Wisconsin Department of Health Services
Wisconsin Division of Public Health
Emergency Medical Services Section
Physician Advisory Committee Minutes

December 6, 2016
12:00PM - 5:00PM
Madison Marriott West
1313 John Q Hammons Dr,
Middleton, WI 53562

**Meeting Invitees:**

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| x | Steve Andrews, MD (Chair) | x | Christopher Eberlein, MD - remote | | James Newlun (Wisconsin EMS Director) |
| x | Mark Schultz, DO (Vice-Chair) | x | Sean Marquis, MD | x | Suzanne Martens, MD (State EMS Medical Director) |
| x | Chuck Cady, MD – remote | x | Steven Zils, MD | | |
| x | Riccardo Colella, DO | | | x | Michael Clark, MD (EMS Board) |

**Agenda:**

| Time: | Topic: | Lead: | Follow-up Items: | Notes: |
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| 12:00 PM | Introductions & Public Comments | | | |
| 12:10 PM | Approval of Meeting Minutes | | | Approval of October minutes |
| 12:15 PM | PAC Meetings for 2017 | | February 7, 2017<br>April 18, 2017<br>June 6, 2017 | Note April change |
| 12:20 PM | State Medical Director report | Dr. Martens | Status of training for Single Paramedic Medically Assisted Airway with trained assistant | |
| State Medical Director's hours, topics<br>NCRTAC EMS Medical Directors training<br>MAA status: pending EIA approval, re-edits<br>Epi document status – send out documents to PAC; add the 2 placeholder slides; documents not available on website library: consideration to request NAEMSP-WI to host this<br>example of California EMDAC website | | | | |
| 13:00 PM | HCC Regional Medical Advisor outreach to Local Medical Directors | Dr. Eberlein<br>Dr. Clark | Any reports on outreach to EMS Medical Directors in HCC regions? | |

Eberlien on line: Medical Advisors were instructed to make contact, has not heard back on results; waiting on EMS protocols = supposed to help with 2 protocol updates, instead of the state office per James and Ray(?). How to process this? Who has the final "approval"? The hope was to establish a regional resource and establish a standard.

PAC feels the Medical Director should be responsible. Recognize that currently the HCC Medical Advisors all have EMS experience, what will this be in the future and what authority is there over EMS protocols. Use as resources is good. Long discussion on appropriate review and oversight.

Christopher Eberlein provided a communication:
June 20, 2016
Assists DHS EMS Coordinators or Section Chief with the review of submitted EMS Operational Plans and Treatment Protocols. Review no more than 5 EMS service Operational Plans and Treatment Protocols per year as requested by the EMS Coordinators or EMS Section Chief within the Medical Advisors Region.

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| 13:35 PM | Communication with other related agencies | | | related agencies (Wisconsin Technical College System Board, Department of Transportation, etc.) |

EMS-C/Dr. Kim
Peds DNR discussion ongoing. Pursuit of legislation versus less formal resources. Instead call it a Care Plan or Unique Care Protocols (MCEMS).
Pt as Risk Program: Still exists, less available or visible. WI case that challenged DNR decision and it was decided it could only be applied if the child is in a vegetative state.

- Added information: Here is the link to the court case regarding withholding resuscitative measures to pediatric patients:

https://scholar.google.com/scholar_case?case=16376315370979896126&q=2002+WI+App+147&hl=en&as_sdt=6,50
See paragraph 17 for the information to which I was referring.

Support EMS-C in the investigation and advancement of recommendations.

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| **Protocols** | | | | |
| | Allergy & Anaphylaxis (adult) | | | |

13:41 Adult protocol: Make the Epi dose 0.3-0.5mg. No evidence either way, Allows for avoidance of protocol violation.
Add 2 system involvement into the trigger definition. Add each system definition as a trigger. Add Symptoms list from AAIS paper.
Add Repeat dose at EMR/EMT levels
Decadron dose: Reference? Dosing? Min/Max? 10-18mg IV/IM/PO/IO.
Epi drip: Call order or not? Yes
IV fluid bolus of 500ml. Then line stops. Need to add Recheck and repeat as necessary up to? Add same wording as Shock: 500-1000ml up to 2000ml. Check between boluses.
Add Atrovent to Albuterol line
Get update from Andrews

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| **Scope of Practice** | | | | With EMS Board |
| 3:00 PM | **EMR scope of practice**<br><br>Removal of "Spinal Immobilization **" at EMR level | Dr. Cady | | |

15:08 Dr. Cady: Concern that once immobilization is applied it is difficult to remove. May do manual stabilization until can be evaluated for Selective Spinal Immobilization. No evidence that C-collar helps. Recognize you can still use LB as an extrication and movement device.
Error on Scopes document that it is in the EMR** for SSI.
Motion: Remove c-collar and LB as immobilization devices from the EMR level. No second. Dropped.
Further discussion
2nd Motion: ~~Use Selective Spinal Immobilization with any immobilization considerations at the EMR level.~~ Cady's typed version: Add SSI to EMR scope and if EMR choses any immob skills, SSI must be included. ~~Or perhaps it would be easier to say c-collar placement with SSI.~~ Aye: Cady, Andrews, Eberlein. Opposed x4 (Zils, Schultz, Marquis, Colella). Does not pass.
So would be required at EMR level but no other levels? Was removed at First Aid.
or make SSI** at EMR level?

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| | **Tactical EMS Scope of Practice**<br><br>Needle Decompression at all levels | Dr. Andrews | | |

15:43: Dr. Andrews
Needle decomp vs vented chest seal, pig study.
Motion: Add needle decomp for Tactical EMS at all levels.
Discussion: TEMS provider with TEMS training, could be any EMS provider. Law Enforcement is being trained. "Practicing Medicine" is somewhat defined as inserting objects into the body, so could this be a liability as practicing medicine without a license? LEOs unlikely to sue each other; however, what if this involves the citizen?
The Scopes document now includes TEMS.
Second: Colella – and then retracted after further discussion. Dropped.
TEMS endorsement requires the 40 hr course. This is covered – but in what depth? Comments on available research is lacking. Shows it can be done. Is it legal?

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| | Pediatric DNR | Dr. Zils<br>Jerry Biggart | | |

15:54 Dr. Zils
EMS-C
Case 2002 the court ruled that resusc cannot be withheld unless in persistent vegetative state. Was to protect the physicians who the parents were suing for costs due to prolonged disability; they would have not chosen this. Reference laws to child abuse and religious rights restrictions. Parent decision or medical decision? Parent decision. But would apply to parents/guardians who must sign the DNR.
The EMS Section is also looking at the legal aspects of this.

Scopes document has many errors. Remove November version, go back to March. Have them rechecked by Andrews/Martens.

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| 16:10 | Communications with State EMS office | James Newlun | Scope of Practice changes posted on website?<br>Sample EMS Patient Care Guidelines posted on website?<br>State authorize Ambulance Services to get their own DEA licenses as Mid-Level Practitioners – need recommendations for legislative drafting?<br>Listing Service Director and Medical Director on the website? | |

Process for updating protocols and scopes: Evaluate during the year, review by October, confirm, post all updated in January. Recognition of time this will require.
EMR Epi documents: Came back from Legal, found some typo's. Will come back to Martens for check prior to release.
EMS agencies as mid-level providers: WI would still need to recognize an EMS agency as a MLP. Not defined in DEA bill update?
Listing Service Director and Medical Director on the website: able to do, has not been done yet.
HCC Medical Advisors doing protocol review? Was proposed. HCC Medical Advisors confirm it is listed as part of their job description. Concern that currently the Medical Advisors have EMS backgrounds, but this may not be true in the future. This was not confirmed. To be further defined.

16:30 Discussion on utilization of Evidence Based Guidelines being implemented by other states. Noted that references/resources are not cited. Consider these guidelines moving forward.

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| **Protocols** | | | | |

16:35 Marquis sent multiple updates.[discussed to end of meeting time]
Added points within AEIOU-TIPS
Added ETOC2 to monitoring
Reference to Routine Medical Care and Routine Trauma Car protocols: only Trauma found
Separate AMS and Opiate OD/Narcan
Remove wt based from peds: make all 0.4-0.5mg up to 2mg. Make consistent. Can make *comment for consideration of child on chronic pain medications to avoid withdrawal.
Glucose less than 70 = should be 60 for consistency
All sat references to greater than 93%
No Restraint protocol

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| | Naloxone Administration (Pilot Program) | | Remove from Sample Guidelines? | |
| 16:38 Remove this, there is no longer any pilot program. | | | | |
| 16:42 Calcium chloride vs gluconate discussion. Propose to add (or return) Calcium gluconate to the Paramedic medication list. Will bring to Board tomorrow. | | | | |
| 17:00 PM | Adjourn | | | |
| Future items | Minimum equipment required on ambulances: medications expected<br>Calcium chloride vs gluconate (Andrews was denied Ca gluconate as an alternate)<br>Need Routine Medical Care Protocol<br>Restraint Protocol<br>Nasal medication admin is */** at what levels? See AMS protocol update. | | | |

Statutory duties

- Advise the Department on selection criteria and performance of the State Medical Director
- Advise the Medical Director on appropriate medical issues

Board-assigned duties

- Assist with development of qualifications for medical directors at the local level
- Serve as an advisory committee for all related agencies (Wisconsin Technical College System Board, Department of Transportation, etc.)
- Assist with development of medical protocols for use in Wisconsin
- Recommend Scope of Practice for each EMT level
- Other duties as assigned by the EMS Board