

Protocol Sub-Committee Minutes October 11th, 2006

Members Present: Heather Calhoun, Jenni-Meade Cochran, Lori Knowels, and Robert Usher

Members Excused: Dave Morris (work)

The purpose of this meeting is to identify the aspects of the protocols that need to be corrected, added, deleted, or changed.

The following items were discussed.

1. Additional drugs for asthma: xopenex, atrovent, advair, and mag sulfate. Robert agreed on adding atrovent & mag, but stated there's no reason to add all four.
2. Linda and the pharmacy committee are working on a Medication Diversion protocol. The title should be changed to Medication Discrepancy. It will discuss what to do if your drugs are missing, ect. Robert wants them to include expired drugs and drugs that have had an environmental exposure for an extended amount of time. The committee feels this should be a policy and not a protocol and be agency based verses council based.
3. Robert will look into Spotsylvania's Sternal IO protocol.
4. Dr. Garth wants the new book to be ready to go to the printers February 2007 at the very latest. The committee feels that the deadline can't be met, but will be able to have the new protocols out to the stations by June 2007.
5. Code Gray/DOA cases: Heather has a meeting with the ME in 2 weeks and will report back what is discussed.
6. We would like to see the Council mandate that every provider in the region attend a protocol class every 2 years. This will be a 6 hour long class held on a Saturday. Robert agreed to do an ALS Preceptor Update for 2 hours after the Protocol Class. Tentative start date of January 2007.
7. Enhanced Protocols: This issue will be taken to the Guidelines & Training Committee for discussion. The sub-committee feels that the Council should not promote EMT-Enhanced.
8. Heather will contact Rob Logan @ WVEMS Council to see if we can get an electronic version of their protocols to utilize their format.
9. 12 lead protocol: Not delaying transport to obtain the reading must be stressed.
10. We need to look into requiring agencies to carry adaptors for the monitors that are compatible with what Mary Washington uses.

11. We need to institute a pain management protocol.
12. Heather will invite Chris Corbin, Mark Shiflett, Ray Tricarico, and Tim Kimble to join the committee.
13. We need a standardized procedure for agencies instating their own protocols. They should have to go through the protocol committee, therefore if it we feel it'll be beneficial for the Council, it can be updated in the Regional Protocols.

All items will be discussed further at the next meeting when all members are present.

Next meeting is scheduled for Monday, November 13th, 2007 @ 1000, located at REMS.

**Rappahannock EMS Council
Protocol Sub-Committee Minutes
December 11, 2006**

Members Present: Heather Calhoun, Jenni-Meade Carter, Lori Knowels, and David Morris.

Members Absent: Chris Corbin, Timothy Kimble, Mark Shiflett, and Robert Usher.

Meeting called to order at 1300 hours.

The Council has a deadline with OEMS to have the new protocols printed and distributed by May 1st, 2007.

All members need to send information about the protocols they are reviewing to Heather by January 3rd, 2007. Heather will then forward the changes to the committee by email so everyone can review them before our next meeting. If anyone is unable to do their section, please notify the committee immediately so it can be reassigned.

- Asthma Drugs: Dave will forward Fredericksburg's protocol to the committee soon.
- Dr. Garth wants the committee to hold public forums in different parts of the region before we print the new protocols. We will open our meeting to the public and re-locate them throughout the region.
- Code Gray/DOA: Walter Snellings is okay with our changes. Chris is working on re-writing the protocols.
- The monitor adaptors should be carried by MWH and not the individual agencies. This will be forwarded to the TGC.
- PRN Adaptors: Dave will email it to the committee.
- Chest Pain: Dave showed and explained his changes to the universal algorithm and non-traumatic chest pain. Our protocols will mirror the new AHA ACLS Guidelines.
- ASA for EMTs: Dave is working on it.
- Agencies instating their own protocols: This is a TGC issue and has been forwarded to them.
- Environmental Section: No changes needed.
- Behavioral Section: No changes needed.
- Medication Section: Jenni and Lori are working on it. We will look to see if a N/V protocol has already been written.
- Administration Section: Heather went over the changes she is working on. Main changes include: Deleting the requirement to submit PPCRs for Pt Refusals to MWH and adding more about the Quarterly QI reports to the REMSC.

- Heather has emailed John Griffin about the Fly-Out protocol and will follow up with him.
- Pain Management: Morphine will be a standing order and Fentanyl will be included, but only with medical control's permission.
- Allergic Reaction: Epi IV in severe anaphylaxis will be a standing order.

Our next meeting is scheduled for Monday, January 8th, 2007 at 1000 hours here at the REMS Council Training Center.

Meeting adjourned at 1400 hours.

Rappahannock EMS Council
Protocol Sub-Committee Minutes
January 8th, 2007

Members Present: Heather Calhoun, Jenni-Meade Carter, Chris Corbin, Greg Leitz, Mark Shiflett, and David Morris.

Members Absent: Timothy Kimble, Lori Knowles, and Robert Usher.

Meeting called to order at 1000 hours at the REMS Council Training Center.

Tina Skinner, Director of the Council, spoke briefly to the sub-committee regarding the deadline for completing the revisions to the regional protocols. Under our current contract with the VDH-Office of EMS, the Regional Protocols must be revised and posted to our website by May 1, 2007. Members of the committee had previously expressed concern that they did not feel we could meet the deadline, especially as it relates to distribution of the new protocols.

Tina thanked the group for the work they had put into reviewing the protocols over the past year and asked for their input on what was needed to meet our deadline. Additional sub-committee members were being identified to assist with the project and the Council's Training staff is also available. Tina also spoke with the Director of Western EMS Council who was willing to provide an electronic version of their protocols as the committee had previously identified a desire to utilize their layout and format for final publication. This will save much time in reformatting the written protocols that the group is working on. The group was reminded that the Regional Medical Director had requested public forums to be held for our region's providers to have an opportunity to speak to the revised protocols before they are published. It was recommended that a new timeline be established by the sub-committee in an effort to meet all projects and the deadline. If necessary, Tina advised she could ask the state for an extension on completing the printing and distribution of the revised protocols, however, it must be done before the end of our current contract period (June 30, 2007). Following these discussions the members present indicated completion of the entire project was possible before the end of the Fiscal Year.

Protocol review and discussions continued:

- Dr. Garth has requested to add Etomidate into the Med Assisted Intubation as a secondary drug to Versed. (Robert, Chris, & Jenni)
- Dr. Garth also asked the sub-committee to look into a WMD protocol. Dave will research.
- Mark went over the changes he made to the Trauma Section.

- IO protocol: The statement about 2 IV attempts, and at least one being an EJ, will be changed to based on clinical judgment.
- MAST: Will add in to the Fracture Protocol.
- Dave will research Fluid Resuscitation and using blood tubing for one set up.
- Dr. Garth would like a tourniquet protocol added.
- Eye Injuries: Include a statement about HAZ-MAT.
- We will hold 4 public forums throughout the region in April & May. Dr. Garth must be present at all, along with at least 2 committee members.
- Pain Management: Add in Phenergan 6.25mg as a standing order.
- Dave went over the following protocols: Universal Algorithm, Non-Traumatic Chest Pain, Pulseless Arrest, and Tachycardia. He is working on ASA for EMTs and the PRN Adaptors.
- Chris went over the changes he made to the DNR, Code Gray, and DOA protocols and the Procedures section.
- We want to add nasal Narcan to the unresponsive protocol and nasal Versed to the seizure protocol.

Greg will take Tim's position on the committee. He was assigned the Communications section and will help Dave with the Pediatrics section.

The next meeting was scheduled for Monday, February 12th, 2007 at 1000 hours at the REMS Council Training Center.

Meeting adjourned at 1400 hours.

Rappahannock EMS Council
Protocol Sub-Committee Minutes
February 12th, 2007

Members Present: Heather Calhoun, Chris Corbin, Greg Leitz, Lori Knowles, Mark Shiflett, and David Morris.

Members Absent: Jenni Carter and Robert Usher.

Meeting called to order at 1010 hours at the REMS Council Training Center.

Protocol review and discussions continued:

- Dr. Garth has requested for us to make our protocols to look like Fauquier and Culpeper's protocols. The committee agreed that since we are producing regional protocols, the others should conform to us.
- Dr. Garth is able to meet with us 1 hour before or after his shifts in the ER.
- Dr. Garth is not approving the AutoPulse. Studies have shown that it works best when applied with 2-6 minutes and none of our agencies have a 2-6 minute response time.
- We will look into BiPap & CPAP for CHF patients.
- We will continue to make changes in our old format. Once all of the changes are completed, we will work on typing them into the WVEMS Council format, possibly contracting out in order to get them done in time.
- Dr. Garth doesn't want the protocol book to be too wordy. The committee agreed that the new AHA changes need to be wordy because it could be two years before all of our providers have taken an ACLS class with the 2005 Guidelines.
- The company that manufactures diltiazem has decided to no longer make it.
- Heather will work on a protocol for Elder Abuse to put in the Administrative Section.
- Dave went over the Non-Traumatic Chest Pain, Pacing, PRN Adaptor, ASA for EMTs, and Nausea & Vomiting Protocols. Phenergan will be changed to zofran in the Nausea & Vomiting protocol. He is working on a WMD protocol and making the AED protocol to reflect the new guidelines.
- Mark is looking at a Traumatic Arrest and Burn Management Protocols. Would like for the IOs to be a Paramedic & Intermediate procedure. He will add in consider a tourniquet into the appropriate trauma protocols.
- Environmental & Behavioral Protocols are completed.
- Greg added what to do if your communications system fails to the Communications Section. He will make a page to include the hospital numbers and HEAR radio designations.

- Procedures Sections: Intranasal drug will be Narcan & Versed and will be indicated for adults and pediatrics.
- Etomidate will be our 1st drug in the Med Assisted Intubation.
- Dave is working on the protocols reflected by the new PALS guidelines in the Pediatric Section. The rest of the pediatric protocols were divided up among the other members to complete.

The next meeting was scheduled for Monday, March 12th, 2007 at 1300 hours at the REMS Council Training Center.

Meeting adjourned at 1210 hours.

Rappahannock EMS Council
Protocol Sub-Committee Minutes
March 12th, 2007

Members Present: Heather Calhoun, Chris Corbin, Dr. David Garth, Greg Leitz, Lori Knowles, Mark Shiflett, and Robert Usher.

Members Absent: Dave Morris

Meeting called to order at 1305 hours at the REMS Council Training Center.

Protocol review and discussions continued:

- Non-Traumatic Chest Pain: Discussion about allowing Intermediates to have Morphine as a standing order. Dr. Garth will have to talk with the other OMDs. Some ER doctors feel that EMS is overusing Lopressor. Dr. Garth has spoken with cardiologists about it's use. In the protocol it is highlighted to only use Lopressor when signs are highly suggestive of cardiac involvement. Move obtain 12 lead EKG to the 1st page.
- CHF: Lasix dose changed to 0.5 mg/kg for patients not on Lasix at home and 1.0 mg/kg for those already taking the drug. Considering Morphine & Lasix as standing orders for Intermediates. NTG was changed to be administered every 5 minutes.
- Oral Aspirin for EMT-Basics. The provider will assist the patient with taking their own Aspirin. 324 mg is the AHA recommended dosage.
- Nausea & Vomiting: Zofran will be standing orders for Intermediates & Paramedics. 4-8 mg Zofran for adults. 0.1 mg/kg for pediatrics, repeat one time to a maximum of 4mg. Can be administered IV or IM. Phenergan will be removed from the box.
- Fast1 IO: Standing order for Intermediates and Paramedics. Not for anyone less than 8 years old or less than 80 pounds. Will put a note at the bottom of the protocol to read: Other devices may be considered with the agency's OMD and GTC approval.
- PRN Adaptors protocol is completed and no comments.
- Nasal Drugs: Versed/Narcan, looking at Valium. Some forms of Valium are oil based, which will not absorb as well as the water based. 1 cc is maximum dose for each nair. Dr. Garth wants to review data before any decisions are made.
- Fentanyl: Dr. Garth is not approving it.
- Medication Assisted Intubation: Etomidate's dose will be 0.3 mg/kg. Do not hyperventilate the patient.
- Robert would like Oral Gastric tubes to be placed in all intubated patients.
- Pacing: Change the statement that pacing is not recommended in asystole to do not pace asystole. Heather will email Billy Yeatman about the hospital supplying the pacing adaptors to make switching a patient from our monitors to the ER's monitors easier.

- Communications: Greg added in a contact sheet. Dr. Garth spoke of a Regional Based Command that is coming to our region. Problem of the triage tech not allowing providers to speak with the physicians for med control. Heather will email Billy Yeatman about the problem.
- Seizures: The committee would like to keep Versed as a second line drug for persistent seizures.
- Anaphylaxis: Solumedrol or Decodron will be added- whichever one is cheaper.
- Asthma: Approval to add in Atrovent from Dr. Garth.
- CPCP: Chris will work on a procedures protocol for it.
- The Adult Protocol was reviewed with no comments.
- Capnography: 30-35 mm mercury for closed head injuries exhibiting signs of herniation syndrome.
- Change Combi-Tube to the King Airway. The protocol will include a note that other Blind Insertion Airway Devices (BIAD) will be considered with the agency's OMD and GTC approval.
- AutoPulse: Not approved at this time. Dr. Garth will re-consider it if an agency can prove that their response times are between 2-6 minutes.
- Still looking at who will type the protocols up once we finish.

May 1st, 2007 is our deadline to have the protocols completed and sent to the printers.

The next meeting was scheduled for Monday, March 26th, 2007 at 1300 hours at the REMS Council Training Center.

Monday, April 16th, 2007 and Monday, April 30th, 2007 will be our final meetings. Both will be from 1300-1500 hours and at the REMS Council Training Center.

The last three meetings will be announced as public town forums for providers to come & express their thoughts.

Meeting adjourned at 1500 hours.

Rappahannock EMS Council
Protocol Sub-Committee Minutes
March 26th, 2007

Members Present: Heather Calhoun, Jenni Carter, Chris Corbin, Greg Leitz, Mark Shiflett, and Robert Usher.

Members Absent: Dr. David Garth, Lori Knowles, and Dave Morris

Guests Present: Matt Halsey

Meeting called to order at 1310 hours at the REMS Council Training Center.

Protocol review and discussions continued:

- Air Medical Utilization Guideline from the Air Medical Committee was reviewed. Would like it to read critical findings of AMI instead of listing LBBB and ST elevation.
- Dr. Garth did approve an OG protocol.
- Need to know what type of timeline MWH has with upgrading their monitors to bi-phasic.
- Reviewed the Infection Control protocol submitted by Brian Alvis. Approved as written.
- Dr. Garth has been polling the other OMDs. He has received mixed feelings on the medications and standing orders.
- Committee would like to see REMS have someone devoted to QI full-time. We need the ability to pull someone's right to practice due to complaints and issues.
- Would like to see if we could post on vaems.org the providers in our region who have had their releasement revoked, as well as all of the other councils.
- BOD Action Item: Make a committee to make a QI program with Chris, Robert, Mark, Jenni, & Greg.
- PEDS: Section with dual lumen airway will be changed to read BIAD, and a section on the King airway.
- Etomidate: Will read up to 1 minute onset time. The duration will vary on the patient's metabolic rate.
- Cardizem: ODEMSA has replaced it in their boxes with Metoprolol. Haven't received word from the manufacture of it not being made anymore.
- Asthma: Will use Solumedrol with Decodron as a back-up.
- CPAP: Use with sidestream capnography.

The next meeting was scheduled for Monday, April 16th, 2007 at 1300 hours at the REMS Council Training Center.

Meeting adjourned at 1400 hours.