

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

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| Name of Governmental Body: Physician Advisory Committee | | Attending: Separate list |
| Date: 12/1/2020 | Time Started: 1303 | Time Ended: |
| Location: Online via Zoom | | Presiding Officer: Dr. Steven Zils, PAC chair |

Minutes

1. Roll Call of Committee Members (Zils)
2. Approval of previous Committee Meeting Minutes
 - a. Motion by Dr. Mendoza
 - b. Seconded by Dr. Zemple.
 - c. Unanimous support.
3. Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
 - a. No public comment
4. Discussion, review and possible action on EMT, AEMT, Paramedic scope of practice (Zils)
 - a. Reviewed final version of updated scope of practice with focus on EMR
 - i. Discussed that advanced skills for EMR refers to skills that are listed as optional within the scope of practice. Any optional skill being utilized for an agency needs to be approved through the operational plan and is reportable.
 - ii. Noted that the skill to utilize auto-injectors is a required EMR skill in scope but note the specific medications listed under scope of medications that are listed as optional – e.g. naloxone, epi 1:1000. This was clarified in the document.
 - iii. Dr. Colella and EMS office will share with agencies. Discussed recommended process for getting EMS office approval to perform advanced skills and how to report. Anticipate everyone may need to reapply for their advanced skills. Also notes the plan to record a informational video on how to utilize the Scope of Practice document.
 - b. No discussion on other scopes of practice.
 - c. Motion made to approve scope of practice as outlined by Dr. Colella including the clarifications regarding auto injections by Dr. Grewy and seconded by Dr. Schultz. Unanimous support.
 - d. Motion made to require all optional skills at the EMR level as “advanced” which requires EMR reporting into wards by Dr. Marquis, seconded by Dr. Mendoza. Unanimous support.
5. Discussion, review and possible action on State Protocols (Colella)
 - a. Discussed updates from previous version shared with the committee
 - i. Included updates from AHA 2020 guidelines. ACLS guidelines algorithms flowcharts added into relevant protocols
 - ii. Noted this version is not final formatted version.
 - b. Discussed anticipated methods of submitting protocols from EMS agencies that may desire minor changes or modifications to the state protocols which has not been finalized but could utilize track changes to simplify for EMS office approval.
 - c. Discussed plan to have an app developed to support the state protocol.
 - i. Dr. Eberlein questioned if potential to build in purchasing ability to have locally modified version available.
 - ii. Dr. Zils noted that maybe an application may not add value if hyperlinked pdf is made available.

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- d. Reviewed medication appendix.
 - i. Recommended noting preferred medications within classes
 1. Benzodiazepine (midazolam)
 2. Narcotic (fentanyl)
 3. Antiemetic (ondansetron)
 4. Antiarrhythmic (amiodarone)
 - ii. Discussed recommendation to consider shifting to broad approval of classes of medications rather than specifying medications explicitly in the future.
 - e. Deadline to submit for final formatting is December 9, 2020.
 - f. Motion to approve state protocols version 2 (including ACLS updates and flowcharts) as outlined by Dr. Colella by Dr. Mendoza, seconded by Dr. Eberlein. Unanimous support.
 - g. Discussion regarding consideration for development of flowchart of state protocols in future version.
6. Discuss and develop future new business
 - a. Recommendation made to add to next PAC agenda discussion on approving classes of medications rather than single medications in scope of practice.
 - b. Dr. Colella noted that TEMS as a level of care was submitted in the DHS 110 revision. Discussed that current scope of practice is not inclusive of many over the counter medications that TEMS units are requesting these be included in protocols to care for team members. Dr. Colella questions if these should rather be considered as part of occupational care and management of TEMS teams and that this may not be considered as treating a "patient". Discussion that individual agencies consider developing an occupational recommendation from medical director to support team member care until follow up from EMS office on official TEMS level of care.
 7. Adjourn Committee
 - a. Motion to adjourn by Dr. Mendoza, seconded by Dr. Eberlein. Unanimous support.
 - 8.

Prepared by: Steven Zils on 12/1/2021.

Approved by PAC on: 3/4/2021