MEDICAL CONTROL BOARD
EASTERN AND WESTERN DIVISIONS
EMERGENCY PHYSICIANS FOUNDATION

The regular scheduled meeting of the Medical Control Board was held by videoconference, pursuant to Oklahoma Statute, Title 25 & 307.1 on Wednesday, November 9, 2016 at 10:00 am at the following locations:

EMSA Eastern Division Headquarters in the Conference Room
1417 N. Lansing Avenue, Tulsa, OK
EMSA Western Division Headquarters in the Conference Room
1111 Classen Drive, Oklahoma City, OK

NOTICE AND AGENDA for the regular meeting of the Medical Control Board of the Emergency Physicians Foundation, Eastern and Western Divisions, was posted in the Office of the Deputy City Clerk of Tulsa, November 7, 2016 and in the Office of the City Clerk of the City of Oklahoma City on November 7, 2016 more than 24 hours prior to the time set for the regular meeting of the Medical Control Board.

1. **Roll Call** disclosed a quorum at 10:10 am and the meeting was called to order by Dr. Mike Smith.

MEMBERS PRESENT:	MEMBERS ABSENT:
Dr. Roxie Albrecht	Dr. Russell Anderson
Dr. Brandon Boke	Dr. Mark Blubaugh
Dr. Chad Borin	Dr. Jeffrey Dixon
Dr. Barrett Bradt	
Dr. John Nalagan	
Dr. David Smith	
Dr. Keri Smith	
Dr. Mike Smith	

OTHERS PRESENT:

Dr. Jeffrey Goodloe, OMD	Michael Lunberg, ISMC
Dr. Curtis Knoles, OMD	Patrick Olson, ISMC
Jennifer Jones, OMD	Steven Roberts, ISMC
David Howerton, OMD	Deacon Vice, ISMC
Duffy McAnallen, OMD	Jeremy Campbell, ISMC
Matt Cox, OMD	James Trina, ISMC
Dinorah Rivera, OMD	Alex Barrero, ISMC
Jamil Rahman, OMD	John Fitzgerald, ISMC
Shawn Hoffman, EMSA	David Zinn, ISMC
Caleb Allen, EMSA	Mark Keuchel, ISMC
Miranda Phillips, TLF/SFH	

2. Review and Approval of September 2016 MCB Meeting Minutes

MOTION: Dr. Chad Borin

SECOND: Dr. Brandon Boke

AYE:
Dr. Roxie Albrecht
Dr. Brandon Boke
Dr. Chad Borin
Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith
Dr. Keri Smith
Dr. Mike Smith

ABSENT:
Dr. Russell Anderson
Dr. Mark Blubaugh
Dr. Jeffrey Dixon

3. EMSA President Report

Dr. Smith reported Mr. Williamson was not in attendance. Dr. Goodloe stated that Mr. Williamson and Mr. Winham are unable to attend as they are attending the annual American Ambulance Association meeting.

4. Medical Director Report

Dr. Goodloe shared that the divert reports are posted for MCB physician review and asked that each MCB physician closely review the data for their individual hospital.

Dr. Goodloe discussed the Scene Time Efficiency Project meetings are going very well. Dr. Goodloe has had very good discussions with medics about the scene times and overall mission times are getting better and better for our patient care availabilities. More medics are getting time between calls and are able to end their shift(s) on time as well. This is a beneficial long-term impact on the mental and physical health of our crews.

Dr. Goodloe explained the Scene Time Efficiency team is working on a protocol that the Medical Control Board will not see today but that the team is working collaboratively on a scene coordination protocol. Some beta testing of the protocol will occur and will be brought back to the Medical Control Board for their approval once the timing is appropriate for such.

Dr. Goodloe discussed head-up CPR. Head-up and torso-up with CPR shows promise to improve outcomes. There is a patient positioning device, now already in development generation 5, anticipated to be available for field beta-testing in approx a year's time. Our EMS system is slated to be one of only 5-6 in the entire country for evaluating this device for compatibility with EMS medical practice. ResQCPR recently had its one-year mark from the implementation of the device into our system. There has been full funding from Zoll Minneapolis for a faculty statistician at the University of Minnesota to assist in

the research of the ResQCPR system impact in our patient outcomes. This is data that is compiled by OMD and not controlled by ZOLL, the manufacturer of the ResQCPR system. This research project could likely take up to a year to complete its first phase of data analysis.

5. Review and Approval of 2017 Treatment Protocol Set

The Medical Control Board approved the 2017 Treatment protocol set with the current 2016 Divert Protocol.

Protocol 2E- Supraglottic Airways The statement was added to strongly promote using waveform capnography when a supraglottic airway is in place, even though it is not strictly required as it is with endotracheal intubation.

Protocol 3C – Dyspnea – Asthma Added magnesium sulfate 1 gram slow IVP for the treatment of adult severe asthma.

Protocol 3E – Dyspnea – Congestive Heart Failure If patient on NIPPV, may use nitroglycerin 2% ointment 1½ inches applied to chest wall as opposed to only having sublingual nitro that would involve breaking the facemask seal for each and every administration.

Protocol 3F – Dyspnea – Brief Resolve Unexplained Event (BRUE) Pediatric Less Than 1 Year of Age Changed the title from Apparent Life Threatening Event (ALTE) Pediatric. Added history to define BRUE in both high risk and low risk conditions.

Epinephrine in Multiple Protocols - Changed all protocols listed below with Epinephrine to 1mg/mL for 1:1000 or 0.1mg/mL for 10:000 due to a national label change of Epinephrine concentrations.

- Dyspnea - Asthma (Severe & Refractory to Nebulization) (3C)
- Asystole (4F)
- Ventricular Fibrillation/Pulseless Ventricular Tachycardia (4G)
- Pulseless Electrical Activity (4H)
- Bradycardia (Pediatric) (5D)
- Acute Allergic Reactions (Anaphylaxis) (8D)
- Snakebites (Anaphylaxis) (8E)
- Bee/Wasp Stings (Anaphylaxis) (8F)

Protocol 3H – Waveform Capnography Added to the indications of capnography: Mechanical Ventilation and Termination of Resuscitation.

Protocol 3L – Mechanical Ventilation Under safety notes, the statement was added if transporting a patient with a home ventilator that remains on baseline settings, the use of continuous waveform capnography is optional if that better promotes leaving the usual airway circuit intact.

Protocol 4I- Specific Causes of Cardiac Arrest In the treatment priority boxed added the statement "if hyperkalemia, administer calcium chloride as first medication."

Protocol 4K – "Do Not Resuscitate"/Advanced Directive Orders, Futility of Resuscitation Initiation & Termination of Resuscitation The statements below were either reworded or added to the existing protocol.

- ALS resuscitative efforts continuously perform for 20 minutes was changed to for at least 20 minutes.
- If ALL of the above criteria are met, then an online medical control physician or the patient's attending physician may be consulted for field termination of cardiac arrest resuscitation. Field termination: the EMS professional's decision to stop then shall be based on the physician's order, though to be perfectly clear such order cannot contradict the conditions specified for termination of resuscitation.
- In the rare instance in which an OLMC or patients attending physician orders termination of resuscitation inconsistent with this protocol continue resuscitation and notify consult the medical director his/her designee.
- Additionally, Oklahoma legal requirements for unattended death must be followed.

Protocol 6C – Glucometry (Blood Glucose Determination) Reworded glucometer protocol to make it more generically applicable to the diversity of glucometers in use in the system.

Protocol 9A- Abdominal Pain/Nausea/Vomiting/Diarrhea & Protocol 9B – Fever or Sepsis Changed to "antiemetic if actively vomiting"

Protocol 9B – Fever or Sepsis Changed title from "Fever" and added Sepsis to the title. Changed the Adult IV NS TKO if SYS BP ≥ mmHg without hypotensive symptoms to IV NS 250mL BOLUS If no sign of pulmonary edema. Added OLMC consult for additional fluid in pediatrics.

Protocol 9K – Medication Administration EMT/EMT-I/AEMT were added to 9Kb Intramuscular/Subcutaneous Injection

Protocol 10B – Eye Injury Added avoid direct contact or pressure on the eyeball for blunt and penetrating injury.

Protocol 10H - Tourniquet Added if using the CAT generation 7 tourniquets, all applications are made passing the self-adhering band through the single slit of the buckle.
Protocol 10L – **Burns** Removed 4mL/kg body weight x %BSA burned for adult and pediatric burns. Replaced 250 mL to 500 mL bolus if no signs of pulmonary edema for adult.

Protocol 11C – Electrical/Lightning Injury Removed the 4mL/kg for adult and pediatric IV fluid administration.

Protocol 16CC – Magnesium Sulfate Added Dyspnea – Asthma (3C) to the indications for the use of magnesium sulfate.

Protocol 16JJ – Ondansetron (Zofran) Removed the word impending prior to vomiting to active vomiting

MOTION: Dr. Chad Borin

SECOND: Dr. David Smith

AYE:
Dr. Roxie Albrecht
Dr. Brandon Boke
Dr. Chad Borin
Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith
Dr. Keri Smith
Dr. Mike Smith

ABSENT:
Dr. Russell Anderson
Dr. Mark Blubaugh
Dr. Jeffrey Dixon

6. Review and Approval of MCB 2017 Meeting Calendar

MOTION: Dr. Chad Borin

SECOND: Dr. David Smith

AYE:
Dr. Roxie Albrecht
Dr. Brandon Boke
Dr. Chad Borin
Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith
Dr. Keri Smith
Dr. Mike Smith

ABSENT:
Dr. Russell Anderson
Dr. Mark Blubaugh
Dr. Jeffrey Dixon

7. **Review and Approval of August 2016 and September 2016 MCB Financial Statements**

MOTION: Dr. Chad Borin

SECOND: Dr. Brandon Boke

AYE:
Dr. Roxie Albrecht
Dr. Brandon Boke
Dr. Chad Borin
Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith
Dr. Keri Smith
Dr. Mike Smith

ABSENT:
Dr. Russell Anderson
Dr. Mark Blubaugh
Dr. Jeffrey Dixon

8. **Next Meeting – January 11th, 2016**

9. **Adjournment**

Upon Motion by Dr. Mike Smith and seconded by Dr. Barrett Bradt, the Medical Control Board voted to adjourn the meeting at 11:14am.

Approved By:
David Smith, MD
MCB Secretary

Date Approved: