COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80246
EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL (EMPAC)
November 12, 2012

MEETING MINUTES

CALL TO ORDER *Will Dunn*	Mr. William Dunn, EMPAC Chair, called the November 12, 2012 Emergency Medical Practice Advisory Council (EMPAC) to order at approximately 9:00 a.m.
Roll Call *Joni Briola*	A quorum was established.
Members Present	Dr. Diana Koelliker (via telephone), Mr. Jason Kotas, Ms. Michelle Reese, Dr. Kevin Weber, Dr. Stein Bronsky, Mr. Thomas Candlin, Mr. William Dunn, Dr. Gene Eby , Dr. William Hall, Dr. Art Kanowitz and Dr. Benji Kitagawa
Members Excused	None
Members Absent	None
EMTS Section Staff Present	Sean Caffrey, Joni Briola, Barb Foster and Randy Kuykendall
Members of the Public	Cameron Duran, Lisa Connelly, Cindi Joseph & Dr. Shannon Sovndal w/ Northern Colorado Med EVAC, , Dr. Farstad and Kevin Burgess w/ Poudre Valley Hospital System EMS, Captain Bill Johnston and Dr. Kevin McVaney w/ Denver Health Paramedic Division. Captain Mark Turner, Allen Simons, Steve Forman and Chief Randy Lesher, Thompson Valley EMS, Ashley Balakas with Children's Colorado, Christopher Metsgar with HealthOne EMS, Steve Brown with Red Rocks Community Hospital and Dr. Michele Sweeney with Pueblo Community College *Via Teleconference*: Dr. Anthony DeMond and Scott Sholes with Durango Fire Rescue, Dr. Leila Powers and Brian Shively with Steamboat Springs Fire, Amy Carter with Aspen Valley Hospital, Dr. John Nichols, Audrey and Ray Jennings with Grand County EMS, Dr. Dylan Luyten with HealthOne EMS, Dr. Maertins with Airlife, Tony Wells with Washington County Ambulance, and Jeff Dyar with Upper Pine Fire Department.

Approval of Minutes *Will Dunn*	The draft minutes of the August 13, 2012 EMPAC meeting were emailed to each of the EMPAC members prior to today's meeting for their review and approval. Dr. Michele Sweeney asked that language on page three be changed from hyper-adrenergic crisis to hypo-adrenergic crisis. ***August minutes can be found at coems.info under Committees and Councils, EMPAC, Meeting Agendas and Minutes.***
Motion	MOVED BY DR.KITAGAWA, SECONDED BY DR. WEBER TO APPROVE THE MINUTES FROM THE AUGUST 13, 2012 EMPAC MEETING PENDING CORRECTION OF LANGUAGE ON PAGE THREE
Motion Carried	MOTION PASSED UNANIMOUSLY.
Annual Election of New EMPAC Chair and Vice Chair *Will Dunn*	The floor was opened for nominations. Actions from today's vote become effective at the end of today's meeting.
Motion	MOVED BY DR. KITAGAWA TO RE-ELECT WILL DUNN AS THE EMPAC CHAIR. MOTION TO CLOSE NOMINATIONS BY DR. HALL AND SECONDED BY JASON KOTAS
Motion Carried	MOTION PASSED UNANIMOUSLY.
Motion	MOVED BY DR. KITAGAWA TO RE-ELECT DR. WEBER AS THE EMPAC VICE CHAIR. MOTION TO CLOSE NOMINATIONS BY DR. HALL AND SECONDED BY JASON KOTAS
Motion Carried	MOTION PASSED UNANIMOUSLY.
Correspondence *Will Dunn*	There was no correspondence received this month.
CDPHE Report *Randy Kuykendall and Michelle Reese*	Ms. Reese reported on recent staff hiring and positions currently open within the EMTS Section, as well as the status of the hiring of a manager for the Health and Safety Information Services program within the Division. Barb Foster was introduced as the new Professional Standards Program Manager. Dr. Hall requested a revised organization chart for the EMTS section with updated staff contact information. Ms. Jeanne-Marie Bakehouse provided this information to the members. Mr. Caffrey gave a brief update on the status of the Image Trend database. There is a target date of February 2013 for implementation of on-line provider certifications and renewals. Air ambulance licensing, medical director information and education program applications and renewals will follow. Mr. Caffrey also updated the members on the second EMS-based Community Health Services / Community Paramedic forum. The goal of the next meeting will be to establish a working definition of

the program and begin to establish relationships between the EMS and home health care communities. A brief discussion ensued regarding differences in the requirements of urban and rural services that will need to be addressed. Drs. Hall, Bronsky and Kitagawa agreed to participate in future task force meetings.
Ms. Reese and Deputy Director Kuykendall gave a brief update on the trauma Rapid Planning Event process. Final recommendations were presented at the October SEMTAC meeting with a state-wide CQI process being one of the priorities moving forward.

Public Comments

Dr. Michele Sweeney with Pueblo Community College spoke about her concerns with the amount of "scope creep" between certification levels in Colorado. She is concerned with how many skills must be taught by education programs that are above and beyond the accepted National Education Standards, not tested by National Registry, and are a financial burden on already stretched centers. She urged the members to think of the impact on educational institutions when considering any changes to scope of practice.

Mr. Steve Brown from Red Rocks Community College echoed Dr. Sweeney's concerns and reminded the committee that their role is to protect the safety of the public. The current amount of training (especially at the EMT-IV level) is insufficient and potentially dangerous. He also suggested that it is time to begin establishing scope of practice at the AEMT level, since it is a nationally recognized certification level and EMT-IV and EMT-Intermediate are not.

Dr. Hall suggested that it may be time to consider using evidence-based criteria when changing chapter rules rather than the current practice of adopting changes based on multiple numbers of waiver requests.

EMPAC Policy and Procedures Update: PUBLICLY AVAILABLE WAIVER REPORTS
Art Kanowitz, Joni Briola

Dr. Kanowitz advised that a list of all active waivers is available on the EMTS website. Members were also presented with a summary of current waivers for both prehospital and air medical services, including the number of procedure, medication and interfacility waivers.

2012 Practice Rules Update Discussion
Michelle Reese, Sean Caffrey, Art Kanowitz, Joni Briola

Members were presented with a timeline for implementing rule changes to scope of practice. Any changes to today's draft will be reviewed and accepted by the EMPAC, followed by approval of the EMTS Section; this draft will then be made available to the community for input. A final draft will be formally recommended to the department at the February 11, 2013 EMPAC meeting, after which the formal rule-making process begins, including public comment until the rule-making hearing tentatively expected in April.

Dr. Kanowitz surveyed medical directors from twelve states to determine how they define advanced transport ventilators (ATV). Only two states have a definition, neither of which is useful. After extensive discussion, it was decided that it is not a definition of an ATV that is needed, but rather the development of a scope of practice for the use of ATVs. The suggested changes to Chapter 2 Rules would allow paramedics to use the rate, volume, PEPP and FIO2 settings. Anything beyond these ATV settings would require a waiver and additional training by a medical director.

Mr. Sean Caffrey walked the members through suggested language changes and general acts-allowed updates in the current draft of Chapter 2 Rules with much ensuing discussion. Members also received a summary of comments from a Survey Monkey "Chapter 2 Rules Change" survey. It was agreed that the discussion would continue after breaking for lunch and reviewing the waiver applications on the agenda.

RSI Reporting Form Updates

Dr. Kanowitz suggested further changes to the current RSI reporting form in order to improve clarity and ease current confusion about when vitals should be documented. Ketamine also needs to be added to the dropdown box of induction medications.

Ms. Lisa Connelly from Northern Colorado Med EVAC expressed some concern that these forms do not allow for physiological changes in patient condition to explain unfavorable vital signs. She also asked if the forms are discoverable. Ms. Reese explained that RSI forms are most likely protected as part of the State CQI process, but suggested that adding a statement about confidentiality to Chapter 2 Rules could be of value.

Waiver Review and Recommendations
Will Dunn

Prior to recommendations, members discussed whether all renewal waivers could automatically be placed on the consent agenda. It was agreed that all RSI waivers, whether new or renewal, should always be discussed.

Dr. Eby added that he would like to see the removal of references to the Sellick Maneuver from airway protocols, since the practice is no longer encouraged. He is also concerned that many waiver applications are missing resumes for agency trainers. EMTS Staff will make sure they are included in future application packets.

Mr. Dunn asked if there was any protocol for waivers that have been tabled multiple times. It was decided that no action needed to be taken by the committee if the requests were voluntarily tabled by the applying medical director prior to their scheduled hearing.

Tabled prior to today's meeting

- **Papenfus** 12-37 Heparin
  12-38 Eptifibatide
  12-39 Metoprolol
  12-40 Clopidigrel
- **Turpen** 12-51 Adult RSI
  12-53 Surgical Cricothyrotomy
- **Angelidis** 12-58 Adult RSI

Consent Agenda

- **Manalo** 12-116 Solu-cortef
- **Luyten** 12-122 A-D Lactate Monitoring
- **Luyten** 12-126 ODT Ondansetron
- **Luyten** 12-127 Single lumen pediatric airway
- **Riccio/Eby** 12-120 A-I Lactate Monitoring
- **Riccio/Eby** 12-121 A-E Surgical Cricothyrotomy
- **McVaney** 12-124 Droperidol
- **McVaney** 12-125 Surgical Cricothyrotomy
- **DeMond** 12-106 A-C Single lumen pediatric airway
- **Nichols** 12-109 Single lumen pediatric airway
- **Jobin** 12-111 Surgical Cricothyrotomy

MOTION MOTION BY DR. EBY SECONDED BY MR. KOTAS TO APPROVE CONSENT AGENDA

MOTION PASSED PASSED WITH DR. EBY ABSTAINING

Discussion Agenda

Maertins
12-119 Pediatric RSI Renewal
Air Life Denver

Reviewers applauded the amount of training required (5 pediatric tubes in the OR) and the reporting of data. Air Life uses direct video laryngoscopy. Dr. Hall asked that doses of medications in protocols be reviewed, and any references to adult doses be removed.

MOTION MOTION BY DR. HALL TO RENEW FOR A THREE YEAR PERIOD WITH NORMAL REPORTING. SECONDED BY DR. BRONSKY TO APPROVE AS SUBMITTED.

MOTION PASSED PASSED UNANIMOUSLY

DeMond
12-105 Adult RSI Renewal
Durango Fire Rescue

Dr. DeMond reports an average of eight RSIs per year. Getting people into the OR for practice is challenging. The department is considering direct video laryngoscopy, but has not found a unit they like. Dr. Eby asked that references to Sellick Maneuver be removed from protocols, along with any references to pediatric doses. He also recommended changing the second dose of Vecuronium to a period longer than 20 minutes.

MOTION MOTION BY MR. CANDLIN TO RENEW FOR A THREE YEAR PERIOD WITH NORMAL REPORTING AFTER SUGGESTED CHANGES TO AGENCY PROTOCOLS. SECONDED BY DR. EBY TO APPROVE

MOTION PASSED PASSED UNANIMOUSLY

Nichols 12-107 IFT Alteplase Renewal 12-108 IFT Labetalol Renewal 12-110 IFT Vecuronium Renewal Grand County EMS	Dr. Hall noted that Grand County had not transported a Labetalol maintenance drip during the three year waiver period and wondered if waivers should continue to be granted if medications or procedures are not used during their three year waiver cycle. Dr. Nichols explained that these waivers are necessary because the hospital asks that the agency be prepared to transport these medications, just in case.
MOTION	MOTION BY DR. HALL TO RENEW FOR A THREE YEAR PERIOD WITH NORMAL REPORTING. SECONDED BY DR. WEBER TO APPROVE
MOTION PASSED	PASSED WITH MR. KOTAS ABSTAINING
Sovndal 12-103 Pediatric RSI Renewal 12-104 Ketamine Initial Request Northern Colorado Med EVAC	Mr. Dunn apologized to Dr. Sovndal for not honoring his request to be heard right after lunch. Reviewers complimented Dr. Sovndal on addressing concerns voiced previously by the Pediatric RSI task force. Dr. Bronsky had some concerns with the way the protocol reads regarding rocuronium *and/or* succinylcholine; Dr. Sovndal explains that he is in the process of cleaning up the protocol, including removing succinylcholine and adding ketamine as a secondary induction agent. He will remove all references to Sellick Maneuver and any reference to adult doses. He also plans to use ketamine for sedation of excited delirium patients if droperidol is not available. His crews currently use direct video laryngoscopy for adult patients and will begin using it for pediatrics in 2013.
MOTION	MOTION BY DR. BRONSKY TO RENEW FOR THREE YEAR PERIOD WITH NORMAL REPORTING AFTER COMPLETION OF UPDATES TO PROTOCOLS. SECONDED BY DR. HALL TO APPROVE
MOTION PASSED	PASSED UNANIMOUSLY
Jobin 12-112 Adult RSI Renewal Thompson Valley EMS	The reviewers complimented Dr. Jobin on his application and submitted data. TVEMS uses direct video laryngoscopy. The only recommendation was for all references to pediatric doses in the protocols to be removed.
MOTION	MOTION BY DR. EBY TO RENEW FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. KITAGAWA TO APPROVE
MOTION PASSED	PASSED UNANIMOUSLY
Koelliker 12-114 Adult RSI Renewal Telluride Fire Protection District	Dr. Koelliker reports three successful RSI attempts during the waiver period with two others where it was indicated, but the medic chose to wait. She states that she is fortunate to be able to send paramedics to the Las Animas Surgical Center for practice. Her agency also uses direct video laryngoscopy. She will remove references to the Sellick Maneuver and pediatric doses from the protocols.

MOTION	MOTION BY DR. EBY TO RENEW FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY MR.CANDLIN TO APPROVE
MOTION PASSED	PASSED WITH DR.KOELLIKER ABSTAINING
Powers 12-69 Adult RSI Renewal Steamboat Springs Fire	Dr. Powers reports nine successful RSI attempts in two years; medics are also allowed to practice in the ED as well. No data on the number of patients who could have been RSI'd in the field where the medic chose to wait. Her medics use direct video laryngoscopy. Dr. Koelliker asked if the submitted data could be put in an Excel format so it is easier to read. The reviewers were also concerned that the PCRs submitted with the application are part of the public record, and therefore discoverable. The reviewers asked that the protocols make it clear that waveform capnography is mandatory, with colorimetric monitoring optional. They also requested that references to Sellick Maneuver and pediatric doses be removed.
MOTION	MOTION BY MR. CANDLIN TO RENEW FOR A THREE YEAR PERIOD WITH NORMAL REPORTING AFTER SUGGESTED CHANGES TO AGENCY PROTOCOLS AND DATA REPORTING. SECONDED BY DR. KOELLIKER TO APPROVE
MOTION PASSED	PASSED WITH DR. HALL ABSTAINING
Powers 12-68 A-F ODT Ondansetron/EMT Initial Request Multiple Agencies	There were no objections to the waiver application, only a request to remove typographical errors in the protocol
MOTION	MOTION BY MR. KOTAS TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. KITAGAWA TO APPROVE
MOTION PASSED	PASSED WITH DR. HALL ABSTAINING
Powers 12-65 A-F CPAP/EMT Initial Request Multiple Agencies	All committee members feel that allowing EMTs to initiate CPAP would be extremely useful in areas where ALS is not immediately available. Dr. Kitagawa asked about what training is in place and Dr. Eby wanted to know if the training included recognizing complications. They liked that the protocol was written specifically at the EMT level and also liked the data collection form.
MOTION	MOTION BY MR. CANDLIN TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. KITAGAWA TO APPROVE
MOTION PASSED	PASSED WITH DR. HALL ABSTAINING
Powers 12-65 Droperidol Initial Request Steamboat Springs Fire	There were no objections to the waiver application, only a request to clean-up typographical errors in the protocol

MOTION	MOTION BY MR. CANDLIN TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. KITAGAWA TO APPROVE
MOTION PASSED	PASSED WITH DR. HALL ABSTAINING
Koelliker 12-115 Shoulder Reduction Initial Request Telluride Fire Protection District	Dr. Koelliker explained that providers will be trained in the Cunningham technique without the use of medication. Providers will also highly encourage any patient with a shoulder reduction attempt to be transported.
MOTION	MOTION BY MR. KOTAS TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. HALL TO APPROVE
MOTION PASSED	PASSED WITH DR. KOELLIKER ABSTAINING
Farstad 12-117 Angiomax Initial Request Poudre Valley Hospital EMS	Per Dr. Farstad, Angiomax will be IFT maintenance only. They are currently seeing two to three patients a month due to the fact that it doesn't have the bleeding risks of other current medications. Medics will receive annual training on the use of pumps and medications.
MOTION	MOTION BY DR. HALL TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. BRONSKY TO APPROVE
MOTION PASSED	PASSED UNANIMOUSLY
Farstad 12-118 Adult RSI Initial Request Poudre Valley Hospital EMS	Dr. Farstad is taking a very conservative approach initially, with only specially trained supervisors practicing the skill. These medics will receive forty hours of classroom training and must complete ten endotracheal intubations in the operating room. The hope is to minimize the number of patients who receive RSI that do not need it. Primary indication will be for head injured patients with trismus. PVH EMS providers are not using direct video laryngoscopy initially but he is looking into it. Dr. Hall requests that mandatory use of waveform capnography be added to the protocols along with the removal of any references to pediatric doses.
MOTION	MOTION BY DR. HALL TO APPROVE FOR THREE YEARS WITH STANDARD REPORTING. SECONDED BY DR. BRONSKY TO APPROVE
MOTION PASSED	PASSED UNANIMOUSLY
Gross 12-123 Adult RSI Renewal Chaffee County EMS	No representatives were available on the phone. There were concerns that training procedures were not provided. Capnography was not mandated in protocols, and there seemed to be a lack of clear indications for when to perform RSI. Application also needs to include a CV for the training officer.
MOTION	MOTION BY DR. HALL TO TABLE UNTIL NEXT MEETING. SECONDED BY DR. KOELLIKER
MOTION PASSED	NO ACTION TAKEN

Kevan 12-113 IFT Mucomyst Initial Request TransCare Ambulance	No representatives were available on the phone. Reviewers ask that the statement "Tylenol overdoses are becoming more common in our area" be quantified and explained. How many patients are being transferred on this medication; is it really necessary? Application is missing any literature review. Protocols refer to what to do in case of an anaphylactic reaction but that protocol was not included. No training policies are included.
MOTION	MOTION BY DR. HALL TO TABLE UNTIL NEXT MEETING. SECONDED BY DR. KOELLIKER
MOTION PASSED	NO ACTION TAKEN
New business *Will Dunn*	Members continued to discuss suggested changes to the Chapter 2 Practice Rules. After all parking lot items were discussed, Mr. Caffrey agreed to make revisions to the document and email the document to the members for finalization before making it available for public comment. Deputy Director Kuykendall closed the meeting with comments about a movement in Colorado (and nationally) to provide free or low-cost Narcan to IV drug users and their families. He asked that the members keep this in mind and consider how the Chapter 2 Rules might be impacted, if talks result in the passing of legislation.
MOTION TO ADJOURN	MOTION TO ADJOURN BY MR. KOTAS. SECONDED BY DR. HALL
MOTION CARRIED	PASSED UNANIMOUSLY