



## **NASEMSO Medical Directors Council**

**July 1, 2019, 1:00 PM EDT**

### **Meeting Record**

**Attending** – George Lindbeck, Chair (VA), Kate Zimmerman (ME), Justin Romanello (NH state director), Joey Scollan (NH), Riccardo Colella (WI), Doug Kupas (PA), Carol Cunningham (OH), Joe Holley (TN), Dan Wolfson (VT), Tim Seplacki (NJ Data Manager), Tripp Winslow (NC), Bill Fales (MI), Sharon Malone (TX), Jeff Beckman (CO), Richard Kamin (CT), Mary Hedges (NASEMSO)

**Call to Order, Welcome, Self-Introductions** – Dr. George Lindbeck, Chair, called the meeting to order at 1:05 PM EDT.

**Approval of May 13-14th Meeting Record** (attached) – Dr. Beckman moved approval of the meeting minutes. Dr. Cunningham seconded. The minutes were approved as submitted.

**Member Update: Retirement of Dr. Howard Backer** (CA) – Dr. Lindbeck informed members that Howard Backer has retired from his dual role as state director and state medical director in California.

**Lifepak 12 & 15s concerns with defibrillation pediatric patients in automated mode** – Dr. Joey Scollan noted that she recently learned that the LifePak® 12 and 15 defibrillator/monitors can only deliver the adult shock dose when defibrillating a pediatric patient, even when attenuated to pediatric defibrillator/monitor pads. Justin Romanello (NH state director) said an ambulance service brought it to his attention. He learned that Phillips® and Zoll® devices had the same issue. Zoll® has now corrected theirs. He learned from Alaska's experience, where they pushed out a presentation on the subject. All the literature they have received from Stryker® regarding this issue indicated that it is fine to deliver the adult shock to a pediatric patient, per AHA guidance (which says to give an adult dose if pediatric dose is not available). Dr. Lindbeck wondered if this was addressed in the FDA approval process. Dr. Cunningham said this is a valid concern and would be a reason not to buy this product particularly in a region of increased incidence of litigation. Dr. Lindbeck thought there used to be circuitry built in that automatically adjusted the dose to the correct pediatric level. Justin said the Zoll® model will do this, but he thinks LifePak® should not be marketing pediatric pads if they are nothing more than smaller versions of the adult pads. Dr. Kupas said that most BLS agencies would not buy a LifePak® due to the expense. He is seeing a number of agencies changing their allegiance because of this issue, but noted the evidence for defibrillating pediatric patients with an adult dose is scant. Justin said their data found 15 cases of pediatric shocks in automated mode. Rich Kamin echoed Doug Kupas's point noting it is hard to separate the science from the equipment issue especially if there is no evidence that the adult dose causes harm. Dr. Lindbeck asked if this is an action item or informational. Members agreed this is informational. Joey Scollan recommended watching for any additional data on this topic. Dr. Kamin said the National Model EMS Clinical Guidelines recommends 4 joules per shock for pediatrics. Dr. Scollan thanked everyone for their input.

**NHTSA Update** –Dr. Jon Krohmer was not available to speak.

**Project and Committee Updates** – Various Members

NEMSAC Update – Peter Taillac was not able to join the call.

ACSCOT Ketamine Position Paper Working Group – Dr. Aaron Burnett was not able to join the meeting to report on this project.

Code of Ethics for EMS Medical Directors – Dr. Williams was not on the call, but Dr. Lindbeck noted that they were still waiting for input from other associations.

NAEMSP Equipment for Ground Ambulances Revision – Dr. Williams was not available to report; however, Dr. Kupas commented that NAEMSP is forming a small group to update the list. ACEP elected not to participate in revising the list, according to Doug. He believes there is a need for a minimum list of equipment. Kate Zimmerman said it is also important for agencies to have a required list of equipment to convince their communities they need the equipment. Tripp Winslow agreed. Sharon Malone added that it should be a minimum list. Bill Fales said Michigan inspectors are getting away from focusing on 4x4s but gear their inspections toward processes which impact patient care. Rich Kamin asked if other states are experimenting with self-inspections, a process that exists in New York. Several members offered that they do spot inspections.

Defining Ideal Pediatric Trauma System (Childress Grant) – Dr. Joey Scollan said she has no new updates since the May MDC meeting. This is a grant from Wake Forest, Children’s Institute for Pediatric Trauma, where they are defining metrics for pediatric trauma systems.

**NJ EMS to Administer Buprenorphine** – Tim Seplacki from the New Jersey Office of EMS, reported the Commissioner of Health signed a waiver (last week) to allow advanced support paramedics to administer buprenorphine. One of the programs has social workers that follow up with the patient. There are only 21 paramedic services in the state which are all hospital-based, whereas there are 500 BLS agencies. The program was initiated at Cooper Hospital by Dr. Brad Wilson. Dr. Tripp Winslow said he spoke with Dr. Wilson, who said the DEA was fine with it, but there was more concern about the state approving it. Tim said Cooper Hospital has the structure in place to do this, with both an ALS and BLS system, as well as excellent recovery resources. Tripp Winslow said they have a program to follow up with all who have been revived from overdose and he was surprised with the high mortality rate. Tim Seplacki said they have so many repeat overdoses, and so many people refuse transport. Dr. Dan Wolfson said that Vermont has a program where they give the patient a 3-day supply of buprenorphine in the ED. Dr. Fales was concerned about the fact that addiction specialists advise not to give buprenorphine while the patient is in withdrawal following naloxone administration. Tim Seplacki has requested that NASEMSO create an opioid task force with membership from the various councils and committees. Mary suggested that if various councils include it in their workplan, it may help to move it forward.

**Other Matters of Interest** – Doug Kupas said Dr. Brad Lee is at the Reno EMS Agency (REMSA) who was so successful with the CMMI (Center for Medicare and Medicaid Innovation) initiative

they had. He suggested we consider inviting him to speak at next year's Annual Meeting in Reno.

**MDC Workplan** – Mary Hedges explained that NASEMSO leadership has requested that the councils and committees submit a work plan as had been done in previous years. Sharon Malone, Riccardo Colella, Kate Zimmerman volunteered. Other members of the Steering Committee will be asked to help. Mary will schedule a conference call to work on this.

**Adjourn** – There being no further business, the meeting was adjourned at 2:17 PM EDT. The next meeting will be Sept 9<sup>th</sup>.

*The meeting record was respectfully submitted by NASEMSO Program Manager Mary Hedges and Dr. Carol Cunningham, Secretary.*