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|  | **Meeting Minutes** | | |  | |
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| Subject: | | | Medical Services Committee | | |
| Date: | | | September 13, 2019 – final | | |
| Voting  Members:  Absent  Members: | | | Dr. Burstein (chair), Dr. Beltran, Dr. Bivens, P. Brennan, Dr. Chung,  Dr. Cohen, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Nemeth, Dr. Old,  Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.  P    and Dr. Walker. | | |

# 0 Agenda

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# Call to Order

Dr. Jon Burstein called to order the September meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:07 am on September 13, 2019 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.

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| **Motion** | | **Result** |
| **Motion:** by Paul Brennan to accept the June minutes. Seconded by Dr. Cohen. | **Approved -** unanimous vote. | |

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| **Motion** | **Result** |
| **Motion**: by Dr. Bivens to add language to the protocol that bagging a pediatric patient is safer than intubation. Seconded by P. Brennan.  Friendly amendment by S. Gaughan to add language regarding BVM and SGAs go into every relevant protocol.  Friendly amendment by Dr. Tollefsen to add training language.  Language: **For patients under 12 years old, the airway is in most cases best managed with a BVM or SGA. In some cases, intubation may be preferred. This is at the discretion of the treating paramedic.**   1. For ALS vehicles, comprehensive set of pediatric SGAs (birth-12) - yes unanimous vote. 2. Adding language to RPC and protocols (see above) - yes unanimous vote. 3. Requiring 100% QA of pediatric airway interventions to be reviewed and reported to AHMD, or designee - yes unanimous vote.   Recommend development of education materials for best practices in pediatric airway management. DPH to create or find or sponsor, etc. EMSC to make recommendations? - yes unanimous vote. Dr. Bivens called the question-Approved unanimous vote. | **Approved** – unanimousvote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Walker to remove the Pediatric Med Reference from the protocols.  Seconded by Dr. Dyer. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Walter to add the following information into 1.0 RPC section of the  Protocols: **In a critical patient with no other vascular access, if trained to do so and with concurrent on-line medical control order (OLMC need not be contacted for a patient in cardiac arrest), Paramedics may access tunneled and non-tunneled externally accessible central catheters, in order to administer fluids or medications.**  Seconded by Dr. Tennyson. | **Approved** Dr. Beltran, P. Brennan,  Dr. Chung, Dr. Cohen, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Nemeth, Dr. Old,  Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.  Opposed - none, Abstained - Dr. Bivens. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Beltran to change the systolic reading to <160 in the Rehab Protocol. Seconded by Dr. Dyer. | **Approved** – unanimous vote. |

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

**4.0Action Items**

The following table lists the action items identified during the meeting

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| **Item** | | **Responsibility** |
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Agenda

1. 1. Acceptance of Minutes: Friday June 14, 2019 meeting

**Motion:** by Paul Brennan to accept the June minutes. Seconded by Dr. Cohen.

1. 2. OEMS Update
2. Scott Cluett is now the Director of OEMS.
   * 1. Effect of added pain meds on opioid use-Dr. Burstein (Dr. Old arrived 10:09 am)

Reviewed pain med use slides-2017-2019. MATRIS data shows non opioid use is at

13.8%.

3. Old Business

1. New Business
   1. Hypertonic saline for pediatric head injury (EMSC). Discussion and vote.-deferred

b. Pediatric intubation – retain/remove? (Dr. Beltran, invited experts) Discussion and vote.

MATRIS shows 60 pediatric intubations in 2018. Dr. Jolie Hettler-Baystate noted 3-4 cases of problems with intubation (wrong size tube, placement and size). Dr. Farrell- Director of EMS at Boston Children’s Hospital reviewed the literature. National data (NEMSIS) shows 3000 intubations in 1 million cases reviewed. Supraglottic Airway (SGA) use is evolving. Intubation did not provide better outcomes when compared with Bag Valve Mask (BVM.). EMS for Children (EMSC) group reviewed protocols and wanted to bring information to the MSC Committee for discussion. Discussion.

**Motion**: by Dr. Bivens to add language to the protocol that bagging a pediatric patient is safer than intubation. Seconded by P. Brennan.

Friendly amendment by S. Gaughan to put language regarding BVM and SGAs go into every relevant protocol.

Continued discussion-what is the Service Medical Director’s role in credentialing Paramedics in intubation? Pedi age discussed-determined age 12 for this purpose. All size SGAs should be available for 2 patients on all ALS trucks.

Friendly amendment by Dr. Tollefsen to add training language.

Language: **For patients under 12 years old, the airway is in most cases best managed with a BVM or SGA. In some cases, intubation may be preferred. This is at the discretion of the treating paramedic.**

4 areas for consideration in vote

1. For ALS vehicles, comprehensive set of pediatric SGAs (birth-12) - yes unanimous vote.
2. Adding language to RPC and protocols (see above) - yes unanimous vote.
3. Requiring 100% QA of pediatric airway interventions to be reviewed and reported to AHMD, or designee - yes unanimous vote.
4. Recommend development of education materials for best practices in pediatric airway management. DPH to create or find or sponsor, etc. EMSC to make recommendations? - yes unanimous vote.

Dr. Bivens called the question-Approved unanimous vote.

c. Removal of pedi drug reference? Discussion and vote.

Circulated article notes errors occur even with the medication reference. It is also hard to update and is duplicative of better resources already available.

**Motion:** by Dr. Walker to remove the Pediatric Med Reference from the protocols.

Seconded by Dr. Dyer-Approved-unanimous vote.

Dr. Tennyson left the room 11:25 am returned 11:30 am

1. BLS transmission of ECGs? (Dr. Beltran). Discussion and vote.-deferred
2. Central line access by paramedic cf RI? (Dr. Old) Discussion and vote.

Can tunneled and non-tunneled catheters/lines be added to the PICC statement in

Routine Patient Care (RPC)? D. Faunce left 11:30 am-returned 11:36 am,

S. Gaughan left the room at 11:32 am-returned 11:35 am, Dr. Nemeth left the room at 11:47 am returned at 11:49 am.

**Motion:** by Dr. Walter to add the following information into the RPC section of the

Protocols:

**In a critical patient with no other vascular access, if trained to do so and with concurrent on-line medical control order (OLMC need not be contacted for a patient in cardiac arrest), Paramedics may access tunneled and non-tunneled externally accessible central catheters, in order to administer fluids or medications.**

Seconded by Dr. Tennyson.-Approved Dr. Beltran, P. Brennan, Dr. Chung, Dr. Cohen,

Dr. Dyer, D. Faunce, S. Gaughan, Dr. Nemeth, Dr. Old, Dr. Tennyson, Dr. Tollefsen,

Dr. Walker and Dr. Walter. Opposed - none, Abstained - Dr. Bivens.

1. New protocol: Sedation after intubation cf MAI. (Dr. Old) Discussion and vote.

-deferred.

1. Add fever to 2.13 as indication for rx? (Dr. Walker) Discussion and vote.

-deferred.

1. Use of monitors in determining death? (Dr. Walter). Discussion and vote.

-deferred.

1. Fire rehab BP changes? Discussion and vote.

The National Fire Protection Agency (NFPA) standard for BP readings has changed for release of FFs from rehab. NRPA’s Release from rehab recommendation-BP reading is below160/100. MA protocols currently state BP reading must be >90 or <130 mmHg systolic and <100 mmHg diastolic. OK to change? Yes.

**Motion:** by Dr. Beltran to change the systolic reading to <160 in the Rehab Protocol. Seconded by Dr. Dyer. Approved-unanimous vote.

1. 100% QA for critical procedures (which?)? Discussion and vote. -deferred.

**Motion:** by P. Brennan to adjourn. Seconded by Dr. Bivens. Approved unanimous vote.

Next Meeting: October 11, 2019; location TBD likely MEMA.

Documents utilized at meeting:

-Pain med use

-Prehospital Pediatric Literature Review

-Hansen, M., Lin, A., Eriksson,C., Daya, M., McNally, B., Fu, R., Yanez, D., Zive, D., Newgard, C., the CARES surveillance group. A comparison of pediatric airway management techniques during out-of-hospital cardiac arrest using the CARES database. *Resuscitation, 120*, 2017, 51-56. *www.elsevier.com/locate/resuscitation.*

-Gausche, M., Lewis, R., Stratton, S., Haynes, B., Gunter, C., Goodrich, S., Poore, P., McCollough, M., Henderson, D., Pratt, F., and Seidel, J. Effect of Out-of-Hospital Pediatric Endotracheal Intubation on Survival and Neurological Outcome A controlled Clinical Trial. *JAMA*, Vol.283, No 6, February 9, 2000, 783—790. *jamanetwork.com.*

-Prekker, M., Delgado, F., Shin, J., Kwok, H., Johnson, N., Carlbom, D., et.al. Pediatric

Intubation by Paramedics in a Large Emergency Medical Services System: Process,

Challenges, and Outcomes. *Annals of Emergency Medicine,* vol. 67, no. 1 : January

2016, 20-29.e4, [*www.annemergmed.com/*](http://www.annemergmed.com/).

Chen, L., Hsiao, A. Randomized Trial of Endotracheal Tube Versus Laryngeal Mask

Airway in Simulated Prehospital Pediatric Arrest. *Pediatrics,* vol. 122; no. 2, 2008,

e294-e297, *aappublications.org/news*.

-Hoyle, J., Ekbad, G., Hover,T., Woodwyk, A., Brandt,R., Fales, B and Lammers, R.

Dosing Errors Made by Paramedics During Pediatric Simulations After Implementation

of a State-Wide Pediatric Dosing Reference. *Prehospital Emergency Care,* vol. 0 no 0,

2019, 1-9. [*www.tandfonline.com/loi/ipec20*](http://www.tandfonline.com/loi/ipec20).

-Current PICC language

-RI vascular access Protocol

-MAI 2019Poat-intubation Sedation

-National Fire Protection Agency ((NFPA) Standard on Rehabilitation

-CQI guideline-SW Ohio 2019 Protocols

-Bulger, E., May, S., Brasel, K., Schreiber, M., Kerby, J., Tisherman, S., at.al Out -of Hospital Hypertonic Resuscitation Following Severe Traumatic Brain Injury. *JAMA*, vol.304, no.13, October 6, 2010,1455-1464. *jamanetwork.com*.