Meeting Minutes

Subject:	Medical Services Committee
Date:	June 12, 2015 – 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, Dr. Walter and Dr. Wedel.
Absent Members:	

1.0 Agenda

2.0 Call to Order

Dr. Jon Burstein called to order the June meeting of the EMCAB Medical Committee at 10:00 am on June 12, 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
Motion: by Dr. Dinneen to approve the April minutes. 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, Dr. Walter and Dr. Wedel. Abstentions-none, opposed-none.

Motion	Result
Motion: by Dr. Geller to remove the line "Consider placing newborn skin-to-skin on the mother's chest or abdomen" from Protocol 2.11 Newly Born Care. Seconded by Dr. Bailey.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson, Dr. Walter and Dr. Wedel. Abstentions-Dr. Pozner and Dr. Walker, opposed-none.

Motion	Result
Motion: by Dr. Dyer to remove the line "IV must be established before administration of nitroglycerin" in Protocol 3.6 and to raise the SBP number to greater than (>)120 in both Protocols 3.6 CHF and 3.1 ACS. Seconded Dr. Geller.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker, Dr. Walter and Dr. Wedel. Abstentions-Dr. Old, opposed-none.

Motion	Result
Motion: by Dr. Restuccia to change the wording of Protocol 5.2 Difficult Airway-Adult to read: An unstable Airway situation can be defined as unable to clear a foreign body airway obstruction, OR airway grading** (Figure 1 & 2) suggests intubation unlikely, OR unsuccessful intubation after no more than a total of 3 attempts. Seconded by Dr. Geller.	Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson, Dr. Walter and Dr. Wedel. Abstentions-Dr. Pozner and Dr. Walker, opposed-none.

Motion	Result
Motion: by Dr. Tennyson to adjourn the meeting.	Approved by assent.

4.0Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

1. **Minutes**
   Motion: by Dr. Dinneen to approve the April minutes. 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, Dr. Walter and Dr. Wedel. Abstentions-none, opposed-none.

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

3. **Old Business**
   a. System CQI report- no report
   b. MATRIS-no report

4. **New Business**
   Protocols will be going to EMCAB for final approval on June 23, 2015. The meeting will be held here at MEMA. Dr. Burstein noted that this is the last Medical Services Committee (MSC) meeting for Dr. Pozner, Dr. Bailey and Dr. Dinneen. Dr. Patterson reported she will be leaving the MSC Committee. The committee voted thanks for all the physicians for their work.

a. Neonatal transport issues-Dr. Bailey

Currently there is no approved safe way to transport the newly born. The newly born is either held by the mother or put in a car seat that is not appropriate for the size. Sometimes a car bed is used if an infant is too small for a car seat- but not widely available.

Dr. Bailey notes that skin-to-skin contact is not recommended in the prehospital setting.

Discussion: Car seats could be put in the tech seat/bench. There is a PediMate device on the market. This device uses weight based adjustable harnesses (based similarly to the Broselow tape) to secure the infant. BEMS piloted this child restraint system --reported to be a complicated system. The American Academy of Pediatrics (AAP) will be releasing safe transport recommendations in August 2015. Deb Clapp of Emergency Medical Services for Children spoke, noting that agencies have recommended as an option to have the mother hold the baby, have EMS drivers drive slow on the right side of the road and have a police escort to ensure safe travel to the hospital. Education would be needed to reiterate safe driving practices. The Committee decided to wait for the AAP recommendations and to have a draft document available for the October meeting. In the meantime the line "consider placing newborn skin-to-skin on the mother's chest or abdomen" will be removed from Protocol 2.11-Newly Born Care.

Motion by Dr. Geller to remove the line "Consider placing newborn skin-to-skin on the mother's chest or abdomen" from Protocol 2.11 Newly Born Care. Seconded by Dr. Bailey.
Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson, Dr. Walter and Dr. Wedel.
Abstentions- Dr. Pozner and Dr. Walker, opposed-none.

b. Patient stability for Interfacility Transports (IFT): BP and vent

Is there a need to discuss the 20 minute rule? The topic came up at an earlier meeting, it was determined that it could be a specific concern of 1 or 2 services or a medical control physician needing clarification. No need for further discussion**.**

c. IV requirement prior to NTG in 3.6 Congestive Heart Failure (CHF)-

Following up on the discussion-is IV access in a patient necessary prior to administering Nitroglycerin (NTG)? Discussion: an IV is not necessary. Concern for a patient with poor IV access having to wait for NTG administration even if BP elevated.

To be conservative a recommendation was made to raise the systolic blood pressure (SBP) cutoff number to greater (>) than 120. This raised the issue that in Protocol 3.1 Acute Coronary Syndrome (ACS) NTG can be given if needed with a SBP greater than 100. CHF and ACS are different conditions and should be treated as such. Discussion to raise the SBP number to 120 - 140. Will leave the administration of NTG in ACS as is, requiring an IV.

Motion by Dr. Dyer remove the line "IV must be established before administration of nitroglycerin" in Protocol 3.6 and to raise the SBP number to greater than (>) 120 in Protocols 3.6 CHF and 3.1 ACS. Seconded Dr. Geller.
Approved - Dr. Bailey, P. Brennan, Dr. Dinneen, Dr. Dyer, S. Gaughan, Dr. Geller, L. Moriarty, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson, Dr. Walker, Dr. Walter and Dr. Wedel. Abstentions-Dr. Old, opposed-none.

d. Midazolam IN dosing

Is there a reason to discuss IN Midazolam dosing?-no comments-no concerns voiced.

e. Pressors and pumps rediscussiom

Pumps will be required for vasopressor administration in 2017. With the new protocols pumps will be required for the administration of Norepinephrine with the next release of the protocols version 2015.01. Some services have been concerned about costs and are concerned about having to have an extra pump available should the initial pump fail to work properly. Discussion: Does the Committee want to keep pressors on the trucks?-yes. Does the Committee want to keep the pumps in the next edition of the protocols and have pumps be mandatory by 2017?-yes. Going forward the committee will probably recommend using a pump for the safe administration of other medications-Magnesium Sulfate, Amiodarone etc. Dr. Wedel recommend the pumps should be able to be programmed and contain a drug library. Only one pump is required on a truck. A back up pump needs to be available (can be retrieved or brought to the scene as needed). No changes were advised for the upcoming protocols. Pumps will be required for the administration of Norepinephrine.

f. Difficult airway protocol use-Dr. Restuccia

The current protocol reads: an Unstable Airway situation is defined as unsuccessful intubation after a total of 3 attempts, unable to clear a foreign body airway obstruction, airway grading ** (Figures 1 and 2) suggests intubation unlikely. Three failed attempts is to many-EMTs know before the third attempt that intubation is unlikely.
Discussion: the protocol needs to be rewritten. This will be done for the 2016 protocol by Dr. Burstein and Dr. Restuccia. To clarify the protocol for version 2015.01 a motion was made to add the word "or" between the three categories defining a difficult airway.
Motion by Dr. Restuccia to change the wording of Protocol 5.2 Difficult Airway-Adult to read: An unstable Airway situation can be defined as unable to clear a foreign body airway obstruction, OR airway grading** (Figure 1 & 2) suggests intubation unlikely, OR unsuccessful intubation after no more than a total of 3 attempts. Seconded by Dr. Geller. 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, Dr. Walter and Dr. Wedel. Abstentions-none, opposed-none.

g. Post-intubation sedation-Dr. Restuccia

Once the patient is intubated end tidal CO_2 is not always being done. Post sedation recommendations are needed. Post Care management of the intubated patient protocol is recommended. May move the Difficult Airway Protocol to an Airway Protocol. To develop and present for the protocol update version 2016.01. May incorporate the Difficult airway protocol into an updated Airway Protocol for 2016.01 version.

Motion by Dr. Tennyson to adjourn the meeting. Approved by assent.

Meeting Adjourned at 11:10 am

Next Meeting: Friday August 21, 2015 10 a.m. - 12 Noon at Union Station, Northampton