



Peninsulas Emergency Medical Services Council, Inc.

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PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: 03-10-2022

Meeting Location: Virtual

Chaired By: L. Dodd

Begin Time: 10:02 am

End Time: 11:05 am

Minutes Submitted By: Amy Ashe (updated
by Steve Pincus 4-4-22)

Draft Approved Date: 6-09-22

Members Present:	Members Absent:	Staff:	Others:
Dodd, DO, Lisa (Chair) (TC)	Apostoles, MD, Steve	Ashe, Amy(TC)	
Gupta, MD, Sudershan	Baker, MD, Chris		
Justis, MD, David (TC)	Bass, MD, Gregory		
Lawson, MD, Cheryl (TC)	Clarke, DO, Clarence		
Louka, Amir (TC)	Clifford, MD, Christianne		
Prata, Tony (TC)	Dhindsa MD, Harinder		
	Dudley, DO, James		
	Dunn, MD, Chad		
	Erwin, MD, Eleanor (Vice-Chair)		
	Fish, Jr, MD, James		
	Garrison MD, Jason		
	Gray MD, Bryant		
	Haas, MD, Christopher		
	Harper, Kimberly		
	Jackson, MD, Cara Marie		
	James, MD, Christopher		
	Jennings, MD, Torino		
	McCorry, DO, James		
	Nicholson, Ben		
	Sledge, Tyler		
	Sutherland, MD, Paul		
	Sweet, Jason		
	Termeer, Jennifer		
	Weber MD, Brent		
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
1. Call to Order	Meeting Called to Order at 10:02 am by Amy Ashe to COVID-19, the meeting was virtual. Attendance was recorded and confirmed as above.		
2. MAC Membership Changes	No membership changes.		
4. Approval of Minutes	<p>A. Louka made a motion to approve the 12-07-21 MAC minutes. Motion seconded by Dr Gupta and approved unanimously. Dr. Gupta inquired whether Dr Bass is still on the list for OMDS (maybe Matthews County) because Dr Gupta thinks he is no longer serving. Dr. Gupta stated that Dr. Bass used to be with his group and hasn't been associated with his group for the past year.</p> <p>Louka asked if we were close to the year mark for attendance requirements to be a voting member. He thinks that the MAC has had a least three or four meetings since the rule to have attended at least one meeting within the year to be considered a MAC voting member. Can we follow up on that for the next meeting? Dr. Louka doesn't think that Dr. Dudley has ever signed into a meeting since Dr. Louka has been involved. Dr, Louka went on to mention that Jim Laing and Jason Sweet were on the roster as well. He wanted the roster to be reviewed and updated to reflect the active members. He did not recognize Clark and Bass and Southerland. Dr. Gupta is going to text Dr. Southerland to check on his status. Dr. Justis stated that Dr. Southerland had posted in the past but not recently. In addition, according to Dr. Justis, Karina (?) posted and Dr. Jennings was there along with Dr. Erwin. Dr. Louka would like to have an updated idea of who is in the group as active members. A. Ashe also mention that Dr. Phillip Veek should not be on the roster. Amy Ashe mentioned that she or Seth Craig would go through the list.</p> <p>Dr. Gupta stated that he heard from Dr. Bass who stated that he is no longer the OMD for Matthews. Dr. Chrissy Hendricks replaced Dr. Bass and she works at VCU.</p>	Check on status of members for voting privileges	Seth to update
5. Special Presentation	Presentation on burns from Jennifer Tomasik was rescheduled due to a scheduling conflict on her end.		
6. Regional MD Report	<p>A. Last state MDC meeting. Updating state scope of practice. Some skills will be allowed however they will require additional training and documentation from the OMD to be cleared(credentialed) to do these. The state went through the curriculum and scope and updated them. Such as CPAP, EMTs can do this however it is not in the curriculum. Need to consider how you will be tackling it and tracking it. This will be reflected with red dots on the new scope. The OMD for the agency will have to sign off that a particular provider has the additional training and can perform a skill listed under the red dots as assigned by the state.</p> <p>Dr Lawson asked Dr. Louka for the specific wording so that she can start a credentialing list. Amy Ashe brought up the list on the State Scope of Practice for this discussion. Dr. Lawson asked when the new requirements would go into effect.</p>		

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	<p>B. Respiratory distress protocol adult epi is listed as an I skill and Mag is listed as an A skill. In the pediatric protocol it is flipped. Nothing in scope of practice saying magnesium in the smooth muscle relaxer/dysrhythmic/anti-convulsant. Mag requires some level of med math that it should be an I skill. If it is given to quickly than an EMT could not manage that.</p> <p>C. Dr. Louka stated that Ron Passmore of how to designate the physicians in the field who are not the medical director for the agency. This came up in Virginia Beach where there was a field duty physician who wasn't the OMD who is not a paramedic and is functioning as a doctor. There is no precedent for that. He went on to say that an anesthesiologist isn't eligible to have the state designation as an EMS physician. There is now a "duty physician" role. They have to apply for this from the state and there has to be an agreement with the agency's OMD on roles and responsibilities are, scope of practice, what their malpractice coverage is, etc. This can be approved for up to five years and then they have to renew it. This does not apply to EMS fellows or EMS residents who are out in the field – they are functioning under the hospital with an accredited program. These people have separate oversight other than OEMS.</p>		
7. Committee Reports	<p>Committee Reports</p> <p>Amy stated that she didn't have much information regarding the committees.</p> <p>a. Pharmacy Committee – T. Veach</p> <ul style="list-style-type: none"> • Next Meeting – May 4th, 2022 at 3:00 pm <p>b. Performance Improvement Committee – D. Thomas</p> <ul style="list-style-type: none"> • Next Meeting- March 10th, 2022 at 3:00 pm <p>c. PPP Committee – • Next Meeting – April 13th, 2022 at 10:00 am</p> <p>Dr. David Justis reported that the protocol roll-out took place. With the Protocol Review Request form on PEMS website they were asked to look at Magnesium Sulfate. He stated that Dr. Louka sent out an email regarding Mag Sulfate. Dr. Justis stated that he thought it was a typo because he felt that the risk of giving Mag Sulfate outweighed the benefit particularly in the pediatric population because of hypotension whereas epinephrine should be given. He feels most anyone should be able to give that in the field especially if they are trained. He stated that most providers do have the pre-filled syringes to give epi for the pediatric population. Dr. Justis surmised that if the pediatric physicians felt that Mag Sulfate was so important, that may be the reason why they placed it in at the "I-level" rather than the "A-level"</p>		

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	<p>Dr. Louka provide some background stating that the protocols were released approximately two weeks prior and PEMS received a message from one of the providers. The provider raised the question in the Respiratory Distress/ Bronchospasm section of the protocols, IM Epi is listed as an I-skill and Magnesium is listed as an A-skill. Dr. Louka stated that in the pediatric protocol these two are “flipped – the Epi is listed as an A-skill and the Mag is listed as an I-skill. Dr, Louka stated that he thinks that this is a typo and it should be listed “the other way.” Dr. Louka also stated that in the State’s Formulary there is nothing that specifically mentions “magnesium” in the way that it is used. (It is being used as a smooth muscle relaxant or as an anti-convulsant, for pre-eclampsia or as an antidysrhythmic. Dr. Louka thinks that this may be an oversight by the state because it is the only electrolyte that is carried in the med box. He thinks it should be added in the State Formulary. He then stated that there is no clear definition at what level should be allowed to give the magnesium.</p> <p>Dr. Louka feels that administering mag sulfate requires med math and should be at an I-skill especially for administering to kids at the correct dosage. Mag sulfate has a risk of vasodilation and hypotension if it is given too quickly. He feels that an I would be better suited to managing that and recognizing that if these side effects took place.</p> <p>Dr. Louka then went to speak about epi – that it is relatively low risk with immediate benefit in a life-threatening asthma or bronchospasm situation. “The more availability we have for it – the better. It’s clearly written in the scope of practice document that an EMT can give epinephrine by a dose limited or dose-marked syringe. But it is specifically written that it is for allergic reactions. Dr. Louka stated that he brought this up to the state medical direction committee and they left it specifically for allergic reactions.</p> <p>Dr, Louka stated that he is going to question this at the next MDC meeting – he wants to know why is that and in this case is it really an I-skill just because someone is having an asthma attack? He feels that an A would be better served in being able to give epi. The A is not going to be able to intubate or RSI the person – the A is really limited in what they can do. If the A is in Northern Neck or another remote location with limited resources</p>		

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	<p>for treating a kid, it would certainly seem reasonable that they give a dose of IM epi if the kid is in extremis and otherwise don't have other options.</p> <p>Dr. Louka doesn't know whether the MAC needs to address this issue now because they are flipped. He thinks that it should be discussed at the next MDC meeting to get some clarification.</p> <p>Dr. Louka stated that he also emailed George Linbeck, State Medical Director to see if there is any additional clarification of those two medications in particular for this indication.</p> <p>Dr. Louka recommended a stop-gap measure to place everything at the intermediate level which he feels will be the safest option that is in line with the protocols and state scope, or leave it "as is" until he receives clarification. (This would prevent having to change it twice.)</p> <p>Dr. Louka stated it is a weird distinction to assign a drug for just one indication rather than looking at the drug and the technique itself. If the provider can appropriately draw up the drug and administer it.</p> <p>Dr. Justis stated that asthma is simply a hyper reaction to an allergenic substance not just purely a psychological issue.</p> <p>Dr. Gupta stated that he agreed with Dr. Louka that if you can give it in one situation, then you should be able to give it in another. It should not be limited to a particular situation.</p> <p><u>Magnesium Sulfate</u></p> <p>Dr. Louka asked the committee what they thought about "mag" because there is no particular guidance from the state on what level should a provider be giving an infusion of mag? He stated that he is hesitant to have for peds it's an I but for adults it's an A. If there is a single process, it is easier for everybody. He asked the committee members in attendance if they had any strong feelings on whether it should be an A-skill or an I-skill.</p>		

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	<p>Dr. Louka stated that the safest way to give this drug to kids is by a pump. 40mg/kilo over 20 minutes becomes very difficult especially if they're just drawing up the full amount in a vial and put it into a 100cc bag and put that on a pump and then transporting versus drawing up 40mg/kilo and putting that into a 100 ccc bag and infusing that over 20 minutes. Dr. Louka then went on to say that he thinks the latter is a safer way to do it if the agency doesn't have pumps as opposed to trying to time the infusion without a pump. If the patient becomes hypotensive then an intermediate has more tools/vasopressors at their disposal to address that compared to what an A has. The mag doesn't have an immediate affect so the risk/benefit is higher than epinephrine where there is an immediate benefit and it is low risk.</p> <p>Dr. Lawson stated that if an A gives it and something does go wrong then the A doesn't have the ability to correct it – they do have the skillset or ability to use any other drugs that they would need.</p> <p>Dr. Dodd stated that she feels that the mag needs to be kept at an I level.</p> <p>Doctor Louka then asked whether the pediatric protocol should just match the adult protocol since the adult protocol has solumedrol at an A and then mag sulfate at an I, and the epi as an A skill which matches what it says they can do for anaphylaxis.</p> <p>Dr. Dodd state that she thinks they should match.</p> <p>Dr. Justis agreed that the protocols should match.</p> <p>Dr. Louka state that the peds committee wanted the infusion of mag sulfate to be over twenty minutes rather than over ten minutes.</p> <p><u>Dr. Louka made a motion</u> that this be split—</p> <p>Methylprednisolone/solumedrol be left at the A level, Magnesium Sulfate as it is written be made an Intermediate skill, and Epinephrine as it is written be made an A-skill.</p> <p><u>Dr. Lawson provided the second</u> to Dr. Louka's motion</p>	<p>Update protocol</p>	<p>Seth</p>

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	<p>Dr. Gupta stated that he agreed.</p> <p>Sr. Justis stated that he agreed.</p> <p>Dr. Louka made further clarification to his motion stipulating that this is if the state agreed with it.</p> <p>d. Pediatric Care Committee- A. Louka</p> <p>Dr. Louka - There is nothing really to report on from the peds committee. He requested that anyone should send him things that they would like the pediatric committee to look at.</p> <p>Dr. Gupta asked about neo-natal resuscitation. He stated this important in the rural areas where a provider may be faced with taking care of near term or pre-term babies.</p> <p>Dr. Louka stated that this was in the latest protocol update.</p> <ul style="list-style-type: none"> • Next Meeting- April 20th, 2022 at 11:00 am <p>e. Clinical Program Task Forces (Stroke, STEMI, Trauma) – D. Thomas • Trauma Committee – D. Thomas</p> <p>Amy Ashe stated that she only had the next meetings for the remainder of the committees.</p> <ul style="list-style-type: none"> • Next Meeting – March 10th, 2022 at 1:00 pm • Stroke Committee – D. Thomas • Next Meeting –April 14th, 2022 at 1:00 pm • STEMI Committee- D. Thomas • Next Meeting – April 5th, 2022 at 1:00 pm • EMS Ops – S. Pincus 		

Item	Discussion	Action Required	By Whom/When
	<ul style="list-style-type: none"> • Next Meeting – April 21st, 2022 at 2:00 pm Pico – T. Veach 		
8. PEMS Updates	.		
9. Old Business	<p>a. Dr Gupta missed this and will follow up on it, add protocols to epic to be easily pulled up. He stated that he will follow up on this.</p> <p>b. Amy Ashe asked Dr. Louka if he determined what the most common medical calls were that Med Control got from the field. He stated that it was probably for termination of resuscitation efforts.</p> <p>Dr. Gupta listed some other common calls such as patient isn't "acting right," patient is confused but is refusing to come in, fixing glucose levels</p> <p>Dr. Louka stated that the new protocol should have fixed the need to call Medical Control for every situation where the patient is refusing transport. He stated that the medical control issue could be struck off.</p> <p>c. Remove the tiered response Dr. Louka stated that when COVID happened in February 2020, this protocol was developed. The question was, will the COVID responses overwhelm the hospitals? Under the emergency order there was the ability to adjust some components of the standard of care. This allowed the agency to move between different response tiers when they were in the crisis. He felt that this protocol was no longer necessary as the state of emergency has expired.</p> <p>Motion made by Dr Louka to remove the tiered response protocol. Second by Dr Gupta. Motion carried.</p>	Remove tiered response protocol	Seth
10. New Business	<p>Amy Ashe reported that Dr Erwin's term on the Board of Directors is coming up. How to proceed. Dr. Dodd suggested to ask other Drs on the committees that have been active who is interested in participating by sending an email to the group. Once responses come back then and then vote on it.</p> <p>Dr. Lawson stated that she supported Dr. Erwin for another term.</p> <p>The term OMD is being removed and this will be changed to "EMS Physician."</p>	Send email out to the group to see who may be interested in representing the MAC on the BOD	Seth.

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For the Good of the Order	Important Dates <ul style="list-style-type: none"> • Next regularly scheduled MAC Meeting is June 9th,2022 at 7:00pm. • VA OEMS Symposium November 3-7, 2021 		
Adjournment	Dr. Justis made a motion to adjourn. Meeting was adjourned at 11:05 am.		