



FAEMSMD



Florida Association of EMS Medical Directors

Quarterly Meeting Summary

Web & Audio Conference

October 24, 2017

9 a.m. - 12 p.m.

Members Present: John Milanick, MD, President; Christine Van Dillen, MD, Member-At-Large; Joe Nelson, DO, State EMS Medical Director; Paul Banerjee, DO; Leon Beeler, MD; Jerry Brooks, MD; Desmond Fitzpatrick, MD; Angus Jameson, MD; Jason Jones, MD; Kristin McCabe-Kline, MD; John McPherson, MD; Laurie Romig, MD; Charles Sand, MD; Kenneth Schepke, MD; Sandra Schwemmer, MD

Guests/Non-Members Present: Ayanna Baker, MD

FCEP Staff Present: Melissa Keahey, Samantha Rosenthal

Topic	Discussion	Decision/Action
Welcome & Introductions	Dr. John Milanick, FAEMSMD President, called the meeting to order at 9:05 a.m. Web & Audio meeting participants were introduced and welcomed.	
Review of Previous Minutes	The July 2017 meeting summary was reviewed and approved without any necessary changes.	Approval of meeting summary.
Announcements	<p>1. NEXT Meeting: January 18, 2018; 9am – 1 pm; Daytona – <i>TO BE CONFIRMED</i></p> <p>2. Upcoming EMLRC Programs:</p> <ul style="list-style-type: none"> - Webinar Series: Lightning, Tractors and Gators...Oh My! – Florida’s Environmental Emergencies - Advanced Practice Provider Skills Camp November 9 & 10 – Orlando, FL - EM Days January 16-18, 2018 – Tallahassee, FL - EM Payment Reform Summit February 22 & 23, 2018 – Orlando, FL <p>Visit www.emlrc.org for more information on these and other upcoming programs.</p>	Staff will confirm date with DOH.

	<p>3. Call for Presentations – CLINCON 2018</p> <p>EMLRC is requesting presentations for its 44th annual Clinical Conference - CLINCON. The Program Committee is seeking dynamic, challenging clinical content geared towards the EMS/Emergency Medicine community. We are particularly interested in presentations that offer a fresh take on a subject. Conference participants expect to be challenged and informed.</p> <p>For more information regarding submission guidelines and selection criteria, CLICK HERE! Should you have any questions please feel free to email your questions to nramotuar@emlrc.org.</p> <p>If you are interested in submitting an application to present a lecture/preconference/skills session at <i>CLINCON 2018</i>, please complete and email the attached application to Niala Ramoutar at nramoutar@emlrc.org. Applications are due to the EMLRC office by midnight on December 1, 2017.</p> <p>CLICK HERE TO DOWNLOAD THE APPLICATION</p>	<p>Applications are due to the EMLRC office by midnight on December 1, 2017.</p>
<p>Financial Report & Membership Update</p>	<p>1. Financial Report</p> <p>Melissa Keahey presented an overview of the FAEMSMD financials as of September 30, 2017 and noted that membership dues revenues are down slightly.</p> <p>2. Membership Report</p> <p>Ms. Keahey also provided a membership report. Membership– as of 10/20/17:</p> <ul style="list-style-type: none"> - Current Membership – 80 (69 Active; 11 Associate) - 2016 Comparison - Expired/Not Renewed To Date – 6 - Total EMS Medical Directors in Florida – approximately 170 <p>All current memberships expire on December 31, 2017. Membership renewal letters and applications will be distributed vis email and USPS in early November. Members expressed interest in an online renewal payment process.</p>	<p>Staff will look into online payment options for membership renewals.</p>

<p>State EMS Medical Director Update</p>	<p>Dr. Joe Nelson provided the following update:</p> <p>In Memoriam: Lillian Iris Avner, DO</p> <ul style="list-style-type: none"> - Passed on Tuesday October 17, 2017 - EMS Medical Director Stuart Fire Rescue and Past Medical Director Martin County Fire Rescue - EMS Pioneer in Florida - Long Term Member FAEMSMD - Joe Nelson, DO Acting Medical Director until a replacement is found <p>Status Update “H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017”</p> <ul style="list-style-type: none"> - Now H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017 - This bill passed in the House on January 9, 2017 and goes to the Senate next for consideration. - Status: SB 916 (Introduced) 2017-05-01 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 46. - Vote in Senate pending - Requires EMS AGENCY to register with DEA- not the Medical Director - Requires a Medical Director - EMS Agency required to have only one DEA Registration per State - EMS Agency allowed to order/distribute controlled substances - Allows delivery by standing order - EMS MD need not be present - EMS MD need not have a specific written order <p>National EMS Scope of Practice Model NASEMSO Announces Comment Period for the Revision of the National EMS Scope of Practice Model</p> <p>5 key areas as priority topics:</p> <ul style="list-style-type: none"> - 1. Use of opioid antagonists at the BLS level - 2. Therapeutic hypothermia following cardiac arrest - 3. Pharmacological pain management following an acute traumatic event - 4. Hemorrhage control - 5. Use of CPAP/BiPAP at the EMT level - National EMS Scope of Practice Model available on http://nasmso.org/Projects/EMSScopeOfPractice/ - concluded Oct. 7, 2017, at 5:00 p.m. EDT. - The next revision and national engagement period is anticipated in December 2017. - Can still submit comments or questions to the expert panels on NASEMSO website at - http://www.nasmso.org/Projects/EMSScopeOfPractice/ 	<p>Presentation slides distributed to membership.</p>
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Community Paramedic/Mobile Integrated Healthcare

- Agency for Healthcare Research and Quality (AHRQ) has published several EMS 3.0 transformation projects on their Healthcare Innovation Exchange (MedStar, REMSA, San Diego RAP, BJC/Christian Hospital EMS)
- <https://innovations.ahrq.gov/>
- NASEMSO's CP/MIH webpage:
- <http://www.nasemso.org/Projects/MobileIntegratedHealth/index.asp>

National Collaborative for Bio-preparedness (NCBP)

NCBP — The states of Florida and Rhode Island have become part of the National Collaborative for Bio-preparedness (NCBP) with fully executed Data Use Agreements. With input from collaborative members, the opioid analytic dashboard has been enhanced to include quantitative analysis of naloxone administration.

Intranasal Treatment for Cyanide Poisoning

- **HHS Partners to Develop First Intranasal Treatment for Cyanide Poisoning**
- The first intranasal treatment for the life-threatening effects of cyanide poisoning will be developed under an agreement between the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) and Emergent BioSolutions of Gaithersburg, Maryland.
- Cyanide could be used as a chemical weapon against the United States. Under the 17-month, \$12.7 million agreement, Emergent will develop an intranasal, stabilized form of Isoamyl Nitrite.

Blood Glucose Monitor

FDA Approves 1st Blood Sugar Monitor Not Requiring Blood Sample Calibration

- The U.S. Food and Drug Administration (FDA) recently approved the FreeStyle Libre Flash Glucose Monitoring System, the first continuous glucose monitoring system that can be used by adult patients to make diabetes treatment decisions without calibration using a blood sample from the fingertip.
- The system reduces the need for fingerstick testing by using a small sensor wire inserted below the skin's surface that continuously measures and monitors glucose levels. Users can determine glucose levels by waving a dedicated, mobile reader above the sensor wire to determine if glucose levels are too high or too low, and how glucose levels are changing.
- People 18 years of age and older with diabetes; after a 12-hour start-up period, it can be worn for up to 10 days. Patients wave a reader device over it to see the current blood sugar level and changes over the past eight hours.

EMS Agenda 2050

- **EMS Agenda 2050 Solicits Feedback on Straw Man Document**
- In the Straw Man, the panel has proposed a vision for EMS in the United States that is people-centered, with six guiding principles to help achieve that goal.
- **EMS systems will be:**
 - Integrated and seamless
 - Socially equitable
 - Inherently safe
 - Sustainable and efficient
 - Reliable and prepared
 - Adaptable and innovative
- <http://emsagenda2050.org/>

New Report Addresses the Risks and Benefits of EMS Use of Lights and Sirens

- Whitepaper by Pennsylvania EMS Medical Director Douglas Kupas, MD,
- takes an evidence-based approach to examining the controversial issue of using lights and sirens in EMS response and transport.
- The report discusses the impact of emergency lights and sirens driving on response and transport time, safety, public perception and patient outcome.
- *Lights and Siren Use by Emergency Medical Services (EMS): Above All Do No Harm* is one of the most thorough investigations of the topic ever published. Approaching lights and siren use as a medical therapy, Dr. Kupas lays out the evidence and then makes recommendations that can be implemented by states, regional authorities and local EMS agencies.
- https://www.ems.gov/pdf/Lights_and_Sirens_Use_by_EMS_May_2017.pdf

Low Dose Oxygen Not Useful in Acute Stroke

- The prophylactic use of low-dose oxygen does not reduce death or disability at 3 months among non-hypoxic patients with acute stroke, according to a study published in the September 26 issue of the *Journal of the American Medical Association (JAMA)*.
- A total of 8003 patients (4398 (55%) men; mean [SD] age, 72 [13] years; median National Institutes of Health Stroke Scale.
- Among nonhypoxic patients with acute stroke, the prophylactic use of low-dose oxygen supplementation did not reduce death or disability at 3 months. These findings do not support low-dose oxygen in this setting.
- <https://jamanetwork.com/journals/jama/article-abstract/2654819>

National Model EMS Clinical Guidelines

- National Model EMS Clinical Guidelines — The NASEMSO Medical Directors Council led a team of physicians from collaborating organizations to produce **Version 2** of the **Model EMS Clinical Guidelines**. Version 2 contains 15 additional guidelines as well as revisions to the original set. The new Guidelines document is now available!
- <http://www.nasemso.org/documents/National-Model-EMS-Clinical-Guidelines-Version2-Sept2017.pdf>

FDA updates on Pfizer drug shortages

- **[6/15/17]** The U.S. Food and Drug Administration is aware of the ongoing shortage situation affecting several injectable drugs, manufactured by Hospira, a Pfizer company, including [sodium bicarbonate injection](#) (vials and syringes), [dextrose 50% injection](#) (vials and syringes), as well as emergency syringes of other drugs, including [epinephrine](#), [calcium chloride](#) and [atropine sulfate](#). Pfizer has reported this shortage is caused by manufacturing, distribution and third party delays.

FDA Warns EpiPen Manufacturer

- The Food and Drug Administration (FDA) has notified Pfizer's Meridian Medical Technologies that it has not properly investigated hundreds of reported failures of its EpiPen auto-injectors. Some of the failures have resulted in deaths and serious illness, the agency said in a warning letter to the company. For instance, the company found a failing unit in part of the auto-injector, causing it not to fire. While they rejected that lot, they didn't determine whether other units were similarly defective, and they continued making EpiPens with these components. The company did not properly identify the scope and frequency of the problem, the agency said, and their response to problems was inadequate.
- <https://www.fda.gov/ICECI/EnforcementActions/WarningLetters/2017/ucm574981.htm>

FirstNet Update

- Full Implementation Scheduled for March **2018**
- 24 states and territories have opted in to the First Responder Network Authority (FirstNet) network, the nation's first high-speed broadband public safety network. FirstNet reaches the half-way point with the recent addition of Texas and Idaho; so far, none of the 56 states or territories have opted out.
- Governors will have 90 days – until Dec. 28 – to decide whether to accept the FirstNet/AT&T plan for deploying the nationwide public safety broadband network or initiate the process to have the state take on the responsibility for deploying its own Radio Access Network (RAN) that must be interoperable with the FirstNet network.

- If a state does not take any action on its updated State Plan by Dec. 28, the state will automatically opt in to the FirstNet network.

REPLICA

- **RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT**
- interstate compact model legislation for states' consideration and enactment
- Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels
- **May 8, 2017 (Falls Church, VA)** -- With the 10th member state enactment, the Recognition of Emergency Medical Services Licensure Interstate Compact (REPLICA) has become official.
- Eight more states have introduced legislation that could bring the total to 38% of the nation.
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PPE Recommendations and Unknown Substance Precautions for First Responders

- Carfentanil is 10,000 times more potent than morphine, 5,000 times more potent than heroin, and 100 times more potent than fentanyl. Although the lethal dose is not specifically known, it is estimated that as little as 200 micrograms of carfentanil might be lethal.
- Emergency responders could develop toxicity if exposed to potent opioids, such as fentanyl and its analogues, especially carfentanil.
- Carfentanil overdoses present with signs and symptoms likely to be seen with other opioids, primarily central nervous system (CNS) depression, respiratory depression, and constricted pupils. Naloxone is an opioid antagonist and should reverse the effects of carfentanil overdoses, but it has been suggested that large doses might be required.

Personal Protective Equipment (PPE) used today by first responders is adequate for overdose responses.

Standard gloves are all that is essential.

- Law enforcement officers conducting a pat-down should apply nitrile gloves over their leather gloves to reduce the risk of any agent binding to their leather gloves.
- If there is blood or other bodily fluids, use universal precautions—gloves, splash or face shield/standard mask.
- For active handling and processing fentanyl, which includes any time there has been aerosolization of the powder, such as a flash bang on raid, there is respiratory protection guidance from the National Institute for Occupational Safety and Health (NIOSH) as listed below. This is NOT for average response or overdose calls.

RESPIRATORY PROTECTION

- **RESPIRATORY PROTECTION APPLIES ONLY IF HANDLING AND PROCESSING HIGH RISK AGENT**
- While **handling and processing fentanyl** and its analogues, first responders, such as first responders should wear either a National Institute for Occupational Safety and Health-approved:
 - Half-mask filtering facepiece respirator rated P100,
 - Elastomeric half-mask air-purifying respirator with multi-purpose P100 cartridges,
 - Elastomeric full facepiece air-purifying respirator with multi-purpose P100 cartridges, OR
 - A powered air-purifying respirator (PAPR) with high-efficiency particulate air (HEPA) filters.

Prehospital Ultrasound Use

- Who in Florida is using?
- What is it being used for? Trauma (FAST)/Stroke/etc.?

SB 474: Physician Orders for Life-sustaining Treatment

- Physician Orders for Life-sustaining Treatment; Establishing the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health; requiring the Agency for Health Care Administration to establish and maintain a database of compassionate and palliative care plans by a specified date; authorizing specified personnel to withhold or withdraw cardiopulmonary resuscitation if presented with a POLST form that contains an order not to resuscitate the patient; requiring the Department of Elderly Affairs, in consultation with the agency, to adopt by rule procedures for the implementation of POLST forms in hospice care, etc.
- Effective Date: 7/1/2018
- Last Action: 10/25/2017 Senate - Referred to Health Policy; Appropriations Subcommittee on Health and Human Services; Appropriations

Dr. Nelson and staff will work to identify and confirm a presenter on this topic during the January meeting.

<p>Old Business & Discussion</p>	<p>1. FAEMSMD Website – Searchable Protocols Database Update Samantha Rosenthal provided an update on the searchable protocols on the website:</p> <ul style="list-style-type: none"> - (4) protocol submissions have been received to date - The project has been paused due to additional costs incurred while manipulating PDF's to make them searchable - Currently seeking intern support to help with tasks and offset costs - Members will be re-solicited for protocol submissions. <p>When submitting protocols, they must be submitted using the following guidelines to ensure they're searchable and accessible in the database:</p> <ul style="list-style-type: none"> - Must be submitted in PDF form - All PDFs must be readable documents. They CANNOT be PDFs of scanned pages or images. They must've been created using another program and exported as a PDF, or created using Adobe Acrobat. - If your PDF is too large to attach to an email, please provide a Drop Box link that allows us to download the PDF. - Include in the email: <ul style="list-style-type: none"> o The full name of the EMS agency o The county the agency can be found in, which is one of the main ways the protocols will be categorized <p>Please email all EMS agency protocol PDF submissions to srosenthal@emlrc.org.</p> <p>2. FAEMSMD Website – Member Tributes/News Section Members discussed adding a section to the FAEMSMD website that would pay tribute to significant developments in the lives of association members. A motion was made, seconded, and passed without opposition.</p>	<p>Staff to re-distribute instructions for submitting protocols for database to all members.</p> <p>Staff will research pricing and create a development strategy/timeline and provide an update during the next meeting.</p>
<p>New Business & Discussion</p>	<p>1. EMS Matching Grant: Mental Wellness in EMS The Emergency Medicine Learning & Resource Center (EMLRC) has been awarded an EMS Matching Grant from the Florida Department of Health to fund the creation and delivery of the following program: <i>Empowering our Heroes – Promoting & Preserving Mental Wellness in EMS</i>.</p> <p>The proposed project will approach the issues of metal wellness in EMS personnel from an awareness standpoint serving as a method by which to provide education and resources, delivered by a series of webinars (6 maximum). The series will be offered free of charge to all licensed EMS professionals in Florida and will also offer an opportunity to earn continuing education (CE) credits. Project planning will occur under the direction and oversight of Flagler County/Palm Coast/Flagler Beach EMS Medical Director Dr. Kristin McCabe-Kline, MD, FACEP, FAAEM, ACHE.</p>	

	<p>The following are potential topics to be covered in the webinar series:</p> <ol style="list-style-type: none"> 1. Introductory: reviews what it is, explains resources that already exist (briefly) and differences between them. 2. Sharing personal experiences: interviews with a varied group of consenting EMS professionals (gender, ethnicity and experience) preferably here in FL <ol style="list-style-type: none"> a. A predesigned questionnaire will be created for the interview which will be led by a CISM member or someone who is able to deescalate tense situations should they arise. b. Participants will be asked to sign a consent form. 3. Detailed look at a few existing resources like the Life Flight Program with Life Ambulance 4. Removing the Stigma – this could be a lecture by Ben Vernon or another similar speaker 5. Explanation of resources and referrals available to EMS personnel 6. TBD <p>We ask for your support in planning, delivering, and sharing this important education series and supplemental resources with your EMS agencies and providers.</p> <p>2. DNR Orders Discussion occurred regarding DNR orders and state requirements of valid or acceptable DNR forms. Current requirements are outlined in Florida Administrative Code Rule: 64J-2.018. https://www.flrules.org/gateway/RuleNo.asp?title=Trauma&ID=64J-2.018 Dr. Desmond Fitzpatrick volunteered to spearhead a research subcommittee. Additional information and updates will be provided at the next meeting.</p> <p>3. Senate Health Policy Committee The Florida Senate Health Policy Committee continues to discuss the Opioid Addiction epidemic. During a workshop on October 10, 2017, the following topics were reviewed/discussed:</p> <ul style="list-style-type: none"> - Strategies for Prevention and Treatment - Non-pharmacological Alternatives to Opioids - Ideas to Address the Opioid Crisis - The Impact of Addiction in America <p>Dr. Ken Schepke, FAEMSMD member was an active participant in the workshop and discussion.</p> <p>4. FL-PR CReSD Meeting Update Drs. Gandia and Sand attended the 5th Annual Fla-Puerto Rico collaboration to reduce stroke disparities (FL-PR CReSD) meeting on October 23, 2017 in Miami. One of the presenters, Dr. Erika Marulanda-Londono from UM, agreed to give her excellent and pertinent presentation on "Acute Stroke Treatment Metrics in Comprehensive and Primary Stroke Centers" at the January</p>	<p>Members are asked to support the project by expressing and interest to staff liaison and/or Dr. McCabe-Kline.</p> <p>Dr. Fitzpatrick will research and provide updates at the next meeting.</p> <p>Dr. Gandia will coordinate presentation for January 2018 FAEMSMD meeting.</p>
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	FAEMSMD meeting. Dr. Gandia will coordinate.	
Adjourned	The meeting was adjourned at 10:52 a.m.	

DRAFT