

Rappahannock EMS Council
Guidelines & Training Committee Minutes
August 29, 2016
REMS Training & Simulation Center

Call to Order: Meeting was called to order by the Chair, John Brandrup at 1900 hrs

Roll Call and Recognition of Guests: Members present were Maurice Moody, Chair John Brandrup, Tim Jeter, REMS Council Staff, Linda Harris and on the phone was REMS council staff, Wayne Perry, Mark Garnett and Pat Fitzgerald. Guest was Mark Crnarich from the REMS Performance Committee.

Approval of Minutes: June 27, 2015

Staff Report:

We have an upcoming NR psychomotor test on September 10 & November 19, 2016
EMT-I & P students are currently working on field internship & clinicals so they can be cleared to test
EMT Class Fall 2015 had 15 that passed Psychomotor test in January. So far 8 have gained certification by passing NREMT cognitive test.
Spring 2016 - Class finished May7, 2016 with 17 students. Eleven have gained state certification
Fall 2016 started August 15

ALS Coordinator Requests: no requests

Sub-Committee Reports:

Protocol:

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve all of the following Protocol changes for Fentanyl pending approval by MDC. Motion passed.

Medication- route of administration for Fentanyl- IN. – the following routes of delivery for Fentanyl have been proposed to be sent to G & T and MDC for approval.

Medical-Pain Control- IV, IO, IN;

Medical- Chest Pain Cardiac Suspected- IV;

Trauma- Burns-IV,IO,IN;

Trauma- Injury Multisystem- IV, IO, IN;

Clinical Procedures Airway Sedation Assisted- Non-Paralytic- IV,

Airway RSI-IV.

Motion by Tim Jeter, seconded by Pat Fitzgerald to approve TXA dosage pending approval by MDC. Motion passed.

Trauma Bleeding Hemorrhage Control- Tranexamic Acid (TXA) – committee wants approval for 1gram bolus or infusion for Traumatic Arrest patients

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve the change to the Zofran protocol pending approval by MDC. Motion passed

Medical-Hypotension/Shock Non-Trauma- Zofran add EMT to administer 4mg ODT to treat or provide prophylaxis against nausea

Motion by Pat Fitzgerald, seconded by Maurice Moody to approve the addition to pain control protocol pending approval by MDC and Pharmacy Committee. Motion passed

*Medical General-Pain Control--To send to Pharmacy Committee- the availability of Toradol (ketorolac) 30mg/1ml to be used for pain control for AEMT and above IV/IN

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve the change to Altered Mental Status protocol pending approval by MDC. Motion passed.

Medical Altered Mental Status/ Medical Seizures/ Medical Cardiac Arrest Unknown Rhythm- Motion to add D10 as listed:

For patients with BGL less than 60mg/dl or clinical sign & symptoms indicate hypoglycemia and oral glucose is contraindicated: For Adult Patients: Establish IV normal saline KVO, Patient greater than 40kg administer Dextrose 10% 100ml bolus. Repeat once in 2 minutes if AMS persists.

If Dextrose 10% is unavailable, administer Dextrose 50% 1G/kg up to 25G IV.

For Pediatric patients – If greater than 30 days administer Dextrose 10% (5ml/kg. max dose 100ml) via IV or IO. If less than 30 days administer Dextrose 10% (2ml/kg) via IV or IO.

If Dextrose 10% bag is unavailable: If patient is less than 30 days old, administer Dextrose 10% (2cc/kg) IV or IO mixed as below. If patient is greater than 30 days but less than 8 years old, administer Dextrose 25% (2cc/kg) IV or IO mixed as below. If patient is greater than 8 years old, administer Dextrose 50% (0.5mg/kg, max 25gm) IV or IO.

Procedures for mixing: Dextrose 25%- In 50ml syringe, mix 25ml of Dextrose 50% with 25 ml of Normal Saline- mixture will yield 50ml of Dextrose 25%. Dextrose 10%- In 50ml syringe, mix 10ml of Dextrose 50% with 40 ml of Normal Saline. Mixture will yield 50ml of Dextrose 10%.

Article on Cervical collar use from Jake was reviewed – to be sent to Medical Direction Committee

Report from Mark Crnarich from the Performance Improvement Committee

Advanced Skills Tracking Forms – revise/update – report from PI committee to see if this can be eliminated. Info from PICommittee: They agree that the form need to be eliminated since the same info can be pulled from reports on VPHIB V3. At this time all agencies in our region are not using V3 but per state they need to be using V3 by the end of 2016. The PI committee suggests waiting until that time to eliminate this form. Mark will provide a a revised report at G & T December meeting

ALS Release – Train the Trainer program—no report.

Unfinished Business: None

New Business: request from Chancellor Vol F & R for TTT waiver. Tabled due to no written request from agency

ALS/EMT-Basic Programs Audit:

Paramedic- Non Traditional – Raymond Velesquez- Stafford County FREMS
2/6/16–1/21/17 STTFS

Paramedic – Gretchen Wills – Stafford County Fire & EMS 2/5/16 – 1/22/17 STTFS

EMT VEMSES-James Allen – CCJA 10/1/16 – 10/16/16 SMTWTFS

EMT VEMSES-James Allen – CCJA 12/1/16 – 12/16/16 SMTWTFS

EMT Non Traditional-Jenni Hartle-SCFRD- 9/7/16 – 01/9/17 MWS

EMR – Ellen Vest- RCC/KG – 9/9/16 – 12/16/16 T T

EMT – Alicia Hamm – Salem Vol FD – 9/1/16 – 1/14/17 M Thur S- Maurice Moody

EMT – Linda Harris – REMS 8/15/16 – 12/12/16 MWS

REMS BOD Action Item:

For the Good of the Order:

Adjournment; Meeting was adjourned at 1940hrs. The next meeting is scheduled for Tuesday, October 25, 2016. The December meeting will be Tuesday December 20, 2016