Meeting Minutes

Subject:	Medical Services Committee
Date:	June 8, 2018 – final
Voting Members:	Dr. Burstein (chair), Dr. Beltran, P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Old, Dr. Restuccia, Dr. Walker and Dr. Walter. (10 members present-quorum=9).
Call-in:	Dr. Tollefsen (on phone).
Absent Members:	S. Gaughan, Dr. Geller, Dr. Gutiérrez and Dr. Tennyson.

1.0 Agenda

2.0 Call to Order

Dr. Jon Burstein called to order the June meeting of the Emergency Medical Care Advisory Board's Medical Services Committee at 10:02 am on June 8, 2018 in the Operations Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

Elizabeth Chen, Associate Commissioner at MDPH, was introduced. She thanked MSC members for their service to the Department.

3.0 Motions-

The following table lists the motions made during the meeting.

Motion	Result
Motion: by D. Faunce to approve the minutes amending dopamine motion-noting administration by pump as a medical control option. Seconded- by Dr. Restuccia.	**Approved -** unanimous vote.

Motion	Result
Motion: by Paul Brennan to make pumps mandatory for all infusions excluding electrolyte solutions. Seconded by Dr. Walter.	**Approved** – P. Brennan, Dr. Restuccia and Dr. Walker. Opposed-Dr. Beltran, Dr. Cohen, Dr. Dyer, D. Faunce and Dr. Old. Abstentions-Dr. Tollefsen and Dr. Walter. **Motion-Failed.**

Motion	Result
Motion: by Dr. Walter to accept the Surgical Cricothyrotomy protocol in Paramedic standing orders with the following changes- # 6 tracheal hook to be optional # 7 change the line to read- "Cannulate the trachea". Remove the kit description. Change "sheep" to "animal trachea". Continuing Education must be done every 6 months and have a hands-on skill practical component-adding simulation as well as trachea cannulation. 100% CQI on all tubes and crics. Seconded by Dr. Dyer.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Beltran to accept 1. In Routine Patient Care change transport line to read: Initial request for ALS should take place immediately after recognizing severity of symptoms. 2. In 2.2P Allergic Reaction. Move Albuterol 0.5% (via nebulizer) to Standing Order for paramedics. 3. In 2.10 Obstetrical Emergencies-Move Magnesium Sulfate to Paramedic Standing Order, dose 2-4 Grams. Seconded by Dr. Dyer.	**Approved** – unanimous vote.

Motion	Result
Motion: by D. Faunce to add SANE Alert to the Routine Care Protocol. Seconded by Dr. Cohen.	**No vote.**

Motion	Result
Motion: by Dr. Beltran to approve USAR protocol changes. Seconded by Dr. Restuccia.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Walter to go with the September 12th date for the next MSC meeting. Seconded Dr. Beltran.	**Approved** – unanimous vote.

Motion	Result
Motion: by P. Brennan to adjourn. Seconded by Dr. Cohen.	**Approved** – unanimous vote.

4.0Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

Agenda

1. Acceptance of Minutes: April 27, 2018 meeting
   Dr. Burstein asked for clarification on dopamine (top of page 2)-was the intent to administer dopamine as a medical control option "by pump"?
   Discussion indicated "yes".
   Motion: by D. Faunce to approve the minutes amending dopamine motion-noting administration by pump as a medical control option. Seconded- by Dr. Restuccia. Approved – unanimous vote.

2. OEMS Update

3. Old Business
   a. Pediatric IFT CPAP. Discussion and vote. Invited expert Monica Kleinman, pediatric intensivist, Children's' Hospital Boston. (Region I). -deferred.

   b. MAI special project data. Discussion and vote. -deferred.

   c. Pumps and non-pressor medications by infusion. Discussion and vote.
   In response to the Committee's request to get numbers of medications administered by infusion in 911 calls Dr. Burstein reported that MATRIS data notes: amiodarone was administered 937 times, calcium chloride 130, diltiazem 1696, dopamine 154, magnesium sulfate 1156, and norepinephrine 8. Total 4081 administrations.
   Discussion: everything by pump including normal saline? Standard practice in hospitals. Would bolus medications be on a pump? –no, any medication that is not pushed would be. Operational issues include costs, training. Services can decide to require pumps on their own-without it being in the protocols. Meds requiring pump-pressors, magnesium sulfate, TXA amiodarone, calcium chloride and diltiazem.
   Friendly amendment by Dr. Walker excluding electrolyte solutions.
   Motion: by Paul Brennan to make pumps mandatory for all infusions excluding electrolyte solutions. Seconded by Dr. Walter. Approved – P. Brennan, Dr. Restuccia and Dr. Walker. Opposed-Dr. Beltran, Dr. Cohen, Dr. Dyer, D. Faunce and Dr. Old. Abstentions-Dr. Tollefsen and Dr. Walter. **Motion-Failed.**

   d. Surgical cric draft review. Discussion and vote.
   Discussion-Training every 3 months or 6 months? QA to be done on every tube and cric. The retraining needs to mimic initial training with hands on component.
   The tracheal hook should be an optional item.
   In 2.4 remove "sheep" insert "animal tracheas". Friendly amendment by Dr. Dyer.

   Motion: by Dr. Walter to accept the Surgical Cricothyrotomy protocol with the noted changes. Seconded by Dr. Dyer. Approved - Dr. Beltran, P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Old, Dr. Restuccia, Dr. Walker and Dr. Walter. Abstention-Dr. Tollefsen. Opposed-none.

4. New Business

a. Articles on epi by BLS, intubation, paramedic experience. Informational.
Dr. Burstein noted articles were circulated for reading and review.

b. Membership of the committee. Discussion.
Dr. Gutiérrez is leaving to be replaced by Dr. Chung. Dr. Geller is retiring.
Trauma has not assigned a committee member.
Discussion on the number of MSC seats.
Dr. Geller's position will need to be replaced. Interested parties can submit to the Regions. Nominees (1 per Region) can be presented to MSC in September for a vote.

c. Region 1 protocol suggestion package. Discussion and vote by item.

REGION I Suggestions to Massachusetts Protocols 2018.1 Updated February 2018-Document reviewed.

1.0 Routine Patient Care-Yes accepted

Patient Approach currently reads: Request and use available advanced life support (ALS)-paramedic resources in accordance with these protocols, initiate transport as soon as possible, with or without ALS.

New Language: Request and use available advanced life support (ALS)-paramedic resources in accordance with these protocols, initiate transport as soon as possible, with or without ALS. *Initial request for ALS should take place immediately after recognizing severity of symptoms.*

1.0 Routine Patient Care-No not accepted

Assessment and Treatment Priorities (Continued) currently reads: Use quantitative, recordable waveform capnography for all patients with advanced airway interventions and consider its use with all respiratory compromised conditions.

New Language: *Use quantitative, recordable waveform capnography for all patients with advanced airway interventions and with all respiratory compromised conditions.*

1.0 Routine Patient Care NOT accepted

EMS used to be able to adapt as AHA's ECC guidelines changed without having to have a protocol revision. Shouldn't evidence-based medicine of AHA's ECC guidelines be the standard of care? EMS should adapt as these changes occur.

2.2P Allergic Reaction-Yes accepted

Medical Control May Order currently reads: Albuterol 0.5% (via nebulizer)

Suggestion: *Consider allowing Albuterol Standing Order for paramedics*

2.10 Obstetrical Emergencies- Yes accepted

Medical Control May order currently reads: Magnesium Sulfate 1-4 gm IV/IO over 10 minutes (i.e., for eclampsia).

Suggestion: *Consider moving Magnesium Sulfate to Paramedic Standing Order*

2.12 Resuscitation of the Newly Born- NOT accepted

Medical Control May Order currently reads: Epinephrine 1:10,000 (0.01mg-0.03mg/kg) IV/IO

Suggestion: *Consider moving to paramedic Standing Order if patient is in cardiac arrest.*

Defibrillation is mentioned in standing order. Clarification for Epi should be established.

11:32am Dr. Old left room-11:34 am returned.

2.14 Poisoning/Substance Abuse/Overdose/Toxicology NOT accepted

AEMT Narcan currently reads: 0.4-4 mg IV/IO/IM/IN. May be repeated as indicated.
Suggestion for clarification: *Contact Medical Control for additional doses after 8 mg.*

2.15P Seizures-NOT accepted
Paramedic Standing order currently reads: Midazolam 0.2mg/kg IN to a maximum single dose of 10mg
Suggestion: *Max should be no more than adult max dose. Adult max dose is 6mg.*

2.16P Shock-NOT accepted
Medical Control May Order currently reads: Needle decompression for tension pneumothorax
Suggestion: *Consider moving to Paramedic Standing Order*

3.2 Atrial Fibrillation/Atrial Flutter and 3.9A SVT and 3.10 Ventricular Tachycardia: - NOT accepted
Current state: These protocols list the indications of cardioversion as (systolic BP less than 100 mmHg). 3.2 adds "with signs of Hypoperfusion"
Additional wording should include: *If a patient presents as unstable (hypotension, ischemic chest pain and/or altered mental status) consider cardioversion.*

Discussion on elderly patient with a heart rate less than 150 bpm -- age is not accounted for.

11:40am D. Faunce left room-11:42 am returned.

5.2 Difficult Airway-NOT accepted
Currently reads: Midazolam is the recommended drug for facilitating intubation and the use of any other sedation such as Fentanyl can only be done with Medical Control Direction and consult.
Additional wording should include:
To facilitate intubation:
a. Midazolam 2mg SLOW IV/IO/IM/IN. Repeat as necessary to total of 6mg.
*b. **If intubation is unsuccessful**, administer Fentanyl 1mcg/kg IV/IO/IM/IN up to max single dose of 150mcg.*
c. If intubation is unsuccessful, insert the supraglottic device.
d. If the airway is unstable and the patient cannot be ventilated, perform a needle cricothyrotomy and provide oxygen via jet ventilation.
Suggest deleting the following wording: *Midazolam is the recommended drug for facilitating intubation and the use of any other sedation such as Fentanyl can only be done with Medical Control Direction and consult.*

A3 IFT Guideline and Protocols- NOT accepted
Current language does not mention if deep suctioning of tracheostomy tube is BLS, ALS or IFT level.
Suggestion: *Consider adding language to clarify this skill and what level of transport is necessary*

Each of the above items was discussed.
Motion: by Dr. Beltran to accept
1. In Routine Patient Care change transport line to read: Initial request for ALS should take place immediately after recognizing severity of symptoms.
2. In 2.2P Allergic Reaction. Move Albuterol 0.5% (via nebulizer Standing Order for paramedics.

3. In 2.10 Obstetrical Emergencies-Move Magnesium Sulfate to Paramedic Standing Order, dose 2-4 Grams. Seconded Dr. Old. Approved – unanimous vote.

d. IFT educational package from Region 2 for possible adoption. Discussion and vote.
Deferred to the next meeting

e. SANE Alert Language? (Dr. Old). Discussion and vote.
Intent is to have language alerting EDs to incoming sexual assault patient. ED can be prepared with a private room and resources needed. Possible names Trauma X, SANE Alert, Rape Crisis Intervention (RCI). Add to routine care protocol.
Motion: by D. Faunce to add SANE Alert to the Routine Care Protocol. Seconded by Dr. Cohen. Further discussion on the language. Further discussion- bring to Medical Directors' Safety Forum in September for discussion. Tabled until September**.**
No vote.

f. USAR protocol update. Dr. Kue of BEMS, invited expert. Discussion and vote.
Dr. Kue not available. Dr. Dyer noted the changes in the USAR document clarify ketamine and TXA dosing, other changes are formatting issues.
Motion: by Dr. Beltran to approve USAR protocol changes. Seconded by Dr. Restuccia. Approved – unanimous vote.

g. Next meeting and Medical Director Forum (Safety Issues). Discussion and vote.
Next meeting scheduled for September 14. The Department is planning a Safety Forum on Wednesday September 14. Plan is to combine the MSC meeting and the Safety Forum into 1-day MSC meeting 10-12, the lunch the Safety Forum 12-1 or 2 pm. Not all members can attend on each presented date.
Motion: by Dr. Walter to go with the September 12th date for the next MSC meeting. Seconded Dr. Beltran. Approved – unanimous vote.

Motion: by P. Brennan to adjourn. Seconded by Dr. Cohen.
Approved – unanimous vote.
Adjourned at 11:54 am

Next Meeting: Sept 12, 2018.

Documents utilized at meeting:
-Surgical cricothyrotomy draft protocol
-Region 1 protocol suggestions package
-USAR draft protocol -updates
-2018.2 STPs.