



**Peninsulas Emergency Medical Services Council, Inc.**

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**PEMS Medical Advisory Committee Meeting Minutes**

A PEMS Council Standing Committee

**Meeting Date:** June 14<sup>th</sup>, 2018

**Meeting Location:**

PEMS- Classroom Room

**Chaired By:** L. Dodd

**Begin Time:** 07:35 p.m.

**End Time:** 9:22 p.m.

**Minutes Submitted By:** Seth Craig

**Draft X Approved Date:**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Dodd, DO, Lisa (Chair) (TC)	Apostoles, MD, Steve	Craig, Seth	Ramakrishnan, Pankajavalli (TC)
Fish, Jr, MD, James (TC)	Baker, MD, Chris	Thomas, Debbie	Sweet, Jason- James City Co
Justis, MD, David	Bass, MD, Gregory		Williams, Cynthia (TC) Riverside Pharm
	Berry, Wayne		
	Clarke, DO, Clarence		
	Clifford, MD, Christianne		
	Dudley, DO, James		
	Dunn, MD, Chad		
	Enzor, Lindsay		
	Erwin, MD, Eleanor (Vice-Chair)		
	Garrison, MD, James		
	Gupta, MD, Sudershan		
	Haas, MD, Christopher		
	Harper, Kimberly		
	James, MD, Christopher		
	Jennings, MD, Torino		
	Laing, Jim		
	Lawson, MD, Cheryl		
	McCorry, DO, James		
	McGregor, Terrance		
	Ray, MD, Gaylord		
	Skrip, MD, Stephen		
	Sutherland, MD, Paul		
	Veek, Phillip		
	Weber, MD, Brent		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting Called to Order at 7:35 p.m. by L. Dodd; Those present introduced themselves.		
OMD Membership	<p>OMD Membership Report – MAC Committee has a vacancy for Licensed EMS Agency (Middle Peninsula), Licensed EMS Agency (Northern Neck).</p> <p>Committee voted unanimously to remove Terrence McGregor from roster because he will no longer serve within the region.</p> <p>Motion made to add Cynthia Williams as a registered pharmacist to the MAC. Motion approved.</p>	<p>Follow up with Pharmacy Committee</p> <p>Remove from roster.</p> <p>Add to roster.</p>	<p>S. Craig</p> <p>P. Hoyle</p>
Approval of Minutes	Approval of the March 8 <sup>th</sup> , 2018 Minutes. Motion by J. Fish to approve, Second by D. Justis. Minutes approved unanimously as written.		
Regional OMD Report	<p>S. Craig provided information about the OEMS CE dates and locations for OMDs.</p> <p>OMDs requested a way to be notified a year or two out prior to expiration.</p> <p>FY19 EMS Medical Directors CE Workshops Schedule has not been posted as of 6/13/18, but there will be one associated with VA OEMS Symposium and the TEMS/PEMS Joint meeting in December 2018.</p>	Investigate method to notify OMDs.	S. Craig
Committee Reports	<p>Committee Reports –</p> <p>a. Pharmacy Committee – S. Craig for J. Bendit</p> <ul style="list-style-type: none"> <li>• Reviewed and recommended approval as written: 2018 PEMS Regional Medication Box Plan</li> <li>• Next Meeting August 1<sup>st</sup>, 2018 at 3:00 p.m.</li> </ul> <p>b. Performance Improvement Committee – D. Thomas</p> <ul style="list-style-type: none"> <li>• At last MAC Meeting it was approved to move forward with cuffed instead of uncuffed ETs to PICO and EOC and is still moving forward</li> <li>• Investigating temperature and EtCO2 capabilities by PEMS agencies, especially as related to sepsis identification</li> <li>• Next Meeting – September 13<sup>th</sup>, 2018 3:00 pm.</li> </ul> <p>c. PPP Committee – D. Justis</p> <ul style="list-style-type: none"> <li>• Protocol changes for 2019 have been developed and will be discussed under new business.</li> <li>• Next Meeting – July 12<sup>th</sup>, 2018 at 10:00 am</li> </ul> <p>d. Clinical Programs Task Forces</p> <ol style="list-style-type: none"> <li>i. Trauma Task Force – D. Thomas <ul style="list-style-type: none"> <li>• Next Meeting September 13<sup>th</sup>, 2018 at 1 pm</li> </ul> </li> <li>ii. Stroke Task Force - D. Thomas/ Dr. Ramakrishnan <ul style="list-style-type: none"> <li>• Positive RACE Score, changed from last seen normal 0-6 to 0-24 hours, and over 24</li> </ul> </li> </ol>		

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	<p>hours discuss with online Medical Control. The 15 minute transport time did not change.</p> <ul style="list-style-type: none"> <li>• Next Meeting – July 12<sup>th</sup>, 2018, at 1:00 pm</li> </ul> <p>iii. STEMI Task Force – D. Thomas</p> <ul style="list-style-type: none"> <li>• Next Meeting – August 9<sup>th</sup>, 2018, at 1:00 pm</li> </ul> <p>iv. Behavioral Health Task Force- No report</p> <ul style="list-style-type: none"> <li>• Next Meeting- June 20<sup>th</sup>, 2018 at 10:00 am</li> </ul> <p>e. EMS Operations Committee – No Report</p> <ul style="list-style-type: none"> <li>• Next Meeting – July 10<sup>th</sup>, 2018 at 7:00 pm</li> </ul> <p>f. Interfacility and Critical Care Transport Committee – S. Craig for J. Bendit</p> <ul style="list-style-type: none"> <li>• Reviewed and recommended approval as written: 2018 PEMS Regional Ambulance Restocking Agreement (Agency and Hospital)</li> <li>• Next Meeting – July 19<sup>th</sup>, 2018, at 3:00 PM</li> </ul>		
PEMS Updates	PEMS Regional Awards program was successful.		
Old Business	At March 2018 MAC meeting, L. Miller presented information on pediatric intubation with cuffed vs uncuffed tubes. D. Justis made a motion to have cuffed tubes replace uncuffed tubes in the prehospital setting for pediatric intubations. All discussion was in favor of the change, with a realistic approach. The current PEMS Protocols were examined and it was noted that there is no mention of cuffed vs uncuffed tubes in the protocols. PALS indicates “provider’s preference.” MAC voted unanimously to send the change to PICO for implementation. Information was sent to PICO, have not received any information in return.		
New Business	<p>Stroke Field Triage has changed the time from less than 6 hours to less than 24 hours for RACE positive. Dr. Ramakrishnan was present to provide background information and to answer questions. Motion made by D. Justis to accept Stroke changes. Seconded by J. Fish. Motion approved unanimously.</p> <p>Continue work on concussion Protocol or PEARL because many EMS agencies standby at sports events. B. Beam working with College of William &amp; Mary “Smart Training” Concussion course. They have agreed to work with PEMS PPP to develop (Andy Carter/ Head Athletic Trainer for football at W &amp; M). He will call into the next PPP meeting to help with Concussion, Spinal Precautions, and Dehydration.</p> <p>Norepinephrine Protocol for non-traumatic hypotension. Norepinephrine is more expensive but is currently more readily available than dopamine.</p> <p>Excited Delirium- recommended to change the protocol from Paramedic Only skill to Intermediate under MC- [I].</p> <p>Remove Corn Allergy Contraindication for NTG. It is only for IV NTG.</p>	Update Stroke Field Triage	S. Craig/ P. Hoyle

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	<p>Change initial dosage of Fentanyl to 25-50 mcg (0.5- 1.0 mcg/kg)- MAC did not want to change this initial dosage. Providers can increase the frequency of dosing (3-5 minutes IV).</p> <p>ALS Release to BLS protocol and suggested revisiting it for obvious non-ALS patients. Approved to move forward in not making it mandatory for ALS provider to contact MC for EVERY transfer, but still should contact MC when necessary. Leave the requirement to be reviewed by agency's QA/QC.</p> <p>Administrative Correction: Add Versed IV for seizures, currently the protocol says IN only, but pharmacological section indicates IV and IN administration.</p> <p>MAP Post resuscitation, not V-Fib and V Tach, reduce to 65, Systolic 90, remove from cardiac arrest protocols. This aligns PEMS Protocols with AHA guidelines.</p> <p>Add 4 mg OTD for Ondansetron for EMT-B. It is in the scope of practice for EMT-B for SL/PO. Only contraindication is prolonged QT interval. Add to the pharmacological section and protocol page.</p> <p>Add AEMT administration of Ondansetron IV/IM.</p> <p>Add solu-medrol to scope AEMT PEMS Protocols. Suggestion: examine bordering agencies and match protocols. Add option for IM administration if it is common practice in region.</p> <p>Remove brackets [ ] from Albuterol and Atrovent for EMT-B to reduce time between patient contact and medication administration, improving patient care.</p> <p>Add ASA for pain management- Reye syndrome in pediatric patients- exclude this population (only administer to patients 19 years and older).</p> <p>Add IV acetaminophen- will not fit in the box, vented tubing, not on formulary in some pharmacies. MAC Proposal: Ketorolac/Toradol instead at 15 mg - 30 mg (age 65 y or known renal failure or insufficiencies, GI bleeding). Contraindication would be recent NSAIDs usage.</p> <p>Remove "Epi Auto-Injector PEMS local protocol course." Autoinjector is not used in all parts of the region, and the training should be part of the EMT-B course.</p> <p>Administrative correction: Remove statement about NTG "BLS with OMD approval" in the PEARLS section of Chest Pain-non traumatic protocol- it is now an EMT-B skill</p> <p>Investigate glucagon prefilled syringe for EMT-B administration. Powder \$100/dose, prefilled syringe in emergency kit is \$275/dose. Consideration of including it in the current box. Consider providing for more rural agencies who do not have many ALS providers. Need to determine if VOEMS allows EMT-B to administer glucagon.</p>		
For the Good of the	For the Good of the Order		

Item	Discussion	Action Required	By Whom/When
Order	a. Important Dates <ul style="list-style-type: none"> <li>• 07-04-18 PEMS Office Closed (Independence Day)</li> <li>• 09-03-18 PEMS Office Closed (Labor Day)</li> <li>• 10-08-18 PEMS Office Closed (Columbus Day)</li> <li>• 11-07 through 11, 2018 VA OEMS Symposium</li> <li>• 11-12-18 PEMS Office Closed (Veterans Day Observed)</li> <li>• 11-22 through 23- PEMS Office Closed (Thanksgiving)</li> </ul> b. 2018 MAC Meetings <ul style="list-style-type: none"> <li>• September 13<sup>th</sup>, 2018 7:00 pm</li> <li>• December 13<sup>th</sup>, 2018 0800-1200 OMD CE/Update, combined TEMS/PEMS at 1200, followed by individual Regional Meetings</li> </ul> c. Verify attendance		
Adjournment	Meeting was adjourned at 9:22 p.m.		

DRAFT