



# MEDICAL ADVISORY COUNCIL

## KS Board of Emergency Medical Services

7/16/2013

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**Date of Meeting:** July 16, 2013

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**Meeting Notes Prepared By:** Joe Moreland

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### 1. Purpose of Meeting

- The agenda was focused on current position statements created by the MAC; MAC bylaws; and medication list and scope of practice reviews.

### 2. Attendance at Meeting

<i>Members</i>	<i>Company</i>
Dr. Sabina Braithwaite	MAC Chair
Dr. David Kingfisher	MAC Vice Chair- Absent
Dr. Dennis Allin	MAC member- Absent
Dr. Sean Herrington	MAC member
Dr. Michael Machen	MAC member
Dr. James Longabaugh	MAC member
Deb Kaufman	KBEMS Board member
Chad Pore	KBEMS Board Member
Joseph House	KBEMS Staff
Steve Sutton	KBEMS Staff
Dave Cromwell	KBEMS Staff
Darlene Whitlock	KMS
Dr. Ryan Jacobsen	Johnson County EMS System Medical Director
Janelle Bowers	Cheyenne County EMS

### 3. Meeting Notes, Decisions, Issues

- May MAC Meeting notes
  - Approved as provided.
- NIPPV Position Statement
  - **ACTION:** NIPPV Position statement will be moved forward to the board for their action at the August meeting.



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- **RECOMMENDATION:** NIPPV be allowed at the EMT and EMR level
  - Initial approval at the May meeting was to include it at the EMT level only.
  - Discussion had no opposition to including it at the EMR level as well since it would be under protocol, it is described who it is used on, and it is difficult to harm the patient with NIPPV.
  - This will require a change in statute and until this change is effected, AEMT and higher are the only attendant levels allowed to perform NIPPV.
- Pain Management Position Statement
  - Approved position statement and resource documents as provided by Dr. Deb Smith.
  - **ACTION:** Pain management position statement will be moved forward to the board for their action at the August meeting.
- Spinal Immobilization Position Statement
  - **ACTION:** Dr. Sean Herrington offered to work with Shane Pearson and develop this position statement.
  - Discussion led to Dr. Braithwaite being able to provide resource documents as well as position statements from NAEMSP and the American College of Surgeons. It was also stated that Dr. Michael Moncure at KU was working on a similar position statement and it was mentioned to get with him as well to ensure no conflict exists and there is uniformity between the position statements. This will include the KED/Short Board as well.
- MAC bylaws
  - Approval of the cleaned up version of the bylaws to ensure that it correctly captured the discussion prior to seeking board approval. Discussion held that proxy voting can be done via email to the chair and be considered in writing.
  - **ACTION:** MAC bylaws approved as presented and forwarded to the board for their approval at the August meeting.
- Parking Lot
  - State EMS Medical Director
    - On hold pending being addressed through the Board's strategic planning process.
  - Ambulance staffing
    - Currently being worked on within a committee of KEMSA.
  - Model Guidelines
    - A few are still outstanding, but it appears that the project is wrapping up and a product should be available for review at the medical director's workshop at KEMSA's pre-conference.



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- Medication list / Scope of Practice review
  - AEMT list of medications will be reviewed in September.
  - Discussion during the review requested consideration by the board of a skills list by reference as opposed to having to change statute for a skills change due to how quickly and often things change in EMS.
  - **RECOMMENDATIONS:**
    - Allow EMT to administer DuoNeb (Albuterol/Ipratropium) as a premix
      - EMT is currently allowed to administer a beta agonist and to assist with Ipratropium.
    - Allow AEMT the ability to draw up 1:1000 Epinephrine as opposed to only administering via Epi-Pen.
    - Pulse oximetry should be allowed at the EMR level.
      - EMR has received training in pulse oximetry.
    - Carbon monoxide monitoring via RAD-57 or similar device should be allowed at the EMR level and higher.
      - No significant difference in the application of this type of monitoring and pulse oximetry.
    - Allow EMR to assist in the imminent delivery of a noncomplicated birth, including clamping and cutting the umbilical cord.
      - EMR receives education on childbirth and assisting with childbirth/normal delivery. Childbirth is a natural process and is going to happen when it is going to happen.
    - Traction splinting should be allowed at the EMT level and higher.
    - NIPPV should be allowed at the EMR level and higher (reiterated from earlier).
    - Synchronized cardioversion should not be allowed at the AEMT level.
      - No education exists to support this skill at this level as well as an increased risk being involved due to the skill being rarely performed.
    - Transdermal should be allowed as an approved mode of medication delivery for the EMT level and higher and specifically added for nitroglycerin.
- Discussion topic for next meeting
  - Currently there is no specificity to the continuing education requirement for EMS providers in order to maintain their Kansas certification. How does the MAC feel about providing some broad scopes, similar to the National Registry recertification process, that would cover specific area of continuing education for recertification.



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### 4. Action Items

<i>Action</i>	<i>Assigned to</i>	<i>Due Date</i>	<i>Status</i>
NIPPV Position Statement to the Board	KBEMS Staff	August 2, 2013	Pending
Pain Management Position Statement to the Board	KBEMS Staff	August 2, 2013	Pending
Spinal Immobilization Position Statement to be developed	Dr. Sean Herrington	September Meeting	In development
MAC Bylaws to the Board for approval	KBEMS Staff	August 2, 2013	Pending
Recommendations on Scope of Practice and Medication List Changes presented to the Board	KBEMS Staff	August 2, 2013	Pending

### 5. Next Meeting

<i>Date:</i>	September 10, 2013	<i>Time:</i>	5:30pm	<i>Location:</i>	Teleconference
<i>Objectives:</i>	<ul style="list-style-type: none"> <li>• AEMT medication list discussion</li> <li>• Continuing education requirements for recertification discussion</li> <li>• Spinal immobilization position paper</li> </ul>				