

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)

Connecticut Hospital Association

March 13, 2014

Minutes

Member Attendees: William Begg, M.D., Jim Castellone, M.D., David Cone, M.D., Richard Kamin, M.D., Kyle McClaine, M.D.

OEMS Staff: David Bailey, Ray Barishansky

Guests: Nancy Brunet, Kevin Burns, Peter Canning, Raffaella Coler, Marielle Daniels, Sean Fitch, Phil Heavin, Tom Koobatian, Joe Larcheveque, Ian Medoro, M.D., Fred Potter, Paul Rabeuf, Fred Rosa, Brooks Walsh

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:03 am	Reviewed the minutes of January 9 th , 2014 CEMSMAC. No discussion held.	Dr. Cone motioned to approve the minutes as written, Dr. Kamin seconded the motion.
DPH/OEMS Report	<p>CT has seen a rise in incidents of opiate overdose. There was discussion regarding Raised House Bill #5487 which is an act providing immunity to a person who administers an opioid antagonist to a person experiencing an opioid-related drug overdose. There was discussion on the proposal to allow EMRs and EMTs to administer intranasal naloxone.</p> <p>The Department is advocating to this group from a policy standpoint</p>	<p>Proposal, originally submitted in May 2013, resubmitted to support as expansion of Scope of Practice to allow EMRs and EMTs to administer intranasal naloxone. Motion by Kamin, seconded by Cone.</p> <p>Vote: Yes - 5 No – 0 Abstain - 0</p>

	<p>House Bill #438 – An act concerning Certification of Stroke Centers. Sections 2 and 3 are of great interest to this group. A public hearing is scheduled for March 19, 2014.</p> <p>A public hearing on the issue of lamination of the AEMT level is scheduled for tomorrow, March 14th, 2014.</p>	<p>Please make every attempt review the bill.</p> <p>Language supporting the CEMSMAC position should be drafted and sent via email.</p>
BLS 12 Lead EKG Pilot	<p>Tom Koobatian provided an update to the group regarding the BLS 12 lead EKG acquisition pilot program. The pilot program, which includes seven (7) towns, has been up and running since June 2013. To date there have been 27 cases, without any negative outcomes. Further discussion ensued regarding appropriateness of ending the pilot program prior to reaching the originally prescribed number of 50 calls.</p>	<p>Motion made by Dr. Kamin that CEMSMAC expand the BLS 12 Lead EKG program statewide and thus allow EMT-level to add EKG acquisition to their scope of practice with the local sponsor hospital approval.</p> <p>Vote: Yes - 5 No - 0 Abst - 0</p>
Cardiocerebral Resuscitation	<p>The group reviewed the CCR diagram previously approved. There was some brief discussion about the frequency in which to administer epinephrine and several changes were made.</p>	<p>A revised document will be redistributed via email for CEMSMAC approval with the expectation that will be sent to the EMS Advisory Board and the Commissioner by the next meeting.</p>
NHTSA Project	<p>The NHTSA report and CEMSMAC-applicable action</p>	

	<p>items were distributed for review. Discussion was held on the following items:</p> <ul style="list-style-type: none"> • 8.1 – The OEMS should ensure that new regulations require ALL levels of EMS Providers (EMR through paramedics) as well as all EMD providers to have indirect medical oversight from an EMS Medical Director. • 8.2 – The OEMS should ensure that the State EMS Medical Director and regional medical directors have sufficient authority/ responsibility to implement statewide protocols, clinical care guidelines and quality management activities. <ul style="list-style-type: none"> ➤ MACs to participate. • 10.3 The DPH should ensure that patient outcome data is available to all levels of the EMS system. 	<p>This is included in the proposed regulations. No further discussion.</p> <p>The CEMSMAC Region Representative will provide the MACs contact information. The Chairs will coordinate an approach for the MACs.</p> <p>Item was not discussed.</p>
<p>Statewide Guidelines</p>	<p>An update was provided by Dr Kamin. There was discussion on the importance of the including of a description process and the intended utilization of this document.</p>	<p>Document to be included.</p>
<p>Regional MACs</p>	<p>Region 1 – No meeting/no report.</p> <p>Region 2 – No meeting/no report.</p>	<p>The CEMSMAC has requested that DPH post the Sponsor Hospitals Medical Directors information on the OEMS website.</p>

	<p>Region 3 – Welcome Dr. Castellone, Region 3 MAC Chair. Salient points from the most recent meeting included:</p> <ul style="list-style-type: none"> ➤ Adding the option for an Epinephrine drip in cardiac arrest ➤ Adding Norepinephrine in additional to Dopamine for shock ➤ Suspended use of pre-hospital therapeutic hypothermia post ROSC in their area in light of recent literature which doesn't show benefit. <p>Region 4 – Scheduled to meet on March 26th, 2014 at 9am.</p> <p>Region 5 – Scheduled to meet on April 3rd, 2014.</p>	
RAD 57 Use	OEMS Communication Statement on Rad 57 use distributed for review and discussed.	No changes recommended.
Fireground Rehab	OEMS Communication Statement on Fireground Rehab distributed for review and discussed.	No changes recommended.
Other Business	None.	
Adjourned	The meeting was adjourned at 12:09 pm. The next CEMSMAC meeting is scheduled for April 10, 2014 at CHA in Wallingford.	Agenda to follow

Respectfully submitted by,
Yolanda Williams, Secretary II
DPH, Office of Emergency Medical Services

DRAFT