

Connecticut Trauma Committee
ZOOM Meeting
May 5, 2021

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; David Bailey; Kim Barre; Angie Brown; Brian Cournoyer; Alfred Croteau; Kevin Dwyer; Heidi Fitzgerald; Jonathan Gates; Jessica Gildea; Dale Guerrero; Peter Ingraldi; Gary Kaml; James Kane; Adrian Maung; Chayelle McKay; Jackie McQuay; Patricia Morrell; Monika Nelson; Ruth Pieler; Paul Possenti; Kevin Schuster; Subramani Seetharama; John Sottile; Jennifer Tabak; Tara Vanderbes

Meeting was called to order at 14:03

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Minutes for March 2021 were reviewed and approved.	
OEMS Report		Nothing new to report regarding trauma.	
CEMSMAC Report	Prehospital Protocols for Discussion	Protocols for Pelvic Fracture Stabilization and Whole Blood Transfusion will be reported separately.	
EMS Advisory Board Report		Nothing new with regard to trauma.	
State Trauma Registry Update		The trauma database had issues and the whole database needed to be reloaded. Aggregate data for the Level 1 centers has been loaded and data for the Level 2 and 3 centers is in the process of being reloaded. The process should be complete by the end of May.	
ACS COT		No update.	
Stop the Bleed		Dr. Shapiro has been in contact with the Hartford Yard Goats and a Stop the Bleed event is scheduled for May 20. The committee discussed ways to have hemorrhage control taught in schools. The Department of Education has expressed interest in the program.	
Legislation		Brian Cournoyer reported on three bills: <i>HB5677 An Act Concerning the Availability of Community Violence Prevention Services Under Medicaid</i> that would make gun violence programs reimbursable and funded through COVID relief; <i>HB6484 An Act Concerning Recommendations by the Department of</i>	

		<p><i>Transportation</i> that specifically addresses seatbelt usage for back seat passengers;</p> <p><i>HB5429 An Act Concerning Pedestrian Safety...</i></p>	
Covid-19 Information Sharing		No update.	
Protocol Update	Traumatic Arrest in the Field	<p>The purpose of the Traumatic Arrest protocol is threefold: to standardize the management of blunt and penetrating traumatic arrest patients that don't meet criteria for pronouncement in the field; to align with other state's protocols; and, in the event of an unsuccessful resuscitation, avoid transport.</p> <p>The concern was that treatment in the field would delay transport for a potentially salvageable patient.</p> <p>David Bailey presented a summary report on the protocols in the other New England states and most had a 15-minute transport time cutoff. The protocol for Vermont states no resuscitation in unwitnessed blunt trauma, and no resuscitation in penetrating trauma with a downtime of greater than 10 minutes.</p> <p>After discussion, the committee approved the protocol with the addition of whole blood transfusion.</p>	
Protocol Update	Pelvic Fracture Stabilization	The committee the Pelvic Fracture Stabilization protocol in the past. The update addresses the process for pelvic binding application. The committee supported the update.	
Protocol Update	Whole Blood Transfusion	The Connecticut Prehospital Low Titer O Negative Whole Blood Transfusion Protocol was introduced. This would be included in the state protocols. After discussion, there was no consensus and will be carried over for further discussion and clarification.	

The meeting was adjourned at 15:05.

Respectfully submitted,
Shea C. Gregg, M.D.