

**MEDICAL CONTROL BOARD  
EASTERN AND WESTERN DIVISIONS  
EMERGENCY PHYSICIANS FOUNDATION**

The regularly scheduled meeting of the Medical Control Board was held, pursuant to Oklahoma Statute, Title 25 & 307.1 on Wednesday, September 14<sup>th</sup>, 2022, 10:00 am at EMSA Administrative Offices located at 6205 S. Sooner Road, Oklahoma City, OK 73135 and 1417 N. Lansing Avenue, Tulsa, OK 74106, linked via videoconference.

**NOTICE AND AGENDA** for the regularly scheduled meeting of the Medical Control Board of the Emergency Physicians Foundation, was posted in the Office of the Deputy City Clerk of Tulsa, Friday, September 9<sup>th</sup>, 2022, and in the Office of the City Clerk of the City of Oklahoma City on Friday, September 9<sup>th</sup>, 2022, more than 24 hours prior to the time set for the regularly scheduled meeting of the Medical Control Board.

- 1. Roll Call** disclosed a quorum at 10:02 am and the meeting was called to order by Dr. Chad Borin.

MEMBERS PRESENT:

Dr. Chad Borin  
Dr. David Gearhart  
Dr. Jeffrey Johnson  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Michael Smith

MEMBERS ABSENT:

Dr. Roxie Albrecht  
Dr. Russell Anderson  
Dr. Barrett Bradt  
Dr. Keri Smith

- 2. Review and Approval of July 2022 MCB Meeting Minutes**

A motion was made and seconded to approve the minutes of the July 2022 MCB Meeting. The MCB voted to approve the minutes from the July 2022 MCB Meeting.

AYE:

Dr. Chad Borin  
Dr. David Gearhart  
Dr. Jeffrey Johnson  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Russell Anderson  
Dr. Barrett Bradt  
Dr. Keri Smith

NAY:

None

The motion is passed.

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**3. EMSA President Report**

Ms. Johna Easley (President) and Mr. Frank Gresh (COO) updated the MCB on EMSA response time compliance performance, evidenced in supplied reports within the September MCB agenda items. Mr. Gresh has contacted multiple hospital administrations to work in collaboration to decrease hours of hospital/ED initiated bed delays, including attendance by Dr. Albrecht (OUMC) and Dr. Nalagan (Mercy Hospital OKC). Patient volumes have also been rising in comparison to year prior.

Ms. Easley additionally referenced the focus on Priority 1 patient response time compliance deficits, particularly in the Western Division (metropolitan OKC). Multiple strategies include: a) ongoing use of non-911 BLS ambulances to help decompress hospital census, specifically patients being discharged to home/nursing home and requiring ambulance transport for medical necessity; b) Transfer of Care (TOC) paramedics to help free up ambulance crews whenever possible; c) utilization of contract paramedics to staff ALS ambulances for multiple month contracts to ensue as early as October.

Discussion among MCB physicians and EMSA leadership subsequently focused on strategies to improve EMSA capabilities to perform at desired levels.

**4. Chief Medical Officer/Associate Chief Medical Officer Reports**

Dr. Goodloe updated the MCB on activities completed by the OMD team in the interim since the July MCB meeting.

Dr. Goodloe briefly highlighted the numerous meetings that the OMD team continues to have with all agencies within the EMS system, including orientation academies, monthly meetings with the EMSA Executive Team and Fire Chiefs from Oklahoma City, Tulsa, and Edmond, as well as the long-established monthly CQI meetings led by OMD. Additional meetings include: a weekly meeting with the EMSA CEO and COO with Dr. Goodloe to discuss the most important issues at EMSA, factoring this particularly dynamic time at EMSA as it works on the measures covered by Ms. Easley in her report to the MCB.

Dr. Goodloe briefly referenced work with MCB/OMD legal counsel, Mr. Kris Koepsel, in regards to the EMSA Indenture, Code of Ordinances-Ambulance/EMS, and the Interlocal Cooperative Agreement to better reflect current era functioning of the MCB/OMD roles within the EMS system. Mr. Koepsel will comment further from a legal counsel standpoint in his forthcoming agenda item.

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Dr. Goodloe reviewed the 911 BLS Ambulance Program to date, utilizing presentation materials shared also with the EMSA Board of Trustees. Data analysis (and re-analysis of the “unstable vital signs” parameter) through July 2022 continues to show accuracy of MCB approved MPDS codes for the program correlate well with patient illness or injury successfully managed within the EMT scope of practice (as defined within the MCB Treatment Protocols) and are able to predict patients with rare need for RLS return to hospital, need for ALS assist as identified through ongoing EMD query of the 9-1-1 caller, or presence of unstable vital signs (as defined within the MCB Treatment Protocols).

**5. MCB Legal Counsel Report – Kris Koepsel**

Mr. Koepsel briefly referenced Dr. Goodloe’s earlier comments on their work in regards to the EMSA Indenture, Code of Ordinances-Ambulance/EMS, and the Interlocal Cooperative Agreement to better reflect current era functioning of the MCB/OMD roles within the EMS system. These documents are being discussed with the EMSA Board of Trustees and city government leaders in both Oklahoma City and Tulsa.

**6. Review and Approval of Protocol**

**4N: EleGARD Head Up CPR – Adult**

**17O: Low Titer O+ Whole Blood (LTOWB) – Metropolitan Oklahoma City  
2023 MCB Treatment Protocols**

Dr. Goodloe outlined the following changes requested for MCB review and action:

**4N: EleGARD Head Up CPR (2022 update) – effective 10/1/22**

Moved techniques around to better suit what was being performed on scene. Moved technique #7 to #8 and #8 to #7. Added EleGARD Pit Crew assignments to protocol. Removed ETT from #6.

**17O: Low Titer O+ Whole Blood (LTOWB) Metropolitan Oklahoma City  
(2022 New Protocol) – effective 10/1/22**

New Protocol for the delivery of Whole Blood in the field to patients with hemorrhagic shock from trauma. The program will start with three units of LTOWB and will be deployed in Oklahoma City Metropolitan area. Two units of LTOWB will be assigned to OKCFD & One unit of LTOWB will be assigned to EMSA. This program was developed with the cooperation of OUMC and OBI.

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**2023 MCB Treatment Protocols (including 4N and 17O as above) – effective 1/16/23**

**1D: Trauma and Hypovolemic Shock Supportive Care Adult & Pediatric**

Added Consider Low Titer Whole Blood (LTOWB) to the Paramedic protocol box

**2D: Bag Valve Mask (BVM) Management Adult & Pediatric**

Page 2D.1 Technique: Changing from C-clamp technique to EC-clamp technique. Page 2D.2 Added pictures of technique for one handed and two-handed technique.

**3A: Respiratory Arrest Adult & Pediatric**

**6B: Altered Mental Status Adult & Pediatric**

**6E: Syncope Adult & Pediatric**

**8A: Poisonings General Management Adult & Pediatric**

Each of the protocols listed above; added to the Treatment Priority Box:

#2. Oxygenation/Ventilation (BVM Prior to the administration of Naloxone). Added to the EMR/EMT Box under: Toxins/Drug Overdose – Suspected Narcotic/Opiate – Apneic, a statement was added: Address Oxygenation and Ventilation (SpO2 Goal  $\geq$  94%) Before Administering Naloxone

**8E: Snakebites Pit Vipers (Rattlesnakes, Copperheads, Moccasins) (Crotalinae Envenomation)**

**9A: Abdominal Pain/Nausea/Vomiting/Diarrhea Adult & Pediatric**

**9B: Sepsis Adult & Pediatric**

**13E: Pelvic Pain Adult & Pediatric**

Each of the protocols listed above; added to the EMR/EMT Box: Nausea/Vomiting Adult/Pediatric: Isopropyl Alcohol Pads Held 1 to 2 CM Below Nares (Max of 3 Pads Every 15 Minutes)

**10E: Needle Thoracostomy (Tension Pneumothorax Decompression) Adult & Pediatric**

Adding the Spear Needle, updated the language under Technique: page 10E.2, under D. to meet the requirements of the device. 3.25-inch length increased to 3.75-inch length pneumothorax catheter. Also moved first line placement to 4<sup>th</sup> or 5<sup>th</sup> intercostal space anterior axillary line for adults.

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**10H: Tourniquet Adult & Pediatric**

Added the SWAT-T (Tourniquet) This will allow for a tourniquet for children and/or smaller adults that a CAT-TQ has too large of a diameter to fit.

**14I: Interhospital Transfers**

Added High flow nasal cannula directions with diagram. This will allow for a better understanding of high flow nasal cannula during Interhospital transfers.

**17A: Destination Determination**

Changes were made to page 17A.8 which deals with burn patients. Pediatric burn patients were added to the destination for Integris Baptist Medical Center-NWE.

**17B: Categorization of Hospitals**

Pediatric burn capabilities were added to Integris Baptist Medical Center-NWE. OU Health Emergency Room & Urgent Care – Czech Hall was added as a freestanding ED with same indications as other freestanding EDs in the EMS system’s service area.

**References Updated:**

Updated with the latest science to support each protocol.  
3K, 4A, 4D, 7A, 10E, 10I, 14D, 17K, 17O

A motion was made and seconded that the MCB approve the recommended treatment protocol changes, as detailed above. 10E was stipulated to include CQI processing for individual case review reported back to the MCB at its future meetings.

**AYE:**

Dr. Roxie Albrecht (arrived 10:15 am)  
Dr. Russell Anderson (arrived 10:30 am)  
Dr. Chad Borin  
Dr. David Gearhart  
Dr. Jeffrey Johnson  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith (arrived 10:08 am)  
Dr. Michael Smith

**ABSENT:**

Dr. Barrett Bradt

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NAY:

None

The motion is passed.

**7. Review and Approval of MCB/OMD Clinical Administrative Policy:**

**CAP: Whole Blood**

**CAP: ALS BLS Inspection Form**

**CAP: EMR Inspection Form**

**CAP: Controlled Substances**

**CAP: EMS Provider Credentialing**

The revisions brought to the MCB reflect procedural and documentation changes needed to implement the Whole Blood Program in Metropolitan Oklahoma City, in collaboration with OUMC Trauma Services, Oklahoma Blood Institute, Oklahoma City Fire Department, and EMSA. Specific forms include:

MCB/OMD LTOWB Product List  
MCB/OMD LTOWB Daily Responsibilities  
MCB/OMD LTOWB Daily Check Off-Form  
MCB/OMD LTOWB Scene Coordination  
MCB/OMD LTOWB Transfusion Record

Revisions additionally include changes in minimum requirement for clinically related equipment on emergency apparatus in the EMS system, these changes include:

CAT TQ increased from 6 to 8 per ambulance unit. (ambulance)  
CAT TQ increased from 2 to 8 per EMR apparatus. (EMR)  
SWAT-T TQ was added with values of 2 per unit. (ambulance)  
SWAT-T TQ was added with values of 2 per apparatus. (EMR)

Revisions specific to controlled substances are:

Removed the word "Blue Copy" from Receiving Orders Line C & E. DEA forms are now single forms and not 3 carbon form.

Receiving Orders Line E. Changed; Copies of the packing slip will be forwarded to the Office of the Medical Director to Copies of the packing slip shall be kept on file with each agency.

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Expired Controlled Substances & Related Documentation

Added: 2. All expired controlled substances shall be sent for destruction no less frequently than every 180 days and/or whenever the amount of accumulated expired controlled substances exceeds 100 single patient use vials, ampules, prefilled cartridge/syringes, or other formats.

Revisions to the EMS Provider Credentialing Policy are related to these credentials:

Added 911 BLS Ambulance EMT credentialing criteria.

Removed 911 BLS EMT

Added Whole Blood Paramedic credentialing criteria.

A motion was made and seconded that the MCB approve the recommended Clinical Administrative Policy changes, as detailed above, effective 10/1/22, apart from the apparatus inspection forms to be effective 1/16/23.

AYE:

Dr. Roxie Albrecht  
Dr. Russell Anderson  
Dr. Chad Borin  
Dr. David Gearhart  
Dr. Jeffrey Johnson  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Barrett Bradt

NAY:

None

The motion is passed.

**8. Review and Approval of June 2022 and July 2022 MCB Financial Statements**

Dr. Goodloe presented the financial statements to the MCB, discussing revenue and expenses FY 2021-2022 to close and the first month of FY 2022-2023.

A motion was made and seconded that the MCB approve the June 2022 and July 2022 MCB Financial Statements.

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AYE:

Dr. Roxie Albrecht  
Dr. Russell Anderson  
Dr. Chad Borin  
Dr. David Gearhart  
Dr. Jeffrey Johnson  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Barrett Bradt

NAY:

None

The motion is passed.

**9. Information Items**

The November 2022 MCB meeting will mark Dr. Borin's 4-year term completion as MCB Chair. Elections for MCB Chair, Vice Chair, and Secretary will occur as an agenda item at that meeting. 2023 MCB meeting dates will be discussed as well.

**10. New Business**

**11. Next Meeting – November 9<sup>th</sup>, 2022**

**12. Adjournment**

Upon Motion by Dr. Russell Anderson, the Medical Control Board voted to adjourn the meeting at 12:01 pm.

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Approved By:  
David Smith, MD  
MCB Secretary

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Date Approved: