STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

JANET T. MILLS
GOVERNOR

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COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – March 16, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Meeting Minutes

Members present:	*Matt Sholl, Kate Zimmerman, Benjy Lowry, Beth Collamore, Dave Saquet, Kelly Meehan-Coussee, Mike Bohanske, Seth Ritter, Pete Tilney, Bethany Nash, Claire DuFort, Rachel Williams*
Members Absent:	*Tim Pieh*
MEMS Staff:	*Chris Azevedo, Ashley Moody, David Davies, Darren Davis, Sam Hurley, Jason Oko, Melissa Adams*
Stakeholders:	*Chase Labbe, Chip Getchell, Dwight Corning, Jay Bradshaw, Jesse Thompson, Kristen Kelliher, Rick Petrie, Rob Sharkey, Sally Taylor, Sean Donaghue, Ted Mahar, Steve Almquist, Stephen Smith, Dr. Norm Dinerman, Phillip MacCallum, Cecily Swinburne, Chris Pare, Eric Wellman, Patricia Rawson, Shawn Cordwell, Polly Wood, Paul Marcolini*

MDPB Agenda – Meeting begins at 0930

1) Introductions –Sholl
2) Feb 2022 MDPB Minutes
    a. Motion to approve the February minutes made by Dr. Meehan-Cousee and seconded by Dr. Saquet. Discussion. Motion carried
3) State Update
    a. Director Sam Hurley gives an update for the EMS office to the group.
        i. Office personnel
            1. New licensing agent will be starting next Monday.
            2. Community Paramedicine Coordinator- David Davies
            3. Instagram to be added to Maine EMS social media accounts
            4. Working on deliverables for multiple grants, including substance use disorder hiring. This position has now been approved and we have permission to hire. A Deputy Director is also approved for hire.
            5. Jessica Ricciardelli, our office administrator, has notified us that she will be leaving us for New York city. We wish her the very best in her next endeavor. We will be posting this position soon.
        ii. Legislation
            1. LOSAP grant was funded with 1 million.
            2. 1988- a version of this did pass. The committee did have a divided report on the passing of this bill. Maine EMS did voice an objection to the timeline, however. This relates mostly to the simultaneous occurrence of strategic planning. Legislature noted but disregarded.

3. LD 2016- Crisis response services. Starts implementation of the 988 system in Maine.

b. Dr. Sholl
   i. Interviews for BLS position will occur this Friday, with 4 candidates to be interviewed.

4) Special Circumstances Protocol Review – NONE
5) New Devices– NONE
6) UPDATE – Medication Shortages
   a. Dr. Sholl
      i. Thanks Drs. Pieh and Nash for work going on in background regarding metoprolol and potential shortage.
      ii. Discusses potential issues with current dosing of racemic epinephrine being too low.
   b. Dr. Nash
      i. Still having issues with emergency "prepared" syringes. Dr. Nash has been stressing that they prioritize use of these for EMS in those places having shortages.
         1. Electrolytes
         2. Metoprolol
         3. Activated charcoal
         4. Oral glucose, in some forms
7) COVID-19
   a. Dr. Sholl queries the group for COVID issues to discuss.
   b. Highlights current omicron variant issues.
      i. Dr. Nash relates that limited quantities of monoclonal antibody medications are coming in.
      ii. Dr. Sholl notes that some states are rescinding masking and other protective posture requirements, and that Maine is not currently doing this.
      iii. Pandemic protocols are still currently in place.
   c. Discussion regarding Pandemic Response Protocol and the new EMT scope of practice expansion skills.
      i. Dr. Zimmerman
         1. Dr. Zimmerman shares screen image of Pandemic response protocol.
            a. We have tried to align protocols in terms of medications. Issues with metered dose inhaler (MDI) preference have come up due to costs of MDIs for services if they are going to carry them.
         2. Dr. Nash discusses current changes in MDI manufacturing (Respimat), cost per MDI and the fact that these are single-patient use.
         3. Dr. Zimmerman proposes that if a patient has own MDI and clinician wants to use it, that's fine. But we shouldn't require services to carry MDIs, due to cost and the fact that aerosol precautions do work. Dr. Zimmerman asks, do we want to move nebs above epi in the protocols? Discussion.
            a. Drs. Saquet and Bohanske concur with wider use of nebulizers versus MDIs, in view of effectiveness of precautions.
            b. Dr. Collamore asks, should we put in emphasis on the PPE (because it does work)?
            c. Director Hurley- there were comments by first response services about carrying enough O2 to give a neb. But the question was asked that would carrying an MDI enable more first response services to be effective.
            d. Dr. Nash voices concerns over MDI storage that must be considered.
            e. Dr. Sholl suggests leaving this to the Blue section authors for the 2023 updates and queries the group's opinion of doing so.
         4. Dr. Zimmerman recommends continuing with pandemic protocol question at hand. Discussion.

a. Motion made by Dr. Bohanske to remove language around service's own MDIs, Pts 6 and 8. Change language in EMT section to use our nebs if patient doesn't have own. Motion is seconded by Dr. Lowry.
b. Discussion. Dr. Sholl- should we include the caveat that Beth suggested? Dr. Bohanske concurs.
c. Motion is carried.

8) Data Sharing Requests
    a. Dr. Sholl discusses two new data sharing requests.
    b. Mary Imogene Bassett Hospital
        i. Hospital from Cooperstown, NY. This was originally approved in 2013.
        ii. The grant is an attempt to catalogue all farming, fishing and other related injuries, related incidents in the northeastern US.
        iii. Last request was a termed request. So, this is likely a renewal of original, or an ask for us to review. Discusses specifics.
        iv. Queries concerns and thoughts from the group.
            1. Dr. Zimmerman notes that there are a great many data points and that we likely don't actually collect some of the data points that are being requested.
        v. Motion by Dr. Zimmerman to recommend approval of the data use agreement to the EMS Board. Motion seconded by Dr. Meehan-Coussee. Discussion.
            1. Motion is passed.
    c. Maine Health/Memorial Hospital, North Conway New Hampshire.
        i. Merging electronic records and for active patient care, because they do receive Maine patients at their facility.
        ii. Discussion of the proposal.
        iii. Dr. Collamore makes the motion for Maine Health/Memorial Hospital to be able to access our data for Maine patients who are taken there. Motion is seconded by Dr. Saquet. No discussion.
        iv. Motion is carried.
9) 2021 Protocol Discussion
    a. Consideration of FAQ re MDI's at the EMT scope of practice
        i. Dr. Sholl- this has been approved.
10) 2023 Protocol review process – 1110 - 1215
    a. Timeline review
        i. Dr. Sholl shares screen and discusses the current protocol process timeline.
        ii. Currently finishing up Gold section and hope to start on Orange section in April.
        iii. Queries for questions from the group. No questions.
    b. March Protocol Review Webinar – Review
        i. First webinar was done last Thursday. Dr. Zimmerman gives summary.
        ii. There were 34 attendees, including MDPB and staff. We introduced the timeline and how we are approaching things this year. Opened comments up for attendees. There was some feedback regarding the app, and the yellow and grey sections. Discussion also around protocol suggestion process and use of the forms, and the work that goes on behind deciding what goes into approving a protocol. This was recorded and is available via link on Maine EMS website for viewing.
        iii. Dr. Collamore discusses her perspective as project coordinator.
        iv. Dr. Sholl- next meeting is noon on May 12.
    c. Gold section
        i. Drs. Meehan-Coussee and Saquet lead discussion of Gold section review
        ii. Diabetic/Hypoglycemic emergencies
            1. Paramedic requirement to contact OLMC
                a. Do we still need to require this for repeat dosing of dextrose or glucagon, or for IO placement?
                b. Discussion. We think it does not.

        i. Dr. Sholl relates that the idea was to limit use of IO if other interventions had not been already done. Limit unnecessary use of IOs. This could be done via addition of a PEARL.
        ii. Dr. Bohanske agrees.
        iii. Dr. Saquet- most paramedics wouldn't be faced with a hypoglycemic patient and then automatically use an IO.
2. Seizure protocol
    a. Dr. Meehan-Coussee discusses adding "head injury" to the PEARL at the top of the page.
    b. Dr. Williams suggests also adding eclampsia to the protocol, as well.
3. Stroke #1
    a. There seems to be issues with "last known well" time. Not noted/disregarded. Need to emphasize importance of this.
    b. Dr. Sholl asks if this issue needs addition of a PEARL?
4. Stroke #2
    a. Suggest changing the order of some items
        i. Move stroke #4 to be right after stroke #2
        ii. Combine all charts into a free-flowing pattern, and then add the interventions.
    b. Looking at whole stroke protocol and then the PEARLS.
        i. In PEARLS, there is discussion of time last known well (TLKW). Add dizziness in symptoms of when to suspect stroke.
        ii. Dr. Bohanske- do we want to change last sentence of TLKW PEARL- change "been" to "seen."
    c. Do we need to move items of "suspected stroke" up to the first list in the stroke protocol?
    d. Claire's DuFort discusses.
5. Medical Shock
    a. No big changes.
    b. Looking at formatting of identification for possible sepsis, to make this much more succinct. Would like to change bullet points.
    c. Change note at bottom of protocols regarding no altering or modifications to Northern NE Protocol group.
        i. Dr. Sholl discusses. The project has been on hold. But the original players are still present. We had wanted to maintain structure for comparison. We are playing that out now in a current project regarding LVO. If there are no substantive changes, I don't know if we need to change that bit there.
        ii. Decision to leave as is.
6. Abdominal Pain
    a. No changes
7. OB Emergencies
    a. EMT#2A
        i. Had input from expert regarding uterine displacement. Do want to remind providers that one side of stretcher is against a wall, that makes assessment difficult.
        ii. Add "consider laying patient on Left side, so that access for assessment is easier, enroute."
        iii. Discussion. Dr. Sholl suggests discussion offline.
    b. Marc Minkler asks if there is an opportunity to address childbirth protocols in the introduction part of this protocol?
        i. Opportunity to bring those into this, or at least reference them here.

ii. Dr. Meehan-Coussee agrees that a simple reference would be appropriate here.
iii. Discussion.
iv. Dr. Meehan-Coussee proposes addition of a reference.

8. Nausea and vomiting
    a. EMTs can now do 12-leads. Don't need to repeat this item at the AEMT level in the protocol.
    b. Dr. Tilney asks if there is a limit in age for peds patients. Dr. Nash suggests that 6 months/6 kg is bottom limit.
    c. Dr. Sholl- suggest offline discussion and ongoing consideration.
    d. Claire- I like age based, versus weight based, if that is a generally accepted practice.
    e. Motion to add a lower limit on age of 6 months old. Simplify dosing such that 6 months - <4 yrs. gets 2 mgs. and 4 yrs. and older get 4 mgs. Made by Dr. Sholl and seconded by Dr. Williams. Discussion. Motion carried.
9. Fever
    a. Consideration of treatment of fevers in the field.
        i. Medical Shock section, or separate?
    b. We can make patients more comfortable and/or stable by treating fever.
    c. We now have EMT level acetaminophen, and it is both oral and IV in protocols. Discusses both inclusion criteria and dosing.
    d. Discusses patient inclusion criteria.
        i. Dr. Bohanske
            1. Likes the proposal. Concerns with proposed definition of fever and need to arrive at consensus on this, within the group.
            2. Discussion on this within the group.
            3. Discussion of dosing.
    e. Inclusion criteria- 100.4F (38C)
        i. Discussion of parameters.
            1. Questions of accuracy of temperature determination.
            2. Motion by Dr. Zimmerman and seconded by Dr. Lowry to define FEVER as greater than or equal to 101F . Discussion.
            3. Dr. Bohanske- do we want to put definitions in the protocols? Standardize the definitions?
            4. Motion is carried.
    f. First steps EMT: passive cooling
        i. Discussion of verbiage as presented by Dr. Meehan-Coussee.
            1. Motion by Dr. Lowry and seconded by Dr. Collamore to accept cooling and oral medication verbiage. Discussion by the group.
                a. Dr. Sholl suggests working on verbiage offline.
            2. Motion carried.
    g. Inclusion of IVs
        i. Motion to focus on oral route delivery at this time by Dr. Sholl and seconded by Dr. Bohanske. Discussion
            1. Dr. Coussee- what if we left IV in with OLMC for it?
            2. Dr. Bohanske agrees.

3. Discussion of the need for IV admin, if the only complaint is a fever?
4. Motion is carried.

h. Dr. Sholl suggests draft into format and representation of protocol for group.

i. Dr. Coussee
   i. Concerns for alternate formulations for oral Tylenol.
   ii. Dr. Sholl asks if it's appropriate to discuss this under Green section, as this is where the pain dosing is. There is consensus.

j. PEARL for APAP
   i. Concern with "last 4 hours" versus "last 6 hours." Dr. Nash concurs that using 6 hours would not be harmful, regarding 2 doses of Tylenol in protocol.
   ii. Consensus in the group.

11) Data Committee Position
   a. Dr. Sholl discusses the open position on the committee created by Dr. Saquet's stepping down.
   b. Queries interest in the position among the group.
   c. Dr. Meehan-Coussee expresses possible interest, pending conversations with Darren Davis regarding responsibilities and duties.
   d. Dr. Ritter expresses some interest as well.
12) Report – Portland Fire Department Mobile Medical Outreach Pilot Project
   a. Dr. Sholl and Steve Nasta do the presentation.
   b. Dr. Sholl shares his screen and shares the data and statistics.
   c. Dr. Zimmerman asks about challenges encountered by the pilot.
      i. Dr. Sholl
         1. Grant funding
13) PIFT – Tilney – 1230-1245
   a. Dr. Tilney
      i. Shares screen. Apologies for delays caused by past illness.
      ii. Have enlisted assistance of Drs. Sholl and Saquet.
      iii. Goal is working collaboratively to get the work done.
      iv. Primary issues in PIFT revolve around patient stability.
         1. The 2006 update applied parameters of stability
         2. Discussion of IFT decision tree: likelihood of deterioration during transfer
            a. Aspects of this have changes.
         3. For 2022, MBPB needs to define the lanes. Shows 2022 update to the IFT decision tree: Therapy/provider level cross-reference matrix.
         4. Discusses other questions for MDPB
            a. Oral vs IV meds
            b. Thrombolytics
            c. mCPR devices
            d. Blood products
            e. Sedatives
      v. 2022 Goals for the Program
         1. Updated Medications and therapies
         2. Updated education
         3. Partnership with individual hospitals
         4. Partnership with individual medical directors
         5. Medical Direction and QI
            a. Develop relationships with sending facilities
            b. Real time QI and case review
            c. Medical Directors who are actually involved vs "rubber stamp"

d. Some type of routing communication with Maine EMS on an annual basis

6. Finish the project in the next few months.
    a. Meds
    b. Education
    c. QI

b. Dr. Lowry discusses concerns in his area and asks after a possible working group.
    i. Dr. Sholl discusses that today's presentation was an update and way to sculpt the coming conversations. There is no boundary on who gets involved if they are interested.

14) Ongoing Items for Future Discussion:
    a. Physician Field Response
    b. Report – Jackman Maine Pilot Project (*NOTE: may be discussed Feb 2022 pending availability of program Medical Director*).

Old Business – 1245 -1300

1) Ops – Director Hurley, Ops Team Members
    a. Sally- QA survey had specific questions regarding Medical direction. Discusses data and statistics. Goals are reviewing relationships in more detail as responses varied immensely. Assist with foundational education on QA/QI. Need input from involved MDS
2) Education – C. Azevedo, A Koplovsky
    a. TC Standards
3) QI – Chip Getchell
    a. Currently working on naloxone newsletter. Oliver Mackenzie is onboard as Kennebec Valley Region rep.
4) Community Paramedicine – Dr. Lowry
    a. Excited to welcome Dave Davies, who is program coordinator. Committee met and is working on a scope of practice for different provider levels to bring to MDPB. Hope to provide statewide standardization.
5) EMSC – Marc Minkler
    a. EMSC advisory committee is on Friday.
    b. IFT chair has brought forth some names for a chair.
6) TAC – Dr. Zimmerman
    a. Onboarding Ashley for her position.
    b. Working on outreach for critical access hospitals.
7) MSA – Dr. Zimmerman
    a. Working on outreach for critical access hospitals.
8) Maine Heart Rescue – M Sholl, C Azevedo
    a. No update

Motion to adjourn made by Dr. Zimmerman. Meeting adjourned at 1307 hrs.