

**Wisconsin EMS Physician Advisory Committee**  
 Minutes for Wednesday March 4<sup>th</sup>, 2015; 13:00-17:00  
 Aurora Medical Center – Summit; 36500 Aurora Dr, Summit, WI 53066  
 Pabst Conference Room, first floor

Members Present	Andrews	Clark	Drayna	MacNeal	Martens	Schultz	Vayder	Zils	Medical Director
<i>2/14/14 Working Board Mtg</i>	-	-	-	-	-	-	-	-	-
4/1/14	X	X	X	X	X	X	X	X	X
6/3/14	X	X	0	X	X	X	X	X	X
<i>8/5/14 Working Board Mtg</i>	-	-	-	-	-	-	-	-	-
10/14/14	X	0	X	X	X	X	X	X	X
12/2/14	X	X	0	X	X	X	X	X	X
<i>2/3/15 Working Board Mtg</i>	-	-	-	-	-	-	-	-	-
3/4/15	X	X	0	X	X	X	X	X	X
4/7/15									

EMS Office: Hornby, Happel, Lemke, Ullsvik

AGENDA TOPIC	ACTION POINTS	STATUS
Introductions and Announcements	Introductions throughout the room	Information
Approval of minutes	Minutes from 12/2/14	
PAC meeting process	Meeting schedule, duration, place Agenda development, timeline	Discussion & Recommendations
<p>3/4/15: Future meeting time schedule to allow for more time. Expect Tuesday from 2-5. Will overlap with EMS-C. Plan to have more discussion in the beginning, and then have agenda items and action items towards the end. New location is the Great Wolf Lodge in WI Dells in conjunction with the EMS Board and subcommittee meetings. During the 2 months without subcommittee meetings and a working Board meeting scheduled, PAC will arrange an off-site meeting similar to today. This will likely be on Wed-Thurs, as the Board members will have their own meetings on Tuesday.</p> <p>9-12:30 subcommittees, 12:30-1:30 lunch, 1:30-2:30 EMS-C, 2:00-5:00 PAC</p> <p>Preparation with more lead time. Expect topics and articles submitted at least 72 hours prior to the meeting. Historically, articles shared between PAC members has been accepted. It is not expected that all of these will be made available to the public at large, limited by copywrite, etc.</p> <p>Open meeting rules include posting the agenda through the EMS Office 24 hours prior to the meeting.</p> <p>Clarification: PAC reports to the EMS Office; not actually to the Board. Both PAC and the Board are advisory to the EMS Office. It is beneficial for PAC to report topics, findings and recommendations to the Board; which is how this has been previously done. More emphasis on an activity report rather than motions to be voted on by the Board the next morning. Multiple Board members expect to be attending PAC meetings on a regular basis to keep current with this information in case a motion is required.</p>		
<b>OLD BUSINESS</b>		
AGENDA TOPIC	ACTION POINTS	STATUS
State Medical Director Position	State Medical Director	Status Update
<p>3/4/15: The State EMS Medical Director position will not change with the development of the State Healthcare Coalitions. The new application process will be similar to that of the medical directors for the Healthcare Coalitions. The EMS position is expected to be posted April 15<sup>th</sup> with a projected 2-3 week processing time.</p>		

<p>12/2/14: PAC reviewed scoring template for medical director position. Submitted to Board for approval.</p> <p>10/14/14: Medical director job description: PAC previously provided recommendations to office. Further discussion regarding what is needed. Dr. Martens to resurrect previous document. PAC to review one more time over email. Plan is to submit to office (with or without board approval) and board simultaneously. Office then to determine what they can do with it.</p> <p>10/14/14: Scoring system for applicants. Dr. Martens circulated information to PAC yesterday. This is based on the previously developed Curtis EMS Report Card and additional information up to date related to EMS certification/etc. PAC to complete review of this via email and have final product to approve at Dec PAC mtg to submit to the Board.</p>		
<b>Protocol/Scope Review</b>	<b>Nitrous oxide use in EMS Nitrous oxide for AEMT</b>	<b>Discussion/Update/Complete</b>
<p>3/4/15: Further discussion about nitrous oxide. Still concern about lack of proof of safety for caretakers. It is recognized that there are agencies out there who wish to use it and it is recognized that there are services across the country that use it without any documented problems. <b>A motion was made to approve at AEMT, intermediate, and paramedic level with **. Yes: 6 No: 0 Abstain: 1. Recommendation will be forwarded to the office.</b></p> <p>It was also agreed that PAC will formulate a guideline on its use. Andrews will take lead. Others to provide info to Andrews. Andrews will share with group via email by April 15<sup>th</sup>, midnight.</p> <p>12/2/14: Further discussion about nitrous oxide. There is still a consensus that need for further data on safety for providers. NO is in the NHTSA Scope at AEMT level and taught in AEMT classes. Need to understand two separate issues: patient care and level for scope; safety for providers. There was a lot of discussion about safety. <b>A motion was made to approve at AEMT and Intermediate level. Yes: 4, No: 3. Motion passed. 6</b></p> <p>6/3/14: Motion to add nitrous oxide to AEMT and Intermediate scope with **. After much discussion, there was concern that there wasn't enough time to fully discuss this issue. Motion withdrawn and will add to next agenda.</p>		
<b>Protocol/Scope Review</b>	<b>Single medic MAI w/o paralytics</b>	<b>Discussion/Update/Complete</b>
<p>3/4/15: MacNeal provided information that he gathered in querying other states' experience with RSI. <b>Medication Assisted Advanced Airway- with or without paralytics with two advanced airway trained providers at patient side (at least one being a paramedic) (requires continuous ETCO2 waveform capnography)**</b></p> <p><b>Replaces both:</b></p> <p><b>Intubation- Medication Assisted (non paralytic)*</b></p> <p><b>Intubation- Medication Assisted (paralytic) (RSI)**</b></p> <p><b>YES: 7 NO: 0 Motion carries</b></p> <p>PAC will formulate a guideline on training and education. MacNeal will take charge of this. He will develop and provide to PAC for email discussion by April 15<sup>th</sup>.</p> <p>12/2/14: There was considerable discussion regarding the issues: 1 vs 2 to do RSI, medication assisted intubation as a work around, ETCO2 monitoring required <b>Motion: Medication assisted intubation including paralytics requires continuous ETCO2 monitoring and allowed with 1 paramedic to replace the two paramedic rule regarding RSI**. There was considerable discussion after motion as well. Vote: Motion was withdrawn.</b> <b>10/15/14: Board returned topic to PAC for more discussion.</b></p> <p>10/14/14: medication assisted medication and RSI: motion: remove rule requiring two paramedics at patient side for RSI: vote: favor: 6 opposed: 1</p>		
<b>Protocol/Scope Review</b>	<b>2 vs 1 medic</b>	<b>Discussion/Update/Complete</b>

3/4/15: Issue settled and communication via memo in process with DHS. 10/14/14: 2 vs 1 medic : mutual aid to a two-paramedic system, can a single paramedic function at the paramedic level? The office has sent this in for legal interpretation.		
Protocol/Scope Review	Define/change the paramedic curriculum medication list	Update
3/4/15: deferred to next meeting 10/14/14: paramedic curriculum medication list compiled by the office: list of medications being used by paramedics is getting long. Should we consider adding some of these to the curriculum or update the list. Office to provide PAC with current paramedic medication list and medications currently in curriculum.		
Policies Updates	L&S PAC Position Statement	Update
3/4/15: In process with DHS for posting 10/14/14: PAC lights and siren position still not posted on website Lights and siren position paper not posted. Office to post. 10/8/13: no new updates PAC Use of Lights and Sirens position paper. Not on website as of 10/1/13.		
Best Practices Recommendations	PAC list of discouraged medications, equipment or practices with recommended alternatives.	Active
3/4/15: Waveform capnography should be standard for any service/provider that is using an advanced airway. Motion made to remove * from ETCO2 monitoring at all levels on scope of practice. No second. Motion does not stand. For all levels that perform endotracheal intubation, ETCO2 waveform is required. This will be required immediately for new services and by January 1, 2020, for all services. Motion: INTERMEDIATE TECHNICIAN, INTERMEDIATE, PARAMEDIC SCOPE OF PRACTICE Endotracheal Intubation requires continuous ETCO2 waveform capnography (for any new increase in service, for all services by 2021). Yes: 7 No: 0 Motion carries		
6/3/14: HEMS utilization guideline: what is the status? Still in Department approval process. Fred to f/u on status.		

NEW BUSINESS		
AGENDA TOPIC	ACTION POINTS	STATUS
EMS Board/Office Assignments	Requested Topics:	Standing Agenda Topic
Field Medical Oversight MD-1	Dr. MacNeal	Presentation/Discussion Best Practices Example
3/4/15: Cady presented his physician response outline. PAC reviewed and discussed. Clarifications were made. Document sent to all members for further review and plan discussion at next meeting.		
Scope Review	MIH/Community Paramedic collection of specimens, specifically sputum, urine, and stool	Discussion/Recommendation
3/4/15: We had significant discussion about MIH and how it relates to current scope. It is recognized that at some point, the needs may technically transcend current scope. Each program should be submitted to the office for review.		
Protocol/Scope Review	<ul style="list-style-type: none"> <li>Abdominal/Junctional tourniquet</li> <li>Selective spinal immobilization training protocol example – Schultz</li> </ul>	Discussion/Recommendation
3/4/15: are abdominal/junctional tourniquets thought to be tourniquets and currently allowed, or are they different medical devices? The consensus of PAC is that this is a separate type of medical device. Consensus is that the current term		

<p>tourniquet does not apply to that.  <b>Motion: change "tourniquet" to "extremity tourniquet" in scopes of practice. Yes: 7 No: 0 Motion passes</b>  3/4/15: selective spinal immobilization: this is done</p>		
Ethics: Terminal or unstable patients who refuse care or transport	Case examples: Terminal COPD Hypotensive pt	Discussion
Protocol Review	Current protocol examples on website	Update/Review
EMS Controlled Substances Management	Document on website	Update/Review
Interfacility Transport Guidelines document	Review with Critical Care update	Update/Review
<p>6/3/14 Not discussed  4/1/14: EMSC has asked that this be updated to help them in the development of transfer agreements. The most recent document they have access to is from 2006. PAC to work with Cady's update and to provide final recommendations to be voted upon at next PAC meeting.  12/3/13: Office to review Cady's draft and provide feedback to PAC.</p>		
WI-ACEP	Shared Topics or Recommendations	Standing Agenda Topic
NAEMSP WI Chapter		Information
Medical Director Report		Information
EMS Board Update		Information
EMS Office Update		Information
Public Comment		Information
<p><b>Next Meeting: Tues April 7<sup>th</sup> at 2:00PM, Great Wolf Lodge in Wi Dells</b></p>		
New Agenda Items:	<b>Pending Agenda Items for Consideration:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NHTSA Site Visit</li> <li><input type="checkbox"/> MetaStar Project: Statistics on patient transfers from rural hospitals</li> <li><input type="checkbox"/> ACEP America's Emergency Care Environment Report Card: PAC input for WI-ACEP</li> </ul>	