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

JANET T. MILLS
GOVERNOR

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DIRECTOR

Medical Direction and Practices Board – November 18, 2020
Conference Phone Number: 1-720-707-2699 **Meeting Number:** 345 024 1513
Zoom Address: https://zoom.us/j/3450241513

Members present:	*Matt Sholl, Kate Zimmerman, Adam Thacker, Beth Collamore, Kelly Meehan-Cousee, Mike Bohanske, Seth Ritter, Dave Saquet, Bethany Nash, Tim Pieh, Rachel Williams, Pete Tilney, Claire DuFort*
Members Absent:	*Benjy Lowry*
MEMS Staff:	*Chris Azevedo, Sam Hurley, Marc Minkler, Melissa Adams, Darren Davis, Jason Oko*
Stakeholders:	*Michelle Radloff, chip Getchell, Debbie Morgan, Jesse Thompson, Justin Hurlburt, Norm Dinerman, Paul Marcolini, Shawn Cordwell, Rick Petrie, Paul Hughes, Jay Bradshaw, Joanne Lebrun, Robert Sharkey, Ben Zetterman*

"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".

MDPB Agenda – Meeting begins at 0930

1) Introductions –Sholl – 0930-0935
    a. Roll call on ZOOM
2) October 2020 MDPB Minutes – 0935-0940
    a. Tabled until next month.
3) Public Comment
    a. Michelle Radloff (United) asks where ET3 protocols stand.
        i. Dr. Sholl
            1. Work on this is ongoing but has slowed due to onslaught of other pandemic items that have been placed on the table. There has been a lot of work spent on COVID and the pandemic, the Jackman program and LFOM for new protocols. ET3 is important and is on our radar. As we start to get momentum to those projects, ET3 will be next. Hope to have more information by next month's MDPB meeting.
        ii. Sam Hurley
            1. We understand you are in a performance period with CMS and are taking this into consideration and are prioritizing this

4) State Update – 0940-0955
    a. Sam Hurley
        i. Maine EMS is actively working on a vaccination plan for all of public safety, which will involve EMS as the administrators of the vaccine. We have concerns around the messaging regarding the vaccines that seems to be resulting in a large degree of reluctance to get vaccinated among EMS clinicians.
        ii. BinaxNOW test
            1. We are doing our best to support this test throughout the state. We are working with services to get CLIA waivers where applicable. Discusses negative and positive results.
                a. It is important to know what the results do and don't tell you. If patient is SYMPTOMATIC and negative, we are comfortable with this. If positive, need PCR test. Using BinaxNOW in the asymptomatic population – it is NOT accurate. Discusses off-label use. There is currently no evidence to support this use. In asymptomatic patients, this test is NOT highly accurate.
                b. Utility of this test in bringing folks back to work may be null.
                c. Accuracy has been high in symptomatic persons.
        iii. There are many big concerns about vigilance with PPE. Discusses importance of maintaining vigilance in the face of COVID fatigue.
    b. Medical Director's Resources – no report
    c. CARES/Heart Rescue/RA – no report
5) Special Circumstances Protocol Review
    a. None
6) New Devices– NONE
7) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0955-1010
    a. Magnesium Sulfate has become short in vial form. Pharmacies have been supplying the bags. This should resolve in the next month or so.
    b. Marc Minkler- with the shortage, is the volume going to be prohibitive to using for certain treatments or IM dosing? Bethany- no, we still have the capability to use for all indications. There will just have to be some adjustments in the field to adjust for medication concentrations.
8) COVID-19 – 1010-1020
    a. Dr. Sholl thanks and recognizes the staff for their hard work during these times. Discusses urging the use of caution with BinaxNOW tests. Please reach out to Maine EMS or Medical Director if you are considering using this in a situation.
    b. Discussion – COVID-19 Vaccination
        i. As Maine EMS, our role in vaccinations is likely to be similar to role during H1N1. Staff is meeting with CDC, DHHS, immunization groups regularly.
        ii. Logistics around ultra-cold storage seem daunting, but upon researching this, are found to be manageable.
        iii. Two vaccines expected to hit the market about the 3rd week in December for Tier 1A. . Strong likelihood of availability for Tier 1- police, ems, fire, frontline healthcare. Governor will complete details regarding groups to be included in Tier 1.
        iv. Vaccines coming from Pfizer (ultra-cold) and Moderna (cold).
        v. Discusses logistics of ultra-cold storage vaccine from Pfizer. May be maintained in freezer for up to 5 days. Once re-constituted, may be given in 1 hour. An EMS agency could not receive these due to large packaging, but the possibility of receiving in smaller aliquots and storing in a freezer, could be given within hours after mixing.
        vi. Discusses logistics of Moderna cold-storage vaccine.

vii. Two models of distribution
    1. EMS would act as work expanders
    2. Direct vaccine recipient and distributor
viii. Looking at working with a few services to be pilot programs
    1. The hospitals do not feel that they have the bandwidth to vaccinate public safety, hence we will take this. We will ask a couple of agencies in each county to vaccinate in their counties and then hope that they will do so in the spring as well. We are working re: reimbursement as well (private insurers and MaineCare) – to make this feasible. EMS may also be asked to help hospitals as a workforce.
ix. Working on funding mechanism for this right now. Funding is critical for success.
x. Questions
    1. Dr. Bohanske- so we are going to look for EMS services for pilot, and this will be separate from other model of services working with clinic/hospital to distribute vaccine?
        a. Dr. Sholl – Yes. It has been released that there is not enough vaccine to treat the population. Tier 1 personnel will be first vaccinated.
    2. Bethany Nash comments on the storage and ultra-cold storage of vaccines.
        a. There are very few hospitals that have the ultra-cold freezers If there are services considering storing meds themselves, please note these should NOT be stored with food. They will need a standalone refrigerator/freezer for these vaccines.
        b. Dr. Sholl- The State will supply a data recorder to monitor temp that will be provided at no cost to services.
    3. Chip Getchell
        a. Does vaccination require specific medical screening (similar to G-B Disease for influenza administration). Specific contraindications? Sholl- unable to answer that question just yet. We do not have the information at this time but urged that it be shared ASAP.
        b. Dr. Sholl - In a meeting Dr. Zimmerman attended, significant numbers of EMS providers polled stated that they would NOT take the vaccine out of lack of faith in development. So, when we do have that information Chip described, we will have to have an effective process for distribution of it. Suggests media campaign and "town hall" meetings to discuss this information as it becomes available.
    4. Dr. Bohanske - Is there a time now or in the future that we need to go back to weekly MDPB meetings versus current bi-weekly? Dr. Sholl discusses. Our next meeting is the 23rd. The next time would be the 14th of December. Could we add a meeting on the 30th of November? Majority of group is in favor.

c. Data Request – Maine CDC
    i. Dr. Sholl- discusses Maine CDC IMMPACT program.
        1. This is a CDC program for reporting vaccinations to the state for data purposes regarding those who have received the vaccines.
        2. EMS does not have access or prior practices for this or an agreement with Maine CDC.
        3. Jason Oko and Darren Davis have been working on truncated MEFIRS report so we have records of all who get vaccinated by EMS. We need to consider approving a relationship for data sharing between MEFIRS and Maine CDC data system so that all of our data can be shared with Maine CDC. This will be required in order to participate in the vaccination campaign.
        4. Dr. Pieh moves to approve. Seconded by Dr. Bohanske. Discussion.
        5. Motion carried.

d. Dr. Sholl discusses fatigue and resiliency with the group.
    i. Dr. Sholl acknowledges the fatigue and difficulty through this time. There is a light with the vaccine, but we do expect this to get worse. Please continue to be supportive of each other through this. Shares lesson from another: "You are being tossed by the waves right now, anchor yourself on the fundamentals of resiliency…sleep, eat, exercise and surround yourself by those that love you."
    ii. Dr. Pieh asks what we can do as regional directors. I.e. can they identify services that would be good candidate for vaccines?
        1. Dr. Sholl - Yes, being a conduit and a link/advisor re: this will be very helpful. Also recognizes that we don't think we can rely on big Pharma or Politicians when it comes to assuaging fears about vaccines. We are going to need to be active on this. Dr. Martel is collecting the info for us at MMC and Dr. Sholl will share this so that we can be up to date and share common messages as a group. Possibilities include a clinical bulletin, video-taped materials, the Maine EMS website (to be all-inclusive of all public safety personnel). We should have another person looking at this as well – Dr. Pieh was suggested to do this. It's better to have more than one set of eyes on this.
    iii. Dr. Ritter adds you will still need to wear PPE after the vaccine. We do not know if you will be contagious or how well it will protect you. This is only one part of our protective posture.
    iv. Claire DuFort asked about refrigerators – Bethany Nash will send her information.
e. Discussion of aspects of specific vaccines.
    i. Pfizer is a 2-dose vaccine with a 21-day spread between doses.
    ii. Insufficient information on Moderna vaccine regarding whether or not it is 1 or 2 dose administration. Will share that information as soon as we have it.
f. Dr. Zimmerman discusses Aerosol-Generating Procedures (AGP) bulletin
    i. There has been an ask to define what this is and also a list of known aerosol-generating procedures.
    ii. CDC acknowledges we can't produce a comprehensive list, but anything we do around the airway is logical to include in this list.
    iii. Dr. Zimmerman has written a draft of this bulletin and has solicited input for it. Asks input be submitted in next several days to expedite release of this document.
        1. Discussion among the MDPB group regarding the shared draft bulletin.
            a. Dr. Sholl could not find evidence of IN meds causing this. Also, there has to be flow rate in NRB of 15L/min or more. That is why we did not include IN in the list. But any cough or sneeze is AGP.
            b. Dr. Pieh adds - someone you are giving Nasal Narcan to should be bagged – and would be an AGP. So, I would hope that is already in airborne precautions.
            c. Dr. Meehan-Cousee - What about surgical mask outside of vented area of NRB? Has anyone seen evidence? List is ALS focused and should add NPA and OPA to the list. Also if the patient is on an NRB, you are short of breath and should be in PPE and PUI. Any procedure that could produce coughing or sneezing should be considered i.e. IN. In patients for whom we cannot obtain background info (i.e. OD).
            d. DS: would like to add – BLS under a shroud? Referring to PPE package in this population. Worried about the messaging to the group especially with LEO. Refer to pandemic protocol 1 – if unknown PUI status, then don PPE. (we would need to communicate science with LEO to make sure that they are given the info to protect themselves as much as possible too). So: will 1. PUI status, 2. Procedure to make cough/sneeze 3. Mask

9) 2021 Protocol Update –All – 1020-1230

a. Review Timeline
    i. Additional meeting – results of poll – Zimmerman
        1. 22 Jan 2021, 1300-1600
    ii. Dr. Sholl discusses possibility of extending roll out date due to the workload caused by COVID issues.
b. Protocol Discussion Forums – Update – Sholl/Zimmerman and MDPB members present
    i. November forum discussed by Dr. Sholl
        1. Bethany Nash walked the group through conversation on IV nitro during the forum.
        2. An issue was brought up during the forum that a Service leader practicing at AEMT level but licensed at EMT level. Forum discussion endued regarding allowing EMTs being allowed to perform 12-Leads to bring to the ER for interpretation. This happens to be a listed option in the list of scope of practice expansions. Allowing EMTs to obtain ECGs and bring to hospital for interpretation is in the 2018 National Scope of Practice and may be interesting to build into the Maine EMS scope of practice. Dr. Sholl solicits input on doing this.
            a. No opposition. Dr. Bohanske discusses that this would be a bigger service lift than system lift. Also mentions potential need for paramedic intercept. Currently, AEMTs can acquire. This would allow EMTs to acquire.
            b. Motion made by Dr. Collamore to allow EMTs to acquire 12-leads if available and so trained. Seconded by Dr. Meehan-Coussee. Discussion.
                i. Marc Minkler- Does that establish a perceived level of care that the service doesn't truly have? Are the BLS levels of assessments being done effectively before we add more assessments?
                ii. Dr. Sholl- I don't think this changes the paradigm that a Paramedic is required to interpret the ECG in the field. However, we will have to ensure that we are not sending the wrong message by doing this. Must urge that these are still ALS level calls, so that the ECGs acquired by EMTs can be interpreted.
                iii. Claire DuFort- are they still going to be bound by the 10-minute timeline requirement for acquisition of 12-Lead? Dr. Sholl- yes.
                iv. Marc Minkler - Are the BLS levels of assessments being done effectively before we add more assessments? Adds that he would propose a QI review of BLS assessment documentation and completion to ensure core scope is being completed. 12-leads may appear shiny and new and may risk other basic level assessments being performed.
                v. Dr. Ritter adds that it might be worth a conversation with the education committee
                vi. Adam Thacker asks if the EMT will be required to learn the 4-lead with basic rhythms. It is answered that they will not be required to do so.
                vii. Dr. Ritter asks how may EMTs have a monitor that can perform EKGs.
            c. In consideration that reach out to EdComm will be necessary, a Roll call vote on the motion is done. Motion is passed.
c. Discussion – Collaborative work with Education Committee

d. Discussion – Red – Ritter/Bohanske/All
e. Discussion – follow up from conversation with Northern New England Poison Control re: Yellow Section items. Dr. Zimmerman
    i. Poison/Overdose #2, regarding specific questions about TCAs and Cyanide exposures
    ii. Dr. Zimmerman shares her protocol draft with the group. Discussion ensues.
    iii. Define "symptomatic" for beta- Ca- channel blocker from Green 13 (minus tachycardia).
    iv. Add the "H" icon for hospital conversation advisory, to this section
    v. Add item # iii with the referral to the bradycardia section if need to go to pressors
    vi. Change item #ii under TCA to include tachycardia
    vii. Item #iii - every 10 minutes if feasible and every 5 minutes if feasible.
    viii. Keep IV Push and define in Purple, add to formulary
    ix. Add TCA and other Na channel blockers and have them in a PEARL (Kate and Bethany to work on this)
    x. Cy/CO fix Mange airway in Step 2
    xi. Motion to accept change made by Dr. Pieh and seconded by Dr. Ritter. Discussion.
    xii. Discussion of CO and Cyano Kit.
        1. Motion to accept changes made by Dr. Pieh, seconded by Dr. Zimmerman. Discussion. Motion is carried.
    xiii. Discussion of other verbiage in this protocol.
        1. Motion by Dr. Zimmerman, seconded by Dr. Sholl to accept verbiage changes. Discussion. Motion carried.
    xiv. Bethany Nash shares past discussion of concerns with sodium channel blockers and TCA overdose.
f. BREAK TAKEN by the group.
g. Red Section- Dr. Bohanske
    i. RED 13- TOR
        1. Discussion on long standing issue, TOR en route to hospital.
            a. Letter to hospitals/ed with support of Maine hospital Assn, MAA, Maine EMS
                i. Would be helpful to still transport patient non-emergency to hospital to facilitate families saying goodbye, etc.
                ii. Can't force hospitals to do but encouraged them to be supportive of this.
                iii. Pete Tilney- had 2 instances of crews being turned around on the road with this. Still going to have to fight this battle.
            b. It is suggested that this issue should be pushed to the MDPB rather than OLMC.
            c. Suggestion to amend the TOR protocol: Strike disposition of remains….and preplan with your local hospitals.
            d. Suggestion to dd some language to protocols to strengthen stance on this in support of our EMS services. Dr. Bohanske cites proposed language to be added.
            e. Discussion by Dr. Sholl, Sam Hurley, and group.
                i. Sam Hurley asks if this can be opened up for more discussion at the state level, with DHHS and others.
            f. Motion to accept by Dr. Sholl. Seconded by Dr. Collamore. Discussion. Motion carried.
    ii. Red 20- Cardiogenic shock- Dr. Bohanske
        1. Some verbiage is relic from older protocols for pediatrics.
        2. Wish to add second PEARL for peds pts. with regard to vasopressors. Shares verbiage for changes.
        3. Discussion.

4. Motion made by Dr. Bohanske, seconded by Dr. Zimmerman. No discussion. Motion carried.

iii. Red 21, Syncope
1. PEARLS section regarding statistic 25% of geriatric syncope being dysrhythmia based. Where does this come from? Can we check this?
2. Suggestion to change in "other causes" and add pulmonary embolus to list.
3. Motion by Beth Collamore. Seconded by Saquet. No discussion. Motion carried.

iv. Red 22 VAD
1. Feedback around VAD protocol. Add an "H" symbol to top of this protocol to encourage OLMC from Paramedics.
2. Bethany Nash discusses the AHA changes in this standard
3. Motion by Dr .Bohanske. Unable to record who seconded the motion. No discussion. Motion carried.

v. Red section – a few additional thoughts
1. Look into low-dose epi in OHCA. Discusses evidence. In meantime, leave dosing as is.
2. What's the best pressor post-ROSC? Currently, Norepinephrine is used as choice. Compelling data from SOAP2 trial (dopamine vs norepinephrine).
3. Should continue with norepinephrine.

h. Gold Section Review – Saquet/Ritter/All
i. Tabled

10) LFOM Protocols – 1230 – 1250 – Sholl/Zimmerman/Bohanske/Ritter/Meehan-Coussee/All
a. Dr. Sholl- MDPB asked to review and approve their protocols so that they can utilize these new protocols as soon as possible. They were passed out to members.
b. Summary
i. Felt comfortable with medicine built into protocols There were some suggestions that might add to clarity of protocols.
c. Dr. Sholl makes motion to the group to approve the protocols 2020 clinical guidelines with a summary of MDPB comments to follow, directed toward Dr. Norm Dinerman and Dr. Tilney. Seconded by Dr. Bohanske. Discussion. Roll call vote. Motion carried.
d. Dr. Tilney discusses that he wrote a preamble to the LFOM protocols emphasizing that it's the people that make the protocol and the care. Asks all to read.

11) Rider on pandemic protocols for sundowning needs to be addressed.
a. Sam Hurley and Dr. Zimmerman lead discussion
i. When we transitioned from phased to named protocols, we left the phases on the website and said that the specific phase sunsets on 31 Aug, because the new protocol (non-phases) take effect 1 Sep. The issue is that some existing documentation still references the phases. But Marc Minkler has been working to clean this up. Sam, Matt and Kate need to review the documents and clean the "phasing' language out of them.
ii. Kate asks Sam for eta of when those documents will be on the app? Sam- app developer making this top priority but has not given a hard date yet.

12) Protecting patient access to emergency medical medications Act
a. We are in Q&A phase with DEA, with answers to be submitted by 4 Dec. Came up with some focused questions. There are other issues that impact Maine, but do not rise to level of questions for DEA. Dr. Sholl will release list of these issues post-meeting today.
b.

Old Business – 1250 - 1300

1) Ops
a. Joanne Lebrun- The team met yesterday and discussed COVID, vaccines, CEHs, and updates similar to discussions today. Discussed playbook and what we're doing to assist the services as the environment progresses.

2) Education
    a. Chris Azevedo- nothing new to report from last month.
3) Community Paramedicine
    a. Nothing to report
4) EMS-C – Marc Minkler
    a. Will be putting out RFP for some peds education and coordination
    b. Working to put out EMS Peds survey in January, regarding provider care. Will be coupled in spring with a survey for the hospitals.
    c. Working with statewide perinatal group, looking at transport of those patients. Examining transport data statewide. Looking to obtain transportation data for this group from which to evaluate and make recommendations for action on patient care and transportation decision-making.
    d. Looking at relationship with field of home-birthing and mid-wifery, and how to improve it.
5) Trauma Advisory – Dr. Zimmerman
    a. In process of doing outreach regarding TBI guidelines. Attempt to keep mild TBI patients at home hospital for treatment.
    b. Working on bylaws and on the trauma plan.
6) Maine Heart Rescue
    a. Heart rescue meeting tomorrow, with Dr. Kudenchuck.

Kate motions to adjourn. Seth seconds. Meeting adjourned at 1308 hrs.

Ongoing Items for Future Discussion:
PIFT protocols – Tilney/Sholl

The QI Committee meeting will begin at 1330.