



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



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Medical Direction and Practice Board

June 21, 2017

Minutes

MDPB Present – Dr. Sholl, Dr. Zimmerman, Dr. Couture, Dr. Bohanske, Dr. Nash, Dr. Jalbuena, Dr. Busko, Dr. Saquet, Dr. Pieh

MDPB Absent – Beth Callamore

Dr. Ritter will be starting in July as the Tri-County Medical Director

- 1) May 2017 Minutes – Dr. Kendall, Dr. Bohanske edits unanimous
- 2) State/
 - a. Community Paramedicine – Bill passed by legislators it may be vetoed but we do not know yet.
 - i. Humana has reached out to Maine EMS about what reimbursement models might look like and how to implement them.
 - b. Medical Director Manual – No updates
 - c. Resuscitation Academy – There is a plan to roll out a first training October 27th with our New England partners more details to follow.
 - d. EMS Compact – We are moving forward with support from the Commissioner and have a legislator interested in supporting this. Sue Prentis from NASEMSO will be working with us as the lead on this project and has successfully moved this project through other states.
 - e. Budget – We are likely going to have a State shutdown and this will impact operations and protocol roll out.
 - i. Options:
 - ii. No shutdown we move forward as planned
 - iii. Shutdown we might be able to meet in August to finish up education approval and roll out as planned
 - iv. Shutdown and we move back the roll out to another date to allow process to follow on a new timeline.
- 3) PEGASUS Update
- 4) Special Circumstances Protocols - NONE
- 5) New Devices – NONE now will circle BACK to request to discuss the NIO IO device
- 6) Old Business

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- a. Carfentanil – Members from the MDPB, Norther New England Poison Control and the CDC’s Emergency Preparedness program met to discuss appropriate levels of PPE. Many national organizations have offered guidance on PPE, but little evidence regarding proper levels of protection exist. Some guidelines suggest the most stringent levels of PPE, although these appear most directed toward LEO’s operating in distribution points and may not be appropriate for the settings EMS providers are operating in. Dr. Sholl distributed the draft best practices to the MDPB. Consensus of the group is to move forward with the document distributed.
- b. Medication Shortages – Medication shortages exist within the state. FDA is extending a number of the medications that impact EMS. Bicarb may be a long term issue. Regional Directors will send out the PowerPoint made by the MDPB to services and MEMS Staff will place this training on MEMSEd.
- c. IM Epi Options – Check and Inject. Curaplex system has come out and is a syringe with only two markings of 0.15 and 0.3 mg.
 - i. Consensus to allow auto injectors, safe syringe, or check and inject Motion to approve Dr. Pieh, Dr. Saquet unanimous.
- d. Stroke workgroup – A group has been meeting to discuss the opportunities to standardize care across the state and model what has been done with the Trauma Advisory Committee. MDPB members may be asked to assist in distribution of a state-wide survey, using their local contacts at local hospitals to complete the survey. Prior to this, stroke center coordinators are reaching out through their networks and through hospital QI officers to complete the survey. Drs. Zimmerman and Sholl will reach out to MDPB members should additional assistance be helpful.

7) Protocol Review

- a. Green remaining items:
 - i. Age cutoff for TXA
 - 1. Stay with 16 based upon Crash2 Motion Dr. Pieh, Dr. Zimmerman Unanimous
 - ii. Spine Pearls – Reference materials Dr. Sholl sent Motion to approve by Dr. Pieh second by Dr. Kendall Unanimous.
 - iii. Pain management – Discussion about PO meds for pain management. Dr. Pieh motion to add at AEMT level Acetaminophen 10 mg/kg max 975 mg single dose offline. With appropriate indications contraindications Dr. Jalbuena. Unanimous
 - iv. Post pain management anxiolysis – Dr. Kendall motion to remove benzo and diphenhydramine and monitor for future. Dr. Pieh Unanimous
- b. Yellow Remaining items
 - i. Cyanide or CO should be added to the title. Add Dr. Pieh Dr. Kendall unanimous
- c. Pink Remaining Items
 - i. Child Birth – motion to approve Dr. Pieh’s suggestion Dr. Kendall Dr. Couture Unanimous.

- d. Blue Remaining Items
 - i. Sedation in CPAP – Dr. Pieh motions to not change Dr. Couture with amendment of 0.02mg/kg of midazolam 9 in favor 1 opposed no abstentions.
 - e. Red Remaining Items
 - i. VAD – Dr. Pieh Dr. Kendall to accept as presented unanimous.
 - f. Brown – consensus to accept the Brown changes as presented. One amendment by Dr. Busko of other providers are of assistance not may.
 - g. Grey Dr. Pieh Dr. Jalbuena motion to approve. Unanimous
 - i. Update defib setting to reflect current models. Motion to approve Dr. Couture Dr. Jalbuena unanimous.
 - h. Black – accept as presented
- 8) 2017 Protocol Completion Timeline
- a. Update – conversion of the protocols to Lucid Chart
 - b. Material to date going to the Education committee
 - c. Will need the White Papers prepared for review at the July meeting – distributed to the MDPB one week prior to the meeting
 - i. Refractory VF/VT – including DSD – Dr. Zimmerman
 - ii. Airway Management in OHCA – Dr. Couture, Busko, Pieh
 - iii. Change in Name From ALTE to BLUE – Dr. Pieh
 - iv. Ketamine – including the indications we are using it for/contraindications/pharmacokinetics/etc. - Dr. Nash, Dr. Busko, Dr. Jalbuena
 - v. VAD/Pulm HTN – MS
 - vi. Changes in the TOR protocol – Dr. Zimmerman
 - vii. Spine Updates - Dr. Pieh, Dr. Sholl
 - viii. TXA - Dr. Kendall, Dr. Nash,
 - d. Review Education Committee Training over July meeting
 - e. Dr. Kendall motion to accept Dr. Ritter, Dr. Saquet second unanimous
- 9) Discussion re: August Meeting
- 10) Old Business
- a. Operations – No news
 - b. Education – rules and protocols
 - c. QI – meeting today

Adjourned 1242 Dr. Couture, Dr. Nash