

# MEDICAL CONTROL COMMITTEE

## MINUTES

May 22, 2008

### Members Present:

Dr. Ed Deschamps, Chairman  
Dr. Raymond Bynoe  
Dr. Bill Gerard  
Dr. Mark Jones  
Dr. Richard Rogers  
Dr. John Sorrell

### DHEC Staff Present:

Alonzo Smith  
Jim Catoe  
Greg Kitchens  
Jennifer Paddock  
Terry Horton  
Henry Lewis  
Linda Spires  
Sonia Wright  
Leslie Wood

Visitors Present: Arnold Alier, Chad Burrell, Paul Edwards, Greg Mears, MD, Josh Parsons, Cindy Raisor, Jimmy Smith, Jimmy Walker

Agenda Item	Discussion	Action
<b>Review of Minutes – Aug 07</b>	A motion was made to approve the minutes from August 30, 2007 meeting.	<b>The motion was approved.</b>

<p><b>SC EMS Data Project</b></p>	<p>Dr. Greg Mears presented the SC EMS Data Project to the committee members. The SC EMS Data project is a 2-year grant project funded by The Duke Endowment program and administered by EMSPIC. He stated that the primary goal of the project is to apply knowledge, data, and experience to evaluate and improve EMS service delivery, personnel performance and clinical care. He added that the project places special emphasis on assisting local EMS Systems in performance improvement. Areas of analysis include EMS System Response, Trauma Care, Cardiac Arrest Care, Acute Cardiac Care, Acute Stroke Care and Pediatrics.</p>	<p><i>The general consensus of the committee is to approve the SC EMS Data Project .</i></p>
<p><b>Induced Hypothermia</b></p>	<p>Westview Fairforest/Spartanburg County EMS and Union County EMS presented proposals to the committee for Induced Hypothermia pilot projects. The language and design of the two pilot projects was virtually identical. A representative of Union County EMS stated that they had modeled their pilot project after a successful program in Wake County, North Carolina. Dr. Sorrell said that South Carolina should adopt induced hypothermia as an optional skill and that the Division’s staff should write a protocol for distribution. He also said that it would be important to get letters of assurance from hospitals that the procedure would be continued when the EMS service arrives at the hospital.</p>	<p><i>Dr. Sorrell made a motion for staff to develop an Induced hypothermia protocol based on the Wake County, North Carolina protocols and that the protocol be distributed in the field. Dr. Rogers seconded the motion. The motion was approved.</i></p>

<p><b>Do Not Resuscitate (DNR)</b></p>	<p>Dr. DesChamps reported that some medical control physicians and EMS personnel have expressed some confusion regarding the DNR Law, specifically in regards to the definition of palliative care. The discussion centered around cardiac monitoring and administration of CPAP and other devices.</p>	<p><i>The consensus of the committee was to revisit the DNR law. Dr. DesChamps asked that staff gather information from other states to serve as a guide in the process. Staff was also asked to develop a working group of stakeholders to develop a proposed law.</i></p>
<p><b>EMT-Basic Intubation</b></p>	<p>The Medical Control Committee voted at their August 30, 2007 meeting to restrict orotracheal intubation to the paramedic level only. The motion was debated at a subsequent EMS Advisory Council and was modified to allow intubation at both the intermediate and paramedic level.</p> <p>Dr. DesChamps asked the Medical Control Committee if they wished to alter and amend or to reiterate their stand that the skill be restricted to paramedics only. It was the consensus of the committee that they should stand by their original motion in restricting the skill to paramedic level only.</p> <p>Mr. Catoe stated that all of the parameters would be considered before the decision was ultimately made by the Division of EMS and Trauma staff.</p> <p>A discussion ensued regarding airways that could be utilized in the event that intubation was restricted. A wide range of new airways that can</p>	<p><i>Dr. Sorrell made a motion that the Medical Control Committee support and reiterate the original motion to restrict Intubation to the paramedic level only. Dr. Gerrard seconded the motion. The motion was approved.</i></p>

<p><b>Hemostatic Agents</b></p>	<p>be used by all personnel are now available. The selection ranges from the LMA and King LTD.</p> <p>Dr. Mears stated that North Carolina’s pre-hospital system relies on capnography and patient monitoring to measure airway effectiveness. Dr. DesChamps pointed out that we will require capnography for all EMS providers by January 1, 2010.</p> <p>Mr. Catoe reported that a great deal of interest has been expressed in the field use of hemostatic agents such as Quick Klot, Clox and Hemcon. These agents have been used by the military for a number of years now and most of the literature is reflective of military applications. Dr. Bynoe said that he did not have personal experience with the agents but had seen a presentation concerning the agents at a conference. Dr. Sorrell said that we did not have enough information to make an informed decision.</p>	<p><i>Dr. Sorrell made a motion that airway devices should be approved by category with the descriptor ‘blind insertion airway devices that may be inserted into the oropharynx and that are FDA approved for use.’ The motion was seconded by Dr. Rogers. The motion was approved.</i></p> <p><i>Dr. DesChamps asked staff to research the use of these agents and to make inquiries of other states as to their experience with them and to bring back their findings to the next meeting</i></p>
<p><b>Fentanyl</b></p>	<p>Mr. Catoe presented Fentanyl for inclusion into the state formulary at the November 07 DHEC Board Meeting. One of the physicians on the Board expressed some concern about the use of the drug in the pre-hospital setting. His concerns were centered around the potency of the drug and the number of reported incidents of abuse of the drug by health care providers. As a result of his concerns, the Board deferred approval of Fentanyl and asked staff to provide additional supportive</p>	<p><i>Dr. DesChamps agreed to talk with the Board member and to attend the next available Board meeting, if necessary to discuss the issue.</i></p>



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