Medical Direction and Practices Board Minutes
Wednesday, 15 Apr 2020
0900-1100
Conference Phone Number: 1-720-707-2699
Meeting Number: 345 024 1513
Online Meeting Due to COVID-19 Contingencies

Call to Order 0900

Members Present:	*Matt Sholl, Kevin Kendall, Bethany Nash, Kate Zimmerman, Matt Opacic, Mike Bohanske, Pete Tilney, Dave Saquet, Tim Pieh, Seth Ritter*
Members Absent:	*Beth Collamore*
MEMS Staff:	*Sam Hurley, Chris Azevedo, Marc Minkler, Griffin Bourassa, Melissa Adams, Jason Oko*
*Stakeholders:**	*Chip Getchell, Mike Senecal, Norm Dinerman, Chief MacDonnell, Chris Liepold, Clif Whitten, Dan Svenson, Jay Bradshaw, Joanne Lebrun, Michelle Radloff, Oliver Mackenzie, Rick Petrie, Thomas Canavan, Paul Marcolini, Thomas Judge, Debbie Morgan, Sean Tuemmler, Nate Yerxa, Amy Drinkwater, Aiden Koplovsky, Stephanie Cordwell, Dennis Russell, Steve Smith, Shawn Cordwell*

*Attendance information may be limited due to online platform limitations.

"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."

1. Introductions
2. Approval of minutes
    a. March minutes tabled to May
3. State Update
    a. Medical Director Resources
    b. CARES/Heart Rescue/RA
    c. EMS-C
    d. STAFFING and new MDPB positions update
        i. Director Hurley:
            1. CDC and DHHS have built a system to better track the impact of COVID-19 on the EMS workforce. It will be able to take into account providers who are out on quarantine, have been tested as well as hospitalizations. Providers will be identified by their license number, not by name. This data is protected behind the CDC's firewall.
            2. There will be multiple clinical bulletins released this week

3. Dr. Sholl- discussed the letter of guidance to hospitals who would like to set up IFT services utilizing hospital personnel in an ambulance. Discusses guidance particulars. Final part of guidance describes best practices.
4. Guidance on Patient Follow-up
    a. Goes into more depth than the protocols or FAQs regarding follow-up for patients who were not transported as appropriate under Phase 2 of pandemic protocol.

4. Special Circumstances protocol
    a. None
5. Medication Shortages
    a. Dr. Nash
        i. Keeping an eye on pain and sedative medications
        ii. MDIs are still in shortage
6. New Devices
    a. None – SAM IO in the future
7. COVID-19 Protocol Consideration
    a. AHA Interim Guidance
    b. Phase 2 Pandemic protocol
    c. Guidance on OHCA for COVID-19 patients
        i. Drs. Ritter and Bohanske give discussion on protocol being developed.
        ii. Reconcile how to keep providers safe and still accomplish patient resuscitation goals.
        iii. Dr. Pieh- MaineGeneral has gone over the document. Likes: using distancing in the field when possible, if doing aerosolizing procedure, then use PPE appropriate to aerosolizing procedures. Did adopt pausing for intubation with cardiac arrest.
        iv. Dr. Sholl- discussion of developing a protocol and white paper around intubation under these conditions, i.e., using shrouds for COVID patients.
8. 2021 Protocol Update
    a. Yellow Section
        i. Drs. Sholl, Opacic and Zimmerman lead discussion on changes to Yellow protocol section
        ii. Discussion on use of calcium gluconate for Ca^{2+}-Channel blocker OD. Issue is additional volumes of meds (up to 5 more vials, would be a space issue, not a cost issue).
        iii. Submersion and drowning.
            1. Sedation in CPAP for patient who was a near-drowning. Change #9 to "refer to blue 10 in Anxiolysis in CPAP". Discussion: Where COPD & CHF patients are less apt to be encephalopathic unless they are very close to arrest vs. this population who could be encephalopathic due to acute hypoxic injury. Is adding sedation here more risk? Our goal is not to use anxiolysis, but the option is there. If patient encephalopathic, they may not tolerate CPAP, but it may be the best treatment at that time. There

could be pathophysiology in this patient population that we need to keep in mind as we make this decision – intrinsic disease vs. other CNS causes. Reminder – the Anxiolysis in CPAP protocol has OLMC built into it to administer medications and emphasizes the coaching. OLMC can do this on a case-by-case basis, recognizing that a COPD person is different than a submersion patient. Motion in favor: Bohanske Second: Kendall Vote: Yes 7, No 2, Abstain 1; Motion passes

2. Add a #4, or PEARL alerting to look for hypotension post or during rescue due to catecholamine drop and mental relaxation, "circum-rescue collapse." IAW Wilderness Med Society guidelines 2019 update. Dr. Pieh Motioned to accept. Dr. Kendall 2nd. Discussion. Add "hemodynamic collapse could occur" to note. So would read "circum-rescue hemodynamic collapse". Passed by MDPB, unanimous.
3. Yellow 106. Add to Pearl "Massaging extremities will not significantly increase body temp and it may worsen damage caused by frostbite." Dr. Opacic found via giving his lectures, that there is some ambiguity among providers regarding this. Motion to improve the language by: Sholl Second: not specified as was unanimous. Passed by MDPB, unanimous
4. Yellow 105. Add to EMT#7, "APPLY CLEAN DRY DRESSINGS to frost-bitten extremities and between fingers and toes. BULLET TO BE ADDED. PEARL- Consider transport to trauma-system facility for moderate-severe frostbite." "IR capable" is "Interventional Radiology." This part of suggestion is being removed. Note to be added in a PEARL (not as #8 where Dr. Zimmerman had it). Language agreed upon: "Consider transport to a trauma-system hospital for cases of moderate to severe frostbite" Motion: Dr. Pieh, Discussion have we defined moderate/severe here? We need to define as a PEARL Second: Sholl. Passed by MDPB, unanimous.

iv. Yellow section discussion stopped here due to time constraints.

9. Old Business
    a. Ops - Mr. Petrie/Ms. Lebrun
        i. Dealing with PPE availability issues and resolving them. Working on getting a list of those who have completed Phase 1 and 2 training.
        ii. Mr. Oko working on Hospital hub to ID patients who have not been transported.
        iii. Stay Healthy effort- warm line
        iv. Mr. Petrie- fielding questions about actual implementation date of Phase 2. Whether mandated to go live at date set, or optional for hospitals/services per readiness, etc. Differing policies between hospitals and EMS services.
        v. Ms. Lebrun- all regions are having regional meetings to share ideas and provide support to each other

    b. Education – Mr. Azevedo
        i. Update given on Education Committee activities and Phase 2 Education.
    c. QI – Mr. Oko

i. QI did not meet last month due to COVID. Meeting this afternoon. Discussion of tracking COVID operations on MEFIRS, and use of worksheets for follow up care

d. Community Paramedicine – Mr. Oko
    i. CP met last Thursday. One agency suspended ops to conserve PPE.
    ii. Likely post-COVID there will be significant changes and growth to the CP program
e. Maine Heart Rescue
    i. Dr. Sholl- nothing to report. May RA conference was cancelled.

10. Motion to adjourn MDPB
    a. Meeting to be adjourned for 15 mins. Will resume for LFOM update.
    b. Motion to adjourn by Kevin Kendall. Adjourned at 1057 hrs.