RAPPAHANNOCK EMS COUNCIL INC.

Regional Medical Direction Committee
May 6, 2019
Rappahannock EMS Council—Classroom B

Members Present	Staff Support	Excused	Guest
Dr. Robert Fines	Wayne Perry, Executive Director		

Call to Order

Meeting was scheduled to begin at 1430 hours – chair not here, confusion about the time for the meeting. She and Dr. Johnson arrived at 1630 hours.

Approval of Minutes

Tabled for next meeting.

New Business

This meeting was informational only; reviewed the last meeting minutes and the items on the agenda with Dr. Fines. He weighed in with his support and ideas and recommended that we follow-up with Dr. Johnson and Dr. White. I will try to meet with them separately.

Old Business

No old business.

Adjournment

Meeting adjourned at 1543 hours.

Next Meeting

The date for the next meeting is TBD.

Medical Direction Committee Meeting Agenda
Sunday September 15, 2019 – 1630 hours

In Attendance: Dr. Robert Fines, Wayne Perry (Staff Support), Dr. Tania White

Approval of Minutes: May 6, 2019 minutes approved as presented.

New Business:

1) National Updates
    a. Draft National EMS Education standards issued; available for public comment through September 20. Wayne has the link to share if needed. The main concern is the conversation regarding a provider directing another provider under the scope of practice; can an ALS provider direct a BLS provider to perform skills outside of their scope?
    b. Evidence-Based Guidelines for EMS administration of Naloxone – only give when needed and only to restore breathing
    c. EPA Hazardous Waste (HW) Pharmaceuticals Rule
        i. Medication Wasting Guidelines updated 02/22/19 prohibits drain and sewer disposal of HW pharmaceuticals
        ii. MWH installing controlled substances waste containers
        iii. Diazepam injection and Phenobarbital injection are the only potential emergency use medications – not in our formulary
    d. Emergency Triage, Treat, and Transport - ET3 Model from CMS – model for payment to agencies for alternative transport destinations, on scene treatment, or telemedicine.
2) State Updates (OEMS, Medical Direction Committee, Legislative Actions)
    a. Virginia EMS Scope of Practice and Formulary Changes
    b. TAG Pre-Hospital Trauma Task Force – Wayne was unable to attend the last meeting.
    c. Narcan surveillance summary report – July 2019 – available in meeting room.
3) REMS Council / Regional Updates
    a. MIH-CP meeting – next meeting September 18; four meetings have been held so far. The aim is to approach this as a region. Meetings have focused on a needs assessment with the focus being on mental health and substance abuse. Meetings so far have been attended by a broad variety of people to include regional agencies, physicians, and local politicians.
    b. PEMS question on OMD requirements for stocking a REMS medication kit: if their EMS agency wants a Mary Washington medication kit, do they have to have a REMS OMD? No.
    c. Handtevy pediatric kit grant request – state request was not approved, but they will be seeking an agency direct provision of that equipment across the state.

4) Heart and Stroke Committee
    a. Get Ahead of Stroke and Get with the Guidelines comparison to regional stroke plan still in progress.
    b. Forest Devices Presentation on Alpha Stroke: compares hemispheric activity; representative came and presented to Heart and Stroke and the device is currently in FDA trials.
    c. Mobile ECMO project in Minnesota: targeting refractory VF; also have some changes in practice in the Richmond area with EMS transporting persistent VF in order to provide eCPR at VCU.
    d. Heartsafe Program
        i. First School application approved
        ii. First Business application approved
5) Pharmacy Committee update
    a. Color-coded syringe; Epinephrine Convenience Kit & PALS Syringe Holder Kit – approved by MDC 050619; Mary Washington has approved adding this to the kit, but storage is an issue as it comes in a box and takes up quite a bit of space.
    b. PO Tylenol – referred from protocol sub-committee for feasibility discussion – met 07/11/19 this can be provided and no storage issues. Available in 650mg or 160mg cups if PO; committee not opposed, not strongly in favor. Will go back to protocol.
    c. NTG paste – referred from protocol sub-committee for feasibility discussion – met 07/11/19 this can be provided and no storage issues – waiting to hear if HCA and MWHC facilities can provide a similar dosing/packaging. Recommend single-use packets instead of tubes; committee not opposed, not strongly in favor. Will go back to protocol.
    d. Glucagon – referred from protocol sub-committee for feasibility of adding to STAT kit. Met 07/11/19 – can be MOVED from medication kit to STAT kit, but not able to stock in both places due to cost ($200 per dose). Discussion about space, access, and appropriate location being the STAT kit. The Pharmacy committee said moving the item was feasible, but there are issues regarding space and training; with the current composition of the kits, space is limited and the Pharmacy committee recommends the implementation of the epi kit before tackling Glucagon. MDC agrees.
    e. Drug shortages
        i. MWHC will begin phasing back in Dopamine Pre-Mix 250ml bags, Diltiazem and Sodium Bicarb as currently available.
        ii. Ketamine remains on National shortage with very limited availability; 8 Regional Ketamine Kits have been issued for chemical restraint purposes. Restock of these kits based on pharmacy availability.
6) Performance Improvement Committee: no new data from the state at the moment.

7) Guidelines and Training Committee update
    a. Website app is currently underway to allow more efficient updating of the protocols.
    b. ABLS course offered on 08/08/19 – full +
    c. Medical Management of CBRNE Events – sponsored by Texas A&M and funded through federal grant – coming to Stafford County December 7-8; open to all public safety and hospital staff
    d. Glucagon – referred from the protocol sub-committee regarding the need for EMT-B and the training issues associated with training on reconstitution and administration. G&T asked for data on the frequency, which QI committee provided. Not opposed to having this at the EMT-B level, but prioritize epi/color-coded syringe project above Glucagon.
8) Incident and Threat Mitigation Committee
    a. Provider health and safety
        i. Exposure from decedent blood/DOA: recently, the issue of how to obtain and test decedent blood from a DOA exposure has been discussed at various state committees. The Mayo Clinic is the closest to be able to do the testing, meaning obtaining results within forty-eight hours is unlikely; standard practice has been to administer preemptive antiretroviral medications which is not considered the best option. One option that has been presented is the addition of second level support above the agency DICO provided by the Department of Health.
        ii. Mental Health Resources for EMS providers
            1. Stress First Aid still being promoted by the Council.
            2. Code Green Campaign still being promoted by the Council.
            3. Office of EMS – Make the Call campaign; a video produced by the state has been distributed and posters are to be distributed to the agencies to increase awareness about mental health and available resources.
9) Protocol Updates / Protocol Sub-Committee work: the committee is mid-triennial review.
    a. National EMS Scope of Practice Model is being reviewed by the committee to ensure regional protocols align (they do)
    b. Layout change/suggestions: the committee favors the adoption of algorithms or flowcharts, specific means of accomplishing this are still being discussed.
    c. Administrative Section Review
        i. Universal patient care – move to medical / new format
        ii. 3.2.3.4 – add VAN score for stroke assessment
        iii. Patient choice versus closest facility – committee thinks protocols should require transport to the closest appropriate

facility, with the option to allow for patient choice being left to the agency to decide.

iv. Include family member/consenter with stroke patient (MDC and Heart and Stroke recommendation)

d. Medical Section Review
   i. Due to Ketamine shortage; substitute Versed prn – approved by MDC 050619
   ii. Push Pressors in hypotension/shock/ROSC – 5-20 mcg Epi q 3-5 minutes for SBP >90 or MAP >60 add as either/or for Dopamine. Approved by MDC 050619
   iii. Toradol for pediatric patients – 0.5 mg/kg to max of 30mg if >2 years of age – approved by MDC 050619
   iv. Mag Sulfate dose 50 instead of 45 mg/kg – approved by MDC 050619
   v. Ketamine dosing 1-2mg/kg IV and 2mg/kg IM – if patient is dangerous to EMS personnel – approved by MDC 050619
      1. If not available and using Versed – committee recommended dosing of 0.07mg/kg IM, .035mg/kg IV; max dosage of 2.5mg IV, 5 mg IM. Only for combative patients, to be avoided in the elderly.
   vi. End of Life protocol: committee in favor of REMS including a regional end of life protocol; not in favor of providers administering the patient's medication already on scene.
   vii. Cardiac Arrest Protocol – replace flowcharts for cardiac arrest with ILCOR guidelines existing charts; committee approved.
   viii. Respiratory Distress Protocol
      1. update to remove fixed CPAP from AEMT to match EMT level
      2. change #5 from EMT-I to AEMT level (draft 06/07/19)
   ix. Cardiac Chest Pain Protocol – see above re: Nitro paste.
   x. Seizure Protocol
      1. add Tylenol for febrile seizures – analgesia PO, febrile PR
      2. IM versed for seizure – discussion about 10mg IM but current concentration not conducive to IM or IN – question of whether alternative packaging available will go to Pharmacy.

e. Trauma Section Review
   i. ITLS Thinking Papers reviewed and compared to our current protocols; up to date.
      1. Spinal Motion Restriction
      2. Pre-Hospital Hemorrhage and Shock Management –
   ii. Use of sodium bicarbonate for herniation during TBI management –no, per neurosurgery.
      1. 1 mEq/kg q 5-10 minutes during herniation

f. Clinical Procedures and Medication Reference Section Review
    i. Glucagon for the EMT-B level – approved by MDC 050619
    ii. Color-coded syringes and EMT-B level administration of Epi – approved by MDC 050619
    iii. Tooth replacement section of mass gathering – approved by MDC 050619
    iv. Prohibition of transport of IABP, REBOA, ECMO, etc – approved by MDC 050619
    v. Vent Management – remove fixed-pressure for EMT-I – approved by MDC 050619
    vi. REMOVE sedation assisted intubation – retool into non-RSI protocol with no medication to facilitate intubation – approved by MDC 050619
    vii. CPAP – standing order from the AEMT level up - approved
    viii. TXA – permitted medication from the AEMT level up – approved.
    ix. Discussion about EMT-P level R-OMD for paralytics – approved.
    x. Heat Emergency – mass gathering / stand-alone – MCBQ sample; committee does recommend temperature based protocol, >104 all transport. <104 transport if experiencing altered mental status, the request transport, persistent systemic symptoms, and/or a core temperature greater than 101. NO cold tubs. If temperature less than 101, normal mental status, and don't desire transport, do not transport.
    xi. Add Toradol medication reference sheet
    xii. Add Metoprolol medication reference sheet

10) Old Business
    a. Versed in pregnancy; move from contraindications to precautions, only for active seizure.

Next Meeting: TBD