

## EMS Advisory Council / Medical Care Committee

Daytona Beach, January 18, 2012: 3:00-4:00 pm.

Dr Byers called meeting to order.

Goal 1. Sign-in sheet was distributed. Everyone introduced himself or herself. 27 participants representing air ambulance agencies, trauma agencies, fire rescue agencies, ambulance services, EMSC, FCEP, FCOT, trauma centers, hospital corporations, FAEMS, universities providing EMS education

Melanie Delaney
Danny Cribbs
Dan Harshburger
Karan Chamberlain
Mike Patterson
David Summers
Bob Smallacombe
Cory Richter
Ron Van Orsdol
Aaron Connell
Brian Blizzard
Beth Brunner
George Woodward
Kathy Koch
Julie Downey
Charyl Rashkin
Charles Wohlitka
Michael McKenzie
James Skipper
Steve Anderson
Joe Nelson
Patricia M Byers
Julie Bacon
Robert Soto
Barbara Uzenoff
Terri Lance
David Meurer

Previous meeting minutes were approved.

Strategic Plan:

6.1 Status of Dispatch Systems effectiveness –

POLST update given – Currently Florida does not utilize POLST. New York has very advanced form, which meets medical and legal needs as well. Decisions about medical care are included, i.e., feeding tubes, antibiotics, etc. This gives opportunity for patients, especially elderly, to make informed choices ahead of time. There are many instances when health care providers are left guessing what they think is best for a particular patient. With POLST patient and doctor have clearer choices. If becomes enforceable could be placed in Rule, or revise current DNR form to POLST. Mike Patterson informed group of variety of similar documents (Vial of Life, POLST, etc.) Particularly likes version that has stickers for home and vehicles that alert Responders to look for these documents, and could include Advanced Directives and those sorts of forms. Many were receptive of the decals being a benefit.

#### 6.2 & 6.3 EMS response times, offload times –

Dr Nelson informed group EMRC is currently reviewing these and have defined what ‘response time’ is. They are developing how best to report on it. Can still break down to cardiac arrests vs. basic transport, etc. It was noted this data does not reflect all providers in State.

#### **Response Time Definition: Unit notified by dispatch to at patient.**

Audience feedback: Discussed use of lights and sirens and safety concerns changing how these are utilized.

#### 6.5 Improvement in EMS Systems

##### a. Discussion of EMS motorcycle helmet removal practices –

Dr Byers noted there seems to be some controversy over helmet removal and who should implement, EMS or physicians. Presently pre-hospital providers are removing helmets, as they are more trained.

John Scott supported removal and immobilization by pre-hospital providers. If unit waits and then has issue with patient i.e., airway problem occurs, then they have potential significant time delays in emergency procedures.

EMS Providers leave football players helmets on because the shoulder pads elevates shoulders, maintaining same plane for airway control and neck immobilization. Dr Nelson will poll Medical Directors, but believes accurate in removing motorcycle helmets and maintain football helmet and gear (shoulder pads).

Of note: Race tracks currently use eject devices for removal of helmets. It’s safe and easy to use. (Reminder: EMS Bureau does not endorse any specific products)

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##### b. Presentation of Draft Tourniquet Protocol –

Many agencies still do not have tourniquet protocol or tourniquets on rescue trucks. 2009 Protocol still in draft format. Mr. Robert Soto did presentation (see attachment) Discussed indications, usage of

device, difference between life and death. Evidence based support. Amputation volumes are difficult to track. After presentation, discussion of group included inability to endorse specific products. Many felt benefit if generic, instances when need, contraindications, and evidence-based bibliography to be presented to Medical Directors, as they ultimately decide what product is used. Dr. Meurer felt this has been addressed adequately previously and was not put into practice. May need to go back to Medical Directors to review issues, although see same core group and is sometimes challenge to get all Medical Directors aware of issues. Discussed tourniquets being placed with minimal equipment list in rule.

6.8. Bathing places safety-report submitted: Lifeguards seeking minimum standards for ocean lifeguards via legislation. They have been voted in as participants in EMSAC. Senator Gaetz has expressed interest in sponsoring bill, but has questions regarding oversight, as that is an issue w EMS Bureau reorganization at this time. Oversight can be provided by USLA vs BEMS. Legislative Planning Committee will be recruited to help with this strategy.

Dr Byers thanked all for attending and participation in improving patient care!