Connecticut Trauma Committee
ZOOM Meeting
July 8, 2020

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; Kim Barre; Angie Brown; Brian Cournoyer; Kevin Dwyer; Tara Elliott; Jonathan Gates; Jessica Gildea; Ron Gross; Peter Ingraldi;; Jean Jacobson; Richard Kamin; Ann Kloter; Renee Malaro; Adrian Maung; Chayelle McKay; Jackie McQuay; Patricia Morrell; Monika Nelson; Paul Possenti; John Quinlavin; Veronica Szkop; 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 March 2020 were reviewed and approved.	
OEMS Report		EMS volume is down across the state since the start of the COVID crisis.	
State Trauma Registry update		John Baker's position in IT was discontinued at the end of March. Ann Kloter waiting for another person to be appointed to liaise. Trauma data can't be accessed at the moment.	
Liaison to ACS COT position		Dr. Gates has been appointed as the liaison to the ACS-COT.	
Stop the Bleed		Dr. Gross is waiting to hear from the ACS when courses can begin again. ATLS courses have commenced, partially virtual, at Yale and Hartford. At Hartford, the course was for incoming residents. The virtual part was a little overwhelming for the students, but the sessions were very interactive and the course went quite well. Yale did the hybrid course for incoming interns.	
Protocol Updates	Field Trauma Triage Review	CEMSMAC sent the proposal back with addendum. Step Four: added "facility" to statement "Transport to regional trauma center or facility capable of timely and thorough evaluation and initial management of potentially serious injuries. Step One and Step Three: removed "regional". "Transport to the highest level center" and "transport to trauma center". The committee approved the changes.	Will be presented at CEMSMAC for formalization.

	Prehospital Administration of Cefazolin for Open Fractures	CEMSMAC sent the proposal back with addendum and question. The question was whether to add "do not delay transport in order to administer cefazolin". The committee decided the language did not need to be added. Dose and Administration changed from 40 kg to "greater than or equal to 39kg". There was concern over IM administration of doses greater than 1-gram and language was changed to "IV/IO". The committee approved the changes.	Will be presented at CEMSMAC for formalization.
Legislation		Brian Cournoyer reported nothing new on legislation.	Brian Cournoyer will keep the committee informed.
Covid-19 Information Sharing	Hospital experiences during the COVID crisis	• It was found that windows in the ICUs were able to be opened a little and engineering was able to install negative pressure in all the ICUs. • Anesthesia machines were used as ventilators. The O2 flow has to be run higher otherwise the filters will clog. The machines also have to be powered-down and recycled every 24 hours. • Tracheostomy was performed open vs percutaneous. Patient had to be intubated for 3 weeks before trach performed. PAs were not allowed to assist in the procedure. Ventilations were held prior to procedure and recommenced after the procedure was completed. Other hospitals waited for 2 negative COVID tests before tracheostomy. Some continued with percutaneous trachs, holding ventilations until procedure ended. • Immune therapy was given to severe COVID patients and research is now being conducted on the results.	

		• Anticoagulation presented challenges. One hospital used d-dimer to determine the anticoagulant dose. Thromboembolic events in ICU patients increased during the crisis. • A non-intubated proning protocol was developed for early ARDS. Studies are ongoing but it showed improvement in hypoxia for non-intubated COVID patients.	

The meeting was adjourned at 14:48.

Respectfully submitted,

Shea C. Gregg, M.D.