Oklahoma State Department of Health
Creating a State of Health

Medical Direction Subcommittee
Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
1000 N.E. 10th Street, Room 1102
Oklahoma City, OK 73117
August 15, 2012
12:00 P.M.

Minutes

Staff Present

Dale Adkerson	Daryl Bottoms	Robert Irby

Members Present

Dr. Cathey	Dr. Frantz (arrive 12:41 PM) Dr. Goodloe
Dr. Sacra	Dr. Selmon (left at 2:01 PM)

Guests Present

David Howerton	Dale Morris, Jr.	Dr. Olson
Jim Roberts	Ray Simpson	Scott Spencer

I. Call to order-Roll Call (Dr. Cathey)

The meeting was called to order at 12:06 PM. Roll was called and quorum was established.

II. Introductions and Announcements (Dr. Cathey)

None

III. Review and approval of previous meeting minutes: (Dr. Cathey)

a. May 16, 2012

b. June 18, 2012

Dr. Goodloe moved to approve both sets of minutes. Dr. Sacra seconded. Motion carried by unanimous consent. (Drs. Cathey, Goodloe, Sacra, Selmon)

IV. Discussion and possible action: (Dr. Cathey, Dr. Goodloe, and D. Adkerson)

A. Draft 2.0 2013 Oklahoma State EMS Protocol-Discussion and Review with submitted public comments

4E – It was pointed out that example products are not endorsements of those products.

6B – EMR can provide glucose w/ Medical Director approval. This meets current EMR training scope of practice.

7C – Drug shortage consideration is included in this protocol. Required use of Waveform Capnography was discussed. Change "Unless safe to do so" to "Unless unsafe to do so".

7D – Page 7D4 is not labeled 7D4 (it is a third party statement). On 7D3, add "See Attached Document".

8E – Benedryl was not included in the Snakebite Protocol. It was not recommended by the authors

Dr. Frantz arrived at 12:41 PM

8F – Same as 8E. Poison control center number was included in 8C.

9L – Remove EMT from the titles. It was mentioned that the reason an Intermediate cannot drop an NG tube is because it is beyond the scope of practice of an Intermediate—85. If an agency wishes to allow Intermediates to utilize Protocol 9L – Nasogastric/Orogastric Tube – Adult, the agency needs to submit a protocol approval request to the Oklahoma State Department of Health Emergency Systems Division.

12C – Providing an example of a product is not promotion of that product.

12D – It was suggested that all hyperbaric chamber locations available for emergency use be included in the protocol.

12E – No additions

15A – Page 2, Under “Multi-Patient Scene Tasks, cont.”, 2. b., change "EMSA" to "EMS".

15E – Needs a reference page, further atropine may be given by a paramedic only. This needs to be clarified in the protocol.

15F – Needs a reference page

15G -- Needs a reference page

19D – It was suggested that the CDC guidelines be removed because the Trauma Triage "T3 Algorithm" was developed from the CDC guidelines and it works very well. The CDC guidelines will be removed.

"Incident Scene Rehabilitation" – Thumbs up from the audience.

16 – Medications.

Request for comments – Is this the complete formulary? Does the subcommittee see this as complete?

This is a foundation set of protocols. Providing references for using other drugs is required for consideration of approval.

This completed the review of protocols that were not reviewed on June 18, 2012.

Protocol set was then reviewed section by section and public comments were recognized.

A print out of public comments already received was provided.

Re: Excessive length of protocols – 130 pages are references. Actual "carrying" protocol set would be 370 pages, and could be double sided. It was too difficult to provide a comprehensive protocol set in 20 pages. This protocol set is to be reviewed on a yearly basis to keep it current.

It was suggested that the "One-Page Protocols" could be used as a reference set for use in the trucks instead of carrying the entire set.

Section 2 – Airway

2F – Combi-Tube does require waveform capnography, and combi-tube will not be used by lower than Intermediate - 85.

Question: Couldn't Basics use it?
Answer: No. New data indicates that Combi-Tube could be more dangerous than previously expected.

2H – Question: Why can't paramedics use paralytics in medication assisted intubation?

Answer: They can…the agency needs to send in a protocol approval request.

Agencies need to be ready to make their case regarding protocol requests that differ from the State Protocols. The Subcommittee wants to see an active Medical Director, continuous training, and good outcomes.

The protocol set was written to take into account both urban and rural EMS agencies.

Section 3 – Pulmonary/Respiratory

RE: 3K, it was suggested that on the flow chart on page 3K.2, the following changes be made:
- Under CPAP, in the first box, change "Set PIP: 10cm H_2O" to "Set CPAP: 10cm H_2O".
- Under BiPAP, change "BiPAP" to "Bi-Level"
- Under BiPAP, change each instance of "PIP" to "IPAP".

There was no opposition to the proposed changes.

Section 4 – Cardiac Arrest

Recommended change from Dr. Goodloe – 4B – chest compression rate will be changed to 100-110 with an ITD. Without one, leave it at 100-120. Change was accepted.

Dr. Selmon exited the meeting at 2:01 PM.

Section 5 – Cardiac Non-Arrest

- No comments

Section 6 – Neurologic/Altered Mental Status

- No comments

Section 7 – Psychiatric/Behavioral Disorders

- No comments

Section 8 – Toxicological/Poisonings

- No comments

Section 9 – Medical

- No comments

Section 10 – Trauma

- No comments

Section 11 – Enviornmental

- No comments

Section 12 – Fireground-Related

- No comments

Section 13 – Obstetric/Gynecologic

- No comments

Section 14 – Response, Scene Issues & Patient Transportation

14G -- Separate Medical prioritization from Injury/Trauma prioritization (have a medical and a trauma prioritization). Discussion ensued. Different hospitals are centers of excellence for different things and if a patient has a condition that could be better treated by a specific hospital, that should effect where the patient is taken. This issue should be addressed by agency specific destination protocols.

Section 15 -- Mass Casualty/Disaster/Terrorist Events

- No comments

Section 16 – Formulary

- No comments

Section 17 – Reserved for Agency Specific Use -- This would be used for the Agency's specific protocols that are different from the State Protocols

Section 18 – Reserved for Agency Specific Use -- Pilot Programs/Research

Section 19 – Appendices

19F – EMS could provide links so that agencies could select appropriate public safety agencies and hospitals. Or, the EMS division could put together a comprehensive spreadsheet combining public safety agencies and hospitals.

The Ambulance Association letter was mentioned and the Ambulance Association was thanked for their review and response.

The public was thanked for their participation.

A comment was made that "Transport ASAP per destination protocols" could be removed from the Paramedic box and moved to a preface.

Dr. Goodloe suggests that the new protocol set be effective January 15th, 2013, so that it is not made effective on a holiday.

November 7 will be the next meeting. Agencies could prepare protocol variances and submit them in time for the November 7 meeting.

These are not mandatory protocols, but they are suggested protocols that agencies could adopt without having to spell out and submit protocol approval requests.

There are certain agency protocols that are no longer supported by the State due to new data. A common set of protocols allows agencies to work together more easily.

B. Approval of Draft 2.1

A motion to approve the State Protocol Set with changes made today (Version 2.1) was made by Dr. Cathey. This motion included a commendation to Dr. Goodloe and his staff for a job well done. The motion was seconded by Dr. Frantz. The motion carried with unanimous consent (Drs. Cathey, Frantz, Goodloe, and Sacra).

V. Public Comment

There was no additional public comment.

VI. Adjournment:

Next Meeting: November 7, 2012 Room 1102, OSDH at 10:00 A.M.