

MEDICAL CONTROL COMMITTEE

Minutes

November 5, 2009

Members Present:

Dr. Ed Deschamps, Chairman
Dr. Doug Norcross
Dr. Bill Gerard
Dr. Mac Nowell
Dr. John Sorrell
Dr. Carol Burger
Dr. Jim Mock
Dr. Richard Rogers
Dr. Ron Fuerst

DHEC Staff Present:

Mr. Alonzo Smith
Mr. Greg Kitchens
Ms. Jennifer Paddock
Mr. Don Whiteley
Mr. Terry Horton
Ms. Wilma Bocanegra (recorder)
Mr. Matthew Penn

Visitors Present: Lorri Gibbons, Ms. Carolyn Bivona (South Carolina Hospital Association); Dr. Matthew Harmony, Ms. Donna Strong, Mr. Mike Hudson, Ms. Lori Hollowell (FirstHealth of the Carolina and Chesterfield County EMS) and Mr. Arnold Alier, Greenville County EMS

Members Absent

Dr. Raymond Bynoe

Agenda Item	Discussion	Action
<p>Call to Order: Roll Call</p> <p>May 21, 2009 Minutes</p> <p>Meeting Reports: Chairman's Report</p> <p>DHEC Staff Report: Alonzo Smith</p> <p>Old Business: EMS Formulary Revisions, Mr. Greg Kitchens</p> <p>State EMS Protocol Revisions: Dr. Ed. DesChamps</p> <p>New Business: H1N1 Vaccinations by SC : Mr. Matthew Penn, DHEC Staff Attorney</p>	<p>The meeting was called to order at 10:30 am by Dr. Ed DesChamps, Chairmam, followed by reading of the FOI and roll call by Wilma Bocanegra.</p> <p>Dr. DesChamps asked the Committee if they had any changes or comments on the minutes. There were none.</p> <p>There was no Chairman's report.</p> <p>Mr. Alonzo Smith stated that the final stages of the data project are being implemented. The deadline date is December 31, 2009. Mr. Smith also stated that funds are available to manage the data project for the next two years.</p> <p>Mr. Greg Kitchens stated that he divided the formulary into sections and placed them into a Google document, however, he is in the process of revising the format and will send information to the members upon completion.</p> <p>Dr. DesChamps stated that he has almost completed revising and converting the EMS Protocols into a Visio viewer format online. These will be given to the members when completed.</p> <p>Mr. Penn stated that one of DHEC's primary responses to the influenza pandemic is a mass immunization project throughout the state to administer influenza vaccinations. South Carolina is estimated to receive approximately 2.5M doses of vaccines by January 8, 2010. Mr. Penn also stated that the eight public health regions are the primary</p>	<p>A motion was made to approve the May 21, 2009 minutes. The motion was seconded. The motion was approved.</p>

	<p>operators of this campaign. These regions are organizing vaccination clinics utilizing the CDC target groups. Mr. Penn further stated that he has been receiving questions and requests from the regions regarding utilization of EMTs (intermediates and/or paramedics) to administer the H1N1 vaccinations. Mr. Penn stated that it was his understanding that administering vaccinations was not part of the EMTs scope of practice through the training and certification process. Mr. Penn further stated that he was not aware of any protocols governing EMTs involvement in vaccinations.</p> <p>Mr. Penn requested Medical Control to expand the State's Formulary and the State's Protocols on a temporary basis for the 2009 – 2010 flu seasons in order to allow paramedics to administer vaccinations. Mr. Penn presented three potential scenarios of this request to the Committee: 1) Medics would help in the vaccination of other EMTs; 2) Medics would help their associated hospitals with vaccination of its staff; and 3) Medics would serve as volunteers in public mass vaccination clinics.</p> <p>A question arose regarding supervisory control over medics in the three scenarios presented. Mr. Penn stated that in the first scenario (administering vaccines to other EMSs), supervisory control would fall under present protocols/Medical Control. The second scenario (administering vaccines to associated hospital staff), would fall under either the EMS Medical Control Officer or the medical director of the hospital. The third scenario (working at DHECs clinics), would operate under DHECs standing orders. An outside volunteer (physician or nurse) would also be operating under DHEC's standing orders.</p> <p>Dr. DesChamps stated that there are not presently any state standing orders that govern medics' involvement in administering vaccinations of any kind. Dr. DesChamps suggested that control be given to epidemiology or the state's immunization division (Dr. Bell) and let</p>	
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<p>Use of Ativan for Cocain-associated chest pain: (Richland County EMS), Dr. Bill Gerard</p> <p>Request for Pilot Project: Implementation of NCOEMS state Protocols (FirstHealth EMS), Dr. Matthew Harmony</p>	<p>them assume responsibility for distributing and immunization.</p> <p>Dr. Norcross stated that the process would involve Medical Control, revision of protocols and a revision of the formulary. Dr. DesChamps suggested that all state paramedics who wanted to participate in the vaccination process could come out from under the present direction of their local medical control physician and be placed temporarily under a state medical control physician. Dr. DesChamps also stated that DHEC would then arrange training for the paramedics (if necessary) and for keeping records of the paramedics that volunteered for this project. Dr. DesChamps further stated that any revisions of the state’s protocols and formulary would be limited to authorize paramedics only to administer the 2009-2010 seasonal flu vaccine and the H1N1 flu vaccine.</p> <p>Dr. Bill Gerard asked the Committee for approval of a request by Richland County EMS to expand the use of Ativan. The Committee approved to expand the indications of Ativan w/o a motion being necessary because Ativan is already an approved drug.</p> <p>Dr. Matthew Harmony, Medical Director for FirstHealth of the Carolinas (servicing South Carolina and North Carolina), made a request to implement the North Carolina EMS State Protocols in Chesterfield County, South Carolina as a pilot project. Dr. Harmony stated that in January 1, 2010, the state of North Carolina will be utilizing standard protocols that all Emergency Medical Services that providers medical assistance in North Carolina will be required to use. He also stated that all other North Carolina counties are in the process of implementing these standard protocols, except Chesterfield County. Dr. Harmony further stated that since Chesterfield County EMS also provides Emergency Medical Services to several North Carolina counties; approval is sought for Chesterfield County EMS to utilize one set of standard protocols instead of the two now being used (SC and</p>	<p>A motion was made to approve for paramedics only to give seasonal flu shots and the H1N1 vaccines for 2009-2010 only, in DHEC clinics, under a separate DHEC medical control physician, with DHEC having the responsibility of paramedic training, if necessary. The motion was seconded. The motion was approved.</p>
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	<p>NC).</p> <p>Dr. Harmony stated that according to Dr. Greg Mears, the protocols from North Carolina would have to be utilized “unaltered”, but medications, policies and procedure could be altered. Dr. Harmony also stated that FirstHealth is the only service that operates in both North Carolina and South Carolina, and about 1/3 of their patients are transferred to North Carolina hospitals. Dr. Harmony further stated that some of the medics are dual-certified (certified in both South Carolina and North Carolina), and utilize protocols from both states. However; he would like one set of protocols for FirstHealth that would allow medics to respond in both North Carolina and South Carolina. He stated that being dual-certified has its advantages and disadvantages. An advantage is the flexibility that would allow medics to work across state lines and a disadvantage would be occasional mistakes in protocols.</p> <p>Mr. Alonzo Smith stated that he had concerns with South Carolina paramedics using North Carolina’s protocols. Dr. DesChamps stated that South Carolina’s protocols are very similar to North Carolina’s protocols. He further stated that South Carolina’s protocols are being revised and patterned after North Carolina’s protocols, modified to fit South Carolina’s requirements.</p> <p>Dr. Norcross stated that approving this request would allow for paramedics to utilize skills and medications in North Carolina that are not allowed in South Carolina.</p> <p>Dr. Harmony stated that in areas where necessary, skills and medications could be modified to suit South Carolina’s needs. He further stated that the only request being presented is for South Carolina to adopt the protocols from North Carolina OEMS that would allow Chesterfield County EMS to operate under North Carolina’s protocols for emergency medical services rendered in North Carolina.</p>	
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<p>STEMI: Ms. Lorri Gibbons and Mr. Alonzo Smith</p>	<p>Mr. Smith stated that allowing this request would cause confusion, i.e., which protocols would the Compliance Division use for their investigations, etc.</p> <p>Dr. Norcross stated that he did not have any objections to using North Carolina's treatment programs as long as they fall within the limits allowed by South Carolina's medical procedures. Dr. DesChamps suggested that DHEC's legal department be consulted before the Medical Control Committee makes a decision. Dr. DesChamps stated that the greatest concern was that North Carolina's protocols could be beyond scope of practice for South Carolina.</p> <p>Ms. Jennifer Paddock stated that this issue was not an issue of a pilot program and should not come before Medical Control for approval. She also stated that once Dr. Harmony modifies South Carolina's protocols closely with North Carolina's protocols, this issue should be brought before DHEC's Compliance Department, who will assume the responsibility of censoring the protocols to ensure that the protocols are not exceeding South Carolina's scope of practice or using medications that are not in South Carolina's formulary.</p> <p>Ms. Lori Gibbons of SCHA gave an update of the STEMI program across the state. She stated that Lori Hollowell has been hired as the new regional coordinator for the Midlands Region and the program is progressing very well. Mrs. Gibbons stated that funding has been procured to hire another regional coordinator for the upstate region. She also stated that SCHA is focusing on having a regional coordinator in all of the trauma regions.</p> <p>Ms. Gibbons also provided information on the upcoming SC Heart Care Alliance Educational Forum, SC: Mission: Lifeline, which will be Tuesday, December 1, 2009 at the William L Yates Conference Center,</p>	<p>After in-depth discussions, Dr. DesChamps stated that Dr. Harmony should bring the revised protocols to Jennifer Paddock and Terry Horton of DHEC's Compliance Department.</p>
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<p>Emergency Service Non-Resuscitation Order Dr. Ed DesChamps</p>	<p>Dr. DesChamps distributed excerpts of the proposed changes to the Committee, specifically SECTION 44-61-160 (a, b, c, d): Confidentiality of patient identify and information; release of information; and SECTION 44-61-340 (A, B, C, E): Confidentiality; civil and criminal liability; restrictions on release of information; violations and penalties. The proposed changes will be added as amendments to the EMS law that will be introduced in January 2010.</p> <p>After in-depth discussion, the Committee agreed to review the proposed changes again and transmit any comments to Mr. Alonzo Smith, Ms. Jennifer Paddock, and Dr. Ed DesChamps. Dr. DesChamps also suggested seeking the advice and/or opinion of local services, as well as the EMS Association.</p> <p>Dr. DesChamps stated that Section 44-78-45, was changed to omit all references to Health care provider or, to EMS personnel must honor order or transfer care of patient. However; a request was made by SCHA to change this section back to its original wording to read: Health care provider (physician of Osteopath) or EMS personnel who will honor the order or transfer care of the patient. The Hospital Association asked that this be changed back to its original order because in the ER Department, a DNR order is only active once a patient is admitted to the medical facility. During transport of patient, and prior to a technical admission to the medical facility, there is no DNR order. The only DNR order is the pre-hospital EMS DNR order which would expire when the medic turns the patient over to the hospital. This allows the ER physician to accept the EMS DNR order and not provide resuscitative care.</p> <p>The Committee decided that members of the Hospital Association should provide more input prior to the Committee’s recommendation and/or approval of any changes.</p>	<p>The Committee accepted the changes and will provide the changes to Pam Dukes, Health Regulation Deputy Commissioner for review.</p>
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<p>Future MCC Meetings Dr. Ed DesChamps</p>	<p>Dr. DesChamps stated that the Medical Control Committee will receive more advance notification of upcoming meetings. This will allow all members more flexibility for scheduling. Dr. DesChamps also stated that the greatest priority for the next meeting is the South Carolina EMS Data Project.</p> <p>Dr. DesChamps further stated that the protocol revisions are on schedule to be available by the next meeting of the Medical Control Committee. The Committee offered some suggestions for the revisions.</p> <p>Dr. DesChamps stated that with the onset of the SC EMS Data Project, the blue cards would no longer be necessary. Ms. Jennifer Paddock further stated that the in-service training forms requiring Medical Control Physician’s signature would also be terminated in the near future.</p> <p>Suggested Old Business Item(s) for Next Meeting Agenda:</p> <ul style="list-style-type: none"> • EMS Protocol Revisions <p>Suggested New Business Item(s) for Next Meeting Agenda:</p> <ul style="list-style-type: none"> • PAs Issuing Order Online to Medic • SC EMS Data Project 	
<p>Adjournment</p>	<p>There being no other business to discuss, the meeting was adjourned at 12:00 PM.</p>	<p>A motion was made to adjourn the meeting. The motion was seconded. The motion was approved.</p>
<p>Next meeting</p>	<p>To be announced.</p>	