



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 Practices Board - February 19, 2020
Conference Phone Number: 1-720-707-2699 Meeting Number: 345 024 1513

Members present: Tim Pieh, Matt Sholl, Mike, Bohanske, Beth Collamore, Dave Saquet (call in), Kate Zimmerman (call in), Bethany Nash, Kevin Kendall, Matt Opacic, Pete Tilney

Members Absent:

MEMS Staff: Chris Azevedo

Stakeholders: Ben Zetterman, Joanne Lebrun, Chip Getchell, Rick Petrie, Debbie Morgan, Nathan Yerxa, Jay Bradshaw, Steve Smith, Dennis Russell

MDPB Agenda – Meeting begins at 0930

- 1) Introductions
- 2) Approval of January 2020 MDPB Minutes
 - a. January minutes are tabled until the March meeting.
- 3) Special Circumstances Protocol Review
 - a. Special circumstance protocol draft for Region 5
 - i. Discussion of special seizure-oriented protocol. Prompted by the patient's neurologist.
 - ii. In this request, the treatment element that falls outside of protocols is that the EMS treatment being requested by the physician is for signs and symptoms specific for this patient that don't normally fall inside protocols for patient treatment by EMS.
 - iii. Bethany Nash asks what the concentration of "sprays" of medication in the protocol equal out to. Answer: Medication concentration is 5mg/ml suspension. 4 sprays in each nostril. The actual concentration or volume per "spray" unknown.
 - iv. Dr. Sholl discusses a question as to starting point with this protocol.
 1. The danger here is not giving enough benzodiazepines vs giving too much
 2. In an ambulance, there is no alternative for treatment of seizures other than benzodiazepines.
 3. Dr. Bohanske- recommend the "start from scratch approach." Do your assessment and follow the EMS protocol.
 4. Dr. Sholl agrees protocol can read as recommended
 - v. Motion to accept the protocol as above made by Dr. Pieh and seconded by Dr. Zimmerman.
 1. Discussion

- 2. Motion carried.
- 4) New Devices – Dr Bohanske
 - a. Request from Region 1 for approval of Kalinox
 - i. Current protocol option has nitronox for pain management.
 - ii. Some services have been approached by the manufacturer, stating that in the past, the barrier for field use has been the necessity for blending of the gasses. However, the Kalinox manufacturer has devised a pre-mix option.
 - iii. Nitronox is a brand name, which is in protocol. The question was posed “can we use an alternative brand name medication, if it is the exact same med?”
 - iv. Dr. Bohanske goes over brand delivery and packaging specifics in a presentation.
 - v. Dr. Pieh - since this is the same medication, this should not need a separate approval. Dr. Sholl states that it does, for consistency.
 - vi. Question regarding storage issue— regarding the need for a rack or specific way of storing the cylinder. Dr. Sholl also raises questions regarding medication diversion.
 - 1. Existing nitrous systems require a blender, which tends to be a barrier to diversion in itself. Kalinox is pre-mixed and does not require same.
 - 2. Dr. Bohanske reads policies from the manufacturer regarding need for storage contingencies
 - b. Motion made by Dr. Pieh to approve Kalinox as a device with contingency that services using this follow the manufacturer’s contingencies for storage and have an anti-diversion plan in place. Motion is seconded by Dr. Zimmerman. Motion carried.
 - c. Joanne Lebrun suggests distribution of clinical bulletin on this as well.
- 5) Medication Shortages
 - a. Nothing to report
- 6) 2019 Protocol FAQ’s
 - a. Additional questions – None
 - b. Lingering issues regarding items from last update
 - i. Request from last meeting to add in language regarding blood products being transfused through same line as TXA. For question “requirement of consult before TXA for anti-coagulated patients.
 - ii. Motion made to approve the language. Motion is seconded by Bethany Nash. No Discussion. Motion is carried.
 - iii. FAQ to be forwarded to MEMS and posted on website and protocol update course.
 - c. Review document to date
- 7) 2021 Protocol Update
 - a. Dr. Collamore
 - i. Purple section
 - 1. Protocol Abbreviations captured and indexed. Chart displayed listing new set.
 - 2. Motion by Dr. Kendall to approve the new section and seconded by Dr. Opacic.
 - a. Discussion- Note this section for review and update prior to next protocol update
 - b. Motion is carried.
 - ii. Brown
 - 1. Brown 3 “Defibrillation”

- a. “Advanced EMTs are expected to follow these protocols within the limitations of the monitor/defib available to them.”
Recommendation to delete this section/passage
- 2. Brown 4 “External Pacing”
 - a. “External Pacing”- (where indicated in these protocols) should be performed if a pacer is available.” Recommendation to delete this section/passage.
- 3. Brown 5
 - a. Combine “Paramedics and AEMTs are expected to perform all duties in their listed scope of practice as well as those of the prior scopes of practice in the appropriate logical order” with a similar section in Brown 2. SEE CHANGE SHEET.
 - i. Recommendation to make recommended changes in the language
 - b. There is a section that points out that we now have a pediatric transport protocol. Make referral to Peds Transport protocol, Pink 9&10
 - c. Change to “Assuming and Reassessing Care already provided:” on Brown 2.
 - i. Motion by Dr. Collamore to hold action on this and seconded by Dr. Bohanske. No discussion. Motion is carried.
- 4. New Additions to the Brown Section
 - a. Crime Scene: Under no circumstances should EMS providers who are not trained/certified law enforcement personnel enter a scene in which a firearm or other unsecured weapon is or may be involved until the scene is secured by law enforcement personnel. You will not be held liable for failing to act if a scene is not safe to enter. Contact LEO if you have been dispatched to a possible crime scene, including motor vehicle accidents.
 - i. There are multiple subsections to this passage.
 - ii. Discussion ensues:
 - 1. Does this belong in protocol?
 - 2. Message is good, but protocol inadequate to completely address the topic. Rules revisions include requirement for services to develop and incorporate a safety plan.
 - 3. High Threat Treatment Guidelines 2013 white paper discussed. Perhaps we can re-emphasize this existing guideline vs issuing a new one in protocol?
 - 4. Perhaps this passage would be better placed in the Grey section vs Brown.
 - iii. Recommendation: Tentative approval, pending law enforcement review. To be placed in the Grey section.
 - iii. Grey section
 - 1. Dr. Collamore discusses
 - 2. Grey 1- DNR Guidelines

- a. Goal to align with POLST document
 - b. Discussion
 - c. Matt will bring this back to the group
 - 3. Grey 12- Item #9: remove the word “at”
 - 4. Grey 14 *.....or is a minor, etc.”
 - a. Approve new language
 - 5. NEW
 - a. Additions to Grey 2
 - i. New section added with regard to Hospice Patients.
 - 1. “Death with dignity” discussion
 - ii. Bariatric patients
 - iii. These sections to go out for member review
 - iv. Tentatively starting Yellow section in March
 - b. PIFT protocols – 1200 - 1210 – Tilney/Sholl
 - c. Discussion – Operational Physicians – Pieh/Sholl 1210 – 1220 – Pieh/Sholl
- 8) State Update – 0940-0955
 - a. New MDPB Positions Update
 - i. 2 EMS-C applicants
 - ii. Multiple ALS applicants
 - iii. 3 BLS applicants
 - 1. BLS position announcement will be sent out again for period of one week. It actually ended up being two weeks.
 - iv. Suggested Interview process
 - 1. Interested MDPB members participate in interviews
 - 2. Interviews in March MDPB MEETING
 - 3. Conference afterward and make decisions
 - v. Discussion and speculation ensue as to why there is low interest in BLS MDPB positions
 - b. Maine EMS Staffing
 - i. One licensing agent candidate selected
 - ii. Reposting data position
 - c. Biospatial Update
 - i. There are several administrative tasks to be performed before this goes live and open.
 - ii. There have been many requests for data. Need to be cognizant of divulging protected patient information.

Old Business

- 1) Data Committee

- a. Jason Oko advises that the Data Committee is getting re-started, and there is an allotted position for an MDPB member on the committee. Please consider joining the committee.
- 2) PIFT
- a. Progress. Update next month
- 3) Fieldwork by EMS physicians
- a. Discussion by Dr. Pieh
 - i. Looking to define role of physicians within the EMS system.
 - ii. Write guidelines around operations within EMS field operations
 - iii. Looked at PA, who put into statute a set of regulations, for a template to use
 - iv. Would be nice to have CME's for this, so there is a mechanism for training physicians in operational areas
 - v. What is the scope of practice for this area?
 - vi. Are currently drafting a proposal. Then, where does this go—MDPB, EMS Board, Statute?
- 4) Ops Team
- a. Reviewed services for EMS week awards
 - b. Rick Petrie added that the Operations Team is also looking at the equipment approval process
- 5) Education
- a. Chris Azevedo
 - i. Two people have been recommended by the Committee and approved by the Board Chair to fill the committee vacancies
 - 1. Northeast Region 4- Aiden Koplovsky
 - 2. Non-Municipal Educator – David Mejia
- 6) Community Paramedicine
- a. Jason Oko
 - i. Discussed training standards for Community Paramedicine Technician. Got some info from Jones and Bartlett
 - ii. Want to discuss education standards for CP Tech with Education Committee
- 7) QA/QI
- a. Jason Oko
 - i. Meeting this afternoon
 - ii. Working in newsletters. Hopefully will release stroke newsletter today.
- 8) Heart Rescue/NNE RA
- a. Registration coming open soon.
 - b. Encourage all to attend.

Motion made to adjourn. Motion is carried. Next meeting 18 March 2020, 0930