

Protocol Sub-Committee Meeting

Wednesday September 5, 2018

Previous Meeting Minutes from previous meeting: August 15, 2017 - **approved**

New Business

- 1) OEMS and Virginia Legislative Updates
 - a. TSO Pre-Hospital Task Force
 - i. Statewide trauma plan – approved by EMS GAB
- 2) State Medical Direction Committee Updates
 - a. Propofol – scope of practice change for intermediate level
- 3) REMS Updates
 - a. AEMT state formulary (already approved by MDC 090418) – the formulary needs to be updated to reflect AEMT scope of practice.
 - i. NSAID, opioids/narcotics, otic and ocular anesthetic, anticonvulsants, glucose elevating agents, anticholinesterase antagonists, narcotic antagonists, cholinesterase reactivators, antihistamines, antibiotics, antiplatelets, hemostatic agents, vasodilatory, epinephrine for anaphylaxis, antiemetics, H2 blockers, anticholinergics, beta agonists
 1. REMS – Authorized Medication Table updates
 - a. Atropine – non-cardiac use only
 - b. Fentanyl
 - c. Methylprednisolone
 - d. Versed – anticonvulsant use only
 - e. Toradol missing from medication table
 - b. AEMT state scope of practice (already approved by MDC 090418)
 - i. Trach management
 - ii. SGA
 - iii. ventilator management
 - iv. ETCO2
 - v. IV/IO/IN analgesia
 - vi. IO (adult and peds)
 - vii. IV (pediatric)
 - viii. IV pumps
 - ix. NG/OG (EMT and above)
 - x. central line maintenance
 - xi. patient restraint (physical only)
 - xii. Morgan lens
 1. REMS – Scope of Practice Table updates
 - a. Airway – CPAP/BiPAP – Adult – O to S
 - b. Airway – Mechanical/Transport Vent – X to S for adult and pediatric MAINTAIN ONLY
 - c. Gastric decompression – Adult – OG only, with SGA in place

- d. Gastric decompression – Peds – OG only, with SGA in place
 - e. IO – Adult
 - f. IO – Pediatric
 - g. IV – Pediatric
 - h. Medication – IV – Pediatric
 - i. Medication – IV Drip – MAINTAIN only
 - j. Medication – PR
 - k. Medication – TD
 - l. Suction - ET
- c. Mass gathering protocol (return to MDC first)
- i. Tooth replacement
 - ii. Foreign body removal
 - 1. extremity only, superficial – SQ fishhooks, splinter, etc.
 - iii. Cold tubs
- d. REMS Protocols
- i. General – Indwelling Medical Device/Equipment
 - ii. General – Pain Control
 - iii. Medical – Allergic Reaction
 - 1. IV epi - AEMT level needs to be **Online Med Control**
 - iv. Medical – Altered Mental Status
 - v. Medical – Hypotension / Shock Non-Trauma
 - vi. Medical – Nausea/Vomiting
 - vii. Medical – Overdose/Poisoning/Toxic Ingestion
 - viii. Medical – Respiratory Distress/Asthma
 - ix. Medical – Seizure
 - x. OB/GYN – Eclampsia
 - xi. Injury – Burns
 - xii. Injury – Multisystem
 - xiii. Clinical Procedures – IV/IO access
 - xiv. Clinical Procedures – Mark 1 Kit
 - xv. Clinical Procedures – Ventilators and CPAP
- e. Blood products – look into a draft protocol to return to MDC

Old Business

Next Meeting:

Protocol Sub-Committee Minutes Thursday October 11, 2018

Previous Meeting Minutes from previous meeting: September 5, 2018 - deferred

New Business

- 1) OEMS and Virginia Legislative Updates- nothing to report
- 2) Discussion about proposed changes to procuring medications at hospital thru DEA.- no timeline yet
- 3) State Medical Direction Committee Updates
 - a. Propofol – scope of practice change for intermediate level
- 4) REMS Protocol Updates
 - a. Alternative for Ketamine – Haldol
Ketamine may be available in January per Pharmacy Committee they recommended Haldol as a substitute. This will go to MDC for approval. If approved will need a med sheet and to be added to formulary

Old Business

- 1) REMS Protocol Updates
 - a. Medical – Overdose and Medical – AMS – standing order, 2mg IN Narcan in a dose-limiting device at EMT and above—needs to be added—will need to be changed.
 - b. Medical – Behavioral – actively violent patients, Ketamine 2-4 mg/kg IM or 1-2 mg/kg IV—will need to be changed
 - c. Mass gathering protocol (return to MDC first)
 - i. Tooth replacement—Bill Tosick is working on this
 - ii. Foreign body removal
 1. extremity only, superficial – SQ fishhooks, splinter, etc.- this is still being worked on
 - iii. Cold tubs- protocol is not complete yet
 - d. Blood products – look into a draft protocol to return to MDC- Flight crews carry blood products but may not work in our area. Info will be presented to MDC

Next Meeting: TBD

(Medical Direction Committee)
Protocol Sub-Committee Meeting Minutes
Tuesday February 12, 2019 – 1100 hours

In attendance: Patricia Derr (Chair), Sergio Lareza, Steve Mitchell, Wayne Perry (Staff Support), Kelsey Rideout, Daniel Stewart, Brian Weston, and Linda Harris (Staff Support)

Previous Meeting Minutes from previous meetings: September 5 and December 11, 2018
- approved

New Business

- 1) National Updates
 - a. DEA legislation regarding standing orders – *No further information; DEA currently rewriting their rules.*
- 2) State Updates (OEMS, Medical Direction Committee, Legislative Actions)
 - a. Virginia EMS Scope of Practice Changes – *Approved by Governor’s AB*
 - i. Intranasal Narcan approved down to the EMR level – *no changes to AMS protocol needed*
 - ii. Maintain lay-person equipment – available at EMT level – *no updates necessary*
 - iii. Color-coded syringe (Certa dose) for Epinephrine approved at EMT level – *referred to Pharmacy Committee*
 - iv. CPAP fixed/adjustable approved at EMT level – *adjust CPAP protocol for EMT to change “fixed” dose syringe and include color-coded.*
 - v. Maintain ventilators – approved to maintain at AEMT level; initiate at the EMT-I level - *no changes needed*
 - vi. Removed drug facilitated (MAI) intubation – *any non-RSI intubation assisted via medication needs to be removed from protocols*
 - vii. Finger thoracostomy clarification – *referred to Regional Medical Direction*
 - viii. IABP, REBOA, ECMO not approved at any level – *update scope to list procedures and indicate not allowed at any level*
 - ix. 20 mg IV and 50 mg IM Ketamine – fixed dosage – *refer to Medical Direction – 2 mg IV / 4 mg IM*
 - b. TAG Pre-Hospital Trauma Task Force
 - i. Inaugural meeting; nothing on the agenda yet – *previous work by the Task Force was to create a list of minimum necessary topics and items for trauma protocols; all have already been addressed by this committee.*
- 3) REMS Council / Regional Updates

- a. ACLS and PALS 2018 focused updates to [AHA guidelines](#) – *Doesn't require any updates to current protocols other than the replacement of the algorithm. To include the AHA chart; will include disclaimer encouraging providers to follow ILCOR guidelines "such as seen here."*
 - b. SRMC is primary stroke center designated as of 112718 – *Update Reference Section*
 - c. Stafford County questions
 - i. Cardiac Arrest: Amiodarone 2nd dose for pediatric - *follow ACLS guidelines.*
 - ii. General: Pain Control - Toradol dose for pediatrics – *Referred to Medical Direction for determination re: cut off age*
 - iii. Medical: Respiratory Distress – Mag Sulfate 50 instead of 45 mg/kg - *Referred to Medical Direction for determination re: need to change dosage*
 - d. Orange County suggestions
 - i. Use of sodium bicarbonate for herniation during TBI management – *Referred to Medical Direction Committee*
 - ii. UVA is no longer a burn center – *Update Reference Section*
 - e. King George County questions
 - i. Allergic Reaction/Anaphylaxis – dose not listed for IV option – *Add 0.3mg Epi to protocol (section 9) for allergic reaction*
 - ii. Behavior – versed not listed for AEMT level – *Outside the state scope of practice to administer as a sedative; no changes required.*
 - f. Eliminate/remove Lasix – *No action.*
 - g. Have a consentor accompany stroke patients to the receiving facility – *No action required.*
 - h. Code Grey policy – add a FAQ or include some examples – *Medical Direction recommended issuing examples or clarification to help with Code Grey policy. Change text to read "after patient has been moved to the ambulance" rather than "after initiating transport."*
- 4) Heart and Stroke Committee update
- a. Change in designation for primary / comprehensive designation - *See above.*
 - b. [Get Ahead of Stroke](#) vs [Get with the Guidelines](#) – *no changes required, informational only.*
- 5) Pharmacy Committee update
- a. Droperidol instead of Haldol to cover Ketamine shortage - *Not approved; still use Versed if not on shortage.*
 - b. Drug shortages -
- 6) Performance Improvement Committee
- a. Data Review – current QI reports are available to review – *Deferred to next meeting.*
- 7) Guidelines and Training Committee update

- a. CEU and Auxiliary course funding – *Still available, please spread the word.*
 - b. Website app – *Lord Fairfax and ODEMSA both have their own apps which allow protocol updates to be pushed out more efficiently.*
- 8) Incident and Threat Mitigation Committee
- a. Provider health and safety
 - i. Exposure from DOA / blood testing – *Still an issue being contemplated with possible legislation mandating medical examiner involvement forthcoming. In the meantime, NIOSH has a post-exposure hotline, open from 9 am – 2 am EST; they will triage risk.*
 - b. Mental Health Resources for EMS providers
 - i. Stress First Aid
 - ii. Code Green Campaign

Old Business

- 9) Mass Gathering protocol update – *Deferred to next meeting.*
 - a. Foreign body removal
 - b. Tooth replacement (Bill Tosick)
 - c. Cold tubs
- 10) Ancef memo from the pharmacists - *Medical Direction Committee will go back to orthopedic doctors but most likely move on from this idea.*
- 11) Blood products – *Medical Direction consensus is that it's not worth the expense and complicated logistics.*
- 12) Committee Charter - *Deferred*

Next Meeting:

April 22, 2019 at 8 AM.

(Medical Direction Committee)
Protocol Sub-Committee Meeting Minutes
Monday April 22, 2019 – 0800 hours

Patricia Derr, Kimberly Madison, Kelsey Rideout, Daniel Stewart, Linda Harris (staff support), Mark Toohey (guest), and Wayne Perry (staff support) in attendance.

Minutes from February 12, 2019 meeting approved as presented.

New Business

- 1) National Updates provided to the group on the following topics:
 - a. DEA legislation regarding standing orders – no updates
 - b. [EBG for Narcan use by EMS](#) – intranasal and intravenous administration methods equally recommended; recommend using to restore breathing, not to restore full consciousness.
 - c. [ECMO in the field](#) – in Minnesota they are working on putting people on ECMO in the field.
 - d. [National EMS Scope of Practice Model](#) – to be reviewed next meeting.
- 2) State Updates (OEMS, Medical Direction Committee, Legislative Actions)
 - a. Virginia EMS [Scope of Practice](#) and [Formulary Changes](#) have been issued and the Council is in the process of updating all documents to match these updates.
 - b. TAG Pre-Hospital Trauma Task Force
 - i. Inaugural meeting; nothing on the agenda yet
- 3) REMS Council / Regional Updates
 - a. Orange County suggestions
 - i. Metoprolol and Cardizem – the committee decided to incorporate this temporary protocol and change the regular protocol language to “Cardizem or Metoprolol”
 - ii. Allergic Reaction/Respiratory Distress – nebulized Epi dosing – no change recommended
 - b. MWH questions
 - i. Signatures for medication administration under admin section – remove this requirement on p. 14
 - c. Stafford County questions
 - i. Missing /kg on Epi in Bradycardia flowchart
 - ii. Allergic Reaction
 1. Missing pediatric dose on Epi – #6– add from same language from the Respiratory Distress protocol
 2. No dose for #8 #9 – add 0.3 mg dosing
 - iii. Altered Mental / Seizure
 1. Glucagon – IG – remove
 2. Versed contraindicated in pregnancy – referred to Medical Direction for further guidance

- d. Discussion regarding Nitroglycerin paste in place of sublingual – refer to MDC for their input and if they are in favor, refer to pharmacy regarding storage and availability. Recommend down to the EMT level. If approved, replace in STAT kit.
- e. Recommendation from Mark Toohey to consider adding PO liquid Tylenol for febrile seizure and/or analgesia. Recommended to move forward to the MDC and pharmacy committee for their input.
- 4) Heart and Stroke Committee update
 - a. Change in designation for primary / comprehensive / stroke ready designation
 - b. [Get Ahead of Stroke](#) vs [Get with the Guidelines](#)
- 5) Pharmacy Committee update
 - a. Drug shortages – Dopamine is off shortage, Bicarb is still on
- 6) Performance Improvement Committee
 - a. Data Review – current QI reports are available to review
- 7) Guidelines and Training Committee update
 - a. CEU and Auxiliary course funding – two agencies applied, please spread the word.
 - b. Website app – still researching.
- 8) Incident and Threat Mitigation Committee
 - a. Provider health and safety
 - i. Exposure from DOA / blood testing –this issue has been raised with the state Medical Direction committee.
 - b. Mental Health Resources for EMS providers
 - i. Stress First Aid
 - ii. Code Green Campaign

Old Business

- 9) Discussion regarding the use of the AHA charts in place of the previous versions. The recommendation was to use ILCOR guidelines for flowcharts – instead of specifying AHA in case people use ASHI or Red Cross certifications. Brian Weston to follow up and advise.
- 10) Recommendation to use push dose pressors in place of dopamine drip at and above the EMT-I levels
 - a. Add to Hypotension/shock, TBI, and ROSC for Dopamine and/or Epi to be used as a push pressor. Add the following directions for mixing Epi in the notes:
 - i. 1cc 1:10,000 epi + 9cc NS
 - ii. Makes 10 mcg/cc
 - iii. Administer 5-20 mcg q 3-5 minutes to maintain SBP > 90/MAP > 60.
- 11) Code Gray language updates – next meeting.
- 12) MDC questions that are still pending as of the last meeting:
 - a. General: Pain Control - Toradol dose for pediatrics
 - b. Medical: Respiratory Distress – Mag Sulfate 50 instead of 45 mg/kg
 - c. Finger thoracostomy
 - d. Ketamine dosage

- e. Use of sodium bicarbonate for herniation during TBI management
 - i. 1 mEq/kg q 5-10 minutes during herniation
- 13) Color-coded syringe (Certa dose) for Epinephrine approved at EMT level – funding through the council may be possible if enough localities are interested.
- 14) Mass Gathering protocol update
 - a. Foreign body removal – no new information
 - b. Tooth replacement draft protocol was present and approved to go to Medical Direction
 - c. Cold tubs – Wayne will follow up with Brian Weston to get a copy of their hyperthermia protocol for MCB Quantico
- 15) Committee Charter: tabled for next meeting

Next Meeting:

June 6, 2019, at 8 AM.

(Medical Direction Committee)
Protocol Sub-Committee Meeting Minutes
Thursday June 6, 2019 – 0800 hours

Minutes from previous meeting, April 22, 2019, approved as presented.

New Business

- 1) National Updates
 - a. ITLS Thinking Papers – to be reviewed by the committee and added to the next meeting agenda
 - i. Spinal Motion Restriction
 - ii. Pre-Hospital Hemorrhage and Shock Management
- 2) State Updates (OEMS, Medical Direction Committee, Legislative Actions)
 - a. Virginia EMS [Scope of Practice](#) and [Formulary Changes](#)
 - b. End of Life protocol – recommended as an item to include in the regional patient care protocols from the state MIH-CP committee – add to the next agenda for discussion
 - c. TAG Pre-Hospital Trauma Task Force – no updates
- 3) REMS Council / Regional Updates
 - a. MIH-CP meeting
- 4) Heart and Stroke Committee update
 - a. Change in designation for primary / comprehensive designation
 - b. [Get Ahead of Stroke](#) vs [Get with the Guidelines](#)
- 5) Pharmacy Committee update
 - a. Drug shortages – Dopamine is off shortage, Bicarb is still on
- 6) Performance Improvement Committee
 - a. Data Review – current QI reports are available to review
- 7) Guidelines and Training Committee update
 - a. CEU and Auxiliary course funding
 - b. Website app
- 8) Incident and Threat Mitigation Committee
 - a. Provider health and safety
 - i. Exposure from DOA / blood testing
 - b. Mental Health Resources for EMS providers
 - i. Stress First Aid
 - ii. Code Green Campaign

Old Business

- 9) Protocol Updates proposed from previous meetings reviewed and finalized for presentation to the upcoming BOD meeting. Still pending for review/discussion are:
 - a. Use of sodium bicarbonate for herniation during TBI management – referred to Medical Direction; they want to see additional research data prior to making a decision
 - i. 1 mEq/kg q 5-10 minutes during herniation

- b. Color-coded syringes discussed and referred to Pharmacy for their input
 - c. Glucagon for EMTs referred to Guidelines and Training
 - d. Nitro paste for chest pain referred to Pharmacy
 - e. Tylenol for febrile seizures referred to Pharmacy
 - f. Patient choice vs. closest facility referred to Medical Direction
 - g. Family member/consenter and patient referred to Heart and Stroke
- 10) Use ILCOR guidelines for flowcharts
 - 11) DEA legislation regarding standing orders
 - 12) [EBG for Narcan use by EMS](#)
 - 13) [ECMO in the field](#)
 - 14) [National EMS Scope of Practice Model](#)
 - 15) Mass Gathering protocol update
 - a. Foreign body removal
 - b. Cold tubs
 - c. Heat stroke
 - 16) Committee Charter

Next Meeting: July 12, 2019 at 8 am.