Wisconsin Department of Health Services
Wisconsin Division of Public Health
Emergency Medical Services Section
June 6th, 2017

Physician Advisory Committee Minutes
1:00PM - 5:00PM
Madison Marriott West
1313 John Q Hammons Dr, Middleton, WI 53562

Meeting Invitees:

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

There is usually a quorum of WI EMS Board members at this meeting and the EMS Board will routinely take concurrent action on items brought up at this meeting.

Agenda:

Time:	Topic:	Lead:	Follow-up Items:	Notes:
13:02	Introductions			
	Public Comment			None
	Approval of Meeting Minutes			Approved
13:03	State Medical Director report	Dr. Martens	Medication Assisted Airway Mandatory Medication List Protocols	
	Recorded hours for State input remain around 50 per month. MAA project status: The protocol, training slides and memo have been pending based on the ability to follow both RSI and MAA with 1 and 2 Paramedic providers in the Elite platform. The QA program to do this was tested this morning and seems functional. Hopefully this can be released soon. New State protocol templates pending, working from the new Evidence Based Guidelines as well as the new NASEMSO National Model EMS Guidelines that are open for comment this month; 370 pages, has the pertinent references. REPLICA passed with 10 states supporting it; actually 11 states have approved it as of today. WI is not a compact state. The supporting states seem to think it is a very positive program. Martens attended the last WTC EMS Programs meeting; questions forwarded to the EMS Office; discussion on problems in Elite with searching and writing QA reports; Schultz confirms that he cannot run his QA reports either; Cady confirms problems. Mandatory Medication List: Too much data to embed in the Scopes document. Martens developed initial Required/Optional designations and PAC members were to look at the undesignated medications. Medications also grouped into functional categories, where another medication in the group could be substituted. PAC preferred the notation by categories, instead of listing a medication and the available alternatives for each. Cady commented that lists are never exclusive and out-date very quickly; and should reflect the curriculum. See working document.			
13:56	Communications with State EMS office	James Newlun	CARES progress Medication Assisted Airway	
	Above: MAA scope, protocol and memo pending the successful run of QA in Elite. This was accomplished by Happel this morning. To be checked by Martens before final release. CARES program being pursued in conjunction with the Office of Rural Health. This will be continued with in-person discussion. Meier has experience and data to share. DOJ is forming a TEMS team. Request for recognition for one of their agents who deploys throughout WI with request for chest decompression at the AEMT level. Dr. Eberlein is the medical director. Reference to previous discussions, with preference for vented chest seals instead of needle decomp. This has been previously discussed and decided. Avoid making a scope exception for 1 person. Reference that insertion of an instrument is considered practicing medicine, which requires a license.			

14:09	Emergency Medical Dispatch guidelines			
	EMD by Brooke Lerner, PhD Epidemiologist at MCW, working with a EMD project funded by Healthy WI 2020 on pre-arrival instructions. Developed a 2-question system: Is the pt awake? Are they breathing normally? If both No, directed to Dispatcher CPR. Call transferred to dispatch partner for instructions. Bystander CPR is still low in WI: approx. 19%; vs approx. 40% nationally. Bystanders still need to be directed and coached. So far have found that bystanders have provided 200-300 compressions before EMS arrival, even in areas thought to have rapid response. Basic dispatcher training with 20 minutes of slides, then 2-hour didactic training, then 1-2 hour practice and review. CPR certification required. CQI program necessary. Best way to identify cardiac arrest victims and direct citizens. Have studied cases, approx. 475. Have websites: www.mcw/edu/dispaterassistedcpr www.facebook.com/milwaukeecountybystandercpr Discussion on sharing dispatcher resources to a central location to provide pre-arrival instructions, not in every small comm center. Biggart forwarded the current related dispatch cards for this to Andrews for PAC to review and make any update suggestions. WEMSA is the fiscal agent for dispersing this grant for use.			
14:29	Legacy/Grandfathered Medications	Dr. Andrews James Newlun		Several services have medication not in their scope of practice that have previously been approved. How should these be handled?
	Agencies have previously approved medications that are currently not on the medication list. The EMS Section is not approving these currently. Previous agencies were directed to cease using medications outside the scope; this may not have happened. Historical discussion. Initial expansion of paramedic curriculum list was supposed to be limited. Discussion on 9-1-1 versus interfacility transfer lists and purpose. Discussion on strict versus regional need decisions. Examples: Blood products and antibiotics for interfacility; TXA for field use. Ideally would have regional oversight involved, but we are not there yet. Discussion on looking at the actual frequency of use of certain medications; should they still be on the list? PAC recommendations: allow continuance of legacy medications, refer concerns to State Medical Director; apply con ed requirements similar to other optional skills to the paramedic medication list (at least every 2 years); applies to both 9-1-1 and interfacility situations. Board defers to PAC to oversee this. No motion. Discussion on Elite medication list. Agency list can be restricted, but this will NOT have all the other meds available to list for IFT.			
15:28	Review revised Controlled Substance Monograph	Dr. Zils		

	Destruction of Controlled substances, rules changed in 2014. 4 techniques identified: On-site destruction method with form 41; deliver to reverse distributor; deliver back to distributor for recall or return; contact DEA agent for guidance (and expect they will direct you to another choice). Cady identified a reasonably priced reverse distributor. Zils found a product from Vera based in Minnesota, which destroys medications, meets DEA definition as irretrievable; available on Amazon. Newlun will check on how this can be referenced, as the State cannot endorse products by name. Product is the Deterra Drug Deactivation System. Zils to also check on definition of agency's ability to destroy the medications on site, versus having to ship it somewhere. All of our recommendations will be discussed/shown to our local DEA Agent for comment. Controlled Substance Management Guidance document on the EMS website will need to be updated.			
15:45	Free Standing EDs			No discussion
15:46	Medication Shortages	Dr. Zils		epi, bicarb, D50, atropine, rocuronium
	Historically the Office has requested specific medications listed in op plan and protocols, how will this be handled in the event of the shortages? Can the Office prioritize these substitutions in time of shortage? Can write options in protocols? Can write options in an appendix? Cady and Andrews note that they have alternatives built into their protocols. Using concentrated epinephrine for cardiac arrest.			
Scope of Practice				
15:55	Calcium Gluconate Topical for Hydrofluoric Acid burns: EMT and above	Dr. Clark		
	AHLS (Advanced Hazmat Life Support) recommendations and how to handle these. PAC agreed that this is an option at the Paramedic level. If an EMT/AEMT/I agency wishes to pursue this, will need to bring back to PAC/Board/Office.			
	Calcium Gluconate Nebulized for Hydrofluoric Acid inhalation: Paramedic	Dr. Clark		Same as above
	Cyanide Antidote Kits: Amyl Nitrate/Sodium Nitrite/Sodium Thiosulfate Kit: Paramedic level	Dr. Clark		Current Paramedic Med List only has Cyanokit: Hydroxocobalamin Recommend Med List Read : Cyanide Antidote Kits - Amyl Nitrate/Sodium Nitrite/Sodium Thiosulfate Hydroxocobalamin
	Generic list instead of brand name. Motion Andrews/Zils: List Cyanide antidote kit as above: Approved. EMS Board agrees, no additional motion.			
16:05	Methylene Blue: Paramedic level	Dr. Clark		
	For Methemoglobinemia, used in Arizona (home of AHLS) and Florida (personal note). Discussion on defining HazMat scope or possible endorsement to encompass this set of medications. Discussion on time-critical interventions versus other considerations.			

	Pralidoxime IV/IM not via auto-injector: Paramedic Atropine/Pralidoxime Auto-Injector at all levels for MCI events involving nerve agent or organophosphates	Dr. Clark		
	List ingredients instead of the Mark kits. Motion Andrews/Clark: Eliminate Mark 1/V Kits and list the ingredients separately for the Paramedic medication list. Mark kits are still in scope at other levels. Approved. Board agrees, no motion. Discussion that this is at the Paramedic level only; Autoinjectors for self/partner dose is in scope at all levels. ChemPacks include mass doses of various medications, including the autoinjectors of Atropine and Pralidoxime for treatment (not self/partner use). If deployed, it is expected that EMS providers will be involved in its use. Motion Andrews/Zils: Add language to add "for mass casualty incident" use to Mark 1 scope, in addition to "for self and crew." Approved. No additional action by Board.			
	Pyridoxine IV: Paramedic (Vitamin B6)	Dr. Clark		Not discussed
16:29	Ophthalmic anesthetics at all levels	Dr. Clark		
	Tetracaine used to be on the Paramedic Medication list, is no longer listed. Motion: Add Tetracaine and Proparacaine on to Paramedic medication list. Approved.			
16:33	tPA for interfacility at Paramedic level	Dr. Martens		
	Was previously on Paramedic list and proposed as part of Coverdell Stroke package; time-sensitive. No action needed.			
	Possible removal Dopamine from Paramedic Scope	PAC members		PAC members to Check literature for use, efficacy, side-effects.
	Discussion that Norepinephrine is likely a better medication, but no evidence of increased incidence of peripheral tissue necrosis. No action.			
16:35	Thiamine add to Paramedic Medication list			
	Used to be on the Paramedic medication list as part of unresponsive patient protocol; no support currently. Discussed that this is not indicated for EMS based on current research.			
16:36	Labetalol add to Paramedic Medication list			
	Motion Marques/Andrews: Add this to the paramedic medication list. Discussion: for Stroke, Hypertensive crisis. NOT to be automatically given for STEMI. Approved.			
Protocols				
16:41	Interfacility Stroke Protocol			Coverdell Stroke

	Question on stopping tPA for s/s of worsening conditions (listed previously). What constitutes change in neuro condition? When to contact medical control? Drop the reference to N/V for d/c'ing tPA. Change contact med control to optional. Stop the infusion, then notify receiving/destination facility. Edits.			
16:55	Ideas for next meeting			
	MCEMS dispatch pre-arrival cards to be reviewed for 2015 AHA updates HazMat med list/endorsement			
17:00	Adjourn			

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