

**Wisconsin EMS Physician Advisory Committee
Minutes**

Tues June 2nd, 2015, 14:00-17:00
Great Wolf Lodge, 1400 Great Wolf Drive, Wisconsin Dells, WI 53965

Members Present	Andrews	Clark	Drayna	MacNeal	Martens	Schultz	Vayder	Zils	Medical Director
6/2/15	X	0	-	remote	X	X	0	remote	call in

AGENDA TOPIC	ACTION POINTS	STATUS
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Introductions and Announcements	Introductions throughout the room	Information
Approval of minutes	Minutes from 4/6/15	Approved
The order and priority of topics are subject to change based on conflicting meetings of interested persons.		

PRIORITY TOPICS

AGENDA TOPIC	ACTION POINTS	STATUS
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Protocol/Scope Review	I-Gel supraglottic airway	Discussion/Action
Listed in scope as "airway lumen nonvisualized." PAC agrees it qualifies as an appropriate airway. Motion passed, 5 in favor. 0 opposed.		

Protocol/Scope Review	Define/change the paramedic curriculum medication list	Discussion/Update/Complete
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6/2/15: Medication lists—required minimum list. The purpose of this list is to guide training for 911 utilization at the paramedic level.
Cyanokit = Hydroxocobalamin.
Delete rest of medications in old cyanide kit and replace with Hydroxocobalamin (Cyanokit)
Motion by Andrews, second Schultz. Approved 5. opposed 0

Medication categories to group interchangeable medications, any in the group would be approved.
Utilize the edited list of medications and include categories as provided by Dr. Andrews.
Motion Andrews, second Schultz. Approved 5. opposed 0
Send list to Fred.

4/7/15: The current paramedic curriculum medication list and the additional approved paramedic medications list was distributed prior to the meeting for review. At this meeting the group discussed the need and implications of updating these lists. Specifically, should any of the add'l approved medications be moved to the paramedic curriculum list? There was a new discussion about approving drug categories as opposed to specific names. The consensus was that categorization makes sense, but some concern that moving a medication to the standard curriculum list will take it away from the ability to charge for SCT. **Members to consider these lists further and to bring recommendations back to the next meeting.**

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.**

Scope of Practice	Multipurpose Ventilators	Discussion/Action
6/2/15: Chronic vent pts. Currently in CCP scope only due to vents used. Discussion on stable with set settings versus being able to troubleshoot the equipment. Question on standard in vent care setting: is RT always there to adjust? If so, need equal level of care.		

4/7/15: Automatic Transport Ventilator (ATV) vs Variable Setting Ventilator (VSV). Variable setting has to this point been for the critical care paramedic only. Several agencies have requested the ability to utilize the variable setting ventilator by paramedics. **Motion: allow paramedics to use a VSV in a simple manner allowing for setting of FiO₂, rate, and volume only in assist control (AC) setting. Yes 5 No 0 abstain 2**

There was further discussion about allowing a paramedic to use a VSV to match the settings of a patient's ventilator for an inter-facility transport.

Questions: What is a "chronic vent" patient? What settings are typical?

Protocol/Scope Review

Nitrous oxide use in EMS

Discussion/Update/Complete

6/2/15: Final version done. Andrews to send to Fred. Zils: need to emphasize the diversion with medical directors using Nitrous. [Board requested this be sent to all members for information]

4/15/15 email distribution of information

4/7/15: Andrews working on guideline.

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. **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.**

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 15th, midnight.

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. **A motion was made to approve at AEMT and Intermediate level. Yes: 4, No: 3. Motion passed. 6**

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.

Protocol/Scope Review

Medication Assisted Advanced Airway

Discussion/Update/Complete

6/2/15: MacNeal forwarded final draft today. To reviewed. Send via email for final for vote in next 10 days.

NTG for CP only at EMT level as assisted medication.

4/9/15 email distribution of information

4/7/15: MacNeal circulated some drafts. Powerpoint, sample guideline and medical director resource. MacNeal still receiving comments and discussion via email with plan to present final draft for PAC review.

Motion: PAC to provide supporting material, educational material, and references for any sample guidelines developed by PAC from here to the future. Yes 7 No 0

3/4/15: MacNeal provided information that he gathered in querying other states' experience with RSI.

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)**

Replaces both:

Intubation- Medication Assisted (non paralytic)*

Intubation- Medication Assisted (paralytic) (RSI)**

YES: 7 NO: 0 Motion carries

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 15th.

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

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.****

10/15/14: Board returned topic to PAC for more discussion.

10/14/14: medication assisted medication and RSI: motion: remove rule requiring two paramedics at patient side for RSI: vote: favor: 6 opposed: 1

Scope of Practice	Zofran for Intermediates	Follow-up Discussion/Action
EMS Board forwarded letter to EMS Office. Has not replied. Scope creep it the point. Education hours. Opposed based on system viewpoint. Concern on holding the line.		

I-99 staying or going? Sort of staying. 11 Intermediate agencies. 3-4 have requested to transition to paramedic. Would effect many more agencies with single paramedics.

?sunset date. It is in statute and will be supported as long as it is there. Old NR test will be used as WI, but need updated.

496 hours initial training. was proposed at 800 hrs. lower hours were voted as sustainable. Transitioning to I-12 with this refresher cycles.

Note this was voted against by the EMS Board 4/8/15.

4/7/15: Request from Marquette County to add Zofran for use by intermediates. **Motion to move zofran to the intermediate scope of practice with**. Yes 6 No 1**

Scope of Practice Administration	State Border Limitations	Discussion/Action
6/2/15: Legislation pending. New proposal for allowing 10 calls w/o WI license, more to come REPLICA starting to raise more problems. Intent of emergency response with law enforcement and homeland security. Now is being moved into daily ops. Look at MABAS requirements, has personnel requirements for FDs, different for EMS. Concern for oversight and quality control of out-of-state providers. Replica does require NR as part of initial training. Also a challenge to maintain licences in both states with different con ed.		

ADDITIONAL TOPICS

AGENDA TOPIC	ACTION POINTS	STATUS
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EMS Board/Office Assignments	Requested Topics:	Standing Agenda Topic
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Protocol Review	Current protocol examples on website	Update/Review
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Ask Cady where and if updated.

Scope of Practice	CCP Refresher Requirements	Discussion/Action
6/2/15: Remove CCP renewal specific topic hours as requirement for con ed. Still need 24 hrs. Schultz second. Approved 5. Opposed 0.		

Policies Updates	L&S PAC Position Statement	Update
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6/2/15: Still waiting – Jenny to find out. Get up this month.
 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
<p>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.</p> <p>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</p>		
6/3/14: HEMS utilization guideline: what is the status? Still in Department approval process. Fred to f/u on status.		
WI-ACEP	Shared Topics or Recommendations	Standing Agenda Topic
NAEMSP WI Chapter		Information
June 16 th Appleton 10AM-noon at Ministry St. Elizabeth's		
Medical Director Report		Information
EMS Board Update		Information
EMS Office Update		Information
Second interview with EMS Director candidates this week.		
Public Comment		Information
Next Meeting: Tues October 6 th at 2:00PM, Great Wolf Lodge, WI Dells. Suggestions for interim meeting. Suggest Wed Aug 5 th . See who is available.		
New Agenda Items: <input checked="" type="checkbox"/> Medical Director impact on credentialing with remediation versus discipline <input checked="" type="checkbox"/> ?finish discussion on single paramedic RSI		Pending Agenda Items for Consideration: <input type="checkbox"/> NHTSA Site Visit <input type="checkbox"/> MetaStar Project: Statistics on patient transfers from rural hospitals <input type="checkbox"/> ACEP America's Emergency Care Environment Report Card: PAC input for WI-ACEP <input type="checkbox"/> Interfacility Transport Guidelines <input type="checkbox"/> Controlled Substance Document