

DRAFT
CONNECTICUT MEDICAL ADVISORY COMMITTEE
April 12, 2018
Location: 61 Pomeroy Avenue, Meriden CT 06450

TOPIC	DISCUSSION	ACTION
Meeting called to order at 1030	The minutes of March 2018 CEMSMAC meeting were reviewed	<ul style="list-style-type: none"> • Motion and second to accept as distributed–unanimous approval.
DPH/OEMS Report	<p>Report (See attached)</p> <ul style="list-style-type: none"> ▪ EMS trauma data: work behind the scenes ongoing to upgrade. ▪ CT Opioid response. Additional conferences planned. ▪ Opioid OD heat map pilot consideration ongoing. ▪ Poison control: EMS opportunity to call in the future. ▪ CT EMS awards opportunity on DPH website. Submission by May 1st. ▪ National Registry: All levels of certification. Opportunity to be recognized national and for local testing opportunities. Would meet state requirements. EMR no. EMT already. ▪ Qualidigm: Red envelope initiative has not been universally accepted by nursing homes. Issue of EMS not allowed to open red envelope discussed. <u>(more information requested by CEMSMAC from Qualidigm)</u> ▪ Wellness for EMS. Roles of looking at Teenage EMS providers 	
		<ul style="list-style-type: none"> ▪ Continued request for sharing best practices.

<p>Electronic Applications For EMS Communication (ongoing discussion and next steps)</p>	<ul style="list-style-type: none"> ▪ EMS to ER hand-off tool discussed. App for transmission of limited info to ER. 	<p>Several depts are trying apps or paid services for EMS tracking and info boards in lieu of med patches, and for handoff communications.</p> <ul style="list-style-type: none"> ▪ Plan: keep on agenda and continue to discuss
<p>Regional MAC Reports – (Regional Reps)</p>	<ul style="list-style-type: none"> • Region I: No report • Region II: No report • Region III: No report • Region IV: No report • Region V: Report below: <ul style="list-style-type: none"> ○ Meeting 3/29/18 in Waterbury, CT. Approx 15 in attendance. ○ Ketamine <ul style="list-style-type: none"> ▪ Indication: Excited / Agitation Delirium or Extreme Agitation. ▪ Dose: 3-4 Mg. / Kg. IM ONLY ▪ Track usage to determine feasibility of use ▪ Place in at least one (1) locked box ○ Ketorolac, Ibuprofen, and Tylenol: Deferred until all committee members have an opportunity to review the specific statewide protocols as they were only distributed on 3/28/2018) ○ Lactated Ringer's: The use of Lactated Ringer's in the setting of trauma was unanimously disapproved in the pre-hospital setting, citing, among other things, short transport time and appropriately permissive hypotension. Long discussion. 	

	<ul style="list-style-type: none"> ○ Fentanyl: The endorsement of Fentanyl was unanimously disapproved in the pre-hospital setting as alternative treatment modalities are in use without untoward outcome. The potential addition of non-opiate pain management treatment was also cited. 	
OTHER BUSINESS/ONGOING INITIATIVES	<p>SCT Review Process Update:</p> <ul style="list-style-type: none"> ○ Await Massachusetts input. 	
Connecticut Unified EMS Protocols (Protocol Sub-Committee/group)	<ul style="list-style-type: none"> ● Metoprolol available, diltiazem <u>not consistently currently</u>. <ul style="list-style-type: none"> ○ Discussion that it is OK to cross over classes between calcium channel blockers and beta blockers ● Combined OB emergencies as well as childbirth and newborn care protocols. Adding magnesium, not including oxytocin. When to rupture placenta added. ● Hypoglycemic protocol reviewed. Adding 12 lead EKG. Separating peds and adult protocol. 10ml/kg repeat x 1. Adults 500 ml bolus, may repeat x 1. ● Hyperthermia: Korey Stringer website gives tools for preparation. Cooling on scene takes priority over transport. Transport when improving. Rectal probes assist, if available. Consensus statement just published endorsing EMS role in preparation for sporting events where EHS (different mechanism and very time sensitive treatment <30min to temp correction). 	<ul style="list-style-type: none"> ● Discussion of softening language in protocols to allow cross class treatment by EMS in the case of shortages or allergy etc ● Kyle to draft new protocol for review at next Protocol committee.
Fireground Rehab (Cone)	<ul style="list-style-type: none"> ○ Compromise of having someone come out of the scene if they have a medical complaint, but not mandating that they stay out for at least 24 hours ○ Link below - go to page 18 - section on emergency incident rehab - https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjJvrH_PfVAhWEJ5oKHTWTDIEQFggmMAA&url=https%3A%2F%2Fwww.amr.net%2Fsolutions 	

	%2Ffederal-disaster-response-team%2Freferences-and-resources%2Fdhs-fema-als-blsprotocols.pdf&usg=AFQjCNH9vWZX6P1HNiHThI4-I1XNoUogPw	
EMS Destination Guidance (OEMS)	<ul style="list-style-type: none"> ○ Patients allowed to choose destination ○ High utilizers: ○ Hospice direction: may be hospital dependent. 	<ul style="list-style-type: none"> ● Need further clarification from DPH
EMS Hand-off Process (Begg)	<ul style="list-style-type: none"> ● Plan to have all regional MAC's and CEMSMAC provide high level synopsis of what each hospital network is doing relative to EMS to ER handoff. 	
Mobile Integrated Healthcare:	No update.	
Revision Of State DNR/Discontinuation Of Resus Document	Referred to Protocol Sub-Committee	