MEDICAL CONTROL COMMITTEE

Minutes

June 06, 2006

Members Present:

Dr. Ed DesChamps, Chairman
Dr. Doug Norcross
Dr. Richard Rogers
Dr. Bill Gerard
Dr. John Sorrell
Dr. Jim Mock

Others Present:

Alonzo Smith
Jim Catoe
Phyllis Beasley
Brian Fletcher, Meducare

Agenda Item	Discussion	Action
Review of Minutes – 12/05	Motion was made by Dr. Sorrell to approve the minutes from 12/05 meeting, Dr. Gerrard seconded the motion. The motion passed.	
OLD BUSINESS		
Issue of Transporting Patient to Hospital of Their Choice.	There was discussion regarding whether the patient should go to the hospital of their choice. Mr. Smith stated that the patient could go to the hospital of their choice, unless it is a Trauma call, then the Medics should take the patient to a Trauma Center.	*None needed*

Helicopter Transport	There was discussion regarding agreement between the helicoptor services and ground services to utilize certain helicoptor services. Dr. Deschamps suggested a revision of the triage guidelines to determine what level trauma center a patient is transported to. There was discussion regarding this issue.	*No action taken*
Justification of use of Intra-sortic Balloon Pump in Critical Care Transport	Brian Fletcher a representative from Meducare requested that this skill be added to the critical care Paramedic curriculum. Mr. Fletcher agreed to develop a training module for the Intra-aortic balloon pump. He will provide copies of the manual to the Medical Control Physicians prior to the next meeting, he also will be attending the meeting to discuss the issue further. There was discussion regarding this issue. Mr. Smith proposed a training module be developed to familiarize EMT' s with using this skill in the field.	*The Committee proposed that a training module be developed to include continuing education, policies and procedures, what levels will be allowed to use this skill and other parameters. A final determination on approval for this skill will be made by the Committee at a later meeting.* .
Good Samaritan Subcommittee Report	Mr. Smith stated that the DHEC's Legal Department's position on allowing medics to respond as Good Samaritans when off-duty was to not allow it. Mr. Smith stated that medics were not authorized to have equipment while off-duty. He cited potential problems such as lack of run reports, lack of proper equipment and possible legal ramifications. There was discussion among the Committee regarding this issue. Dr. DesChamps said that he was increasingly	

	concerned about the number of investigations that the Division has been involved with in recent years. Dr. Sorrell agreed that there were some "bad apples" out there, but he felt that there should be some mechanism that would allow paramedics to provide life-saving treatment to patients that they encounter while off duty. Dr. DesChamps proposed a centralized system for regulating medics responding as Good Samaritans when off-duty. Mr. Smith asked who would authorize these paramedics to carry and administer ALS drugs in the situation where they are not on duty. Dr. DesChamps asked Dr. Sorrell to check into the liability issue of Charleston County paramedics functioning as a "Good Samaritan" in Berkeley or any other county.	*The Committee agreed to review this issue at a later meeting*
NEW BUSINESS		
Run Reports – Dr. Gerard	Dr. Gerard cited the problems of run reports being unreadable, incomplete and illegible. He stated that medics using abbreviations on run reports were a continuing problem. Dr. DesChamps stated that abbreviations should not be allowed on run reports except for approved standardized medical abbreviations. A discussion ensued regarding the core elements and software for the proposed electronic report system that was to be developed. Mr. Smith said that the state would have to mandate that services use the same software package because it will be important that the data is collected in a uniform matter.	*A motion was made by the Committee to develop an approved list of standardized medical abbreviations for use with run reports. Dr. Norcross seconded the motion. The motion passed.*

	Dr. DesChamps cited the problem of run reports being incomplete by not having the time documented on the run report. He suggested that the Department mandate a directive that the time be recorded the run report when the patient is delivered to the ER.	*Mr. Smith will send out a notice to all EMS Service Providers that all run reports must be completed before they are submitted to the Department.*
	Mr. Smith stated that South Carolina had applied for the NEMSIS pilot project for implementing electronic run reports. He stated that South Carolina was denied the grant needed to in order to participate in the project. He stated that many services utilizing electronic run reports have different software, but added that eventually all services will be required to maintain the same software. There was discussion among the Committee regarding this issue.	*No action taken.*
In-Service Training Adequacy and Regular State Testing	Dr. DesChamps stated initially when the IST program was developed, the Department proposed to develop a method testing the adequacy of the program. He added that this proposed method was never developed. Mr. Smith stated that initially the Department was required to submit a report to the legislature regarding progress of the IST program. Dr. DesChamps expressed concerns that the Committee is not providing the proper oversight for the IST program. He stated concerns regarding continuing legal risks for MCP regarding approving training for medics. He cited	

	the need for developing a method for testing medics for MCP approved training. There was discussion regarding this issue. The general consensus of the Committee was to approve re-testing in the near future. Dr. DesChamps proposed presenting this issue to the Training Committee	*The Committee agreed by consensus to revisit this issue pending further information.*
Epinephrine Nebulized for Croup	The Committee discussed the use of Epinephrine Nebulized for Croup. A pediatric nurse from MUSC asked Dr. DesChamps if EMS personnel could use nebulized epinephrine for severe croup. Dr. Fuerst had earlier e-mailed Dr. Deschamps that epinephrine (2.5 ml maximum dosage of epinephrine if less than 4 years and 5.0 ml maximum dosage if greater that 4 years old). Then add this to 3cc of normal saline. Give every 1-2 hours. Dr. Fuerst said that the high dose shouldn't be alarming since most of the nebulized medication goes into the air. Dr. DesChamps said he would e-mail the other medical control physicians for their input, and unless he heard otherwise, would recommend that we add the additional indication and dosage to the prehospital formulary as soon as possible.	*Mr. Catoe will have the additional indication for epinephrine and the correct dosages added to the prehospital formulary as soon as possible.*

4th Dose of Nitroglycerin	The Committee reviewed a request from Hilton Head Island Fire & Rescue for clarification on nitroglycerin dosage. The Committee discussed the issue of how many doses of nitroglycerine to administer. Dr.. DesChamps suggested that after the 3rd spray was administered that the MCP be contacted if chest pain persists. Dr. Sorrell suggested that we change the indication for the drug to "Chest pain consistent with acute coronary syndrome". Dr. Sorrell suggested that the following language should be added to the Special Indications Section of the Formulary: "Nitroglycerine should not be administered to a patient that has taken erectile dysfunction drugs within the past 24 hours. The drugs include Cealis, Levitra and Viagra.	*The Medical Control Committee could not reach a decision because they did not have the review from the Regional Medical Control Physician. The Committee will send a letter to Hilton Head Island Fire & Rescue.*
Glucagon for Blocker Toxicity	The Committee reviewed a request from Hilton Head Island Fire & Rescue for medics to use Glucagon to reverse Beta Blocker Toxicity based on an Online Medical Control Order. Dr. Deschamps asked the Committee to consider Beta Blocker Overdose as an indication for Glucagon. He added that under Epocrates, glucagon is only indicated for Hypoglycemia. He said that the Glucagon request should be sent back to Hilton Head for the Regional Medical Control Physician to review.	*The Medical Control Committee could not reach a decision because they did not have the review from the Regional Medical Control Physician. The Committee will send a letter to Hilton Head Island Fire & Rescue.*

Requirement of LMA and RSI for Needle Crics	The Committee reviewed a request from Hilton Head Island Fire & Rescue for clarification on actual usages and restrictions for Needle Cricothyrotomy. Dr. Deschamps stated that we need to look at the entire question of intubation for EMT's and perhaps even paramedics.	*The Committee agreed by consensus to table this issue and review it at the next meeting.*
Transport of Patients to Locations other than Emergency Department – Dr. Sorrell	The Committee discussed EMS's responsibility regarding the delivery of patients to the Emergency Room. Dr. Sorrell said that EMS services in his area are often asked to transport patients to other departments of the hospital other than the Emergency Department. Mr. Smith said that obstetrical patients were often taken straight to the OB Department because of impending delivery. However, transporting patients up to Intensive Care Units or other departments was beyond the normal scope of EMS. In addition, this meant that a 911 service would have their crew "tied up" in the hospital when they should be preparing for their next 911 call. Dr. Sorrell said that hospitals had more resources than EMS services and they should be responsible for the disposition of patients once they were delivered to the hospital emergency department.	*Mr. Smith will send a letter to Don Lundy, Director of Charleston County EMS regarding this issue.*

New AHA ACLS Guideline – Dr. Deschamps.	Mr. Smith discussed the new ACLS Guidelines, He stated that the written exams will be updated to reflect the new changes in the ACLS standards. He stated that many services were already updating their protocols to reflect the new AHA guidelines. He said the Division would allow these services to update and use the new guidelines provided that they included the new materials in their protocols. He said that there were some problems with the availability of literature on the new guidelines. Dr. DesChamps agreed that the services that wish to implement the new AHA guidelines should be allowed to do so. There was discussion regarding this issue.	*No Action Taken*
Clarification of Level of Administration and Indications for CPAP		*Tabled until next meeting*
Consideration of Approval of Iowa Critical Care Paramedic Program Curriculum		*Tabled until next meeting.*
Meeting Adjourned by Dr. Deschamps		

MEDICAL CONTOL COMMITTEE

MINUTES

November 9, 2006

Members Present:

Dr. Ed Deschamps, Chairman
Dr. Carol Burger
Dr. Raymond Byno
Dr. Doug Norcross
Dr. Mac Nowell
Dr. Richard Rogers
Dr. John Sorrell

DHEC Staff Present:

Jim Catoe
Victor Grimes
Alonzo Smith
Leslie Wood

Visitors Present: Debbie Brown, Brian Fletcher, Greg Kitchens, Charles Stewart

Agenda Item	Discussion	Action
Review of Minutes – June 06	A motion was made by Dr. DesChamps to approve the minutes from June 6th meeting, Dr. Rogers seconded the motion. The motion passed.	

Presentation: **Debbie Brown, DHEC Perinatal System program**	Ms. Brown gave a presentation on the Perinatal System Program which focuses on risk appropriate care for pregnant mother's and babies during pregnancy and throughout the first year of the child's life. She stated that the Perinatal system is structured similar to the Trauma system with the different tiers of care being Level 1, Level 2 and Level 3. She added that EMS Services need to increase awareness regarding which perinatal care center to transport patients to. She stated that the patient should be transported to the center which offers the most appropriate level of care versus the closest center. She presented the committee with handouts demonstrating the appropriate Perinatal designations for various maternal risk factors. She stated that some Paramedics are delivering home deliveries to Centers where there are no OB staff on duty, generating a second transport for the patient. She cited recent examples where maternal patients were transported to centers that could not offer the level of care that the patient required. She suggested that Medical Control Physicians and Medics triage critical patients in order to transport them to the center which offers the highest level of care for the patient. She issued cards to be distributed to assist medics in determining which Perinatal center to transport patients to. She added that medics needed to be aware of the capabilities of Perinatal centers and the gestational ages of the women that they are transporting, She offered training for services in order to help them determine the most appropriate	

	level of care to transport OB patients to. Dr. Norcross suggested that a triage protocol for OB patients should be implemented. There was discussion regarding this issue. Dr. Sorrell stated that modifiers should be in place for patients with high-risk conditions.	*Dr. Norcross made a motion to develop triage guidelines statewide for OB transport and to require services doing scene transports to develop guidelines for OB transport. Dr. Rogers seconded the motion. All were in favor the motion passed.*
OLD BUSINESS		
Approval of Intra-aortic (AO) Balloon Pump for Critical Care Paramedics	Brian Fletcher of Meducare developed a training manual on Intra-aortic (AO) Balloon Pump for Critical Care Paramedics which was presented to the committee for approval. He added that Meducare Critical Care Paramedics have all undergone extensive Balloon pump training. He gave an overview of the training that the Meducare Critical Care Paramedics received. He stated that the manual will provide guidance for training critical care paramedics for transport of patients with an Intra-aortic balloon pump. Dr. Norcross asked how many transports per year utilizing the Balloon Pump per year were performed. Mr. Fletcher stated that 12 – 20 transports yearly were made using the IO Balloon Pump. There was discussion among the Committee regarding this issue.	*Dr. Sorrell made a motion the approve the program as presented as a 2-year pilot program with documented Medical Control coverage with a letter from Dr. Rain delineating on-line and off-line Medical Control for the program. Dr. Burger seconded the motion. All were in favor. The motion passed.*

Electronic Patient Care Format	Mr. Grimes gave an update on the progress of the National EMS Information System (NEMSIS) program. He stated that NEMSIS presented data elements that are appropriate for the state of South Carolina to various stakeholders such as the American Red Cross, the Budget and Control Board, Department of Transportation and EMS providers. He added that this information was posted on the DHEC EMS Listserve for comment. He stated that a Committee has been formed to integrate the system in South Carolina. Dr. DesChamps asked what the timeframe for developing the system would be. Mr. Grimes stated that he estimated the system would be implemented within 1 ½ years. Mr. Smith stated that the time frame to implement the system would be contingent on funding. Mr. Grimes stated that all patient data would be available on the system. There was discussion from the Committee regarding this issue. Dr. Sorrell stated that some of the biggest concerns were patient care, data, billing for the administrators and quality improvement. Mr. Grimes stated that each individual service could customize their own data system to meet their needs. Dr. Nowell expressed concerns regarding funding for the smaller services and rescue squads. Mr. Smith stated that funding could possibly come from GIA funding. Dr. Sorrell stated that Medical Control input was crucial in the development of the system. Dr. Burger stated that the smaller services needed to	

	model their system after the larger services.	*None needed*
Standardized Abbreviations for Patient Care Forms	Mr. Catoe stated that due to concerns with the illegible writing on run reports, he has developed a standard set of abbreviations for use statewide. He submitted a set of old state medical abbreviations and a current listing of medical abbreviations from Aiken County EMS and suggested combining the lists to incorporate the most commonly used abbreviations. Dr. DesChamps suggested that pending Medical Control approval, the list could be distributed to all services to be used as a standard for the state.	*Mr. Catoe agreed to work with department staff to develop a set of standardized abbreviations to submit to MCC for approval.*
Hilton Head Fire/Rescue Formulary Requests	Hilton Head Fire/Rescue submitted Formulary change requests for Medical Control approval.	
Add Beta Blocker Overdose & Calcium Channel Overdose to the Indicators for Glucagon	There was discussion among the Committee regarding the correct dosage.	*Dr. Sorrell made a motion to approve Beta Blocker Overdose & Calcium Channel Overdose to the Indicators for Glucagon with the provision that the Division of EMS and Trauma determine the correct dosage. Dr. Burger seconded the motion. The motion passed*
Change the 3-Dose Restriction for Nitroglycerine and Nitrolingual Spray for Chest Pain/Acute Coronary Syndrome	Mr. Catoe stated that the Formulary change request was that the 4th and subsequent doses of Nitroglycerine/Nitrolingual Spray be allowed on standing orders as long as the patient systolic BP is 100 or greater. He added that this issue was discussed at the last meeting and the consensus of the Committee was that this issue be approved. He stated that there were changes on the indications to state chest pain consistent with acute	

	coronary symptoms. Also should be added under special notes should not be administered if erectile dysfunction drugs have been used within the last 24 hours.	*Dr. Norcross made a motion to change the 3-Dose Restriction to allow a 4th and subsequent doses of Nitroglycerine and Nitrolingual Spray for Chest Pain/Acute Coronary Syndrome on standing orders as long as the patient systolic BP is 100 or greater. The motion passed. All were in favor. There was no discussion*
Change the Requirement for Needle Cricothyrotomy to allow for this procedure separately from RSI Programs	Dr. DesChamps stated that Dr. Gerard was conducting research on intubation. He added that he would like to defer this issue until Dr. Gerard can offer his input.	*This issue was deferred*
Age and Weight Definition of the Pediatric Patient	Dr. Sorrell stated that the definition nationwide was adult: age 12 or over 55 Kgs and child: under 12 and under 55 Kgs. Dr. DesChamps stated that a standard was needed for the state. The Committee agreed that some drugs may require adjustment using this standard. There was discussion among the Committee regarding this issue.	*Dr. Norcross made a motion to approve the age and weight definition of the pediatric patient as adult: age 12 or over 55 Kgs and child: under 12 and under 55 Kgs. Dr. Rogers seconded the motion. The motion passed.*

NEW BUSINESS **Requirements for Medics to have an Environmentally Controlled Storage Area For Medications**	Dr. Sorrell stated that this issue had been discussed for 2 or 3 years. He stated that the general consensus of the Committee was for this to be a requirement. He added that the expense and how to phase it in would be a problem. Mr. Catoe stated he would meet with Mr. Horton regarding this issue. Dr. DesChamps stated that a standard and timeframe should be set for this issue. Dr. Sorrell stated that any new or refurbished ambulance will be required to have this option and and all existing ambulances would have to be retrofitted with this equipment. There was discussion regarding this issue. Dr. DesChamps asked if the Department inspected for environmentally controlled equipment. Mr. Catoe stated that the department inspected for drugs but not for environmentally controlled conditions. Dr. DesChamps suggested that this be added on to the department's inspection cycle. Dr. Sorrell stated that a notice should be sent out from the department to all service providers to state that all ambulances are required to keep all medications and fluids within the manufacturers recommended temperatures. Dr. DesChamps proposed that the Department inspect for two things, one that the controlled substances are separately locked in the environmentally controlled storage area and that non-controlled substances are stored in an environmentally controlled storage area. Dr.	

	Norcross stated that this was in the regulations and should be enforced. There was discussion regarding this issue.	*Mr. Catoe will send out a letter to all services regarding requirements for ambulances to have an environmentally controlled storage area for medications along with a copy of the regulation from Labor, Licensing and Regulation and the Bureau of Drug Control stating that this is a requirement*
Free Standing Helicopter Medical Control	Dr Norcross stated that a helicoptor service has been delivering trauma patients to McLeod Regional Hospital and the hospital has no authority over that program. He stated as a result of this McLead Regional Hospital has dropped their trauma level designation from a Level 2 to a Level 3 Trauma Center. He added that this has caused numerous problems for the Trauma Center. Dr. Sorrell stated that it was inappropriate use of the helicopter and trauma care. Mr. Catoe stated that it was an inappropriate use of trauma protocols also. Dr. Burger stated that the ambulance services needed to be educated regarding the appropriateness of calls. Dr. Byno stated that the entire air ambulances system needed to be addressed. Dr. Byno stated that there was a lack of regulation for Air Ambulances. Mr. Catoe stated that each service is required to have trauma protocols. Dr. Sorrell suggested that the Department develop regulations for helicopter transport. The general consensus of the committee was that helicopter transport needed to be	

	regulated. Dr. Byno stated that there is no quality assurance for helicopter transport. Dr. DesChamps stated that Trauma Advisory Council should decide this issue. Dr. Byno stated that there were a number of issues with Air Ambulance services that department needed to address. Dr. Burger stated that quality assurance needed to be done. Dr. Sorrell stated that we should send out a notice to all helicopter services requesting a copy of all run reports to observe appropriateness of the transports. Dr. Norcross suggested that triage protocols be approved by the trauma centers that are accepting the patients. Dr. Nowell suggested that we form a subcommittee to address this issue. Dr. Byno volunteered to serve on the subcommittee. Dr. DesChamps suggested that Dr. Norcross and Dr. Gerald meet to determine who would serve on the committee.	*None Taken*
Approval of the Iowa Critical Care Paramedic Program	Mr. Catoe presented the Iowa Critical Care Paramedic Program to the committee for approval. There was discussion regarding this issue. Dr. Norcross	*Dr. Norcross made a motion to approve the Iowa Critical Care Paramedic Program. Dr. Rogers seconded the motion. All were in favor. The motion passed.*
Dr. Deschamps adjourned the meeting.		