



## Peninsulas EMS Council, Inc.

PO Box 2348, Gloucester, VA 23061  
Phone: (804) 693-6234 Fax: (804) 693-6277  
Email: pems@vaems.org  
www.peninsulas.vaems.org



### Medical Advisors Committee, June 12, 2003

#### Call to Order 10:10 a.m.

Introductions: Don Wilson comments thanks and support to the MAC Committee

#### MEMBERS

Dr. Karen Link  
Dr. Tamara Barnes  
Dr. Kim Mitchell  
Dr. Tom Young  
Dr. Cheryl Lawson  
Dr. Frank Lee

#### GUESTS

Ken Pence  
Willard Hicks  
Mark Bohn  
Tracy Hanger  
Jim McLean

#### Staff

James Masten  
Dane Davis  
Don Wilson

#### Product Demonstration

Demonstration of quick clot Medic Master Sales Representative, Ed Custer.

Mr. Custer passed out samples noting that this 3.5 dose can be self applied, is derivative of Lava Rock and there is a minimum chance of an allergic reaction. Currently being used by the Military field for over a year and pilot by ODEMSA. Complications regarded to this could be open face, heat problems with skin to Facial injury or eyes. Flushing is needed and it can be left in for days. Dr. Young questioned Specific ingredients. Ed Custer stated that actual ingredients cannot be told other than inert Lava Rock that provides minimal allergic reaction at this time. The cost is 1 case per dose \$22.00. It can be used for multiple pts, but takes moisture problem after opened for storage. Dr. Link asks if any complications caused post surgery, stoke, pe, etc. Mr. Custer says he will look into that and MAC committee will wait for answer from the vendor. This product is FDA Approved for OTC sales. Dr. Young will follow up with MD from Irag Field Operations

#### 4. Old Business:

Motion made by Dr. Link to Dr. Barnes to approve minutes from March 14, 2003 meeting  
Dr. Lee seconds the motion. Motion approved

#### Regional Quality Assurance

Identified many issues. Dr. Young said part time Physicians at facility need training. Protocols need feed back to inappropriate not transferred in QA Study; issue is discussed by MAC with Dr. Barnes. Squads call in ER for Air Diversion. Need Protocol revision and indoctrination to tell people not to call the ER. Air medical policy evaluated for ER. Dr. Young will assist to facilitate any discussion with aero medical for technical discretion. Policy can be confusing for ER. They need over treating vs. under treating. Dr. Young also noted that Cobra is defensible. Call for information to ER is good, but calls for permission only delay scene times and are not needed. Willard Hicks discusses Cobra and is not an issue for field.

Jim Masten states we need a lenient, broad Policy and agencies can be specific PRN... Transport times per region varied and field technicians should have discretion. QA Project supports. Motion to allow decision with out medical control. Air Med Protocols to remove Dr. Link, Dr. Barnes, etc. Approved by the committee. QA to watch over Aero Medical Change.

Jim Masten reports Riverside Regional Medical Center Official complained of Nightingale flying over RRMC Hospital not appropriate. Level II vs. Level I concern discussed by Dr. Link. Says RRMC needs Golden Hour-Level I. Dr. Mitchell says surgery is main difference by 60 minutes. Our policy state only Pediatrics and newborns are Level I. Is the best interest of Patient at hand? Simple is good and time is the key. Simple is to Air Level I. Based on data and not stories. Follow up to be done to agency from Air Medical. New Air Protocol is in effect immediately.

Protocol Work Group to meet 19th and 28th. Pediatric help needed on 28th. Using email will be ok. Mass Gathering protocol draft will be in after September. Everything else should be done per Willard Hicks.

#### **New Protocol Instructions**

Nitrous Oxide. Will the Mac entertain the idea before research? Willard Hicks remarks that it is feasible but need intense supervision of agency. Dr. Young states money issue in ER. Suggests evaluation of nitrous by work group. Spinal immobilization rule outs of ER could be used in the field to minimize back boarding of inappropriate pts. Dr. Young supports and all MAC support this and part of revision to be done by work group.

#### **Standardization of Cric**

Michael Player discusses prepared kits, needles, vary throughout region. Hospital stock support needs help and agency specific for training need. Dr. Young states that due to rare case procedure, standardization is needed. Dr. Mitchell suggests bringing examples of varied types in use for hands on evaluation.

LMA oppose to or in addition to combi-tubes as regional device. Dr. Lee states it is easy and good. Willard says there could be a space issue or vomit issue. Dr. Young asks why not constitute this issue. And Willard Hicks replies use of LMA as options. Dr. Mitchell asks to address this issue later if needed.

#### **Quality Assurance Work Group**

Dr. Barnes is seeking approval on compliance and logistics. Accuracy per run would provide better data. Motion by Dr. Link to approve, Second by Dr. Lawson.  
Motion approved.  
Michael Player adds that a need of an active OMD and PEMS involvement to support agencies for success. Tracy Hanger discusses data from asthma study from Children's Hospital of Kings Daughters.  
MAC Supports a thank you letter to be sent to Pat Heisler for service on Peninsula Pre-Hospital Committee

Jim Masten discusses official complaints of patient care have been issued to the State Office of EMS. Physician training needed for MCI. This issue is more stable at the hospitals than out in the field. By law COR must be answered by a MD. Jim is to give a MCI presentation to MDS containing the medication list, Trauma Triage, Air Evacuation, and MCI. Dr. Young was is strong support of the MCI Training

Meeting Adjourned at 12:10 PM

**Next Meeting, 10:00 am Thursday September 11, 2003**  
**PEMS Office, Gloucester, Virginia**