

MEDICAL CONTROL COMMITTEE MEETING

May 9, 2013, 10:00

Heritage Building, 1777 St. Julian Place
Columbia, SC 29204

<i>MEMBERS PRESENT</i>	<i>MEMBERS PRESENT BY PHONE</i>	<i>MEMBERS ABSENT</i>
Ed DesChamps, MD	Garrett Clanton, MD	Raymond Bynoe, MD
Mac Nowell, MD	Marty Lutz, MD	James Smith, MD
Doug Norcross, MD		Carol Baker, MD
Bill Gerard, MD		Ron Fuerst, MD
John Sorrell, MD		Richard Rogers, MD
DHEC STAFF: Don Whiteley, Arnold Alier, Mary Matheson		
<i>AGENDA ITEM</i>	<i>DISCUSSION/ACTIONS</i>	
CALL TO ORDER	Dr. DesChamps called the meeting to order	
FREEDOM OF INFORMATION ACT	Ms. Matheson read the Freedom of Information Act	
REVIEW AND APPROVAL OF THE MINUTES	The minutes from the February 14 th meeting were approved by the members.	
ROLL CALL	Ms. Matheson called the roll.	
DHEC STAFF REPORTS	Mr. Whiteley reported that Rich Wisniewski was hired as the Trauma Program Coordinator. He added that interviews for the Division Director of EMS and Trauma would be completed soon.	
COMMITTEE MEMBERS AND POSITIONS	Dr. DesChamps reviewed which positions on the Medical Control Committee were fixed and which were rotating. Additional discussion was held on an attendance policy, but it was decided to address this issue at a later meeting.	
COMMITTEE REPORTS	<p>Dr. DesChamps brought these reports to the committee:</p> <p>Trauma Advisory Council (TAC) was finishing the re-designation of Carolina Pines Regional Medical Center and Lexington Medical Center. Both Medical Centers are applying for status as a Level I Trauma Center. The Council was also working with the Trauma Association of SC (TASC) on updating the re-designation requirements, as well as working with EMS on data linking.</p> <p>Data Oversight Committee is in the process of upgrading from NEMESIS version 2 to version 3.</p>	

	<p>EMS Training Committee is reviewing the requirements for the Advanced Emergency Medical Technician (AEMT) transition courses and the number of hours that South Carolina requires for that course as compared to other states and other online AEMT courses already approved by the National Registry of EMTs (NREMT).</p>
<p>OLD BUSINESS</p> <p>POLST</p> <p>Ketamine</p> <p>Restatement of Approved Intranasal medications</p> <p>Guidelines for Drugs used in Inter-Facility Transport</p>	<p>Dr. DesChamps reviewed the following Old Business:</p> <p>The Hospital Association has developed a Do Not Resuscitate (DNR) form that they wish to pilot through Roper/St. Francis Hospital, MUSC and the Greenville Hospital System, as well as the associated 911 EMS systems in those areas. This form will provide greater clarification in specifying what end-of-life treatment the individual, along with the physician and family, desires and this one, same form will be recognized in all levels of care: home, hospice, nursing home, EMS and hospital.</p> <p>The Medical Control Committee has approved the use of Ketamine in the field.</p> <p>The motion was made to accept the following: If the drug carried on the EMS unit is allowed by the FDA to be given nasally and is commonly given that way, EMS personnel certified to give that medication may be allowed to administer the drug by that route of administration. The motion carried.</p> <p>The intent of the original inter-facility drug policy was that an IV medicine that was already being given and was running continuously could be continued during transport, as well as titrated up or down or stopped. But the policy may be unclear as to the route of administration of the drug. A subcommittee was formed to discuss the intent of the policy, the concerns of how the policy applied to long distance transfers, and the use of the current drug forms.</p>
<p>COMMUNITY PARAMEDICINE</p>	<p>Dr. Alier led a discussion on the concept of community paramedicine.</p>
<p>NEXT MEETING</p>	<p>Next meeting is scheduled for August 8, 2013</p>
	<p>Meeting was adjourned</p>