet for transport times greater than 1 hour (through the end to)... hemodynamic status. On the second page remove the line - There are two ABA verified Burn Centers in Massachusetts: Massachusetts General Hospital and Brigham and Women's Hospital. Also remove #8 and #9 in the entirety. Remove the three boxes for minor moderate and major burns.
-Committee voted to approve, no abstentions, no one opposed.
6. 4.5-Head Trauma & Injuries- Remove the third bullet that reads control/stop any identified life threatening hemorrhage (direct pressure, tourniquet, etc.). The SBP was changed to read SBP>100 mm Hg. Reword the fourth bullet to read-elevate the patient's head 20-30 degrees unless contraindicated.
-Committee (now minus Dr. Walter who left the meeting prior to this and remaining votes) voted to approve, no abstentions, no one opposed.
7. 4.12-Traumatic Cardiac Arrest-Adult & Pediatric-Discussion of the protocol. No additional changes.
-Committee of the whole voted to approve, no abstentions no one opposed.
8. 3.7-Induced Therapeutic Hypothermia- Discussion of the protocol. Until additional information is available the committee agreed to put the current Appendix V into the new protocol format

-Committee voted to approve, no abstentions, no one opposed.

Additional updates to the protocols for version 12.01

8.2 Multiple Casualty Incidents (MCI Triage) - 3 additional levels have been added to the levels for potential MCI casualty. Discussion minimal

-Committee voted to approve, no abstentions, no one opposed.

The IN route has been added to Midazolam in protocol 2.15 P.

-Committee voted to approve, no abstentions. no one opposed.

4.10 Thoracic Trauma-remove 'splint' from the flail chest section

Additional issues raised for future discussion-Dr. Wedel

1. From a risk management perspective drug infusions pose risk to patients. The committee should discuss requiring pumps for high risk medication infusions.
2. Recommendation that the Department determines documentation points for each of the new protocols. As the continuous quality improvement (CQI) programs unfold it is helpful to have the documentation requirements in place.

Meeting Adjourned at 12:24 pm.

Next Meeting: Friday April 11, 2014-10 a.m. - 12 Noon at MEMA