

**South Carolina EMS Advisory Council Meeting  
Columbia Mills Building  
301 Gervais Street, Columbia  
June 13, 2019  
10:00 am**

<i><b>MEMBERS PRESENT</b></i>	<i><b>MEMBERS ABSENT</b></i>	<i><b>DHEC STAFF</b></i>
Ed DesChamps, MD, Chair	Ryan Barnett	Rob Wronski
Garrett Clanton, MD	Spencer Robinson, MD	Rich Wisniewski
David French, MD (phone)	Debbie Hession	Jessica Schmittle
Sarah Craig	Joel Decker	Mary Neely
Kelley Carlton	Chris Bowers	
Brett McGary, MD (phone)		
Chris Gainey, MD		
Julie Jones		
Henry Lewis (proxy Steve McDade)		
Phil Clarke		
Chris Cothran		
Mark Self		
Richard Mann		
Matt Morris (proxy Chris Harfield)		
Ryon Watkins (proxy Kate Smith)		
Scott Stoller (phone)		
Crystal Youmans		
<b><i>VISITORS PRESENT:</i></b> Yarley Steedly, Britton Herbert, Brandon Marfin, Julie McCabe, Benji McCollum, Kate Smith, Kim Dorset, Chris Hatfield, Steve McDade		

<i><b>AGENDA ITEMS</b></i>	<i><b>DISCUSSION/ACTION</b></i>
<b>CALL TO ORDER</b>	Dr. DesChamps called the meeting to order.
<b>FREEDOM OF INFORMATION ACT</b>	Ms. Neely read the Freedom of Information Act.
<b>ROLL CALL</b>	Ms. Neely called the Roll.
<b>APPROVAL OF MINUTES</b>	Mr. Mann made a motion to accept the minutes. Dr. Gainey seconded and the motion passed.
<b>DHEC STAFF REPORTS</b> EMS Reports	
Update on Dr. Alier	Mr. Wronski reported Dr. Alier was well and resting after a heart catheterization and having three stints placed. The heart cath was scheduled after a stress test; Dr. Alier did not have a heart event or any pain.
Pediatric Trauma Triage Protocol	Mr. Wronski reminded the Council the Pediatric Trauma Triage Protocol will go into effect on July 1 of this year. Discussion followed.
Stroke Triage & Transport Protocol	Mr. Wronski continued, saying the Stroke Triage and Transport Protocol will also go into effect on July 1. Mr. Wronski stated not everyone is using the RACE

<p>CoAEMSP Meeting</p>	<p>score for patients suspected of having a stroke. Discussion followed.</p> <p>Mr. Wronski announced CoAEMSP will have a meeting on June 20, at 10:00 am at the Office of Rural Health. Accredited programs and those under a letter of review may attend this meeting. Attendance will be limited to 2 individuals per institution. Mr. Wronski said email invitations would be going out as soon as possible.</p>
<p>Fire Rescue Symposium</p>	<p>Mr. Wronski said the SC Fire Rescue Symposium is June 26-29 in Columbia. DHEC will have a booth and will be teaching as well.</p>
<p>Laryngoscope Grant</p>	<p>Mr. Wronski stated the Bureau has contacted almost every agency that is receiving a laryngoscope. Discussion followed.</p>
<p>Critical Care Paramedic Protocols</p>	<p>Mr. Wronski invited Critical Care Paramedics and organizations who have CCPs to a meeting on July 10 at 10:00 am to discuss protocols for the CCP endorsement. There has been some work done, but Mr. Wronski is hoping to have 8-10 protocols. Lunch will be provided, and RSVP is needed. Discussion followed.</p>
<p>August Medical Control Meeting</p>	<p>Mr. Wronski said the August 8 Medical Control meeting would be dedicated to adding new drugs to the formulary. He is planning to email a request form; these forms need to be received 330 days prior to the meeting.</p>
<p>Trauma Reports</p>	
<p>Pediatric Trauma Triage Protocol</p>	<p>Mr. Wisniewski reiterated that the Pediatric Trauma Triage Protocol is mandatory as of July 1. An updated copy has been added to the EMS Portal. Additionally, the Stroke Triage and Transport Protocol has been updated on the Portal.</p>
<p>Stroke, Stemi, Sepsis Coordinator</p>	<p>Mr. Wisniewski announced John Thivierge is the new Stroke, Stemi, Sepsis Coordinator for the Bureau. Mr. Thivierge has already met with several hospitals and EMS agencies. Discussion followed.</p>
<p>RACE Score Compliance</p>	<p>Mr. Thivierge has already been meeting about the RACE score compliance. The Bureau reviewed the data for use of the RACE score and found statewide compliance at 60%-70%. Use of the RACE score has been mandatory since January 1, 2018 and is part of the Stroke Protocols.</p>
<p>Scene Time Concerns</p>	<p>Mr. Wisniewski expressed concern over some EMS agencies' excessive scene time, up to 30 minutes on ejected patients in some cases. Statewide and</p>

<p>Triage Bags</p> <p>Stop the Bleed Kits</p> <p>EMS for Children</p>	<p>regionally, the on-scene times average 17 minutes. Discussion followed.</p> <p>Mr. Wisniewski stated every 911 ambulance in the state is to have and to use the triage bags that were given to agencies by DHEC a few years ago. It is Stated in the Regulation that all ambulances use the same triage tags. These bags are not being used; out of 4 mass casualty incidents in the state in 2 years, the bags have been used once.</p> <p>Remember:</p> <ul style="list-style-type: none"><li>• The triage bags that were given out were meant to care for initial patients during a mass casualty incident, not as jump bags.</li><li>• These bags should not be in any spare ambulances.</li><li>• There should be regular training on the use of the triage bags.</li></ul> <p>Mr. Wisniewski said the Bureau plans to have each agency and the DHEC Inspectors to check for compliance.</p> <p>Additionally, each hospital was given the same triage bags but some have not been picked up. Mr. Wisniewski said he has learned if there was any training at the hospitals, it was only offered to the day shifts and not to the night shifts.</p> <p>Discussion followed.</p> <p>Mr. Wisniewski stated all schools in the state were given Stop the Bleed kits through HPP. The Department of Education also ordered an additional 6,000 kits to be placed on all state owned school buses. These kits are being distributed and bus drivers will be trained.</p> <p>Mr. Wisniewski reported a working group has met and drafted the roles and responsibilities for the Pediatric Emergency Care Coordinator position at state EMS agencies. This is part of Mrs. Moore’s grant, working towards having Peds Ready EMS agencies by 2023.</p>
<p><b>COMMITTEE/COUNCIL REPORTS</b> Medical Control Committee (MCC)</p> <p>Pilot Study: Prehospital TXA</p>	<p>Dr. DesChamps reported Dr. Donato, from Lexington County EMS, presented a proposal for a pilot study on prehospital use of Tranexamic Acid (TXA). This was approved by MCC is before the Advisory Council for approval.</p> <p>Discussion followed.</p> <p><b><i>The motion: Allow Lexington County EMS to do the pilot study in prehospital use of TXA and limit participants in pilot to only Lexington</i></b></p>

Arterial Line Placement:  
Flight Paramedics and Critical Care  
Paramedics

**County EMS for the present.**  
**Lexington County EMS will give a report in 6 months, January of 2020.**  
**The motion passes.**

Dr. DesChamps said MCC and the Trauma Advisory Council (TAC) had already approved allowing Flight Paramedics and Critical Care Paramedics to place radial arterial lines with Medical Control Physician's approval. **The motion comes to the Advisory Council:**

- **Allow Flight Paramedics and CCPs to place radial arterial lines with Medical Control Physician's approval**
- **Must have 100% Q/A with Medical Control Physician as well.**
- **Recommend using ultra-sound guided arterial lines, but it is not mandatory;**
- **Quarterly training and annual feedback until further notice.**

This is not for the field, but for interfacility only. The Critical Care Paramedic endorsement is not available yet, if approved, ART Line Placement will become part of the CCP skills.

**Motion passes.**

Surgical Cricothyrotomy

Dr. DesChamps recounted that MCC approved Flight Paramedics and CCPs be allowed to do surgical cricothyrotomies. The motion moved to TAC for discussion. TAC felt surgical cricothyrotomies should be open to all Paramedics in SC and that it be up to Medical Control Physicians at individual agencies to decide.

**Motion from MCC and TAC:**

**Allow Surgical Cricothyrotomy any agency that can meet the same quarterly training as CCPs and Flight Paramedics.**

- **Must train quarterly in a high fidelity lab**
- **Must use state approved training module**
- **Must have 100% Q/A**
- **Must have RSI in place**

**Dr. DesChamps suggested approving the Surgical Cricothyrotomy as a skill.** A subcommittee will put together a package with training, definitions, and prerequisites and report back at the next Advisory Council meeting in September.

**Mr. Self seconded and the motion passed.**

Updated RSI Protocol

Hand outs were distributed and discussion continued on the updated RSI Protocol.

**Mr. Self made a motion to approve the pending changes to the RSI Protocol. Motion seconded and**

<p>EMS Training Committee</p>	<p><i>the motion passed.</i></p> <p>Ms. McCabe stated the EMS Training Committee discussed the results/draft regarding the pass/fail rates of EMT exams and accepted requirements for teaching institutions, institutional collaboration and mentoring instead of a punitive process. This program has not yet come to the Advisory Council for approval, but will be presented at the September Advisory Council meeting.</p>
<p>New Business Committees Char and Co-Chair</p>	<p><i>Mr. Cothran made a motion to require all Committees below the EMS Advisory Council to have a Chair and a Co-Chair, to be sure of representation at meetings.</i></p> <p><i>Mr. Self seconded. The motion passes.</i></p>
<p><b>ADJOURNMENT</b></p>	