

## **CEMSMAC AGENDA**

**DECEMBER 11, 2014 10AM**

Location: AHA, 5 Brookside Drive, Wallingford CT

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

THERE IS NO UNIFIED GUIDELINES MEETING THIS MONTH

- Review/Approval of minutes of November 13, 2014 meeting
- DPH/OEMS Report (OEMS)
- Review of minimum equipment list
- CMED discussion and update – Group to review letter of support
- Ebola Preparation and Education - Discussion
- Regional Mac Reports – Regional Reps

### **OTHER BUSINESS/ONGOING INITIATIVES**

- Spinal Motion Restriction: Review of outreach to Lifeguards, Ski Patrol, Athletic trainers
- CCR Training
- Fire Rehab Update
- Regional Coordinator Funding/Stability -Group to review letter of support
- Expansion of Mission Lifeline STEMI Process Statewide
- Statewide Unified Guidelines
- Mobile Integrated Healthcare
- NHTSA



CEMSMAC AGENDA

November 13, 2014

AHA, 5 Brookside Drive, Wallingford CT

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

**NO UNIFIED GUIDELINES MEETING THIS MONTH**

- Review/Approval of minutes of October 9, 2014
- DPH/OEMS Report (OEMS)
- Review of equipment list-last month for discussion, vote scheduled for next month
- CMED discussion and update - Group
- Ebola Preparation and Education - Discussion
- Regional Mac Reports – Regional Reps

OTHER BUSINESS/ONGOING INITIATIVES

- Spinal Motion Restriction
- Naloxone
- CCR Training
- Fire Rehab
- Regional Coordinator Funding/Stability
- Expansion of Mission Lifeline STEMI Process Statewide
- Statewide Unified Guidelines
- Mobile Integrated Healthcare
- NHTSA

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)

American Heart Association (AHA)

November 13, 2014

Minutes

Member Attendees: William Begg, M.D., David Cone, M.D., Richard Kamin, M.D., Kyle McClaine, M.D., James Parker, M.D.

OEMS Staff: David Bailey, Kevin Brown

Guests: Sandy Bogucki, Nancy Brunet, Kevin Burns, Douglas Gallo, Phil Heavin, Joe Larcheveque, Ian Medoro, Michael Zacchera

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
<b>Meeting called to order at 10:02 am</b>	The minutes of October 9, 2014 CEMSMAC meeting were reviewed.	Motion made to approve the minutes with incorporation of Dr. Begg's notations. Changes in last region 5 report below: Region 5 – Meeting held <ul style="list-style-type: none"><li>○ Fire rehab process in development and will be shared with CEMSMAC</li><li>○ BLS 12 Lead continues</li><li>○ Protocol for use of tetracaine written.</li><li>○ Decision to not allow RAD 57 use at BLS</li></ul>

		<p>level</p> <ul style="list-style-type: none"> <li>○ Narcan</li> </ul> <p>Dr. Begg and Dr. Cone seconded the motion.</p>
<p><b>DPH/OEMS Report by Dr. Kamin</b></p>	<p>No formal report.</p> <ul style="list-style-type: none"> <li>○ The BLS 12 Lead was approved. The Education committee is working on the educational objectives and competencies</li> <li>○ Rural Health supporting Triage Training. Scotland Fire to offer training at Charlotte Hungerford Hospital on the 22<sup>nd</sup> . Register at CT Train</li> <li>○ Cardiocerebral resuscitation (CCR) - awaiting DPH approval</li> <li>○ Fire Rehab - Will continue to meet with the Fire Chiefs, looking at the Health, Safety and Wellness of firefighters in CT</li> <li>○ RAD 57 - is ongoing</li> <li>○ Local EMS Planning – letters went out, any questions, please contact your Regional Coordinators or Municipalities.</li> <li>○ Regional Coordinators – concern raised by Mrs. Coler that the OEMS is hiring additional staff for programmatic work but not demonstrably working to make the coordinator positions permanent. Funding for the regional EMS coordinators ends July 1, 2015.</li> </ul>	<p><b>Dr. Kamin relayed Mrs. Coler’s concerns to Mr. Barishansky</b></p>

<p><b>Mission Lifeline STEMI Statewide</b> <b>By Lisa Bemben</b></p>	<p>Presentation in October regarding the potential statewide expansion of the Mission Lifeline STEMI Initiative</p>	<p>Copy of presentation is to be distributed via email.</p>
<p><b>Statewide Guidelines</b> <b>By Dr. Kamin</b></p>	<p>Draft expected in next month or so</p>	<p>Work to continue</p>
<p><b>Review of Equipment List</b></p>	<p>Draft letter to the Service Chief's is underway.</p> <p>Equipment list items for discussion:</p> <ul style="list-style-type: none"> <li>○ Triage Tags for 1<sup>st</sup> Responders - Requirement</li> <li>○ Pediatric Car Seats/Restraint Devices – Further discussion/review</li> <li>○ Thermometers – Not a requirement (thought to permit submissive language to allow the use if needed provided training is up to date)</li> <li>○ PPE – Face shields and coveralls or gown with leggings</li> </ul>	<p>Draft language on changes to be distributed</p> <p>Expect vote in December</p>
<p><b>CMED</b></p>	<p>Currently a lot of ongoing discussion.</p>	<p>Drs. McClaine and Kamin will draft a statement for review at December meeting.</p>
<p><b>Ebola Preparation and Education</b></p>	<p>No specific hospital has been designated to handle Ebola patients.</p>	

	<ul style="list-style-type: none"> <li>○ The focus is that presently all hospitals should be preparing and are expected to be able to initially manage any Ebola patient presenting to their facility.</li> </ul>	
<p><b>Regional MAC Reports</b></p>	<p>Region 1 –</p> <ul style="list-style-type: none"> <li>○ No meeting held. Next meeting, Jan. 2015</li> <li>○ Spinal restriction training done</li> <li>○ SW Region symposium on Nov. 14<sup>th</sup></li> <li>○ Naloxone – ongoing discussion, price increase possible</li> </ul> <p>Region 2 –</p> <ul style="list-style-type: none"> <li>○ No formal report</li> <li>○ Training on spinal motion restriction has begun. To date, 40 people have been trained.</li> <li>○ Backboards – not a lot of pushback</li> </ul> <p>Region 3 –</p> <ul style="list-style-type: none"> <li>○ No meeting held</li> </ul> <p>Region 4 –</p> <ul style="list-style-type: none"> <li>○ Reviewing BLS guidelines – decided all 4 hospitals in the region will do the same. When possible, training will be centralized.</li> <li>○ Intend to adopt statewide guidelines when available</li> </ul> <p>Region 5</p> <ul style="list-style-type: none"> <li>○ Region V MEC quarterly meeting last held 10/2/14 at Danbury Hospital. Region V seeks to practice as uniformly as possible, rather than endorsing multiple practice</li> </ul>	



	<p>Tentative – Preconference Day is being planned.</p> <p>NHTSA – CEMSMAC</p> <ul style="list-style-type: none"> <li>○ Progress on Medical Direction</li> <li>○ Data Collection &amp; Analysis <ul style="list-style-type: none"> <li>- currently pushing Regionalization, documenting data</li> </ul> </li> </ul> <p>No new business.</p>	<p>Anyone interested in MIH Ad Hoc subcommittee, contact Dr. Kamin</p> <p>Continued support for the improved functioning of regional medical advisory committees</p> <p>Concern raised by Dr. Bogucki regarding the status of the EMS data system in the state. It was discussed that better access to currently required data set should be considered a priority in order to make EMS systems evaluation more fruitful.</p> <p>Drs. McClaine and Kamin will draft a statement for review at December meeting.</p>
<p><b>Adjourned</b></p>	<p>The next CEMSMAC meeting is scheduled for December 11, 2014 at the American Heart Association, Wallingford.</p>	<p>Agenda to follow</p>

**Respectfully submitted by,  
Yolanda Williams**

CEMSMAC AGENDA  
October 9, 2014  
CONNECTICUT HOSPITAL ASSOCIATION (CHA)  
WALLINGFORD, CT  
DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828  
PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

NO UNIFIED GUIDELINES MEETING THIS MONTH

- Review/Approval minutes of September 11, 2014
- DPH/OEMS Report (OEMS)
  - CCR
  - Fire Rehab Meeting (listed in last months min)
- Statewide Guidelines (Kamin)
- Review of Equipment List – (OEMS) – Current List Attached
- CMED (Group)
- Ebola/Enterovirus Preparation/Education (McClaine)
- Regional Mac Reports – Regional Reps

Other Business/Ongoing Initiatives

- Spinal Motion Restriction (final document attached)
- Naloxone
- BLS EKG Acquisition
- Mobile Integrated Healthcare
  - Legislation for alternative billing for services provided by EMS when no transport
  - Discussion at EMSAB regarding establishment of Ad Hoc Committee to look at development on MIH in CT
  - Expectation that the CEMSMAC will have representation if opportunity exists
  - Please let McClaine/Kamin/Quinlavin know if you are interested in participating

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
Connecticut Hospital Association  
October 9, 2014

Minutes

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

OEMS Staff: David Bailey, Kevin Brown

Guests: Barry Barkinsky, Lisa Bemben, James Brubaker, Nancy Brunet, Kevin Burns, Ralf Coler, Sean Fitch, Douglas Gallo, Robert Grant, Phil Heavin, Joe Larcheveque, Shawn McKay, Patricia Paloia, Paul Rabeuf, John Quinlavin, Jim Santacroce, Jay Stutz, Steven Wolf, M.D., Michael Zacchera

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
<b>Meeting called to order at 10:05 am.</b>	The minutes of September 11, 2014 CEMSMAC meeting were reviewed.	Minutes approved as written.
<b>DPH/OEMS Report</b>	No formal report.  Ralf Coler expressed concern regarding the awareness of the two positions recently created at OEMS given the tenuous status of the Regional EMS Coordinators. Concern specifically that the Regional Coordinators are essential and that any additional hiring should not take the place of permanently funding the Regional Coordinators' positions.	<b>Ms. Coler's concerns to be relayed to Mr. Barishansky</b>

<p><b>Mission Lifeline STEMI Statewide By Lisa Bemben</b></p>	<p>Lisa Bemben provided a presentation about the potential to expand Mission Lifeline STEMI process statewide in relation to success of Hartford Area process.</p> <p>Brief discussion held.</p>	<p>Dr. Cone and Mr. Gallo expressed interest and plan to bring back to their respective regions/institutions for consideration.</p> <p>The Power Point presented will be distributed to group.</p> <p><b>Request to add this to the EMS Advisory Board agenda.</b></p>
<p><b>Statewide Guidelines By Dr. Kamin</b></p>	<p>Continued plan targeting draft in November for group to bring back to the regions.</p>	
<p><b>Review of Equipment List</b></p>	<p>Current list attached.</p> <ul style="list-style-type: none"> <li>○ Concern regarding the requirement for potable water - Bailey explained that sterile water was removed but if still being carried that sterile water is potable.</li> <li>○ Concern regarding potable water what the speaker considered to be a standard that patients should never have anything by mouth. Clarification that no such blanket standard exists and that there are circumstances when patients may receive fluids/medicines by mouth</li> <li>○ <b>Deadline for feedback on the list set for November with vote in December</b></li> <li>○ OEMS (Bailey) requested specific</li> </ul>	<p><b>Group asked to submit feedback for the equipment list for November with plan for vote in December</b></p> <ul style="list-style-type: none"> <li>○ <b>OEMS (Bailey) requested specific consideration with advice and recommendation regarding requirements for pediatric vehicle restraint devices for basic ambulances and SMART triage tags for first responder vehicles</b></li> </ul>

	<p>consideration with advice and recommendation regarding requirements for pediatric vehicle restraint devices for basic ambulances and SMART triage tags for first responder vehicles.</p>	
<p><b>CMED</b></p>	<p>This was brought up at the last meeting. Concerns regarding the CMED system</p> <ul style="list-style-type: none"> <li>○ Discussion regarding import of CEMSMAC having continued involvement/awareness of CMED status</li> <li>○ Universal interest in potential to investigate non voice-based methods of tracking inbound ambulance traffic. <ul style="list-style-type: none"> <li>▪ Greenwich and Stamford currently both employing a web-based, real-time status board for inbound ambulance traffic</li> <li>▪ New Haven had similar “dashboard” access until local CMED funding was eliminated</li> </ul> </li> </ul>	<p>This will remain on the agenda until further clarification.</p>
<p><b>Ebola/Enterovirus Preparation/Education</b> <b>By Dr. McClaine</b></p>	<p>Open forum to discuss concerns. Discussion regarding previous OEMS distribution of CDC guidance and how this has been incorporated in sponsor hospital practice</p> <ul style="list-style-type: none"> <li>○ Discussion regarding DPH direct communication (letter) to individual nursing providers. Question why EMS providers did not receive a similar communication?</li> <li>○ Equipment list requirement of coveralls discussed – current need for PPE to protect against Ebola may further validate this</li> </ul>	<p>This concern to be communicated to the OEMS Director</p>

	requirement.	
<p><b>Regional MAC Reports</b></p>	<p>Region 1 – No report.</p> <p>Region 2 – No report.</p> <p>Region 3 – Meeting was held with discussion on:</p> <ul style="list-style-type: none"> <li>○ Clinical issues – focus on appropriate starting of IVs and administration of IVF</li> <li>○ Sepsis Guide is being drafted. Norwalk has an Alert.</li> <li>○ Discussion regarding inconsistent application of Naloxone among regional sponsor hospitals.</li> <li>○ Upgrades to Paramedic Level – town wants to re-evaluate and upgrade to paramedic level. This was discussed at the MAC and Regional level.</li> </ul> <p>Region 4 - Met recently.</p> <ul style="list-style-type: none"> <li>○ BLS Guidelines continue to be developed.</li> <li>○ Adoption of SMR, CCR, Naloxone by IN or IM use, Fire rehab without any medical monitoring,</li> <li>○ Training and implementation to begin shortly.</li> <li>○ Full intention to develop uniform ALS guidelines and Region 4 does plan to implement the statewide ALS guidelines once completed.</li> </ul> <p>Region 5 – Meeting held</p> <ul style="list-style-type: none"> <li>○ Fire rehab process in development and will</li> </ul>	

	<p>be shared with CEMSMAC</p> <ul style="list-style-type: none"> <li>○ BLS 12 Lead continues</li> <li>○ Protocol for use of tetracaine written.</li> <li>○ Decision to not allow RAD 57 use at BLS level</li> <li>○ Narcan</li> </ul>	
<p><b>Other Business/Ongoing Initiatives</b></p>	<p>Spinal Motion Restriction</p> <ul style="list-style-type: none"> <li>○ Reformatted to mirror planned statewide guidelines. Coordination with educational program ongoing. Expect release shortly</li> </ul> <p>Naloxone</p> <ul style="list-style-type: none"> <li>○ Some will roll out this month. The education component is on the Education website.</li> </ul> <p>BLS EKG Acquisition</p> <ul style="list-style-type: none"> <li>○ The EMS Advisory Board voted yes on this. Their recommendation to expand the program is with the Commissioner.</li> </ul> <p>Mobile Integrated Healthcare</p> <ul style="list-style-type: none"> <li>○ Potential need for legislation for alternative billing for services provided by EMS when no transport</li> <li>○ Discussion at EMSAB regarding establishment of Ad Hoc Committee to look at development on MIH in CT</li> <li>○ Expectation that the CEMSMAC will have representation if opportunity exists</li> </ul>	
<p><b>Adjourned</b></p>	<p>Meeting adjourned at 12:04 pm. The next CEMSMAC meeting is scheduled for November 13<sup>th</sup></p>	<p>Agenda to follow</p>

	at AHA.	
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**Respectfully submitted by,  
Yolanda Williams**

CEMSMAC AGENDA - DRAFT

September 11, 2014

AHA, 5 Brookside Drive, Wallingford CT

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

**UNIFIED STATEWIDE GUIDELINES MEETING AT 0900 – CEMSMAC AT 1000**

- Review/Approval minutes of June 12, 2014
- DPH/OEMS Report (OEMS)
- Statewide Guidelines (Kamin)
- Discuss development of legislation for alternative billing for services provided by EMS when no transport (McClaine)
- Review of Equipment List – (McClaine, Kamin, OEMS) – see attached
- Regional Mac Reports – Regional Reps

**OTHER BUSINESS/ONGOING INITIATIVES**

- Spinal Motion Restriction
- Naloxone
  - CT State Police
- BLS EKG Acquisition
- CCR

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
 Connecticut Hospital Association  
 September 11, 2014

Minutes

Member Attendees: Patrick Broderick, M.D. (Proxy for William Begg, MD), David Cone, M.D., Richard Kamin, M.D., Kyle McClaine, M.D. (James Parker, M.D)

OEMS Staff: David Bailey, Raphael Barishansky, Kevin Brown, Jonathan Lillpopp

Guests: Glenn Arremony, Barry Barkinsky, Nancy Brunet, Raffaella Coler, Sean Fitch, Douglas Gallo, Robert Grant, M.D., Phil Heavin, Joe Larcheveque, Shawn McKay, Ian Medoro, Patricia Palaia, John Quinlavin, Paul Rabeuf, Jim Santacroce, Michael Zanker, M.D.

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
<p><b>Meeting called to order at 10:08 am.</b></p>	<p><b>Dr. McClaine welcomed the Medical Directors and the EMS Clinical Coordinators to the meeting.</b></p> <p><b>Dr. Kamin asked for a moment of silence in memory of those lost on 9/11.</b></p> <p><b>Dr. Broderick was welcomed to the meeting as representation for Region V.</b></p> <p><b>The minutes of the June 12, 2014 CEMSMAC meeting were reviewed. No discussion held.</b></p>	<p><b>Motion made by Dr. Cone to approve the minutes as written. Dr. Kamin seconded the motion. Motion passed.</b></p>

<p><b>DPH Report by Raphael Barishansky</b></p>	<p><b>EMS Documents posted/distributed:</b></p> <ul style="list-style-type: none"> <li>• <b>Statutory changes regarding Sale or Transfer of Primary Service Area Responder (PSAR) ownership or assets</b></li> <li>• <b>Statutory changes regarding Local EMS Plans</b></li> <li>• <b>Statutory changes regarding Alternative Provision of EMS delivery</b></li> </ul> <p><b>RAD 57 - there were issues identified at previous CEMSMAC meetings. A meeting was held with the Career Fire Chiefs over the summer and guidance was mapped out, however there are still some questions.</b></p> <p><b>OEMS Website – the website is updated regularly - please check the website for current information.</b></p>	<p><b>DPH will get back to the group with any updates.</b></p>
<p><b>Statewide Guidelines by Dr. Kamin</b></p>	<p><b>Progress continues regarding Statewide Guidelines – looking at November for the first draft of guidelines.</b></p>	
<p><b>Alternative Billing for Services provided by EMS when no transport</b></p>	<p><b>Would like to start discussion on this subject and potentially provide guidance to Legislators. Certified and/or licensed treat and release is the new provision for approval.</b></p> <p><b>No clear definition at this time. Discussion held.</b></p>	<p><b>Ian Madoro will forward definitions to Dr. Kamin/Dr. McClaine.</b></p>

	<p>David Bailey will be working to formulate an agenda for the next Summit.</p>	<p>Please contact David Bailey with suggestions or thoughts. John Quinlavin will bring this to the EMS Advisory Board.</p>
<p>OEMS required vehicle equipment lists</p>	<p>As part of the DPH OEMS plan to annually update the required vehicle equipment lists, CEMSMAC will be expected to review said lists</p>	<p>The group was asked to review the list and contact DPH with feedback/changes or thoughts. Further discussion at the next meeting.</p>
<p>Regional Medical Advisory Committees</p>	<p>Region I – Still has been unable to meet.</p> <p>Region II – No report.</p> <p>Region III – Productive meeting held this week. Some of the highlights are:</p> <ul style="list-style-type: none"> <li>❖ Mobile Integrated Health Care – How to move forward in the region</li> <li>❖ Adopted Sepsis alert process for Regional use</li> <li>❖ Release process – will have project for rollout next month ??</li> <li>❖ There are still some issues with SMR. Decision was made to move ahead with a Regional SMR process.</li> <li>❖ New policy regarding limiting IV placement and judicious use of IV fluids – in light of recent shortages – currently being drafted.</li> </ul>	

	<p><b>Region IV – Met a couple of months ago</b></p> <ul style="list-style-type: none"> <li>❖ The Region has agreed to use a unified approach to BLS care</li> <li>❖ Awaiting SMR education/guideline form DPH</li> <li>❖ Fire Rehab – currently being reviewed along with the Regional process to review and develop Fireground rehab guidance.</li> </ul> <p><b>Region V – No report.</b>  <b>Dr. Broderick thanked for filling in for Dr. Begg.</b></p>	
<p><b>Other Business / Ongoing Initiatives</b></p>	<p><b>Discussion regarding AEMT level of care and future structure.</b></p> <p><b>During the last legislative session, in conjunction with the CEMSMAC and EMS Advisory Board recommendations, move was made to remove the AEMT level in Statute. This did not make it out the committee. This issue is coming back to this group. Discussion ensued.</b></p>	<p><b>Motion made by Dr. Kamin to add discussion of AEMT to the agenda. Dr. Cone seconded the motion.</b></p> <p><b>Vote:</b>  <b>Yes - 5</b>  <b>No - 0</b>  <b>Abstain – 0</b></p> <p><b>Dr. McClaine made a motion that CEMSMAC support the concept of bringing the Connecticut AEMT level up to the current National Scope of Practice and Education standards. Dr. Cone Seconded the motion.</b></p> <p><b>Motion made by Dr. McClaine - the recommendation from CEMSMAC that the Connecticut AEMT level be brought up to the current National Scope of Practice and Education standards with a timeframe to be</b></p>

	<p>Discussion held.</p> <p>Spinal Motion Restriction – Release of material imminent.</p> <p>Naloxone and the CT State Police – Expansion of SOP received. Traction with the State Police</p>	<p>set forth by OEMS. Dr. Cone seconded the motion.</p> <p><b>Vote:</b> Yes - 5 No - 0 Abstain - 0</p> <p><b>Motion passed.</b></p> <p>Mr. Quinlavin will add this to the EMS Advisory Board agenda.</p> <p>Dr. Kamin made a motion that CEMSMAC supports the assignment of ALS PSA to be restricted to a paramedic provider. Dr. McClaine seconded the motion.</p> <p><b>Vote:</b> Yes - 4 No - 1 (Broderick) Abstain - 0</p> <p><b>Motion passed.</b></p>
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	<p>looking to roll out.</p> <p>Education was provided by Dr. Kamin for EMS-Is focused on the State approved Naloxone packet.</p> <p>BLS EKG Acquisition – this was vetted through the Advisory Board. Pilot done. Will move forward for Commissioners approval</p> <p>Medical Oversight - See Dr. Kamin</p> <p>Request for the CMED issue to be added to the CEMSMAC agenda for future meetings. Information provided that, as of October 1, 2014, Bridgeport Fire will no longer participate in their CMED. As Per John Quinlavin, this issue will also be added to the EMS Advisory Board agenda for future meetings</p>	<p>Motion made by Dr Kamin to add CMED to the agenda for discussion. Dr. McClaine seconded the motion.</p> <p>Vote:  Yes - 4  No - 0  Abst - 0</p> <p>No further discussion.</p>
<p>Adjourned</p>	<p>Meeting adjourned at 11:57 am. The next CEMSMAC meeting is scheduled for October 9, 2014 at CHA.</p>	<p>Agenda to follow</p>

Respectfully submitted by,  
Yolanda Williams

CEMSMAC AGENDA – 10 am, June 12, 2014

CHA Wallingford

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

**\*\*\*CT Unified Guidelines Meeting – 9 am at CHA BEFORE CEMSMAC\*\*\***

REVIEW/APPROVAL OF MINUTES OF May 8, 2014

DPH/OEMS REPORT (OEMS Staff)

Mobile Integrated Healthcare Summit – (OEMS)

SELECTIVE SPINE IMMOBILIZATION PROJECT – UPDATE (Henschke/Group)

STATEWIDE GUIDELINES (Kamin) – Update

July/August Meeting (Group)

REGIONAL MAC Reports – REGIONAL REPRESENTATIVES

Will review min/info sent in by regional reps

OTHER BUSINESS/ONGOING INITIATIVES

- Naloxone
- BLS EKG Acquisition
- CCR
- MOLST

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
 Connecticut Hospital Association  
 June 12, 2014

Minutes

Member Attendees: William Begg, M.D., David Cone, M.D., James Parker, M.D., Richard Kamin, M.D.,  
 Kyle McClaine, M.D.

OEMS Staff: David Bailey, Raphael Barishansky

Guests: Nancy Brunet, Kevin Burns, Peter Canning, Ryan Carter, Raffaella Coler, Marielle Daniels, Robert Grant, Alan  
 Henschke, Joe Larcheveque, Ian Medoro, Fred Potter, Paul Rabeuf, Brooks Walsh

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	Reviewed the minutes of May 8, 2014.	
DPH Report	<p>The EMS Expo very successful</p> <p>Legislative initiatives:</p> <ul style="list-style-type: none"> <li>○ Stroke center task force being formed</li> <li>○ -Bill to remove AEMT failed</li> <li>○ -Career Fire chiefs met with OEMS. Concerns expressed regarding Rad-57 and rehab guidance. Services may</li> </ul>	

	<p>petition CEMSMAC through regional MAC for addition to scope of practice. Danbury offered a model for rehab standards/design. Dr. Kamin explained the medical rationale for both memos which the FD chiefs found helpful. Mr. Barishansky related that a major point of the memos is that services MUST be having ongoing dialogue and oversight by their sponsor hospital. Dr. McClaine shared that many FDs are asking for rehab guidance. Consensus that CEMSMAC will consider developing a statewide rehab guideline.</p> <ul style="list-style-type: none"> <li>○ -Naloxone Scope of practice memo is being developed. Specific regarding of how data may be collected from first responders is being developed. Goal is to have some transparency while not burdening first responders or hospitals.</li> <li>○ -Reminder to go to the DPH OEMS website to research questions</li> </ul>	
<p><b>Mobile Integrated Healthcare Summit</b></p>	<p>Noted to be well attended with good information and discussions. Need to improve collaboration and consensus from various healthcare partners. Primary care and hospital administration</p>	

	<p>were poorly represented and increasing their engagement is an opportunity for improvement. Forward movement of this initiative in CT will be dependent on local interdisciplinary collaboration, support and advocacy.</p>	
<p>Selective Spinal Immobilization Update</p>	<p>Training Done. The proposal is on Commissioner's desk.</p>	<p>Dr. Kamin is addressing one concern the Commissioner raised regarding the definition of an "unreliable patient."</p>
<p>Summer Meetings</p>	<p>Plan will be to continue July and August meetings. Agenda content will determine need for meetings to occur.</p> <p>Statewide Guidelines committee will be meeting both months.</p>	
<p>Regional Medical Advisory Committees</p>	<ul style="list-style-type: none"> <li>○ Region I - still attempting to secure dates for meetings</li> <li>○ Regional II - currently experiencing EMS Communication crisis. Two towns are pulling out of South-Central CMED. Towns are looking for Guidance from sponsor hospitals regarding medical oversight for</li> </ul>	

	<p>patients. No definitive idea how long channels will be available.</p> <p>Dr. Jay Walshon on leave; will not be returning as EMS Medical Director. Physician Group has been hired and will make determination of Medical Director role.</p> <ul style="list-style-type: none"> <li>○ Region III - did not meet; date conflict with MIH Summit</li> </ul> <p>Summer meeting planned to continue based on agenda</p> <p>CCR Rollout planned for July 1<sup>st</sup></p> <ul style="list-style-type: none"> <li>○ Region IV - will meet during summer Planning CCR Rollout for regional providers</li> <li>○ Region V - quarterly meeting on June 5<sup>th</sup></li> </ul> <p>RAD 57 and Rehab discussion on local level</p> <p>BLS Protocol updates completed; CPAP will remain Sponsor Hospital specific guideline</p>	<p>Letter of appreciate for years of service to CEMSMAC will be sent</p>
<p>Other Business / Ongoing Initiatives</p>	<ul style="list-style-type: none"> <li>○ AEMT - CEMSMAC feels limited role for these providers but recognizes that individual agencies still utilizing these</li> </ul>	

	<p><b>providers</b></p> <p><b>Need to determine how best to go forward OEMS looking to CEMSMAC for Guidance How can we meet the National Scope of Practice as is required for other EMS Practice levels</b></p> <p><b>Training requirements will be significant - unlikely that most agencies can support training. Will have multi-agency impact for classroom, clinical, and field requirements. Individual hospitals can decide not to sponsor these agencies any longer Options are to require that all I-85 providers train up to AEMT National Standard or to have medical control / sponsor hospital entities phase out these providers over limited timeframe NAEMSO will be polled for national trends on AEMT roles</b></p> <ul style="list-style-type: none"><li>○ <b>Naloxone - moving forward</b></li><li>○ <b>BLS ECG Acquisition - CEMSAB asking for additional information. Questions regarding ED Director knowledge of this initiative</b></li><li>○ <b>CCR - implementation being phased in</b></li><li>○ <b>MOLST - approval for pilot program; design yet to be determined</b></li></ul>	<p>CEMSMAC will add this to agenda and continue discussion</p>
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<b>Adjourned</b>	<b>Meeting adjourned at 12:00 pm. The next meeting July 10, 2014</b>	<b>Agenda to follow</b>

**Respectfully submitted by,  
David Bailey, OEMS  
Nancy Brunet, ECHN**

**DRAFT**

**CEMSMAC AGENDA – May 8th, 2014 at AHA, 5 Brookside Drive, Wallingford**

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

**(THERE WILL BE NO Statewide Guidelines Meeting prior to CEMSMAC THIS MONTH)**

REVIEW/APPROVAL OF MINUTES OF April 10th, 2014

DPH/OEMS REPORT (OEMS Staff)

SELECTIVE SPINE IMMOBILIZATION PROJECT – UPDATE (Henschke/Group)

STATEWIDE GUIDELINES (Kamin) – NO REPORT THIS MONTH

REGIONAL MAC Reports – REGIONAL REPRESENTATIVES

Will review min/info sent in by regional reps

OTHER BUSINESS/ONGOING INITIATIVES

Naloxone

? Status of educational objectives/packet

BLS EKG Acquisition

CCR

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
 Connecticut Hospital Association  
 May 8, 2014

Minutes

Member Attendees: William Begg, M.D., David Cone, M.D., Doug Gallo, James Parker, M.D., Kyle McClaine, M.D.

OEMS Staff: Raphael Barishansky

Guests: Glenn Arremony, Kevin Burns, Marielle Daniels, Phil Heavin, Ian Medoro, Fred Potter, Paul Rabeuf, Brooks Walsh

Chaired By: Kyle McClaine, M.D.

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:09 am	Reviewed the minutes of April 10, 2014 CEMSMAC meeting. No discussion held.	Dr. McClaine motioned to approve the minutes as written, Dr. Parker second the motion.
DPH Report By Raphael Barishansky	<p>Legislative Update</p> <ul style="list-style-type: none"> <li>➤ The legislative session closed on May 7, 2014</li> <li>➤ The MOLST initiative has been moved forward, with DPH playing a primary role in the pilot program being undertaken.</li> <li>➤ Bill #438 (the Stroke bill) moved forward also, but was modified greatly. A Task Force will be formed to study stroke care in</li> </ul>	

	<p>the State.</p> <ul style="list-style-type: none"> <li>➤ Bill #416 (the bill to eliminate the AEMT level) – did not make it out of the committee</li> <li>➤ Bill #439 – (the Orderly Transfer of Care) did not make it out of Committee</li> <li>➤ Bill #5542 (the PSA Task Force recommendations) did make it out of the committee.</li> </ul>	
Regional MAC Reports	<p>Region 1 – Meeting planned but date still undetermined.</p> <p>Region 2 – Regional representative reports continued inability to pull a meeting together</p> <p>Region 3 – Scheduled to meet next week.</p> <p>Region 4 – They have not met</p> <p>Region 5 – Next meeting is June 5, 2014</p>	
RAD 57 – Non Invasive	<p>The document that was submitted by Ms. White from Masimo was reviewed at the last meeting and did not change CEMSMACs decision. It was decided that vendor representation was not warranted.</p>	<p>Services can petition CEMSMAC via their regional MAC for changes to the scope of practice of a provider level.</p>
BLS/EKG	<p>A Representative from Research Project will talk with CHA next month. The idea is to present to the hospitals to potentially expand EKG.</p>	<p>CHA has requested a presentation be made at the ED directors meeting to provide information regarding this project and possible impact on EDs. Dr. McClaine directed them to the researchers directly. To be clarified in June.</p>

<p>Ongoing Items/Other Business</p>	<p>The Commissioner is aware of CEMSMACs position on Narcan – the initiative is currently waiting for the EMS Advisory Board to provide input on the Education and Training piece.</p> <p>No discussion held. An overview was distributed by DPH on Selective Spinal Immobilization.</p> <p>Cardiocerebral Resuscitation (CCR) – The Scope of Practice has not changed. Waiting for endorsement by the Commissioner.</p> <p>The Mobile Integrated Healthcare (MIH) Summit (aka Community Paramedicine) will take place at Central CT State University (CCSU) on June 10, 2014.</p> <p>AEMTs – Dr. McClaine reviewed the history of the AEMT discussion to date, and the defeat of the initiative. The floor was opened for discussion by the group as to the next step for CEMSMAC. . There was discussion regarding the clinical interventions the current AEMTs bring o the table, the logistical realities of bringing all AEMTs up to the current scope of practice and other issues related to the AEMT level.</p>	<p>Awaiting approval and delivery of educational materials for initiation of training with sponsor hospital approval</p> <p>Services can begin teaching this with sponsor hospital approval.</p> <p>? Will centralized educational materials be prepared?</p> <p>Requested to have the summit information sent to the Hospitals. Please contact DPH if you have interest in attending.</p> <p>Encouraged discussion offline and preparation for CEMSMAC to make a clear decision/recommendation. Further discussion needed.</p>
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Adjourned	The meeting was adjourned at 11:20 am. The next CEMSMAC meeting is scheduled for June 12, 2014 at CHA in Wallingford.	

Respectfully submitted by,  
Yolanda Williams, Secretary 2  
DPH, Office of Emergency Medical Services

DRAFT

**CEMSMAC AGENDA – April 10, 2014 at CHA**

DIAL IN NUMBER 866-421-2934, PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

(Statewide Guidelines Meeting at 9 am prior to CEMSMAC)

REVIEW/APPROVAL OF MINUTES OF March 13, 2014

DPH/OEMS REPORT

Legislative update (MOLST, Stroke, AEMT, PSA, Orderly Transfer of Pt Care)

NHTSA Report/CEMSMAC Contribution – McClaine

SELECTIVE SPINE IMMOBILIZATION PROJECT – UPDATE (Henschke/Group)

STATEWIDE GUIDELINES – Progress report - Kamin

REGIONAL MAC Reports – Group

Will review min/info sent in by regional reps

Naloxone Auto-injector – for discussion/possible vote re inclusion in scope

RAD 57 Use – DPH/OEMS

See attached documents (I have included the letter from the Massimo Sales Manager, the citations from her letter and a few others that I dug up – not exhaustive literature search)

OTHER BUSINESS/ONGOING INITIATIVES

Naloxone

12 lead BLS pilot

Cardiocerebral Resuscitation

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)

Connecticut Hospital Association

April 10, 2014

Minutes

Member Attendees: William Begg, M.D., James Castellone, M.D., David Cone, M.D., Doug Gallo, M.D., James Parker, M.D., Kyle McClaine, M.D., Richard Kamin, M.D.

OEMS Staff: David Bailey, Raphael Barishansky, Kevin Brown

Guests: Glenn Arremony, Nancy Brunet, Kevin Burns, Peter Canning, Ryan Carter, Raffaella Coler, Marielle Daniels, Robert Grant, Alan Henschke, Joe Larcheveque, Ian Medoro, Fred Potter, Paul Rabeuf, Brooks Walsh,

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	Reviewed the minutes of the March 13, 2014 CEMSMAC meeting. No discussion held.	Dr. Cone motioned to approve the minutes as written, Dr. Kamin second the motion.
DPH Report	Legislative Update <ul style="list-style-type: none"><li>➤ MOLST is out of committee</li><li>➤ Stroke Bill #438 was discussed briefly at the last meeting. OEMS is moving forward</li><li>➤ AEMT Bill #416 is not out of committee – no action taken. The AEMT level of practice remains as-is.</li><li>➤ Orderly Transfer of Care Bill # 439 – Modifications were made and moving through committee</li></ul>	

	<p>➤ PSA Task Force – 2 Bills (5543 and 5580) moved through, favorable reports</p> <p>Questions/Concerns:</p> <p>Stroke Bill #438 – discussion regarding inclusion/development of regulation that will further regulate clinical care pertaining to patients with stroke. The concern regarding placing specifics of clinical care into regulation was discussed and all agreed that it was not desirable to do so.</p> <p>❖ Note: Session close on May 7, 2014</p>	<p>Motion that CEMSMAC support Bill #439 as written.</p> <p>Vote:</p> <p>Yes - 7 No - 0 Abst. - 0</p>
<p>NHTSA Report</p>	<p>CEMSMAC assigned tasks – continued discussion as how to address issues specifically with the CEMSMAC purview.</p> <p>Mr. Henschke briefly spoke on the Data Committee. They are currently 3 services that are not reporting data.</p>	<p>The committee will work to identify the specific data needed.</p> <p>Mr. Henschke was asked to provide updates regarding data to the group.</p>
<p>Selective Spine Immobilization Project</p>	<p>The Power Point has been distributed. Feedback received is that this is still too lengthy. This has not yet been reviewed or signed off by the Commissioner.</p> <p>Looking at a timeframe of July 1, 2014.</p>	
<p>Statewide Guidelines</p>	<p>Ongoing review of the New Hampshire guidelines continues with an eye toward implementation.</p>	

<p>Regional MAC Reports</p>	<p>Region 1 – No meeting held/working to commence/discussion pertaining to future organization of Regional meetings.</p> <p>Region 2 – No meeting held/no report</p> <p>Region 3 – No meeting held/no report</p> <p>Region 4 – They are reviewing minutes from several meetings and the PSA Task Force Bill. There are two concerns: Selective Spinal and the Statewide Guidelines.</p> <p>Day Kimball was interested in supporting alternative airways for the EMT provider; there was however not enough data/need to warrant a Pilot Program.</p> <p>Region 5 – They met on April 3<sup>rd</sup>. CEMSMAC has been invited to the next meetings. They had a lengthy discussion on Naloxone and Hydralazine.</p> <p>A lot of discussion was held on CPAP – some BLS services are involved and others are not. They are trying to reach a consensus.</p> <p>The next meeting is June 5, 2014.</p>	
<p>Ongoing Business</p>	<p>Discussion regarding Naloxone auto-injector.</p>	

	<p>Discussion ensued regarding cost, options, and provider training.</p>	<p>The group voted on the utility to expand the Scope of Practice for Naloxone.</p> <p>Dr. Kamin made a motion that auto-injector administration of naloxone by EMRs/EMTs be included in the recent expansion of the EMR/EMT scope of practice</p> <p>Dr. Parker seconded the motion.</p> <p>Vote:  Yes - 5  No - 0  Abst. - 0</p>
<p>RAD 57 Use</p>	<p>Support for the recent guidance regarding RAD- 57 use from the DPH/OEMS was re-affirmed. The group discussed if there is a need to re-address the inclusion of CO-oximetry in the EMR/EMT scope of practice. Documentation from Suzanne White (Massimo) was reviewed and discussed.</p>	<p>After discussion, CEMSMAC's decision not to include CO-oximetry in the Scope of Practice of the EMR and EMT was maintained.</p>
<p>Other Business</p>	<p>Discussion regarding the issue of patients with recent death coming to the hospital for pronouncement and whether there are local protocols preventing transporting those recently dead for pronouncement. Different sponsor hospital processes discussed.</p> <p>There was discussion regarding the DPH bill specific to the removal of the AEMT level. The question was posed to CEMSMAC as to how to move forward. In 2011 CEMSMAC and CT EMS Advisory Board</p>	<p>Further discussion needed.</p>

	<p>recommended to no longer endorse the AEMT level of certification in Connecticut due to the lack of clinical utility with the current level of certification and the untenable implementation of the new AEMT national scope of practice. Discussion of sponsor hospitals making decisions over AEMT implementation was discussed as the sponsor hospital will ultimately be responsible for training.</p> <p>The Connecticut EMS Expo will take place May 29 – 31, 2014 at the Mohegan Sun. For more information go to CTEMSEXPO.ORG. EMSI credits are approved by Kevin Brown.</p> <p>Other credits by Sponsor Hospital oversight/decision.</p>	<p>Dr. Kamin made a motion that the CEMSMAC supports the sponsor hospital approval for education credit for those that attend the Expo.</p> <p>Dr. Cone seconded the motion.</p> <p>Vote:  Yes - 6 (all except Dr. McClaine)  No - 0  Abst. - 0</p>
<p>Adjourned</p>	<p>The meeting was adjourned at 12:05 pm. The next CEMSMAC meeting is scheduled for May 8, 2014 at the American Heart Association (AHA)</p>	

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

CEMSMAC AGENDA

March 13, 2014

CHA

DIAL IN NUMBER 866-421-2934

PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

(Statewide Guidelines Meeting at 9 am prior to CEMSMAC)

REVIEW/APPROVAL OF MINUTES OF January 9, 2014

DPH/OEMS REPORT

CARDIOCEREBRAL Resuscitation – Next Steps – Kamin

See attached latest CCR guideline

NHTSA Report/CEMSMAC Contribution – McClaine

See attached NHTSA report/ link to OEMS page

SELECTIVE SPINE IMMOBILIZATION PROJECT – UPDATE (Henschke/Group)

STATEWIDE GUIDELINES – Progress report - Kamin

REGIONAL MAC Reports – Group

Will review min/info sent in by regional reps

RAD 57 Use – DPH/OEMS

See attached document

Fire Rehab – DPH/OEMS

See attached document

Naloxone Use by Non-Paramedics – DPH/OEMS

See attached document – for review/discussion only

Disposition/Destination of Suspected Stroke Patients - McClaine

BLS EKG Pilot to be discussed in March

Prehospital Hypothermia – Discussion of changes – Kamin

OTHER BUSINESS

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 <sup>th</sup> , 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 14<sup>th</sup>, 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"> <li>• 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.</li> <li>• 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"> <li>➤ MACs to participate.</li> </ul> </li> <li>• 10.3 The DPH should ensure that patient outcome data is available to all levels of the EMS system.</li> </ul>	<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"> <li>➤ Adding the option for an Epinephrine drip in cardiac arrest</li> <li>➤ Adding Norepinephrine in addition to Dopamine for shock</li> <li>➤ Suspended use of pre-hospital therapeutic hypothermia post ROSC in their area in light of recent literature which doesn't show benefit.</li> </ul> <p>Region 4 – Scheduled to meet on March 26<sup>th</sup>, 2014 at 9am.</p> <p>Region 5 – Scheduled to meet on April 3<sup>rd</sup>, 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

CEMSMAC AGENDA

January 9, 2014

CHA

(Statewide Guidelines Meeting at 9 am prior to CEMSMAC)

REVIEW/APPROVAL OF MINUTES OF December 12, 2013

DPH REPORT

CARDIOCEREBRAL Resuscitation – continued discussion - Wolf

SELECTIVE SPINE IMMOBILIZATION PROJECT – UPDATE (Henschke/Group)

STATEWIDE GUIDELINES – ONGOING (Kamin) Progress report

REGIONAL INVOLVEMENT Progress Report – Group

Will review min/info sent in by regional reps

BLS EKG Pilot Program (Kamin)

Review to date/Discuss

OTHER BUSINESS

CONFERENCE CALL INFORMATION

DIAL IN NUMBER 866-421-2934

PASS CODE: 32437828

PLEASE EMAIL YOLANDA WILLIAMS IF YOU ARE GOING TO CALL IN

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)  
 Connecticut Hospital Association  
 Thursday, January 9, 2014

Minutes

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

OEMS Staff: David Bailey, Yolanda Williams

Guests: Kevin Burns, Peter Canning, Ryan Carter, Marielle Daniels, Douglas Gallo, Robert Grant, M.D., Philip Heavin, Alan Henschke, Joe Larcheveque, Ian Medoro, M.D., Fred Potter, John Quinlavin, Brooks Walsh

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

TOPIC	ISSUE	DISCUSSION	ACTION
Meeting	Called to order @ 10:02 am	Dr. Kamin opened the meeting and welcomed all those in attendance.	
Minutes	Reviewed the minutes of the December 12, 2013 meeting.	No discussion held.	Dr. Cone motioned to approve the minutes as written, Douglas Gallo second the motion.  Motion passed.
DPH Report: By David Bailey	Update	The updated equipment list has been forwarded to the DPH Commissioner. The issues with the child restraint devices are	

		<p>being resolved.</p>	<p>Question from discussion: Are the drop down Pedi Mate seats ok for use?</p> <p>Answer: Yes, at this time they are in compliance when transporting a pediatric patient.</p> <p>Reminder that children under 6 years of age or 60 pounds who are not patients must be transported in a child restraint system that meets federal regulatory standards. Systems meeting these standards should be labeled as such.</p>
<p>Cardiocerebral Resuscitation (CCR)</p>	<p>Continued discussion</p>	<p>Peter Canning spoke to this in Dr. Wolf's absence. The intent is to have a CEMSMAC approved document related to cardiac arrest care.</p> <p>The proposed document was reviewed and discussed.</p>	<p>Motion made by Dr. McClaine to have CEMSMAC endorse the use of CCR for all adult patients in cardiac arrest. The motion was second by Mr. Gallo.</p> <p>Vote: Yes – 3 Dr. McClaine Dr. Kamin Dr. Cone DR. BEGG No – 0 Abst. – 0</p>

<p>Selective Spine Immobilization Project</p>	<p>Update</p>	<p>Mr. Henschke reported that the final version does not include detailed reference material This has been forwarded to the State Training Committee. The draft will be finalized and forwarded to the DPH Commissioner.</p>	<p>The estimated implementation target date of January 2014.</p>
<p>Statewide Guidelines</p>	<p>Update</p>	<p>Dr. Kamin reported that the group is moving forward. The medical guidelines are being reviewed.</p>	<p>Next meeting will be the hour before the CEMSMAC in February.</p>
<p>Regional Involvement</p>	<p>Progress Report</p>	<p>Dr. Kamin asks that the Regions submit minutes from regional MAC meetings and other info as deemed appropriate.</p> <p><u>Region V</u> - William Begg reported that his region meets quarterly, Chaired by Dr. Peter Jacoby. Items discussed:</p> <ul style="list-style-type: none"> <li>• Selective Spinal Immobilization - local changes were made</li> <li>• Region Protocol – rollout date of February 1<sup>st</sup></li> </ul> <ul style="list-style-type: none"> <li>➤ Local institutions have identified 14 out of 32 requests for Life Star that were accepted</li> <li>➤ AEMTs are somewhat in limbo –</li> </ul>	

looking to phase out

Questions

Dr. Gallo wanted to know the status of AEMTs?

Dr. Begg reported that they are being planned to be phased out. Those without level will need additional training or go back to the basic level. The phase out will allow time to get additional training if desired. It is not clear on approval at this time, still in the process.

Dr. Kamin inquired about intention to use BLS CPAP in Region V?

Dr. Begg states that this is still being considered – no decision has been made.

Region IV – Dr. McClaine reported that BLS CPAP is deferred do to evaluation of paramedic coverage in the region.

There is continued interest in BLS use of advance airway – one sponsor hospital in region is looking to pilot. No word re start time.

Region III North Central – Peter Canning spoke on Paramedics course in STEMI Care that is available online. Information is available on

		CT Train. This program will track individuals' education/training.	
BLS EKG Pilot Program	Update	<p>Since June 4, 2013 to date there were 21 cases where BLS EKG were acquired and 2 cases were documented that resulted in by-pass for STEMI.</p> <p>Dr. Begg reported that with the program they are not receiving as many patients with chest pain due to more appropriate destination determination from the field.</p> <p><u>Questions</u></p> <p>How long do we consider this a pilot program and keep going or discuss the process?</p> <p>Would this remain a pilot until 50 EKGs are acquired or ended before?</p>	<p>If there is anyone interested in doing a 2<sup>nd</sup> pilot, please contact Dr. McClaine.</p> <p>Pilot program will be reviewed at the March 2014 meeting to determine how to proceed.</p>
Other Business	Open	<p>Dr. McClaine talked about last year's NHTSA report, that sections were going to be divided among various groups. The EMS Advisory Board has tasked CEMSMAC with Medical Direction and Data Analysis and Collection.</p> <p>The recommendations were discussed at the meeting.</p> <p>Dr. Kamin brought up potential for retreat/EMS medical direction course in CT</p> <p>Thoughts/comments? None.</p>	<p>Information will be forwarded for discussion at the next meeting.</p>

Adjourned	The meeting was adjourned at 11:02 am.	The next CEMSMAC meeting is scheduled for February 13, 2014 at CHA, Wallingford, CT	

Respectfully submitted by,  
Yolanda Williams, Secretary 2  
DPH, Office of Emergency Medical Services

DRAFT