

**DRAFT** MINUTES  
CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
AND  
EMS CLINICAL COORDINATORS

Location: AHA, 5 Brookside Dr, Wallingford, CT 06492  
October 8, 2015

Member Attendees: Kyle McClaine, Richard Kamin, William Begg, Doug Gallo, Jim Castellone (phone), James Parker, David Cone

OEMS Staff: Wendy Furniss, John Spencer, Richard Kamin

Guests: Fred Rosa, Joe Larcheveque, Ryan Carter, Jesse Bohrer-Clancy, Jim Santacroce, Mike Zanker, Kevin Burns, David Bailey,  
Glenn Arremony, Patti Palaia, Ralf Coler, Nancy Brunet, Valerie Cassidy, Paul Rabeuf

Chaired By: Richard Kamin, M.D., and Kyle McClaine, M.D.

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the June 2015 CEMSMAC meeting were reviewed.	Motion to accept as submitted made by Dr. Cone and second by Dr. Parker – unanimous approval.

<p>DPH/OEMS Report</p>	<ul style="list-style-type: none"> <li>• State EMS Data Report Released</li> <li>• MIH Update <ul style="list-style-type: none"> <li>○ As discussed at EMSAB – DSS to lead study – DSS Contact provided</li> </ul> </li> <li>• Stroke Task Force <ul style="list-style-type: none"> <li>○ Draft CT Unified Stroke Protocol distributed to Task Force for discussion</li> </ul> </li> <li>• EMS Destination Guidance <ul style="list-style-type: none"> <li>○ Discussion at OEMS regarding what authority does or does not exist to direct destination guidance.</li> <li>○ Begg – interest from ED directors <ul style="list-style-type: none"> <li>▪ Do intoxicants even need ED?</li> <li>▪ Should you leave the catchment area with any patient?</li> <li>▪ Intoxicants, special needs, etc</li> </ul> </li> </ul> </li> <li>• Five year State EMS Plan released from DPH <ul style="list-style-type: none"> <li>○ To be distributed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Once authority clarified from OEMS will be better able to move forward with drafting of guidance document</li> </ul>
<p>SCT Medication Issue/Overall SCT discussion (Group)</p>	<ul style="list-style-type: none"> <li>• Meeting this am from 0900 – 1000</li> <li>• Attended by McClaine, Palaia, Larcheveque, Gallo, Carter, Burns, Brunet, Rosa, Rabeuf,</li> </ul>	<ul style="list-style-type: none"> <li>• Will further develop: Training, Scope of Practice, Guidelines for SCT</li> <li>• Will hold discussion with education</li> </ul>

	Cassidy, Kamin	<p>committee regarding changes in training needed</p> <ul style="list-style-type: none"> <li>• Question need for statewide certification and educational standard/T1</li> <li>• Will continue to meet before CEMSMAC</li> </ul>
Potential Change to EMT Scope of Practice – IM Injections (McClaine)	<ul style="list-style-type: none"> <li>• Consideration for Epinephrine for anaphylaxis and naloxone for opiate overdose</li> <li>• Cost of Epi pen drives consideration of change in scope of practice</li> <li>• Statue defines EMT using auto-injector – IM injections currently outside the EMT Scope of Practice</li> <li>• 18 dollar IM Injection kit available from local vendor (dramatically less expensive then auto-injector</li> <li>• Region I – considered and rejected EMT IM injections due to safety, dosing concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Question from OEMS (Furniss): <ul style="list-style-type: none"> <li>○ How often is epi/naloxone being given to clarify need for change in intervention/scope?</li> <li>○ Parker – clarifies that frequency may not be as important as cost of intervention if limited to auto-injector</li> </ul> </li> <li>• Begg - Question utility of pilot program like EKG for BLS?</li> <li>• Group urged to contact representatives and Governor to address cost of medication</li> <li>• McClaine to bring discussion back to regional MAC then update the CEMSMAC if any further interest in moving forward</li> </ul>
CEMSMAC involvement with legislative process (McClaine)	<ul style="list-style-type: none"> <li>• Call for legislative session requests and a more proactive approach regarding legislative issues</li> </ul>	<ul style="list-style-type: none"> <li>• Need for dedicated EMS funding re-identified as priority.</li> <li>• Group urged to bring ideas for needed</li> </ul>

		<p>legislative change to meeting.</p> <ul style="list-style-type: none"> <li>• Group reminded that EMSAB Legislative Committee Chair position open</li> </ul>
<p>Regional MAC Reports (regional reps)</p>	<ul style="list-style-type: none"> <li>• I <ul style="list-style-type: none"> <li>○ Met Sept 17 th</li> <li>○ Meet every other month, third Thursday (next is Nov 19<sup>th</sup>)</li> <li>○ Unified guidelines distributed</li> <li>○ AEMT – Support till 2017 then sunset, no new scope courses</li> <li>○ SMART tags – considering greater practicality of multi-color ribbon system in event initially.</li> <li>○ No support for EMT IM injections</li> <li>○ Nor-epi peripheral access accepted</li> </ul> </li> <li>• II <ul style="list-style-type: none"> <li>○ No MAC</li> <li>○ However interest from Clinical Coordinators to meet over Draft Unified Guidelines</li> </ul> </li> <li>• III – nothing to report – meeting next week</li> <li>• IV</li> </ul>	

- Review draft guidelines
- V
  - Early sept last meeting
  - Next is upcoming
  - Guidelines distributed – fielding feedback
  - AEMT
    - 5 AEMT services out of Danbury Hospital
    - Productive Meeting with supervisors from affected services
    - 300-400 hours additional training
    - Cost/time prohibitive for the 5 services to upgrade
    - Next step is to have open forum with AEMT providers
  - Question need to embrace CPAP for BLS
  - Question need for BLS beta-agonists (would require change in EMT Scope of Practice)

	<ul style="list-style-type: none"> <li>○ Question need for IV capable EMT providers (to allow IV skill maintenance)</li> <li>○ Recognize important commitment and service Region's AEMT have made</li> </ul>	
Needed Revisions to State Minimum Equipment List (Group)	<ul style="list-style-type: none"> <li>● Request to group to bring changes to consider back to CEMSMAC</li> </ul>	<ul style="list-style-type: none"> <li>● Will remain on agenda</li> <li>● Please send comments for consideration to Dr. McClaine (<a href="mailto:kyle.mcclaine@hhchealth.org">kyle.mcclaine@hhchealth.org</a>)</li> </ul>
Revision of State DNR/Discontinuation of Resuscitation Doc (Kamin/Bailey)	<ul style="list-style-type: none"> <li>● Current document is from 2010 and in potential need of revision</li> </ul>	<ul style="list-style-type: none"> <li>● Will remain on agenda</li> </ul>
Statewide Unified Guidelines	<ul style="list-style-type: none"> <li>● Draft distributed to CEMSMAC Regional Representatives</li> </ul>	<ul style="list-style-type: none"> <li>● Plan for 60 day review then back to the CEMSMAC for any needed changes</li> </ul>
CMED	<ul style="list-style-type: none"> <li>● Fragmented performance in Region II continues</li> </ul>	<ul style="list-style-type: none"> <li>● To remain on the agenda</li> <li>● Discussion re potential utility to write up Region II experience for historical perspective</li> </ul>
EMS Destination Guidelines	<ul style="list-style-type: none"> <li>● As above in DPH report</li> </ul>	<ul style="list-style-type: none"> <li>● Will remain on agenda</li> </ul>

Adjourned	<ul style="list-style-type: none"><li>• Next CEMSMAC meeting is scheduled for November 12, 2015 @ 10:00 am.</li></ul>	
-----------	---	--

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD