Connecticut Trauma Committee
Connecticut Hospital Association
February 13, 2020

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; Kim Barre; Angie Brown; Brendan Campbell; Brian Cournoyer; Doug Dole; Ron Gross; Peter Ingraldi; Jean Jacobson; Gary Kaml; Richard Kamin; Renee Malaro; Adrian Maung; Jackie McQuay; Manuel Moutinho; Michael Nicholson; Ruth Piehler; Paul Possenti; Kevin Schuster; David Shapiro; Jennifer Tabak; Heath Walden

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Meeting was called to order at 14:02

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Minutes for November 2019 were reviewed and approved.	
CEMSMAC Report	Trauma Triage and Transport Decision 6.18	The current Trauma Triage and Transport Decision Guidelines currently active were compared to the 2011 Guidelines for field triage of injured patients. The committee proposed the following changes: • Transport to a trauma center, preferably Level 1 or Level 2, depending on distance and patient stability. This would ensure that the sickest patients would be transported to a facility capable of providing the highest level of care. • Under Assess anatomy of injury add 2011 guideline description. • Under Assess mechanism of injury and other factors, modify with the 2011 guidelines that includes geriatric, pediatric, anticoagulant use, and burns.	
	TXA Administration Prehospital	This proposal was brought forward from the prehospital protocol sub-committee at CEMSMAC for discussion at the trauma committee. This topic was first discussed in October, 2016 and the committee was not in favor of prehospital TXA administration. Transport time is short and there is a higher probability of thromboembolic events, especially in the pediatric population. According to the proposed	

		guideline, “the greatest benefit is seen when TXA is administered to patients within 1 hour of injury”, however, transport time in the state is usually 30 minutes or less. Another concern is that TXA could potentially be administered to patients whose HR and BP are not related to blood loss, thus leading to unnecessary administration. There are diagnostic modalities available at the hospital that prehospital providers do not have. The committee’s recommendation is that given the demographic and availability of higher level of care in the State of Connecticut, the administration of TXA prehospital is not suggested.	
	Cefazolin Administration Prehospital	Dr. Gross proposed that EMS be able to administer cefazolin for open extremity fractures indicated by visible bone. The committee was in favor of the practice as a way to improve quality of care and recommended changes to Dose and Administration to encompass 3 weight-based dosages: <40 kg, 40 – 69 kg, and 70+ kg. There was concern that the practice could impact TQIP reports regarding antibiotic administration time. It was suggested that in the event EMS administers cefazolin enroute, that the registrar would input hospital arrival time as administration time. This question will be brought to TQIP also.	
EMS Advisory Board		No report.	Dr. Gregg will report at the March meeting.
State Trauma Registry update		ICD-9 and ICD-10 updates continuing. Hartford Hospital is in transition for data migration.	
Liaison to ACS COT position		The application has been sent to Dr. Gates.	
Stop the Bleed		Department of Education is interested in meeting with Dr. Gregg to discuss Stop the Bleed and other items. Dates have	Dr. Gregg will inform the committee of progress.

		been submitted to the Department of Education. Dr. Gross is providing monthly classes to the East Haddam, East Hampton, and Colchester school districts. Bridgeport Hospital will be bringing Stop the Bleed to their violence prevention program.	

The meeting was adjourned at 15:25.

Respectfully submitted,

Shea C. Gregg, M.D.