



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



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

SAM HURLEY
 DIRECTOR

Medical Direction and Practices Board Minutes

Wednesday, 18 Mar 2020

0930-1130

Conference Phone Number: 1-720-707-2699

Meeting Number: 345 024 1513

Online Meeting Due to COVID-19 Contingencies

I. Call to Order 0930

- Members present:* Matt Sholl, Kate Zimmerman, Pete Tilney, Matt Opacic, Tim Pieh, Seth Ritter, Mike Bohanske, Beth Collamore, t, Kevin Kendall, Bethany Nash
- Members Absent:* Dave Saquet
- MEMS Staff:* Sam Hurley, Chris Azevedo, Marc Minkler, Jason Oko, Griffin Bourassa, Melissa Adams,
- Stakeholders:* Dennis Russell, Nate Yerxa, Jay Bradshaw, Joanne, Debbie Morgan, J Lahood, Paul Marcolini, Rick Petrie, Aiden Koplovsky, Chip Getchell, Nicholas Bryant, Chief Jim MacDonnell, Shawn Cordwell, Justin Bragdon, Ben Zetterman, Brandon Libby, Eric Wellman, Robert Sharkey, Daniel Svenson, Norm Dinerman, Joe Kellner

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board/committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

II. Introductions/Public Comments:

- a. Dr. Sholl discusses COVID-19 effects on MDPB operations.
- b. Sam Hurley gives state update in advance of normal placement in meeting.
 - i. Legislation has been by passed by Governor Mills enabling virtual meeting today.
 - ii. Thank you to all for hard work during this pandemic.
 - iii. Maine EMS is working closely with CDC collaboratively as we push out guidance from the office. All EMS Clinicians and Services should anticipate new bulletin guidance as pandemic operations progress.
 - iv. Issues have been reported regarding Clinicians not using appropriate PPE. This will be addressed, and proper PPE use emphasized.
 - v. Planning on an emergency EMS Board meeting today to address delegation of powers for licensure and other items, per waiver legislation passed by Governor

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Mills. Maine EMS is anticipating that the waiver will be effective for several months.

- vi. Maine EMS is also addressing concerns with First Responder agencies stating they are no longer responding to calls for service involving potential COVID-19 patients.
- vii. Director Hurley introduces Griffin Bourassa, who has started as Maine EMS's newest licensing agent.
- viii. Operations centering around coordination of response to the COVID pandemic will necessitate re-prioritizing new and ongoing projects and operations.
- ix. Due to the volume of work created by COVID related operations, Director Hurley is trying to get permission from EMS-C for Marc Minkler (Maine EMS-C manager) to be able to work on COVID support and other operations.
- x. Director Hurley give a short update on the Biospatial program.
- xi. New MDPB positions
 - 1. An interview panel will be selected from the MDPB to interview candidates for each position. Those recommendations will go directly to the EMS Board for approval, verses going back to the full MDPB for review and recommendation. This process may be delayed significantly due to COVID operations.
- xii. If anyone has questions, MEMS staff is attentive. Please ask the office staff.
- xiii. Emergency legislation
 - 1. Allows MDPB to delegate authority to Medical Directors to pass protocols
 - 2. Allows Board to delegate items to Director for provision of the Rules.
- xiv. Sam's asks for the group?
 - 1. None.

III. Acceptance of Minutes:

- a. Acceptance of February Minutes
 - i. **Motion to Approve:**
 - ii. **Second:**
 - iii. **Discussion:**
 - iv. **Motion Carried**

IV. Additions to Agenda:

- a. IRB #1 – MMC Opioid Atlas of Maine IRB
 - i. Dr. Sholl discusses aspects of this study
 - ii. The ask is to renew approval and increase the time available for the study
 - iii. **Motion to Approve this Project:** Dr Pieh
 - 1. **Second:** Dr Bohanske
 - 2. **Discussion:** none
 - 3. **Motion Carried**
- b. IRB#2 – Colby IRB – 0950-1000
 - i. Studying the impact of loosening of some regulations around naloxone. Quantify how First Responders interact to improve patient outcomes. Geo-mapping suspected OD calls.
 - ii. **Motion to Approve this Project:** Dr Pieh
 - 1. **Second:** Dr Bohanske
 - 2. **Discussion:** None

3. Motion Carried

c. State Update

- i. Director Sam Hurley gave his update previously.
- ii. Medical Director's resources
 1. Response to COVID-19
 - a. Discussions started in January with MDs and EMS Director resultant from CDC guidance.
 - b. Next EMS guidance will focus on signs and symptoms, as community acquired cases are now being reported.
 - c. MEMS doing queries to find out how much PPE is available in the state.
 - d. Identify, track and support providers exposed when they were NOT wearing appropriate PPE.
 - e. Discussion of communication during the crisis
 - i. Drs. Bohanske and Pieh adds that Clinical bulletins have been extremely useful as they are timely and up to date.
 - ii. Dr. Sholl asks about welfare of MDPB members.
 - iii. Dr. Collamore- though cases have not hit in Region 5 yet, staff shortages are affecting them due to travel and isolation precautions. Trying to reassure services who may be having issues with this.
 - iv. Dr. Opacic- Miles Memorial in danger of being short staffed, but so far, everything is functioning
 - v. Dr. Tilney- interesting to see what various hospitals are doing re: PPE. He's been working both in NH and Maine and seeing differences.
 - vi. Dr. Ritter- will be picking up shifts at Miles and Franklin. NH getting hit a bit sooner as virus works its way up from Massachusetts. Guidance from CDC is rather contradictory regarding respiratory protections N95 vs surgical mask. Running low on testing reagents.
 - vii. Approach of the day: if you're well enough to go home, you're not getting tested.
 - viii. Dr. Bohanske-can be addressed in bulletins: what to use for PPE what can be reused?
 - ix. Dr. Collamore- we need to address cardiac situations and patients in extremis in this situation. Services looking for direction here.
 - x. Dr. Sholl- difficult item to decide is when to alter standard of care? When to go into crisis mode and do crisis standard of care. But when to enter that is one of the most difficult decisions to make. We have tried to create "trigger points" in developing guidance on care plans.
 - xi. Dr. Ritter- would like to have recommendations regarding aerosolized meds and procedures, i.e., ventilators and BIPAP, MDI with spacers

- xii. Travel is no longer a screening too, as community acquired cases are now here.
 - xiii. Dr. Tilney- Issues transporting PUI's via LifeFlight? If so, these procedures for transporting patients actually affect transport of all sick patients. Will put out some update for medical directors regarding transport precautions.
 - xiv. Guidance for Nursing homes, assisted living, etc., is currently being developed.
 - xv. MDPB communication between physicians is going to be paramount now, and necessary more than once a month. Communicate once or twice a week and provide briefs.
 - 1. 0800 Mon/Friday briefing meetings
2. Drs. Sholl and Zimmerman are working on testing by EMS.
 - a. **Motion to NOT expand EMS scope of practice by approving of field testing for COVID-10 by EMS providers:** Dr. Pieh
 - i. **Second:** Dr Collamore
 - ii. **Discussion:** Dr Tillney asks if there is an opportunity to revisit this as the pandemic progresses. Dr. Sholl answers yes.
 - iii. **Motion Carries.**
 3. Dr. Sholl introduces and discusses Pandemic Response protocol.
 - a. Phase 1 piece.
 - i. Same and other similar response information that was put out in clinical bulletins when first put out.
 - ii. This captures all of the work that has been done thus far.
 - b. **Motion to approve Phase 1 Pandemic Response Protocol:** Dr. Kendall.
 - i. **Motion seconded:** Dr. Bohanske.
 - ii. **Discussion:** None
 - iii. **Motion Carries**
 4. **Motion is made for MDPB to delegate approval authority for protocols to both state medical directors per emergency contingencies and legislation passed by the Governor:** by Dr. Bohanske
 - a. **Motion seconded:** Dr. Collamore.
 - b. **Discussion:** Dr. Sholl discusses with emphasis that this delegation of approval will stand down as deemed appropriate by the MDPB.
 - c. **Motion carries**
 5. Dr. Sholl introduces Phase 2 of the protocol with emphasis that its primary concern is surge on the medical system in the state.
 - a. Phase 2 piece introduced.
 - i. Not ready to go live today. Still determining trigger point.

- ii. Protocol goal is to find a way to NOT transport patients who are stable and have only minor signs and symptoms.
 - 1. Must identify what “minor” means
 - 2. Must identify patients who need to be transported
 - iii. Establish criteria for EMS to sign off pts with minor s/s and self-quarantine at home.
 - 1. There is a decision tree in the protocol
 - 2. Maine EMS Pandemic Guidelines for infection control strategies
 - 3. Dr. Zimmerman discusses PMEWS score that is used in the decision tree.
 - 4. Dr. Pieh emphasizes the need to have effective relationships with ED leaderships in regional hospitals. Need to get OLMC resources educated on this.
 - a. Dr. Bohanske adds - may have to have separate OLMC physician staffing for guidance to EMS.
 - b. Phases 3 & 4 will be what happens when the EMS system is overwhelmed.
 - i. Discussion regarding protocol triggers, and resources to be involved in these actions.
 - c. **Motion made to approve the Phase 2 protocol:** Dr. Pieh
 - i. **Motion seconded:** Dr. Opacic
 - ii. **Discussion:** pending definition of what the “trigger” for activation of this phase is. Discussion ensues.
 - iii. **Motion carries**
- d. ET3
 - i. Discussion regarding how ET3 might work in the context of COVID 19 measures. IF a service wants to execute their ET3 measures as approved, MDPB will not be the barrier to doing so.
 - ii. Dr. Sholl suggests review of ET3 guidelines.
 - 1. All 3 Maine services who applied for this were approved.
 - 2. Drs. Sholl and Busko have developed ET3 protocols addressing a subset of complaints and have developed protocols addressing Abdominal Pain (male/female), Asthma, Back Pain, Headache, Sore Throat, and Weakness.
 - 3. Trialing using CLEAR TRIAGE program.
 - 4. **Motion to accept the presented ET3 Protocols as a block:** Dr Pieh
 - a. **Motion seconded:** Dr. Kendall.
 - b. **Discussion:** None
 - c. **Motion carried**
- e. Medication shortage updates
 - i. Bethany Nash
 - 1. Albuterol is largely unavailable.
- f. 2021 Protocol Update

V. Old Business:

- a. Operations Committee update by Rick Petrie
 - i. Joanne Lebrun
 - 1. Discussed workflow and getting on same level so providers are being issued same guidance.
 - 2. Meeting every Monday for contingency period
 - 3. Meeting every Thursday for all EMS services for contingency period
- b. Education Committee
 - i. Chris Azevedo gave update on Education and Exam Committees
- c. QI- cancelled for today
- d. Community Paramedicine Committee
- e. Maine Heart Rescue
 - i. NNE RA has been cancelled due to COVID mitigation measures
- f. POLST update given by Director Sam Hurley

VI. Discussion For Good of the Group

VII. Adjournment: 1252