



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



JANET T. MILLS
 GOVERNOR

MIKE SAUSCHUCK
 COMMISSIONER

J. SAM HURLEY
 DIRECTOR

Medical Direction and Practices Board

16 Sep 2020

Conference Phone Number: 1-720-707-2699 Meeting Number: 345 024 1513

Zoom Address: <https://zoom.us/j/3450241513>

This meeting was held online via ZOOM teleconference due to COVID-19 pandemic conditions

MINUTES

Members present: Matt Sholl, Benjy Lowry, Beth Collamore, Bethany Nash, Claire DuFort, Kate Zimmerman, Mike Bohanske, Pete Tilney, Seth Ritter, Tim Pieh, Dave Saquet, Rachel Williams

Members Absent:

MEMS Staff: Chris Azevedo, Marc Minkler, Melissa Adams, Darren Davis, Jason Oko, Melissa Adams, Sam Hurley

Stakeholders:

Ben Zetterman, Chip Getchell, Dan Pugsley, Debbie Morgan, Don Sheets, Jay Bradshaw, Joanne Lebrun, Dr. Kelly Meehan-Coussee (Maine ACEP), Rick Petrie, Sean Tuemmler, Stephanie Cordwell, Steve Smith, Travis Norsworthy, Andrea McGraw, Paul Marcolini, Norm Dinerman, Amy Drinkwater

“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.”

- I. Introductions - Roll call online
- II. Approval of August Minutes
 - a. Motion made to approve August minutes made by Dr. Collamore and seconded by Dr. Lowry. Discussion. Motion carried.
- III. State Update
 - a. Director Sam Hurley
 - i. Discusses new rule providing for mandatory testing for nursing home and LTC facility contract employees. Onus is on the LTC facility to initiate, and not on the contractor.
 - b. Medical Director’s Resources
 - i. Regarding this topic area, there were various projects to develop the *Medical Director’s Handbook* and also Medical Director

training. NAEMSP group working on Medical Director education that Drs. Sholl and Zimmerman are working on to see if it can be ported to Maine for use.

ii. Maine ACEP has decided to elect as their replacement for Dr. Kevin Kendall, Dr. Kelly Meehan-Coussee (Maine ACEP). She has a background in EMS for 15 years, and prior to medical school had worked as a paramedic. Dr. Meehan-Coussee's nomination must still be accepted by the EMS Board at their next meeting in October.

iii. Discussion of holding an MDPB retreat.

c. Legislation- none

d. Staffing- none

e. Biospatial

i. No update

f. EMS-C- none

IV. New Business

a. Special Circumstances Protocol Review

i. None

b. New Devices - none

c. Medication Shortages

i. Bethany Nash

1. Nothing to report

d. COVID-19 Update

i. MDPB is continuing to meet on second and fourth Monday of each month.

ii. Director Hurley has been meeting with CDC for some time regarding vaccinations. Maine CDC has reflected on Maine EMS's action during the H1N1 pandemic and was impressed with the potential for Maine EMS action during COVID vaccination process when it happens.

iii. Reports that vaccines may be available Oct/Nov time frame, but that remains to be seen.

iv. Dr. Zimmerman asks for recommendations regarding syringe sizing for this particular vaccine. Is it the same for flu- 1ml?

1. Bethany Nash estimates 1 ml should be adequate.

2. Sam Hurley adds COVID vax should come in its own syringe, but 1-3 ml should be sufficient. Bethany Nash adds that 3ml would not be good for measuring small quantities. Likely two different vaccinations will be available: 21-day cycle or 28-day cycle. Sam discusses packaging for each vaccine type.

e. Influenza vaccine

i. Discussed the value of the influenza vaccine, and the challenges with differentiating between the COVID-19 and Influenza as

symptoms are very similar. Dr. Sholl thanks both Dr. Lowry and Bethany Nash for advocating for workforce flu inoculation. We are now entering the early phase of the flu season. Now is the time to start considering flu vaccination.

- ii. Dr. Norm Dinerman- discussion of EMS's ability to require vaccinations
 - 1. Sam Hurley- there are actually laws requiring healthcare facilities to require vaccination plans for their employees. However, none of those laws apply to EMS services.

- f. 2019/2021 Protocol Updates
 - i. Dr. Sholl shares the timeline document.
 - ii. Protocol discussion forums
 - 1. Most recent last Thursday. Attendance at 5-7 participants. Dr. Sholl emphasizes need for participation. Next forum is 5 November at 1230. This is posted on Maine EMS website.
 - 2. There were some comments about specific sections, which will be forwarded to the respective section authors.
 - iii. Dr. Bohanske covers the Red section
 - 1. Small language change "Cardiac Arrest #1." Item number 4, regarding order of the language and wording.
 - a. Motion to accept change by Dr. Collamore, seconded by Dr. Pieh. Discussion. Motion carried.
 - 2. Red 8, Item #13d
 - a. Change to include PEA as at treatment rhythm
 - b. Consider treatment based on QRS complex width: narrow vs wide.
 - c. Discussion between Drs. Ritter, Pieh, and Bohanske.
 - i. Addition of PEARL regarding locating IO placement, pressure bags, and other issues.
 - d. Dr. Sholl summarizes motion made by Dr. Pieh and seconded by Dr. Zimmerman
 - i. Adopt concept with addition of a PEARL emphasizing benefit of humeral IO, and multiple points of access and pressure bags. Mirror fast/narrow, slow/wide QRS complex language to reflect that of cardiac arrest protocol.
 - 3. Red 8, #14
 - a. Calcium not included. But wanted to propose language that would add it in proper context. Dr. Bohanske discusses the specific language.

- b. Discussion by Dr. Pieh regarding Sodium channel blocker pertinence to this protocol, for inclusion.
 - c. Motion made by Dr. Pieh to accept the changes, seconded by Dr. Collamore. Discussion among the group. Motion carried.
- 4. Red 8 #15 ROSC
 - a. Discussion of making post-resuscitation amiodarone bolus or drip for OLMC consult, versus making a standing protocol. Discussion with the group.
 - b. Motion made by Dr. Pieh, to keep amiodarone bolus and drop amiodarone drip. Seconded by Bethany Nash.
 - i. Discussion.
 - ii. Motion carried.
- 5. Red 9 Peripartum Cardiac Arrest
 - a. Adding an “H” with PEARL paragraph
 - b. Motion by Kate, seconded by Matt. Discussion
 - c. Motion carried.
- 6. Red 12 Refractory VF/VT
 - a. Indication, calling “refractory” after five unsuccessful shocks.
 - b. Motion made by Dr. Pieh to keep current protocol as written/intended but make it laid out step-by-step. Dr. Ritter proposes adding consideration of dual sequential defibrillation only be considered after four defibrillation attempts. Dr. Pieh amends motion as stated.
 - c. After much discussion, this motion was tabled until next month.
- 7. Red 17, Tachycardia #2
 - a. Modified Valsalva technique.
 - b. Motion by Dr. Pieh, seconded by Dr. Lowry. Discussion. Motion is carried.
- 8. Red 17, Tachycardia #2
 - a. Discussion of allowing second 12 mg dose of adenosine vs aligning with ACLS, as written.
 - b. Dr. Bohanske suggests allowing repetition of 12 mg dose of adenosine as a standing order.
 - c. Motion made by Dr. Pieh and seconded by Dr. Saquet. Motion carried.
- 9. Red 18, Bradycardia
 - a. Anecdotal issue: several cases of TCP used in cardiac arrest. Most commonly post-ROSC

- bradycardia which is treated with TCP and ends up in PEA.
 - b. Address via new #8 emphasizing checking mechanical capture frequently to ensure it matches the rate set for the pacer.
 - c. Also, PEARL to be added regarding caution with pacing for post-ROSC bradycardia.
 - d. This change was tabled until the next meeting.
 - g. Discussion of Pre-Hospital Operational Physicians practicing in Maine EMS
 - i. Dr. Pieh
 1. Operational physicians in the field discussion ongoing for some time. Dr. Sholl and Dr. Pieh are drafting a proposal to bring appropriate physicians into the fold of Maine EMS scopes of practice. Small numbers of us are currently practicing and have appropriate liability insurance.
 2. PA has statute that outlines appropriate credentialing for physicians.
 3. Bring MEMS in, in an appropriate way, mechanisms of education and credentialing for physicians.
 4. Meeting scheduled for 21 September.

V. Old Business

- a. Operations
 - i. Joanne Lebrun- Nothing further to report than force protection and LTC contractor testing, which has already been discussed.
 - ii. Debbie Morgan- decided yesterday that Operations would go to bi-weekly meetings.
- b. Education
 - i. Reviewing Training Center Standards and conducting TCAP for three applicants.
- c. QI
 - i. Meeting today at 1330. Working on next QA letter. All interested are welcome to attend.
- d. Community Paramedicine
 - i. Met last Thursday. Reviewing guidelines that will be brought to MDPB in the future- possibly January.
- e. Trauma Advisory Committee
 - i. Dr. Zimmerman- no updates. Working on membership and on by-laws. Presenting mild TBI guidance and working on how to roll that education out to hospitalist colleagues and ERs. Have also asked the TAC to review the Green protocol section for updates and/or revisions.

- f. Maine Heart Rescue
 - i. Nothing to report
 - g. IFT
 - i. Dr. Tilney working on some drafts.
- VI. Next meeting 21 October 2020.
- VII. Dr. Bohanske makes the motion to adjourn. Dr. Saquet seconded the motion. Meeting adjourned at 1300.