

**MONTGOMERY COUNTY OFFICE OF EMS
Medical Advisory Committee Minutes
Meeting Date: May 27, 2015
Start: 9:30a.m. End: 11:30 a.m. estimate**

**Location: Public Safety Training Campus
1175 Conshohocken Rd.
Plymouth Meeting Pa.
Room: 205**

RSVP: Call 610-631-6521 OR E-MAIL emartin@montcopa.org

Call to Order

Introductions

- Review and approval of the February & March Minutes
 - o Approved Kevin Thomas
 - o Seconded Joe Canale
- No Executive Session required

Guest: None

- Special MAC Helicopter Review-David Brown
 - o Dave reviewed helicopter utilization presented at March MAC meeting, no further discussion

Medical Director Report

State MAC Meeting Update-Dr. Usatch/Ed Martin

- **Special Operations Meeting 2/17/2015**

Tactical:

- Scope of Practice Changes
 - o Add the words, "Emergency Lifesaving" to canine care
 - o Change "Rapid Sequence Induction Intubation" to "Pharmacological Assisted Intubation (using neuromuscular blockers and sedation)"
 - o Delete specific reference to fingers, toes, shoulders, etc. in joint dislocation reduction

- o Add reference to "chemical restraints" for "Restraints"
- o Remove parenthetical reference to specific uses for ultrasound
- o Remove "skin sutures" as option for wound closure, however, staples and glue are still acceptable

Drug List

- o Add route(s) of administration for drugs that can be given multiple ways
- o For antibiotics/antifungals, develop specific list of drugs
- o Create class for anti-psychotic drugs to include Haldol
- o Create class for anti-hypertensive drugs to include metoprolol
- o Delete oral thiamine
- o Create class for prescriptive alertness aids to include Provigil (Dr. Wilcoxon volunteered to get info)
- o Add Etomidate to sedative options
- o Delete singular oral
- o Delete rabies vaccine due to lack of practicality

Wilderness Medicine

Basic: Education that every tactical or wilderness provider receives within their respective fields of practice. This would cover expectant emergency care by applying previous EMS education to the austere environment and adding those expanded scope elements considered essential for all personnel.

Advanced: Additional education that would enable the tactical or wilderness provider to provide care during extended operations; would include non-emergent team healthcare needs.

- **State MAC 4/15**

- ResQPod Approved by FDA and the state
- BLS Narcan on LMS with a recommendation for practical teaching/testing
 - Joe Canale reported that Bryn Athyn PD is not participating in the Naloxone program
- Dave Brown reported on several admin of Naloxone by local PD
 - 3-4 PD have since requested information on the program
 - Gary Penner reported on 1 or 2 admin by Abington PD
 - Dr Usatch reported on an admin of IN Naloxone by a Lower Merion Police Officer
- Advanced EMTs are now permitted to practice based on the published scope of practice when functioning on an ALS vehicle with a paramedic or PHRN. AEMTs working for appropriately licensed agencies will be able to practice independently upon publication of statewide protocols and following completion of protocol familiarization.
- EMS for children's project
 - Children and concussions: www.paemsc.org
 - Ed Martin reported both providers required to report abuse and neglect
 - Two ways of reporting suspected abuse:
 - On Line reporting, (more efficient)
 - Call the posted phone number, provider then has to still fill out the CY 47 Form
 - Marc Medori requested a step by step direction sheet of how to properly fill out the form
 - Dave Brown reiterated that it's not an EMS law, but a provider can go to child line for more information
 - Discussion continued
 - The Statewide EMS Conference will be September 10-12 in Lancaster and September 25-26 in Altoona.

- **Special MAC 5/15/2015**
 - **"synthetic marijuana"**(Spice, K2, fake weed, Yucatan Fire, Skunk, Moon Rocks)
 - "Eight suspected overdose deaths in Lehigh County," but that "toxicology results are pending so it is unknown at this time what substance or substances were ingested."
 - Reports of extreme agitation, paranoia and similar patterns of behavior
 - Healthcare providers should be aware of this apparent sharp increase in use with the goals of therapy; aggressive sedation, airway management, and identification of secondary effects including arrhythmia, myocardial ischemia/infarction, intracranial hemorrhages, muscle breakdown with kidney injury, liver injury, and lung injury often requiring mechanical ventilation
 - Ventilators
 - Updated SOP & Ventilator Protocol to be rolled out with the ALS protocols
 - The Update will differentiate between the types of ventilator utilized
 - Lights and Sirens Utilization
 - Joe Canale raised a concern: 355 dispatched to a fall, the call turned out to be a cardiac arrest, police did not arrive on scene for 12 min. and time of day was rush hour
 - Dr Usatch responded, data is more from rural areas, state determined there is not a substantial difference between L & S and non L & S, surrounding counties are strongly enforcing this, our 911 center will not recommend, but the protocol does recommend
 - Dave Brown responded you must you L & S when using preemption
- 2015 PA. State EMS Protocol
 - CCT protocol-email
 - ALS protocol-Slides

- Pulse Dose EPI
 - Pedi Zofran dose
 - IN Ativan less effective with Seizure
 - New Licensure Medication List
- BLS protocol-Slides Physician can deliver the information or providers can log onto LMS and review the update.
 - Ed Martin reviewed changes
- EMS schools
- Narcan
 - Gov. Wolf embraces this program
 - Sec. of Health strongly encourages that all officers carry naloxone
 - Physicians need to partner with their local PD to ensure success

QA Coordinator Report

- Peer Review & Quality Assurance committee Update: Ed
 - 8 PCR, 5 Morphine, 3 Fentanyl, 7 IV, 1 IM, all had pre vitals, 6 called MC 2 did not, 4 required add doses 4 did not, 8 post vitals, all 8 pain relieved
- CARES Data
 - 2013 Overall Survival Hospital Admin 28.2%
 - 2013 Overall Survival Hospital Discharge 10.3%
 - 2014 Overall Survival to Hospital Admin 28.1%
 - 2014 Overall Survival to Hospital Discharge 12.2%
 - Dave Brown reported
 - Location Nh
 - arrest to witness
 - MC 28.1 Pa 22.4, nat 22.6
 - Ed Martin requested that providers document either in P11 or P2 cardiac arrest

Committee Reports

- Etomidate-Dave Neubert
- Ketamine-Ed Martin Jr.
 - 6 Admin Allentown, K2
 - Increase in ETCO2
 - Marc Medori requested a clarification between the Cat and the classes
 - Establish a way to report when providers are denied a flight service from Medical Command, enforce at agency level
- Preceptor Applications
 - All approved
- Helicopter-Tim (see David Brown's Report)

Old Business

- Ebola Update-Ed
 - Possible one patient at Einstein Elkins Park
 - Transported to a undisclosed hospital
- Community Paramedicine update-Ed
- Abington Hospital/Second Alarmer's Ultrasound Stroke Diagnostic Tool
- I-gel Airway device-Anthony McGrail
 - Dr Penner sent the Hypothesis
 - Ed Martin will send the document to BEMS this afternoon
- HSE funded equipment purchase-LUCAS Device
 - PO cut, awaiting delivery
- Helicopter Territory Discussions (March 26th special MAC)-Ed

New Business

- Paramedic Program Update-Brian Pasquale
 - 12 Preceptor applications
 - all approved
 - Joe Canale Motion
 - Marc Medori second
 - Only 4 EMT classes
 - Burlhome
 - VMSC Lansdale
 - Pottstown
 - PSTC
- Gina Bradley & John Detweiler Co Coordinators
- Hospital Time will start shortly
- Changes in FTO & Preceptors
- Quarterly Education Advisory Council
- Brian has ID testing stations that are failing students not students failing stations, the stations are:
 - Long Bone Splinting
 - Spinal Immobilization
 - Trauma & Medical Assessment
- FISDAP Scheduling

Other new business from the floor

2015 MAC Meetings Schedule

August

Montgomery County Emergency Medical Services Council Meetings

June 3, 2015

Adjourned