



## Meeting Minutes

**Subject:** Medical Services Committee  
**Date:** October 13, 2017 – final  
**Voting Members:** Dr. Burstein (chair), Dr. Beltran, P. Brennan, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.

**Absent Members:** Dr. Cohen.

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### 1.0 Agenda

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### 2.0 Call to Order

Dr. Jon Burstein called to order the October meeting of the Emergency Medical Care Advisory Board's Medical Services Committee at 10:03 am on October 13, 2017 in the Operations Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

### 3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
<b>Motion:</b> by Dr. Tennyson to accept the September minutes. Seconded by Dr. Walker.	<b>Approved</b> - Dr. Beltran, P. Brennan, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter. Opposed-none. Abstention-none.

Motion	Result
<b>Motion:</b> by Dr. Dyer to extend the check and inject Epinephrine system to BLS providers as a Medical Director option. Seconded by Dr. Geller.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Tennyson to require the check and inject kits are comprised of the same items as listed in the January 13, 2016 advisory. Seconded by Dr. Tollefsen.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Walter to require 100% CQI of BLS check and inject programs. Seconded by Dr. Tollefsen.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Old to require initial training for the project and AHMD oversight for BLS check and inject. Seconded by Dr. Restuccia.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Restuccia to require a competency exam for BLS check and inject. Seconded by Dr. Old.	<b>Approved</b> – unanimous vote.

Motion	Result
<b>Motion:</b> by Dr. Old to require quarterly retraining for Check and Inject. Seconded by Dr. Restuccia.	<b>Approved</b> – Dr. Beltran, P. Brennan, D. Faunce, S. Gaughan, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen. Opposed-Dr. Dyer, Dr. Walker and Dr. Walter. Abstention-none.

Motion	Result
<b>Motion:</b> by Dr. Dyer to add Calcium Chloride 2-4 mg/kg slow IV over 5 minutes to a maximum dose of 1 gram to the Paramedic standing orders in 3.4A Cardiac Arrest (Adult). Seconded by Dr. Walter.	<b>Approved</b> – unanimous vote.

#### 4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

#### Agenda

##### 1. Acceptance of Minutes: September 8, 2017 meeting

**Motion:** by Dr. Tennyson to accept the September minutes. Seconded by Dr. Walker.  
Approved - Dr. Beltran, P. Brennan, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.  
Opposed-none. Abstention-none.

##### 2. OEMS Update-Mark Miller

1-The National Registry is improving the website, moving to version 2 for recertification period. The MA EMT website is being reviewed. Some issues at present

but continued improvement is expected. Dan Saxe is steeping into the training and recertification in the office.

2-Protocol update-recent release of the Pain Protocol. Once education and training is complete services may implement. A question was raised about the release of the Interfacility Transfer Pediatric transport update. The Department continues to review. At present approval can be given under the exception principle.

3- The Emergency Medical Care Advisory Board (EMCAB)-Members have been reappointed. A meeting is scheduled for November 5, 2017.

4-Trauma Committee-final approvals are in process. Dr. Eric Mahoney introduced to the Committee.

3. Task Force reports-no reports. Discussed the need for this item on the agenda. No task forces in operation. Will add to the December agenda for discussion to remove this item.

10:14 a.m. Dr. Geller arrived

4. Old Business

a. (System CQI report)-no report

b. (MATRIS)-no report

c. IFT process and protocols (Dr. Cohen). Discussion and vote.

Dr. Cohen was not in attendance. Dr. Burstein noted that under the open meeting law any subcommittee, if it has more than 1 member of a committee must operate as any public body subject to an agenda, an open meeting notice, minutes votes etc. Discussion on how to proceed. A suggestion was made to devote 1 MSC meeting a year to discuss, experts could be invited to discuss and debate any changes. The Committee will await clarification for DPH general counsel via OEMS.

d. Pump requirements changes. Informational.

DPH asks that the IV infusion pump requirement be reconsidered. Concerns were raised about cost, the use of syringe pumps vs. programmable infusion pumps and training issues. The Department notes patient safety is the concern. A packet will be sent to members for discussion at the December meeting.

5. New Business

a. ACLS in arrest study. Informational.

Switching to Cardio-Cerebral Resuscitation (CCR). Article circulated. BLS providers administering CCR have better patient outcomes than ALS providers.

b. BLS Epi Check and Inject SPs. Discussion and vote.

Discussion on extending the check and inject Epinephrine by BLS providers.

**Motion:** by Dr. Beltran to discuss implementing the Check and Inject Epinephrine by BLS providers. Seconded by Dr. Restuccia. **Approved** – unanimous vote.

c. BLS Epi Check and Inject system-wide. Discussion.

Discussion-Recommend as a Medical Control option. Professional Ambulance has been collecting data for 1 and a half years. Gibson McCullaugh gave a presentation of the data. Noted Increased rate of administration, better recognition of anaphylaxis, safer for providers & patients, decreased costs and improves patient outcomes. Discussed injuries to patients receiving auto injector Epinephrine.. Treated 30 adult patients and 3 pediatric patients. 89%

improved, 11% saw no change and 0 % of patients were worse. Pro focuses on classroom time, skills lab and simulation.

Discussion: The ambulance inspectors would look at documentation of training. ALS services are inspected every year, BLS services every 2 years. Would suggest 100% CQI reviews, Affiliate Hospital Medical Director (AHMD) approval.

-Equipment: The January 13, 2016 memo was reviewed-- the -equipment should be the same: (-Epinephrine administration supplies must be maintained in a separate container from all other medications;-Epinephrine 1:1,000 1mg/1mL concentration must be in a glass vial; - Kit case and medication vial must both be labeled with "NOT FOR IV USE"; -Kit contains 2 sterile 1cc graduated syringes and 21- to 25-gauge needles (3/8-1 inch long) that are permanently attached (i.e. needle cannot be removed from syringe). Needle must be "safety" engineered, easily sheathed or protected following use, and -Documentation and direction card must be included in kit, noting the Epinephrine is NOT for IV use, and noting dosing for adult/pediatric patients). Recommendation for a rubber top vial.

2-There needs to be medical oversight.

3-100% CQI 4-Training quarterly or semiannually.

4-A competency exam.

Dr. Gutiérrez left room at 11:11 am returned 11:15 a.m.

Committee of Whole 11:20-11:29 am.

**Motion:** by Dr. Dyer to extend the check and inject Epinephrine system to BLS providers as a Medical Director option.

Seconded by Dr. Geller. **Approved** – unanimous vote.

**Motion:** by Dr. Tennyson to require the check and inject kits are comprised of the same items as listed in the January 13, 2016 memo.

Seconded by Dr. Tollefsen. **Approved** – unanimous vote.

**Motion:** by Dr. Walter to require standard tracking -100% CQI.

Seconded by Dr. Tollefsen. **Approved** – unanimous vote.

**Motion:** by Dr. Old to require initial training for the project and AHMD oversight.

Seconded by Dr. Restuccia. **Approved** – unanimous vote.

**Motion:** by Dr. Restuccia to require a competency exam.

Seconded by Dr. Old. **Approved** – unanimous vote.

**Motion:** by Dr. Old to require quarterly retraining for Check and Inject.

Seconded by Dr. Restuccia. **Approved** – Dr. Beltran, P. Brennan, D. Faunce, S. Gaughan, Dr. Geller, Dr. Gutiérrez, Dr. Old, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen.

Opposed-Dr. Dyer, Dr. Walker and Dr. Walter. Abstention-none.

Friendly amendment by Dr. Tollefsen to require the components for the kit listed in the Advisory. Noted already approved

11:38 am Dr. Restuccia left room.

A question was raised -Could the Department post a formal status report of the progress on protocol releases, something formal –online?

11:42 am Dr. Restuccia left room.

d. Specifying hyperkalemia treatment. Discussion and vote.

Recent case of a patient with hyperkalemia raised a concern for standing order options in the protocols. Discussion: dialysis patients at risk

**Motion:** by Dr. Dyer to add Calcium Chloride 2-4 mg/kg slow IV over 5 minutes to a maximum dose of 1 gram to the Paramedic standing orders in 3.4A Cardiac Arrest (Adult).

Seconded by Dr. Walter. **Approved** – unanimous vote.

Additional comments- No need to add albuterol. Question raised if Sodium Bicarbonate should be added to 3.4P Cardiac Arrest (Pediatric)-extremely uncommon, decision-no need to add to the pediatric protocol-3.4P.

Next Meeting: December 8, 2017

Motion to adjourn: Dr. Walker. Seconded by Dr. Old.

Adjourned: 11:57 a.m.