



FAEMSMD



Florida Association of EMS Medical Directors

Quarterly Meeting Summary

ClinCon
Orlando, FL
July 11, 2017
9 a.m. - 1 p.m.

Members Present: John Milanick, MD, President; Brooke Shepard, MD, Secretary-Treasurer, David Meurer, MD Member-At-Large; Christine Van Dillen, MD, Member-At-Large; Joe Nelson, DO, State EMS Medical Director; Paul Banerjee, DO; Leon Beeler, MD; Frank Fraunfelder, MD; Phyllis Hendry, MD; Kim Landry, MD; Charles Sand, MD; Andrew Schmidt, MD; Paul Adams, MD; Peter Antevy, MD; David Ebler, MD; Desmond Fitzpatrick, MD; Jason Jones, MD; Joseph Lemmons, DO; Carolina Pereira, MD; Laurie Romig, MD; Kenneth Scheppke, MD; Andrew Schmidt, DO; John McPherson, MD

Call-in Participants: Mary Ann Kolar, DO

Guests/Non-Members Present: Jorge Aguilera, North Collier FR; Barbara O'Connor, Sarasota County FD; Carlton Wells, FL Dept. of Mgmt. Svcs; Barbara Tripp, Tampa FR; Karen Davidson, Hillsborough County FR; Cory Richter, Indian River FR; Mic Gunderson, AHA; Ideen Zeinali, UF EMS; T. Becker, UF; John Penick, Pembroke Pines; Rowan Taylor, Miami Dade; Andrew Thomas Tampa FR; Beth Mannion, USF EMS; Rachel Semmons, Tampa FR; Shirley Bardell, Sun City EMS; Daniel Moran, Davie FR; Steven Keehn, West Palm Beach; Terry Schem, FD04; Joseph Maguire, Lee County EMS; Tony Gandia; Darnel Domatto, FL Fire Chief Assoc.; John Meskiel, West Palm Beach FR; Dan Harshburger, Martin County FR; John Wilgis, FL Hospital; P. Byers, Miami; Mac Kemp, Leon County EMS; Christine Zuva, OC EMS; Chris Hut, OC EMS; Todd Husty, SC EMS

FCEP Staff Present: Beth Brunner, Donna Vennero

Topic	Discussion	Decision/Action
Welcome & Introductions	Dr. John Milanick, FAEMSMD President, called the meeting to order at 9:10 a.m. Meeting attendees and call-in participants were welcomed.	
Review of Previous Minutes	The April 2017 meeting summary was reviewed and approved without any necessary changes.	Approval of meeting summary.
Announcements	<ol style="list-style-type: none"> CLINCON 2017 was dedicated to the memory of Dr. Silvestri and his contribution to emergency medicine. A memorial video was shared during the opening ceremony. It was reported that Dr. Kathy Schrank retired on July 1, 2017 and Dr. Paul Adams took over as the Medical Director for the City of Miami. 	
Financial Report & Membership Update	Ms. Brunner presented an overview of the FAEMSMD financials.	

<p>State EMS Medical Director Update</p>	<p>Dr. Joe Nelson reported the following information:</p> <p>Dr. Silvestri-ClinCom</p> <ul style="list-style-type: none"> <input type="checkbox"/> In honor of the late Dr. Silvestri, this year's CLINCON will be dedicated to him. <input type="checkbox"/> CLINCON co-chairs Dr. Benjamin Abo and Felix Marquez, EMT-P are creating a five- to 10-minute memorial video to be played at the CLINCON 2017 program in July. <p>Transitions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Kathy Schrank, MD retired July 1 <input type="checkbox"/> JMH <input type="checkbox"/> Miami Fire Rescue <input type="checkbox"/> Welcome Paul Adams DO FACOEP <p>Stroke Systems of Care Update</p> <ul style="list-style-type: none"> <input type="checkbox"/> 395.3038 <input type="checkbox"/> directing the Agency for Health Care Administration to include hospitals that meet the criteria for acute stroke ready centers on a list of stroke centers; <input type="checkbox"/> creating s.395.30381, F.S.; requiring the Department of Health to contract with a private entity to establish and maintain a statewide stroke registry, subject to an appropriation; <input type="checkbox"/> requiring stroke centers to provide certain information to the statewide stroke registry; <input type="checkbox"/> requiring the contracted entity to use a nationally recognized platform to collect data; <input type="checkbox"/> requiring the contracted entity to provide reports to the department on stroke performance measures; <input type="checkbox"/> EMS provision Each licensed emergency medical services provider must use a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment tool provided by the department <p>State EMS Advisory Appointments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dan Azzariti Paramedic (Fire) <input type="checkbox"/> ·Jaime Green EMS Educator <input type="checkbox"/> ·Dr. Tony Gandia Physician <input type="checkbox"/> Lew Simon Lay Elderly <input type="checkbox"/> Linda Liebert-Hall Lay Person <input type="checkbox"/> New Term begins July 2017 for 4 years, term limit 8 years. <p>Status Update “H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Now H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017 <input type="checkbox"/> This bill passed in the House on January 9, 2017 and goes to the Senate next for consideration. <input type="checkbox"/> Status: SB 916 (Introduced) 2017-05-01 - Placed on Senate Legislative Calendar under General Orders. Calendar No.46. 	
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HR 304 main points

- 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

State EMS Plan Being Updated 2.2 Improve patient care quality and outcomes (by December 2018):

- A Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 16% to 20%
- B Increase the percentage of non-traumatic cardiac arrest patients who develop a Return of Spontaneous Circulation (ROSC) both prehospital and upon arrival to ED from 16.32% to 20.34%
- C Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 15 (?) minutes from 61% to 90%
- D Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90%

2.2 continued

- E Increase the percent of stroke alert events in which the on-scene time is less than or equal to 15 (?) minutes from 67% to 90%
- F Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive stroke center from 69% to 90% by December 2018
- G Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 10 (20?) minutes from 40% to 90% by December 2018
- H Increase the percentage of trauma alert patients that were initially transported to a trauma center from 57% to 75%

Medical Care Committee

- Meeting later today to finalize recommendations on State Plan for this year's update. Vote tomorrow planned by EMSAC.
- Discussion on adding Sepsis measures to the State Plan next year
- Thoughts from Medical Directors?

CARES REGISTRY UPDATE

- Update on Florida Participation in CARES
- Joe Ferrera, Florida DOH

Website Protocol Database

- Password protect the search page so that only FAEMSMD members with the password can gain access.
- master list of all protocols that can be scrolled in alphabetical order.
- There will also be a keyword search term and there will be a drop down box to select a specific County
- We will need each agency that is willing to submit their protocols to send them as a pdf document. But it CANNOT be a scanned document.
- It Must be a document created in any of the office programs such as Microsoft Word or PowerPoint etc and then SAVED AS pdf. This then allows the final pdf to be searchable by "Ctrl F".

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.

Extension for 6 Months

- Certain lots of emergency syringes have had their use dates extended based on stability data provided by Pfizer and reviewed by FDA, so that healthcare professionals can continue to use these specific lots during the shortage. The information about the specific lots with extended use dates is found in [these tables](#).
- Atropine Sulfate Injection, USP 0.1 mg/mL; 5 mL ABBOJECT syringe (NDC 0409-4910-34)
- Atropine Sulfate Injection, USP 0.1 mg/mL; 10 mL ABBOJECT syringe (NDC 0409-4911-34)
- Dextrose 50% Injection, USP, 50 mL ABBOJECT Syringe (NDC 0409-4902-34)
- Epinephrine Injection, USP 0.1 mg/mL; 10 mL ABBOJECT syringe (NDC 0409-4921-34)

Drug Overdose Legislation Signed

- CS/CS/HB 249: Drug Overdoses**
- GENERAL BILL by Health and Human Services Committee; Health Quality Subcommittee; Rommel; Lee; (CO-INTRODUCERS) Cortes, B.; Duran Fine; Gruters; Harrell; Magar; Miller, A; Plakon; Roth ; Williams
- Drug Overdoses; Permitting certain entities to report

controlled substance overdoses to the Department of Health; providing immunity for persons who make reports in good faith; requiring a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses, etc.

- CHAPTER 2017-54 Effective Date 10/1/17

FloridaNet/FirstNet Update

- Florida’s strategy for connecting with a Nationwide Public Safety Broadband Network—called FirstNet
- Brent Williams, Senior EMS Advisor

First Responder Network Authority

12201 Sunrise Valley Dr. M/S 243

Reston, VA 20192

Brent.Williams@FirstNet.gov

Mark Burk | ISF Project Manager

Mark.Burk@dms.myflorida.com

850.671.1017

FDA Extension of Nerve Antidotes Expiry Dating Memorandum for Civilian Response Entities June 26, 2017

- Based on FDA’s review of scientific data, FDA has concluded that it is scientifically supportable for the lots of AtroPen (atropine), CANA (diazepam), DuoDote, and pralidoxime chloride auto-injectors listed in the following table to be used for nerve agent emergencies up to the identified new use dates, which are beyond the manufacturer’s original labeled expiry date, provided that the products have been – and continue to be – stored under the manufacturer’s labeled storage conditions.
- FDA is not requiring or recommending that the identified lots in the following table be relabeled with the new use date. When new AtroPen (atropine), CANA (diazepam), DuoDote, morphine sulfate, and pralidoxime chloride auto-injectors become available, FDA recommends that the following lots be replaced with the new product.

Duodote Replacement

- Duodotes: 2 medications (Atropine and Pralidoxime) in one device.
- Not all have been distributed due to the new legal requirement of Medical Director approval.
- Sent from State Monday-Wednesday every week, as the medical directors approve.
- No medical directors have opposed; just a matter of responding to email from the State.
- State will continue to distribute to all sites as they receive approvals.

Duodote

- Jennifer Dobert, Pharm.D, C.Ph.

Preparedness Pharmacist
Bureau of Public Health Pharmacy
FL Department of Health
850-922-9036 x 3012
Jennifer.Dobert@flhealth.gov

Prehospital Ultrasound Use

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

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 2**
- 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 face piece respirator rated P100,
 - Elastomeric half-mask air-purifying respirator with multi-

	<p>purpose P100 cartridges,</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elastomeric full face piece air-purifying respirator with multi-purpose P100 cartridges, OR <input type="checkbox"/> A powered air-purifying respirator (PAPR) with high-efficiency particulate air (HEPA) filters. <p>REPLICA has become Active</p> <ul style="list-style-type: none"> <input type="checkbox"/> REPLICA <input type="checkbox"/> Interstate Compact Cross State licensure recognition of EMT and Paramedic in certain circumstances <input type="checkbox"/> 10th State has signed on <input type="checkbox"/> Florida has not yet ratified <p>Update on "Head Up" CPR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paul E. Pepe, M.D., M.P.H. <input type="checkbox"/> Founder of U.S. Metropolitan Municipalities EMS Medical Directors Consortium (The "Eagles" Coalition) <input type="checkbox"/> Associate Medical Director for several Palm Beach and Broward EMS agencies <input type="checkbox"/> Update on research in "Head Up" CPR techniques 	
<p>"Heads-Up CPR"</p>	<p>Dr. Paul Pepe gave a PowerPoint presentation on Heads-Up CPR.</p>	
<p>2017 Eagles Summary</p>	<p>Dr. Scheppke gave an overview of the 2017 Gathering of the Eagles Conference. He spoke about some of the PowerPoint Presentations that were shown at the conference.</p> <ul style="list-style-type: none"> • Most Important EMS Articles Eagles 2017 Corey M. Slovis, MD • Utilizing Simulation, Protocols and Training to Protect Personnel in Harm's Way Robert B. Dunne, MD Jose G. Cabanas, MD • There's a Lot to Know about the Little To-Do List: The Top Five EMS Challenges in Pediatric Medical Care Peter M. Antevy, MD, MPH • Point of Care Testing Gone Viral A Novel Blood-Borne Pathogen Exposure Program Donald A Locasto, MD • You can find them at www.gatheringofeagles.us along with all the other presentations 	

Dr. Scheppke – Stopping the Revolving Door to Narcotics

- What is the current system for treating narcotic overdoses?
- Is there something we can do to keep our patients from repeating overdoses?
- How do we prevent the revolving door of narcotic overdoses?

How Did We Get Here?

- 2010 Florida is the “Pill Mill Capital” of the USA
- 650 Million Oxycontin Tablets shipped to Florida
- Then Law Enforcement efforts, “Pain Clinics” shut, Doctors sent to prison for knowingly being a part of the drug trafficking
- 52% Drop in Oxycontin Death rate 2010-2012

With Oxycontin Gone, Our Old Nemesis Heroin Makes a Comeback, But This Time it’s Not Alone

- 426% increase in Fentanyl related overdoses in 2013

Closing The Pill Mills In Florida is Good News,... Right???

- 1800% Increase in Narcotic Death Rate 2012-2015. So far 2016 is double again or 3600@ increase in death rate since 2012

Is This a National Problem?

The Next Epidemic...

- 25 Million Substance Users in USA
- 4 Million Addicted
- PBC Data: 2/3 have Hep C
- HIV Rates Rising Rapidly
-

How Do We Currently Deal with Overdose Patients?

- Palm Beach County EMS Spent about \$5000.000.00 on Narcan in 2016
- Narcan is over the counter drug now
- Police have Narcan
- Addicts and their friends and family have Narcan
- But the death rate keeps rising

The Revolving Door

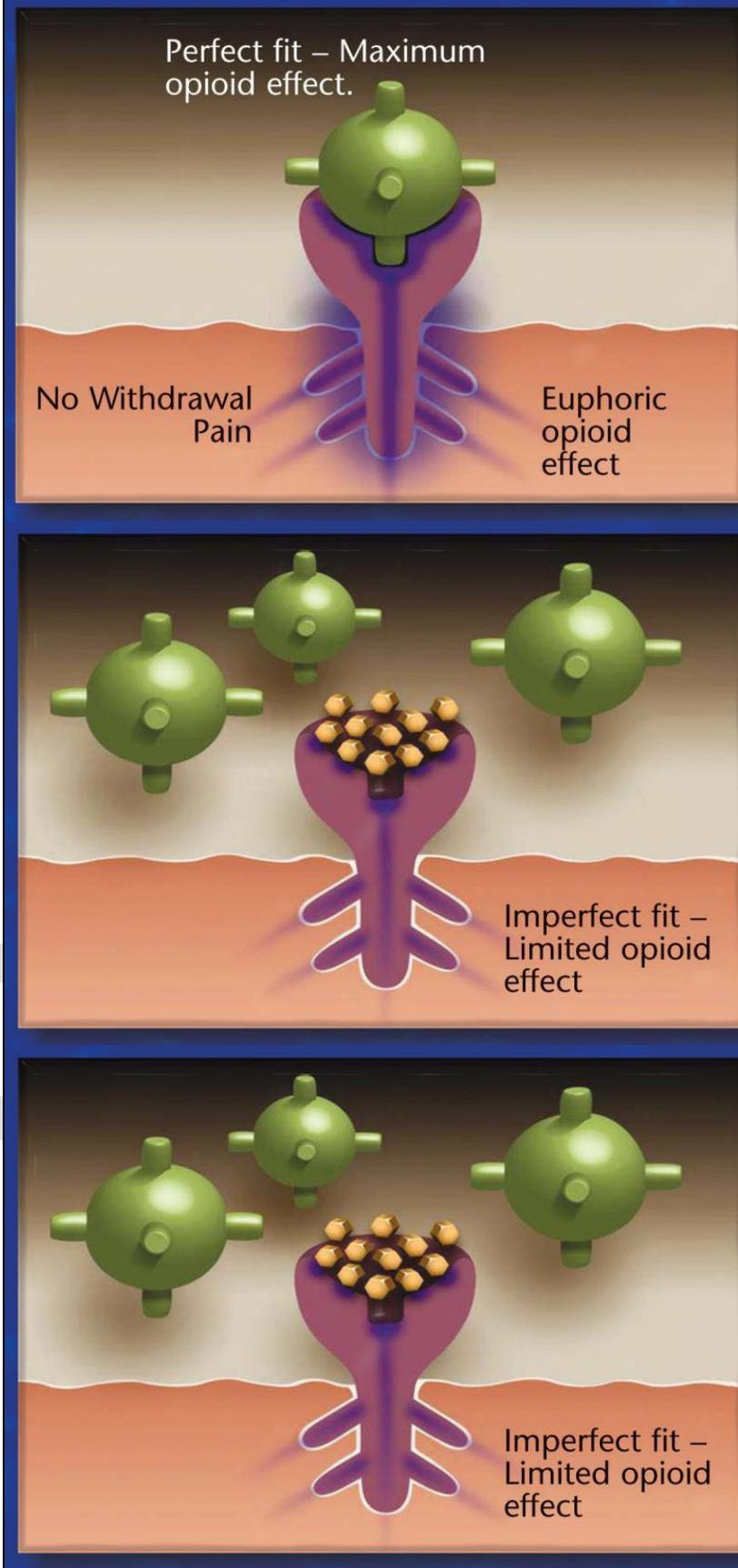
How Do We Currently Treat Opiate Addicts?

How Should We Treat Them?

Hope On the Horizon

- DATA Passed 2000 Allows for treatment outside of federal drug centers (methadone clinic)
- Buprenorphine approved by DEA for MAT of withdrawal

MAT Model



	<p>Emergency Department – Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence</p> <ul style="list-style-type: none"> • A Randomized Clinical Trial <p>Barriers to Care</p> <ul style="list-style-type: none"> • Lack of insurance/financial resources • Lack of transportation • Lack of program space • Pain/fear of withdrawal • Lack of positive support structure <p>Palm Beach County MAT Pilot Program-Results to Date</p> <ul style="list-style-type: none"> • Over 50 patients enrolled • 3 lost to homelessness and inability to locate patient • Several stopped taking meds due to advice of NA support groups since they were not “Clean” while taking it <p>Resources for More Information</p> <ul style="list-style-type: none"> • https://www.naabt.org/education/literature.cfm • http://www.samhsa.gov/ 	
<p>Position Statement – Requirements for a Medical Director in the state of Florida</p>	<p>Dr. Christine Van Dillen spoke about the requirement to be a Medical Director.</p> <p>In the United States when citizens are in duress wherever they may be they can use the 911 system to call for help. These calls can be for anything from a traumatic injury, a heart attack to a stroke. Providing these services in the field can prove to be very complicated, which provides the appropriate guidance. Therefore, Emergency medical services (EMS) medical direction requires a specific knowledge base and skill set. This has been further brought to light by the initiative of many physicians dedicated in the field of EMS that worked to get EMS certified as a subspecialty of emergency medicine. This required a separate set of core content, procedural skills, and a certification test to be created. Since 2013, Emergency physicians after 3-4 years of residency continue training for an additional 1-2 years to undergo fellowship training. The Florida Association of EMS medical directors strongly feels that many aspects of medical direction require experience and proof of a specific subset of knowledge. This subset of knowledge includes legal, ethical, educational, and clinical facets of EMS. This allows for these physicians to ensure that all citizens receiving care from EMS personnel receive timely, efficient, and quality care. Due to the fact that the EMS fellowship and certification is still in its infancy there are still many in the field that participated in its creation and this experience gives them the expertise to practice as EMS physicians as well. We do not feel that EMS subspecialty certification should be required to be an EMS medical director currently, but feel that in the future this will be a goal.</p> <p>We feel that medical directors in the state of Florida should be required to have:</p>	<p>or</p>

	<ul style="list-style-type: none"> • Board certification in Emergency medicine, Internal medicine, Family Medicine, Pediatrics or General surgery • Be active on a regular basis in the practice of medicine <ul style="list-style-type: none"> ◦ Which requires an active Florida Medical license and DEA license • Have had experience in EMS medical direction of at least 2 years (as a quality director, associate or assistant medical director) • ACLS certification • ATLS, PHTLS or ITLS certification • Membership in a regional or national EMS association • Remain a physician in good standing 	
Old Business & Discussion	Ms. Rosenthal gave an update on the searchable protocols on the website.	
New Business & Discussion	<p>The retirement of Kathy Schrank was recognized. Thought it would be nice to recognize people for years and years of service.</p> <ul style="list-style-type: none"> • Wall of fame on website • Other organizations have honorary memberships 	
Adjourned	The meeting was adjourned at 12:45 p.m.	