

PC EMS COUNCIL
PROTOCOL REVIEW COMMITTEE MINUTES
November 29, 2017 – 8:00

Attendance:

Membership Attendance Roster on File.

Call to Order

Cynde Rivers called the meeting to order at 8:01am. Introductions were made around the room. Previous meeting minutes were provided, voted on and accepted as written.

Unfinished Business:

A. Mobile Application

Cynde reported that the request for a mobile application of the protocols was sent to the DEM Director. The next step after approval from our director is to present it to IT. Norma pointed out that because the protocols are accessible using the internet, we need to have strong justification for the mobile application. There is much better coverage using an app versus the web. Dr. Gates added that there is limited connectivity to the internet in remote locations. Also, the application loads much faster and is easier to use in locating specifics. Nicole McCullough commented on the comparison of Apple versus Window based systems and felt that the Apple phone application is much better. Norma asked permission to call upon Dr. Gates and Nicole to help provide explanation and support in justifying it to IT.

B. Sepsis Protocol (in Medical Section?)

It be brought to the committee, discussed, and decided upon, including where in the protocols to put it. It was suggested putting it in the Medical Section and referencing it in the Addendums. Dr. Gerecht added that this sepsis scorecard is different than what is typically used across the country. He recommended looking at other options to compare before making a final decision. Cynde suggested bringing all of our tools together. Norma concluded by asking everyone to send her whatever tools they wish to be considered and she will distribute the compilation to everyone to review prior to our next meeting. Next meeting will be a working meeting.

New Business:

A. Trauma Triage Tool Appendix B

Handouts were provided of what we currently have in our protocol and what the State DOH has. We aren't always consistent with the State or CDC. Dr. Gerecht confirmed that there are a number differences between DOH, our County and the CDC and went through them individually:

1. First, in **STEP 1** the Glasgow Coma Scale measurement is inconsistent: our protocol says <14, CDC says ≤13 and DOH says <13. It was thought that maybe the DOH's was a typo and should have been ≤13. It was approved to change our protocol to match DOH at ≤13. Also, under **STEP 1** Trauma, the major discrepancy was the terminology regarding ventilatory, ventilator or airway. We use "airway" CDC uses "ventilatory" WA uses "ventilator." After much discussion on the difference in meaning and how to best state it, it was decided to be consistent with the CDC.
2. In **STEP 2** "...proximal to elbow and knee" it was approved to change the "and" to "or." Also, our protocol uses the term "flail chest" which was changed to "chest wall instability" to match the CDC and DOH. It was also decided to add "pulseless" to "...crushed, degloved or mangled

extremity” to conform to CDC wording. Lastly, it was approved to change the “and” to “or” on “Amputation proximal to wrist and ankle.”

3. In **STEP 3** regarding falls, “children: ≥ 10 ft. was changed to >10 to keep it consistent with the CDC. Also, our protocol says **High-Risk vehicle crash**, but DOH and CDC use the term “auto.” It was decided to keep it as is, with “vehicle.” After the word “Intrusion >12 inches” it was decided to add “including roof” to be consistent with DOH and CDC.
4. In **STEP 4** under Older Adults: Systolic BP <110 may represent shock after for older adults and children to be more consistent. Also, add “Low impact mechanisms (e.g. ground level falls) may result in severe injury. (Dr. Gerecht “this doesn’t change location, just the mindset of the provider.”) Lastly, add “children should go to a children’s facility.” **Time Sensitive Extremity Injury** and **End-Stage Renal Disease Requiring Dialysis** can be deleted to conform to CDC and DOH.
5. Norma pointed out the sentence at the top of the chart, “Prehospital triage is based...” saying it is not on the State tool. After much discussion it was agreed to remove it.
6. The right hand side of the tool will be changed to match the CDC’s and State’s with the exception of the top box, which will remain the same with a couple of wording changes.

B. Chair and Vice-Chair Nominations

Cynde was nominated again for Chair and Sam was nominated to continue as Vice-Chair. There were no other nominations for either office but it is open for nominations until next meeting when they will be voted on and approved.

Unscheduled Business: None

Announcements:

Adjournment: Meeting Adjourned @ 9:10 am.