

**PC EMS COUNCIL  
PROTOCOL REVIEW COMMITTEE MINUTES  
January 29, 2020 – 8:00 AM**

**Attendance:**

Membership Attendance Roster is on File.

**Call to Order:**

The meeting was called to order at 08:02 am by Sam Yount. Introductions were made around the room. Meeting minutes from November 27, 2019 were voted on and accepted as written.

**Unfinished Business:**

**A. Blood Product Use in field – Dr. Gates**

The protocol for blood product use was submitted. There may be some changes to the pediatric portion. Discussion will occur at the MSO meeting on how it will be deployed. We are limited on where it will come from. The decision was made to go through Cascade Regional Blood who will get the blood through the transfer center at Harborview and then to us. This is gaining traction. An email can be sent out about this if needed. This will be used for non-trauma patients as well. There is a case presentation in a medical journal where blood products are commonly used in medical situations too. Further discussion needs to happen with Harborview and the MSOs will meet to discuss storage and so forth.

**B. Blood Products Implementation Plan – Dr. Gates**

The blood products implementation plan will be put into protocol verbiage and we should be able to move forward at the next meeting.

**New Business:**

**A. Chair/Vice Chair Elections**

At the last meeting, nominations for 2020 were made of Sam Yount for Chair and Dr. Gates for Vice chair. Further nominations were requested, none received. Sam Yount was voted as the chairperson and Dr. Gates was voted as the vice-chairperson for 2020.

**B. Injured Pediatric Patients Verbiage – Dr. O'Mahoney**

A meeting occurred recently with the Trauma Trust regarding 15 to 17-year-old trauma patients staying in the adult system and not being transported to Mary Bridge. The language of the pre-hospital triage still needs to be changed to reflect that pediatric patients 15 years of age and older trauma (not STEP) patients are to be taken to the closest adult hospital not to Mary Bridge. Under 15 years of age will still be transported to Mary Bridge. Dr. Waffle mentioned that once the verbiage in the protocol reflects this change, it will be sent to West Region and the State for approval. The committee voted to approve the change and moving it forward.

**C. Off Campus ED-exclusion criteria update (ADL language) – Dr. Justice**

A request was made for exclusionary language to be added to the protocol for transports to the off-campus ED to prevent patients that will not be going home from being transported to the

off-campus ED. The mission of the off-campus ED is to take the patients that will not be admitted, releasing the burden from hospital EDs. If a patient is not able to perform activities of daily living (ADL), then they should not be transported to the off-campus ED. EMS is getting push back from OCED, saying why bring them here? Let Dr. Justice know if you get push back feedback from OCED. We want to get to where there is no pushback. The exclusionary language was voted and approved by the committee.

#### **Unscheduled Business:**

##### **Requested Change to Equipment List:**

A request was made to have ventilators added to the equipment list. Dr. Waffle requested the details be sent to him. Currently, the protocol allows the use of ventilators, but they are not on the equipment list.

##### **Sepsis Protocol Change:**

A request was made to change the Sepsis protocol, so it is not mandatory to transport priority. It should be up to the transport medic using criteria. The change to remove the word priority was voted on and approved.

#### **Announcements:**

Dr. Waffle mentioned that recently, he attended a Community Healthcare Access Steering Committee meeting. This is originally the Divert Committee. The committee is made up of CEOs/CFOs from agencies around the county. These are the people with the authority to assign personnel to get things done. They will be identifying the top problems that are brought to them and come up with solutions. Dr. Waffle would like everyone to email your top issues to him. The long delay of patient handoff in the ER is one suggestion mentioned.

A request was made to add verbiage about betablockers in the protocols. The response was to collect the data, put in protocol format and bring to the committee for their review.

Next Meeting is scheduled for March 25, 2020.

#### **Adjournment:**

Meeting Adjourned @ 8:56 am.

Scribe: Donna Vitale