

DRAFT MEETING MINUTES
March 6, 2015, 9 a.m.
Medical Direction Standing Advisory Committee

Minneapolis Marriott Northwest
7025 Northland Drive
Brooklyn Park, MN

Prepared by Melody Nagy on 3/18/15

Attended: Dr. Mari Thomas, Chair; Dr. Burnett, Dr. Foley, Dr. Ho, Dr. Fink Kocken, Dr. Lilja, Dr. Lyng, Dr. Pate, Dr. Tanghe

Robert Norlen, Interim Executive Director, J. B. Guiton, Board Chair

| Agenda Item No. | Attachment | Topic | Information Discussion Decision | Person Responsible |
|-----------------|------------|---|---------------------------------|--------------------|
| 1. | | Call to Order Dr. Thomas called the meeting to order at 9:04 a.m. | Information | Dr. Thomas |
| 2. | | Introductions Dr. Thomas introduced Mr. Norlen the Interim Executive Director. The members and guests introduced themselves. | Information | Dr. Thomas |
| 3. | H | Approval of Agenda There were no changes to the agenda. | Decision | Dr. Thomas |
| 4. | H | Approval of Minutes Dr. Thomas said that the minutes from the September meeting will be emailed to the members. | Decision | Dr. Thomas |
| 5. | | EMSRB Update Mr. Norlen said that he appreciates the Board's confidence to take on this position. He has worked for the Board for 21 years. He has been involved with EMS since 1977. Our team is working hard to focus on what we need to do. This is renewal time for EMTs and paramedics. We are experiencing a heavy call and email volume. I am learning new things. I appreciate the support from Mr. Guiton the Board Chair. Mr. Norlen said that staff is focusing on the RFP for the regional programs. We will have the process in place to have the work move forward without interruption. If anyone has questions, please let me know. | Information | Robert Norlen |
| 6. | H | NARCAN Protocol Dr. Thomas said that we have BLS/ALS guidelines for ambulance services to use. Physicians can change them as needed. A sample | Information | Dr. Thomas |

"To protect the public's health and safety through regulation and support of the EMS system."

protocol for NARCAN is being suggested for inclusion on the EMSRB website.

Dr. Hick suggested adding dosage. Dr. Ho said that he has developed a protocol that he is willing to share.

Dr. Lilja said that the focus of these protocols is for use by BLS ambulances. NARCAN is not a variance. The services can stock the medication and provide their own internal training.

Dr. Pate said that we are seeing higher numbers of overdoses. I have qualms about this being used in areas where there is not frequency of administration. The primary concern is to maintain airway. He said that there should be a strong warning from the EMSRB that this is not to be used if not appropriate.

Dr. Lilja said that he shares this concern. Dr. Lyng said that this may be administered inappropriately. We need to concentrate on managing the patient's airway.

Dr. Thomas said that the Medical Direction Standing Advisory Committee was not consulted on the development of this legislation. Other states have it. There are not good statistics on the usage. Mr. Norlen said that one BLS service has used it six times. Dr. Lilja asked if it was clearly a drug overdose. Mr. Norlen said that he could look at the specific records.

Dr. Lyng said that this was discussed at the national level. We discussed medical director involvement for law enforcement. Law enforcement needs physician oversight. Dr. Ho asked how they are buying the drug. Dr. Lilja said that the drug regulations vary from state to state. Dr. Lyng said that the media perception is that this is a magic drug. He said that when he speaks to groups he reinforces the proper use and cautions.

Mr. Guiton suggested a statement on the website that is provided with the guideline.

Dr. Pate moved that a warning statement be included with basic life support guidelines that airway management, breathing and circulation be assessed and maintained, initially, during and following the administration of NARCAN.

Dr. Ho seconded.

Motion carried.

Dr. Ho offered to share his information.

Dr. Tanghe said that "appropriate monitoring equipment" may be too vague. Monitoring is respiratory rate.

| | | | |
|----|---|-------------|------------|
| | <p>Dr. Thomas said that this is similar to other protocols. This is written for BLS, not first responder or police.</p> <p>Dr. Lyng suggested other medications could be considered.</p> <p>Dr. Thomas said that she would change the protocol and asked for it to be posted.</p> <p><u>Dr. Lyng moved to post the protocol as amended.</u></p> <p><u>Dr. Pate seconded.</u></p> <p><u>Motion carried.</u></p> | | |
| 7. | <p>Minnesota Medical Directors Course</p> <p>Dr. Satterlee looked at the course when he was a member of this committee. Dr. Thomas said that she is looking for a volunteer to provide a finished product to the committee. Dr. Lilja offered to work on this. Dr. Tanghe, Dr. Pate, and Dr. Thomas offered to consult on and review the documents.</p> <p>Mr. Norlen offered staff support for review for agreement with statute and rule.</p> | Information | Dr. Thomas |
| 8. | <p>Mass Gathering Event Medical Matrix</p> <p>Dr. Burnett provided a document for the committee to review. He said that ambulance services have contacted him for advice for appropriate coverage during these events. Appropriate coverage is needed so that mutual aid is not exhausted. This is an objective look for risk management. The matrix gives general suggestions for medical staffing. On-site ambulances should be available for some events.</p> <p>Dr. Pate said that they have two events in his area. He said that distance to hospitals should be considered. Rural versus metro needs to be looked at. He thought the information provided is very good. Dr. Burnett said that he would consider adding information regarding transport times.</p> <p>Dr. Ho said that he would like to see examples provided for unique event circumstances. (weather, alcohol, distance to hospital)</p> <p>Dr. Lyng suggested change the wording to “circumstances”.</p> <p>Dr. Lilja said that the audience would be medical directors and could be shared with event coordinators.</p> <p>Dr. Burnett said that he would like to see this as a protocol. The national guideline for mass casualty was looked at to develop this document. NASEMSP developed a physician statement that can add strength to this document.</p> <p>Dr. Foley asked how you can predict weather at events. This is a planning guideline. Dr. Thomas said that you need to look at what happened previously. Historical data for prior events.</p> <p>Dr. Lyng said that this should be shared with the municipalities.</p> | Information | Dr. Thomas |

Dr. Fink Kocken said that notification should be provided to local EMS agencies and hospitals.

Dr. Lyng said that BLS onsite care should be defined. PSA issues may come into play. You can use other resources but they cannot transport without the defined PSA involvement.

What are the requirements for law enforcement involvement? Dr. Ho said that there are general guidelines.

Dr. Burnett asked for higher risk transport time information. Dr. Tanghe said that he would see this as an additional consideration. Dr. Lyng said that there should be consideration for air medical transport for the most serious situations. Dr. Burnett said that he would include this information.

Dr. Pate said that his thought is 20 minutes as a good limit. Dr. Lilja said that some events hire extra resources. Dr. Lilja said that he would see this most used for “new” events that do not have historical information. Dr. Thomas said that would be 20 minutes to the hospital and 20 minutes to return to the event.

Dr. Burnett asked if he can bring the revised document to the March 19 Board meeting for approval.

Dr. Thomas said that MDSAC is subject to open meeting law. We can share information but not make decisions as a committee. We can have a “list serve or google group” but must follow open meeting law requirements for MDSAC approved activities that would include public discussion.

Dr. Thomas suggested that the amended document could be approved by the committee and then presented at a board meeting for public comment.

Mr. Guiton said that ad-hoc committees do not have to follow open meeting law requirements.

Dr. Lilja said that if there were a state NAEMS P EMS committee, that committee could share the document.

Dr. Burnett repeated the changes suggested by committee members:

- move special consideration to the back
- consider special circumstances
- Add transport time 20 minutes “0” greater than 20 is “1” etc.
- Add special consideration for air ambulance requirements.
- Include notification of local EMS PSA holder and local hospital under each level.

| | | | |
|--|--|-------------|------------|
| | <p><u>Dr. Lyng moved to accept the document as amended.</u> <u>Dr. Pate seconded.</u> <u>Motion carried.</u></p> <p>Dr. Thomas suggested this be added to the September MDSAC agenda for review.</p> <p>Mr. Norlen said that this can be provided to the Board as a sample template to post on the website with other patient care guidelines.</p> | | |
| | <p>Other Business Dr. Thomas said that we can discuss other medication administration (intra-nasal).</p> <p>Dr. Lilja mentioned the current variances. Dr. Lyng said that he looked at intra-nasal application for some medications. Dr. Thomas read the requirements in statute.</p> <p>Dr. Lilja said that we discussed this previously. We do not want to go through the rules process or suggest changing legislation. Dr. Thomas said that these are things to consider. She asked Dr. Lyng to provide more information for the September meeting.</p> <p>Dr. Burnett said that we need to focus on life saving medications.</p> <p>Dr. Thomas said that if we want to consider legislative changes, please bring them to the committee.</p> <p>Dr. Tanghe asked if there is any comment on spinal immobilization. He asked if a document can be shared at the next meeting. New protocols will be in use at North Memorial in July. Some rural agencies may be adopting changes for spinal immobilization also. A presentation is available to share. ACEP is interested in partnering with NAEMSP to discuss the physician statement on this. How can we respond? Do we change our position?</p> <p>Dr. Burnett said that we should focus on the state medical directors first. Then change the guideline.</p> <p>Dr. Ho said that this could be a new presentation at the conference in September.</p> <p>Dr. Lyng said the goal is to not have someone on a board too long. Use for extrication and evaluation. Transport may be accomplished on the cot without the board.</p> <p>Mr. Guiton said that some services are already doing this. Dr. Lilja suggested providing a firm protocol. This is a change to the standard of care a number of physicians support this standard of care.</p> | Information | Dr. Thomas |

| | | | |
|-----|--|-------------|------------|
| | <p>Dr. Thomas suggested these items for the September agenda:</p> <ul style="list-style-type: none"> - Mass event matrix - Spinal precautions - Look at rules/statutes and variances for possible changes - Guidelines review (BLS/ALS and pediatric) - State Medical Director Communication Website <p>Dr. Thomas asked about the committee members' interest in an online communication tool. Dr. Burnett said that this could be a way to engage rural directors. Dr. Thomas said that this could be a way to share the message. Dr. Pate said that this is a good idea. How does this happen. I do not have time to read additional emails.</p> <p>Dr. Burnett said that this could be a message board for posted information.</p> <p>Dr. Ho offered a website location. The EMSRB could provide a link to that site.</p> | | |
| 9. | <p>Public Comment None.</p> <p>Mr. Norlen thanked the members of the committee for their continued dedication. Medical Direction is the core of emergency medical services. Dedicated medical directors are the leaders. I appreciate the time you take and the extra work you do.</p> | Information | Dr. Thomas |
| 10. | <p>Next Meeting September 10, 2015 at 7 p.m. in Alexandria Dr. Thomas said that she will be off the Board at that point but will still participate on the committee.</p> | Decision | Dr. Thomas |
| 11. | <p>Adjourn Meeting adjourned at 10:45 a.m.</p> | Decision | Dr. Thomas |