



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 – February 17, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: <https://mainestate.zoom.us/j/81559853848>

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

Members Absent: Adam Thacker,

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

Stakeholders: Ashley Moody, Chip Getchell, Debbie Morgan, Jay Bradshaw, Joanne Lebrun, Paul Marcolini, Rick Petrie, Rob Sharkey, Stephen Smith, Debbie Morgan, Chris Pare, Phillip MacCallum, Shawn Cordwell, Ben Zetterman, Eric Mailman, Kelley Bowden

“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
- 2) Jan 2021, October/November 2020 MDPB Minutes – 0935-0940
 - a. Motion made by Dr. Collamore to approve the minutes. Motion seconded by Dr. Lowry. No discussion. Motion Passed.
 - b.
- 3) State Update – 0940-0955
 - a. Director Sam Hurley
 - i. Continuing to work with DHHS and CDC on EMS integration into public vaccination efforts for COVID vaccine administration.
 - ii. Discusses pending legislation
 - iii. In conversations with University of Maine to establish an IRB that will involve all major hospitals and health systems with regard to EMS and emergency care.
 - iv. Dr. Pieh asks if there is an update on EMS physician license level and emergency response.
 1. Sam Hurley
 - a. Discussing this with our Ron Guay (Maine EMS AG). Discussion re: opportunities to address this outside of a legislative change.
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– NONE

- 6) UPDATE Medication Shortages
 - a. Dr. Nash
 - i. Midazolam large volume vials are in short supply due to hospital use during the pandemic.
 - ii. Small volume syringes and needles have also become short. This was expected as a result of mass vaccination efforts.
- 7) COVID-19 – 1010-1020
 - a. Dr. Sholl
 - i. COVID numbers are improving but must maintain vigilance as we do not yet understand the impact of variant strains of COVID
 - b. Discussion
 - i. MDPB Members acknowledge the significant efforts of the Maine EMS Vaccine Services for their tremendous efforts to vaccinate first the EMS and public safety communities and secondly the greater than 70 population.
- 8) 2021 Protocol Update –All – 1020-1250
 - a. Review Timeline
 - i. Dr. Sholl shares the protocol update project timeline with the group.
 - ii. Grey, Purple, Black, Yellow and Blue sections are published on the website.
 - iii. Discusses ensuring all changes are captured in the change document. Will need to capture the Red section changes in the change document.
 - iv. Red section needs to be revisited to consider the AHA changes.
 - v. Drs. Tilney and Zimmerman have been working on an appendix for IFT and canine protocols respectively.
 - vi. March – Pink section to be reviewed
 - vii. April – Orange section to be reviewed
 - b. Protocol Discussion Forums
 - i. Next: Thursday March 11, 1230 – 1330
 - ii. Dr. Sholl encourages participation by MDPB members if available.
 - c. Zoom meeting changes
 - i. The meeting links all had to change due to account change issues at Maine EMS.
 - ii. The updates have been posted on the Maine EMS website. Please use the updated links for meetings in the future.
 - d. Wrap up – Yellow Section – Zimmerman/All
 - i. Dr. Zimmerman shares her screen and discusses yellow section changes.
 - 1. Poisoning/Overdose section
 - a. In the section re: Calcium channel blocker/Beta-blocker overdose, will use the “symptomatic bradycardia” definition from the Red section Bradycardia protocol, not the Green section as previously discussed.
 - 2. Nerve Agent/Organophosphate/Carbamate poisoning protocol:
 - a. Discussion regarding moving medication skills out of paramedic to other scopes of practice.
 - i. Autoinjector exists at all levels for force protection; discussion is re: drawing up from vial of atropine to administer IM.
 - ii. Dr. Nash motions, Dr. Bohanske seconds, that current verbiage for drawing up atropine to be left as paramedic skill. Motion passed.
 - b. Added pediatric range for max IM injection volume to the bottom of the table

- e. Discussion – Green – Meehan-Coussee/Pieh/Sholl/All
 - i. Dr. Sholl shares his screen with the group.
 - ii. Dr. Meehan-Coussee
 - 1. TXA
 - a. Contraindications for isolated head injury put back into protocol after JAMA and JAMA neurology article discussion of findings – Rowell S., et al “Effect of Out-of-Hospital Tranexamic Acid vs Placebo on 6-Month Functional Neurologic Outcomes in Patients with Moderate or Severe Traumatic Brain Injury” *Jama*. 2020 and Bossers S, et al “Association Between Prehospital Tranexamic Acid Administration and Outcomes of Severe Traumatic Brain Injury” *Jama Neurology* 2020. The later of which demonstrated an association with increased mortality for these patients.
 - b. PEARLS regarding GI bleeding and isolated head injury.
 - c. Motion to accept changes. Passed.
 - 2. Universal pain
 - a. EMT
 - i. Approved all changes except moving oral APAP to EMT from AEMT.
 - ii. Table added to assist EMTs and AEMTs in dosing APAP
 - iii. Discussion of giving solid vs liquid APAP dosing, and age cut-offs. Dr. Nash proposes using solid APAP and using 5 yrs as an age cut-off.
 - iv. Discussion of having an intravenous non-narcotic analgesic option for AEMT.
 - v. Dr. Nash
 - 1. Tubing, due to glass bottle, need to be “Vented,” whether it is administered on or off pump.
 - 2. The fact that vented tubing will be required for this specific drip administration should be mentioned in the protocol itself, as glass bottles are more of a novelty now and have not been commonplace in years.
 - vi. Fentanyl and Ketamine, and Nitrous
 - 1. Clarification of dosing around paramedic ketamine
 - 2. Discussion of use of IV drip versus “slow IV push,” which would need to be defined.
 - 3. Motion: to add the following language “mix in 100 ml bag and infuse over 10 minutes on a pump” for all instances in the protocols which currently describe providing as a slow IV push. Motion made by Dr. Nash to change Fentanyl/ketamine admin to pump dosing at paramedic level to standardized drip concentration. Seconded by Dr. Lowry.
 - b. PEARLS for pain management protocol discussed by Dr. Meehan-Coussee.
 - i. Discussion of additions.
 - ii. Approve the remainder of the Universal Pain Management Protocol – including the APAP at AEMT (1000 mg for Adults 70 kg and greater) Medic (same and then 12.5mg/kg for ADULTS under 70 kg – on a pump). Also, approval of the pearls Motion – Dr Sholl Second – Dr. Bohanske,
 - 3. Antibiotic use by paramedic with open fracture.

- a. Dr. Sholl discusses efforts by Jason Oko to assess the incidence of open fractures in MEMS. Difficult to query this specifically in MEFIRS but able to identify approximately 45/year. In discussion with the TAC, Trauma Managers identify that providing abx within 1 hour (metric from ACS COT TQUIP) is limited and felt this would help.
 - b. PEARLS re: allergies discussed. BN to review
 - 4. Dr. Meehan-Coussee makes the motion to accept the changes. Motion seconded by Dr. Collamore. Motion carried.
 - f. Dr Saquet discusses changes in Blue section- Respiratory Distress/Bronchospasm.
 - i. Clarification in language for Ipratropium
 - ii. Also, repetition of nebs x 2 allowed, versus x 1.
 - iii. Dexamethasone- clarification on oral med verbiage.
 - iv. Dr. Williams discusses Peds considerations PEARL.
 - 1. Dr. Sholl makes modifications to the Pediatric Considerations PEARL, in consideration of the discussion. "Bronchiolitis pearl – Patients who fail these measures, consider alternate diagnosis including croup/stridor and refer to Pink 2."
 - 2. Motion Dr Meehan-Coussee, Second – Dr Lowry. Motion carried.
 - g. Dr. Sholl revisits Red section pediatric dosing
 - i. Tachycardia #1.
 - 1. Discussion of changes concerning peds cardioversion joules settings
 - 2. Discussion of Peds adenosine dosing and repetition of dosing. Also, current heart rate criteria as it pertains to the context of pediatric patients.
 - h. Dr. Sholl discusses changes in protocol for "Obstetric Emergencies," which was suggested by EMS-C.
 - i. Decreasing number of OB services in the state. Trying to match patient needs with available resources.
 - ii. TXA changes and removing laterality in uterine positioning for post-partum hemorrhage.
 - iii. Motion by Saquet, seconded by Williams to make changes as described.
 - i. Discussion - Pink Section Review – Saquet/Sholl/All
 - i. Recommendation from Dr. Williams regarding BRUE protocol. Change definition from 2 years old to 1 year old.
 - ii. Also striking verbiage "formerly known as ALTE."
 - iii. Dr. Sholl makes the changes.
 - iv. Balance will be carried over to next month's meeting

Old Business – 1250 - 1300

- 1) Ops
 - a. Debbie Morgan
 - i. No meetings due to snowstorms. Nothing to report.
- 2) Education
 - a. Dr. Sholl discusses proposal for MDPB co-authors to share slides they've already prepared for MDPB presentation, regarding protocol changes. Suggests adding slide narrative to the PowerPoint to highlight pertinent content. Chris Azevedo asks that MDPB co-authors work closely with their Education Committee education developers and have them review the final education for content and alignment with MDPB intent for the changes.
- 3) Community Paramedicine
 - a. Dr. Lowry covered vaccination efforts and getting CP involved. Abbreviated meeting.
- 4) EMS-C
 - a. Marc Minkler
 - i. EMS survey for pediatrics is still going on.
 - ii. In May, national PEDS READINESS survey for Emergency Departments goes underway. Reaching out to hospitals to ascertain best persons to fill out survey.

- 5) Trauma
 - a. Dr. Zimmerman- bylaws and revisions of state trauma plan. Future, revising white papers.
- 6) Maine Heart Rescue
 - a. Nothing to report at this time.

Ongoing Items for Future Discussion:

PIFT protocols – Tilney/Sholl

MEETING ADJOURNED AT 1300 HRS.

The QI Committee meeting will begin at 1330.

Remove fentanyl piece

Clarify table part (see Kate)

Approved oral APAP with the chart